Medicine and War

A trying Chindit

DESMOND WHYTE

In late 1943 we found ourselves in central India: an assembly of men, mules, light weapons, sparse tentage, and an atmosphere of something unusual. Orde Wingate was coming.

The small, bearded individual held us spellbound. Our force of 2500—British, Gurkha, Indian, and some Burmese—would operate in northern Burma, deep in the heart of enemy territory, disrupting bases, vital centres, and lines of communication. Officially we were long range penetration troops, contact with the nearest forces being by radio. The brigade would function in six columns, each of 400 men; self-contained in weapons, reconnaissance, communications, ciphering, medical, and animal care. Each column would operate as a separate unit, capable of coming and going as required, acting alone or in conjunction with any other number of columns; the seventh column being brigade headquarters, with support troops. We would exist on supplies by air drop every five days: rations, animal feeds, ammunition, equipment, medical supplies, and, vitally important to all ranks, mail.

Evacuation of wounded and seriously ill would be by the best means possible—air lift not being a certainty. Operational necessity would take precedence over all other considerations, each member being made to understand the hazardous mission that lay ahead. In addition to battle casualties and accidents, we doctors had in mind malaria, dysentery, hepatitis, scrub typhus, helminthic infections, and skin problems. Each column would have 100 lb (45 kg) of medical supplies, one side of a mule (devocalised) being allotted for the doctor's pannier designed to give ready access to all items without unloading the animal. Three ponies with convertible saddles were assigned for casualties; there were four medical orderlies. Each soldier carried the usual first field dressing in his 70-lb (31-kg) load. Stretchers, extra blankets, and ground sheets could not be taken.

The doctor with previous jungle training knew the necessity of professional competence in every emergency, of extreme physical hardness, military knowledge, map reading and moving by compass, handling and maintaining personal weapons (the jungle is hazardous), kindling the small trench fire in heavy rain, sleeping soundly on sodden ground, and posting sentries to see by day and listen by night.

We learnt the mysteries of cracked hooves, saddle sores, wither galls, and blistered hocks in mules. We learnt to mount the bareback animal by jumping from the side, leaning on our chest, and swinging the free leg over the rear. Training became physically arduous, resulting in the bodily and psychologically unfit dropping out.

We entrained for Assam in early 1944, by which time the heartening news of an increase in the number of our force had reached us. Thus enlivened, we carried out a strenuous march east to our air base at Imphal, close to the Burmese border. There it was announced that Colonel Phil Cochrane's "American flying circus" consisting of gliders, light bombers, and small casualty lifting aircraft, were joining us: a group of fearless pilots who were to prove so dependable and helpful in the unpleasant days ahead. I met Phil Cochrane, an outgiving, knowledgable, and competent commander, his first greeting being "Meet Jackie Coogan, glider pilot." Schoolboy memories raced back to Charlie Chaplin plus small boy with cloth cap. A tall, muscular man grasped my hand, almost lifting me off the ground, with the remark, "Don't say it. They all tell me I just can't be the kid."

Training continued. In early March we received orders to enplane at night, each Dakota having been rigged up inside to accommodate two animals. As we made final preparations, we learnt that the enemy had launched a major attack south in the Arakan, and that an offensive against Imphal was expected. This was disturbing, since Imphal was the only air base from which our drops could be arranged. We could be cut off in northern Burma, in the heart of enemy-held territory.

Our own air lift went without incident, most of the Gurkhas falling asleep in the aircraft, exhausted after endlessly carrying, lifting, and heaving the animals on board.

Landing and dispersal

We landed and quickly dispersed from the improvised airfield called Chowringhee, learning that mishaps had occurred in our other landing zone, due to problems affecting the gliders, with injury and loss of life. There was now hard foot slogging, but life was worth while, almost sweet, fit as we were, and ready to grapple with most things. We crossed the Irrawaddy from east to west after an air drop of outboard motor boats; it was difficult to persuade the mules to swim over and not turn back half way. Cochrane's men provided a rota of shepherding aircraft overhead. We marched north. Intermittent skirmishes followed. We were never quite free of the enemy, outmanoeuvring him by superior training, fitness, and closer military intelligence sent to us by radio.

We had planned that each column doctor would transfer casualities to brigade HQ column by the earliest possible means consistent with fighting conditions. Hence, HQ column with its single doctor became loaded with a burden that slowed down our daily progress and caused recurring medical problems; but at least each column doctor was freed from these worries, enabling him to be more efficient in his own column.

The Gurkha is adept with his kukri, and could construct a stretcher from the abundant bamboo in a short time. One end rested on the saddle of the mule the other end being dragged along the ground, with four men in attendance to push the ensemble up steep or slippery slopes. An early casualty—a skull injury—was transported for several days, unconscious but kept alive by fluid, brandy and sugar, plus intravenous drip.

Londonderry, Northern Ireland
DESMOND WHYTE, FRCP, FRCR, consultant radiologist

Catheterisation, and the penetrating heat of the sun, were problems. Eventually he was flown out and survived.

Finding a suitable air strip in teak country or in thick jungle entailed lengthy and isolated journeys by the medical team and wounded to a prearranged spot notified by radio. Then came a long and uncertain wait, with enemy attention never far away. Usually one of Phil Cochrane's pilots made it, in a small single-engined single seater plane—the "grasshopper". On one occasion the pilot landed and seeing my party of several casualties said, "I'll take two." We pointed out that the plane could take only one passenger plus pilot, the patient almost literally being wound around the pilot's waist; not even a stretcher or medical attendant was feasible. Saying "We can't leave these dying men here," he loaded up, and sped across the open paddy, hitting the trees at the far end. A white-vested figure pushed itself out of the wreckage, saying, "Ah shit, I ought to be shot." I said, "We will, if we don't scarper." We loaded the two casualties on the mules, set the plane alight, and slipped into the jungle, to the sound of ranging mortar fire. One man was dead, the other dying as we gained concealment. I read a short prayer as was my wont from a cellulose-covered card, as we buried them, placing a small bamboo cross over the site knowing that the jackal, ever present in the jungle, would find the shallow grave.

Light plane taking off with wounded from paddy strip.

The airman was a most likeable sergeant pilot, hailing from Georgia, who lived with us for three days and nights, slogging away in the gruelling heat, head down, never complaining. Before we flew him out, he handed me his special gully knife saying, "It's all I've got, Doc, except my boots and gat." I thanked him as a comrade-in-arms, whom I would never meet again, and wished him God speed. He replied, "Glad I can help—I think you are treated stinkin'." "We can only do our best," I murmured.

Malaria a danger

Wingate had been killed in an air crash in late March, an event that greatly affected every member of the brigade. Joe Lentaigne, who took over, came under the authority of General Joe Stilwell, who was no Anglophile, having little faith in the capability of the Limey. There was a growing fear that our mission was in jeopardy.

It was possible for the main components of the brigade to assemble for the first time in one area. The column doctors joined me for a conference, in which we took stock. The early, rigorous training had permitted the survival of several excellent young medicals, each of whom had earned the respect and commendation of his colleagues, both professionally and in action. They were destined to win two Military Crosses within their group. There was a strong feeling about the inadequate replacement of almost every item considered to be essential—instruments, drugs, dressings, and immobilising materials. They were also concerned about the difficulties of early evacuation of casualties, but accepted the explanation of insufficient aircraft, ground mist, radio shortcomings, and the nightmare of finding a suitable landing zone.

We agreed that malaria had now become a danger to our survival as a fighting force. We had been taking mepacrine for several weeks before embarking on the campaign, the daily intake of one tablet being strictly enforced; individual officers and NCOs were held responsible for any shortcomings. Enemy reports that mepacrine caused impotence—a serious matter to our Gurkha Jawan—circulated widely. We were not able to use nets because of the need for immediate action day or night. After some six weeks, when individual resistance was falling, clinical malaria began to appear. We instituted a two-week course of two mepacrine tablets a day throughout the brigade, which temporarily overcame the clinical break-through. Eventually the number of cases increased, all of them being of the benign tertian (*Plasmodium Vivax*) variety. They were treated on the march as follows: the man was relieved of his pack but walked fully armed and was given 15 g quinine the first day in six-hourly intravenous doses of 6, 6, and 3 g; quinine 10 g thrice daily by mouth on second to fourth days; and mepacrine tablet thrice daily on the fifth to fourteenth days. I do not remember any serious ill effects from the large dose of intravenous quinine, possibly due to the long-continued suppressive treatment; it proved effective in getting men back to reasonable activity.

Diarrhoea showed explosive outbreaks in one or other column, without explanation. It was treated by chlorodyne followed if necessary by a course of sulphaguanidine. Tab cret c opio was a useful adjunct, and we had a supply of carbasone as a back-up.

K-rations and brew-ups

We had lived on American K-ration since entering Burma. This replaced an earlier ration consisting of a one-day tin that proved disastrous: at the end of the day's march, the food, opened in the morning, had become rancid. The K-ration was in three separate packets for each day, containing precooked items that could be reheated if the enemy permitted. It provided 4000 calories a day, and had been considered adequate for a short campaign. But we were running out of our own fat, due to the physical demands placed on us, and the ration had the disadvantage of monotony, since we knew what we were going to find inside before the package was opened.

A liberal, early morning, intake of salt was obligatory and rigorously enforced but did not improve the appetite. Occasional "luxuries" such as bread and tinned fruit came as a free drop, like manna from heaven. We had insisted at the highest staff level that it was not possible to train an individual to go without an adequate supply of water. Strict discipline was enforced, the men arriving in night harbour with a filled water bottle. Shortage of water, particularly for the casualties, was a constant problem. The morning and evening brew-up of tea was a soul lifter and morale reviver, and, operations permitting, was an invariable procedure.

We were greatly concerned about the increasing incidence of sepsis, particularly from leech bite, which resulted in a chronically indurated ulcer, a cause of increasing disability. Infectious hepatitis was slowly spreading throughout the formation.

We had learnt to deal with surgical emergencies, attempting to tide the most serious cases over whatever period was necessary in the worst possible surroundings until air evacuation. Wet clothing and dressings, shortage of supplies, short rations, and few medical staff, often working in darkness and in close contact with the enemy, had taught us the importance of conservation of tissue with minimal interference. When we were static, immediate debridement, using intravenous sodium pentothal as the only anaesthetic, and treating shock by conservation of

heat and intravenous transfusion, were our mainstays. Splinting and delayed primary suture of wounds were routine.

The walking wounded usually managed with help, but serious leg injuries were often disastrous because of difficulty with transport. We received considerable help from a team of mahouts and elephants, who had been employed on teak forestry before the Japanese invasion. The workers were friendly and helpful and helped to carry the wounded over a short period.

Mahouts and their elephants.

Battle at Blackpool

We had our first monsoon. The winds roared in from the south, the rain beat down mercilessly, there was lightning, and thunder appeared to erupt from within the bowels of the earth. The mule and pony personnel struggled to prevent a stampede, and casualties and radio equipment had to be unloaded rapidly to prevent a disaster.

Reliable information was passed to us that the enemy had launched an attack south of our position in the Arakan. More disturbing, a full-scale enemy attack was said to be imminent at Kohima, a strategic point in the north west of Burma. If Kohima fell the enemy would have a free passage into Delhi and thence through India, which was denuded of troops because of European and Far Eastern commitments. The result would be unthinkable.

We received orders to move east, and to establish a block between the enemy forces operating in the north and those in the south, overlooking a main rail and road supply route running from Mogoung south to Mandalay. We were fully aware what this meant. Our lightly armed force, trained in mobility and quick action of the jungle-commando type, could not expect to take on a static role, encountering infantry and artillery assault, with any chance of survival.

We dug in within the defended perimeter of our new block, dubbed Blackpool, receiving barbed wire and other items by air drop on the same day. A landing strip to take Dakotas was constructed with the aid of a tiny caterpillar and grader, flown in by the Americans.

The enemy attacked in force on the second night, a close range battle with bitter hand-to-hand fighting lasting several hours. The next morning the wire perimeter was littered with enemy dead, our casualties being slight. On the third night, a more determined onslaught was launched, and the enemy broke through at several points, being finally repulsed before dawn, sustaining heavy casualties. After 36 hours in the humid heat of the monsoon, the stench of dead bodies was indescribable, the distending corpses and bursting limbs making an unpleasant sight. There were myriads of carrion flies. The next night's assault was once again held.

Our main dressing station was filling up with casualties, and there was difficulty in disposing of the dead. Medical supplies had almost run out, sheets of parachute cloth being used as bandages and splint retainers. Surprisingly, the air strip was still usable, and a heaven-sent load of hospital supplies arrived in time. We were given three days' respite, which enabled us to catch up with sleep and the backlog of patients and to have something to eat. We wondered why but had not long to wait.

A plop sounded near my head in the water-logged slit trench. I put my hand up and hastily withdrew it from the hot shell fragment. The enemy had brought up 75 mm guns, hand propelled, firing over open sights, and blazing off at everything that moved. Six-inch mortars, firing a 60-lb bomb, were now in use. We listened for the discharge, knowing that 20 seconds later the burst would occur. The next day, 105 mm field guns encircled our zone, firing a heavier shell. In some 60 minutes, 300 shells exploded within the block perimeter, wreaking havoc among men and animals. We dug ourselves out of the mud, to rescue what we could and to find that the jungle birds had burst into song after the din, a strange contrast. I believe I heard a hill mynah.

The adjutant informed us that 15 enemy planes had carried out a bombing raid during the shelling; we accepted his account. Our four field guns which had been flown in were knocked out, one by one, by direct hits. Several of our Dakotas had been destroyed, but the remainder managed to limp into the air, the last we were to see in Blackpool. We now had a full view of the enemy, carefully creeping on to the airstrip, covered by field pieces, machine guns, and mortars. They were everywhere. Our

Carrying a casualty.

sole Bofors gun lay at an absurd angle, fought to the end by the detachment of gunners, not a single member of whom survived.

The main dressing station was becoming unmanageable with helpless wounded, some critical; and we blessed the inventor of tubunic morphine, the quick-ampoule injection. I was ordered to withdraw north through the attacking force, by any means available, the scene within the hospital area now being difficult to put into words. To the interested reader, I would recommend

John Master's *Road Past Mandalay*[1] and *Chindit* by R Rhodes-James.[2] In the din of battle and flying metal orders were impossible. I assembled the medical team from their posts, placed the walking wounded in sections under NCOs, with orders to meet me at the map reference. We carried the remainder, one helping another, up the muddy hill. The shells were tearing men and animals apart; two men disappeared as I tied up the shoulder of a third. There was a furious rearguard action, of which we were now a part. Enemy snipers had taken up positions on either side of the only track possible. As we stumbled and slithered upwards, the blinded men tied in a line by lengths of cloth, my ear rang as a shot hit the tree beside me. I thought it must be a dum-dum, realising later that this was unlikely. Heavy monsoon rain was falling.

I half spun round as a bullet went through my medical pack, scattering my string of casualties. The shelling eased, the machine guns, mortars, and rifle fire continued. We made the first ridge, and somehow got over the top, awaiting the inevitable attack from the enemy. Why the Japanese failed to follow up and finish off the remainder of our force remains a mystery, referred to in several accounts by those who were present. I can only conclude that our spirited rearguard action had persuaded the enemy once again that he had had enough.

Our break-out had lasted through three hours of shelling, mortaring, machine gun fire, and sniping. We had dragged ourselves up the slippery slopes rising over 3000 ft (910 m). We were cold, hungry, and mentally and physically exhausted. We began to wade through the mud, taking our wounded and dying with us.

The next four days were a nightmare, those who could manage to move helping those who could not. Everywhere there was a smell of sepsis and death. We assembled all seriously wounded at a staging section with an improvised guard, in order that they could be flown out by light plane. The numbers of seriously sick continued to rise, malaria taking its toll. We reached Mososakon, where the Gurkhas had improvised bamboo bashas that acted, in part at least, as a shield against the monsoon. Contact had been made with the Royal Air Force, who landed a Sunderland flying boat on the large Indagyi lake, north of our position, and personnel were moved by outboard motor boats to this flying-out zone.

I must mention the conduct of our padres, of whom there were three: Scottish Presbyterian, Roman Catholic, and Anglican. Without their help at Mososakon and later, we would have lost many more. These hardened Chindits gave of their time, strength, and devotion to moving the wounded, collecting the body excreta, and preparing meals. One outstanding chaplain was subsequently awarded the Military Cross.

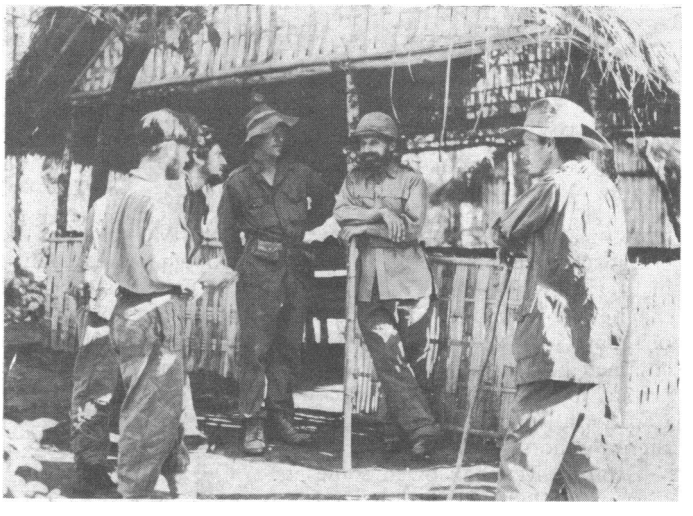
Hill 2171

We rested. Air drops were coming through regularly, one of the hazards being to avoid the free drop of hay for the animals and the welcome crates of foodstuffs. Having strict orders not to carry out the drop if we could not be seen, the RAF sometimes found it difficult to pinpoint our position at night, especially if there was a thick ground mist. Fortunately, radio contact with HQ several hundred miles away remained reasonable, but we missed many precious supply drops. Our casualties and sick increased steadily. Brigade HQ estimated what personnel were still effective, since we were under orders from General Joe Stilwell to move north and support the attack on Mogoung. Much of this period of several weeks remains a haze in the memory, though we were seldom free from enemy attention, with intermittent skirmishing day and night in the rain.

We were ordered to attack Hill 2171. I was very close to a young lieutenant from the 3rd Gurkhas, who raced up the slope with his Jawans and knocked out an enemy machine gun crew; he was awarded a posthumous Victoria Cross. We eventually assembled south of Magoung, a spent force; many of us chronically sick after some four months of attrition. We were finally airlifted to India, conscious of the patience, endurance, and unobtrusive heroism of the ordinary soldier and with a lasting memory of those who would never return. After a period of recuperation in the western Punjab, I found myself in charge of a field ambulance in the Peshewar Nowshera area of the North-west Frontier. It was a world of camel transport, pony activity, and orthodox military procedures, in the land of the redoubtable Pathan and Afridi tribesmen. There was time to catch up with medical journals and to do some writing.

General Wingate

Though space does not permit a discussion on General Orde Wingate, his genius will be a topic as long as military history is studied. This unusual man, gifted as a tactician, whose life was based on the belief that anything is possible if the effort is sufficient; one whom we all respected, disliked, but were prepared to serve, still casts a strange influence over thoughtful historians who study the profession of arms.



The bearded Wingate. Imperial War Museum.

We shall remember a unique force created and controlled by Wingate, in which we had enormous belief, in which there was extraordinary comradeship between all ranks, and in which it is not possible to recall a single incidence of insubordination, or trespass on the subtleties of command between one grade and another throughout a demanding campaign that, it is claimed, cut the enemy supply route in Burma between north and south for a vital six weeks, making an important contribution to his defeat in the vital battle of Kohima.

A signal arrived from HQ indicating that I should apply to join the newly formed Indian Parachute Division. But that is another story.

I thank Major Frank Turner for his help in remembering details of this campaign.

[Dr Whyte's account is modest about his own achievements; for one account of his courage and coolness the reader is referred to *Chindit*.[2] —ED, *BMJ*.]

References

[1] Masters J. *Road past Mandalay*. London: Michael Joseph, 1961.
[2] Rhodes-James R. *Chindit*. London: Murray, 1981.