

**‘Boks and Bullets, Coffins and Crutches’:
An exploration of the body, mind and places
of ‘Springbok’ South African Soldiers in the
First World War**

by
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Declaration

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

ABSTRACT

In 1914-'18 the Great War, as it is still widely known today, engulfed the world, including the recently-founded Union of South Africa. As opposed to other empire and Allied states, the Union's experience of the global war's intoxication in August and September 1914 was more complex, inconsistent and layered.

The cry for war was heard in a period of increased urbanisation and class antagonism towards the ruling order. Yet, in the more pro-British centres and for struggling poorer inhabitants, the call was answered and many rushed to enlist to fight in what was seen as a European War. Many men were probably unaware of the defined yet covert contract into which enlistment translated: the handing over of one's body and mind to the state, thus allowing the government to dispose of it as it saw fit both during and after the war. It is the aim of this thesis to consider and explore what happened to the bodies and minds of white volunteers who saw service beyond the domestic borders. This exploration includes a comparative analysis, since it considers the impact of war on fighting South African soldiers in three markedly different campaigns. The first troops arrived in German South West Africa in 1914, and the majority remained until the end of hostilities in 1915. This was followed by the posting of two expeditionary forces to Europe and East Africa in that year. The different geographical locations of these three campaigns also meant varying climates, environment, food, clothing, types of warfare and, also, the contracting of different diseases and the inflicting of wounds.

All of these factors had a differing bodily and mental impact. Furthermore, enlistment experiences changed men's bodies and minds enduringly, for even after the cessation of hostilities, many men were never the same. The extent to which men's bodies were altered depended at times on their physical state upon enlistment. The state's ideal of "fit", "able bodied", and "healthy" depended on a set of schedules determining recruitment requirements and was also mirrored in the post-war years as these criteria came to determine men's economic standing. Accordingly, this thesis will explore the impact of the war on men's bodies and minds by considering their condition upon enlistment, and their state during the war years as well as during the post-war era. These different phases were reflected in the altered identity of men from 'fit for duty', to 'servicemen' and, lastly, to 'ex-servicemen.' The experiences of these men, changed by war, form the focus of this thesis.

OPSOMMING

Die Groot Oorlog van 1914-'18, soos dit vandag nog algemeen genoem word, het die wêreld, insluitende die pasgestigte Unie van Suid-Afrika, ingesuig. In teenstelling met ander Statebonds- en Geallieerde State, was die oorlog se invloed op die Unie meer kompleks, wispelturig en geskakeerd.

Die oproep tot oorlog is gehoor in 'n periode van toenemende verstedeliking en klasse teenstand teen die heersende orde. Maar in die meer pro-Britse sentra en vir die armer burgers was dit 'n welkome wekroep en daar is toegestaan om aan te sluit by wat as 'n Europese Oorlog gesien is. Baie was waarskynlik onbewus van die uiteengesette dog koverte kontrak waarop aansluiting neergekom het: die gee van jou liggaam en gees aan die staat, wat kon besluit om tydens en ná die oorlog na goëddunke daarmee te handel.

Die doel van hierdie tesis is om te oorweeg en na te vors wat gebeur het met die wit vrywilligers wat buite die landsgrense diens gedoen het. Hierdie verkenning sluit 'n vergelykende analise in en kyk na die impak van die oorlog op Suid-Afrikaanse soldate in drie merkbaar verskillende veldtogte. Die eerste troepe het in 1914 in Duits Suidwes-Afrika in aangekom, en die meerderheid het gebly tot aan die einde van hierdie kortstondige oorlog in 1915. Dit is gevolg deur die plasing van twee ekspedisie magte in Europa en Oos-Afrika in 1915. Die verskillende geografiese liggings van hierdie drie veldtogte het ook wisselende klimaat, omgewing, kos en klere beteken, sowel as 'n ander vorm van oorlogvoering. Die soldate het ook ander siektes en wonde opgedoen.

Al hierdie faktore het 'n verskillende liggaamlike en geestelike impak gehad. Voorts het die mans se oorlogservarings hulle liggame en gees blywend verander, tot selfs ná die beëindiging van die oorlog. Baie soldate was daarna nooit weer dieselfde mense nie. Die mate waarin die mans verander het, het afgehang van hul fisieke toestand met hul aansluiting. Die staat se ideaal van 'fiks' en 'gesond' het afgehang van 'n stel skedules wat werwingsvereistes bepaal het en was ook weerspieël in die jare ná die oorlog toe dit gedien het as die kriteria wat die manne se ekonomiese stand bepaal het. Gevolglik sal hierdie tesis die impak van die oorlog op die mans se liggame en gees verken deur hul toestand by aansluiting en hul staat tydens die oorlogsjare sowel as tydens die na-oorlogse era ondersoek. Hierdie verskillende fases is weerspieël deur die veranderde identiteit van die mans van 'fiks

vir diens' na 'dienspligtiges', en laastens na 'voormalige dienspligtiges.' Die ervarings van hierdie manne en hoe die oorlog hulle verander het is die fokus van hierdie tesis.

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LIST OF ABBREVIATIONS AND ACRONYMS

1 st SAI	1 st South African Infantry Brigade
ACF/CF	Active Citizen's Force, Citizen Force
ADMS	Assistant Director of Medical Services
ANC	African National Congress
ARU	Army Rugby Union
BBC	British Broadcasting Corporation
BESL	British Commonwealth Ex-services League South Africa
Bn	Battalion
Capt	Captain
CCS	Casualty Clearing Station
CMG	Companion of the Order of St Michael and St George
Col	Colonel
Coy	Company
Cpl	Corporal
DADMS	Deputy Assistant Director of Medical Services
DMS	Director of Medical Services
DSO	Distinguished Service Order
FA	Field Ambulance
Gen	General
GOC	General Officer Commanding
GSWA	German South West Africa
HQ	Headquarters
KAR	King's African Rifles
L/Cpl	Lance-Corporal
Lt	Lieutenant
Lt-Col	Lieutenant-Colonel
Maj	Major
MBFA	Mounted Brigade Field Ambulance
MOTHs	Memorable Order of Tin Hats
NCCVD	National Council for Combatting Venereal Diseases
NCO	Non-Commissioned Officer

No. 1 SA FA	No. 1 South African Field Ambulance
OC	Officer Commanding
PF	Permanent Force
Pte	Private
RAMC	Royal Army Medical Corps
RAP	Regimental Aid Post
RFC	Royal Flying Corps
RMC	Royal Army Medical Corps
RMO	Regimental Medical Officer
RN	Royal Navy
RSB	Regimental Stretcher Bearer
RVNR (SA)	South African Division of the Royal Naval Volunteer Reserve
SAAC	South African Aviation Corps
SAAF	South African Air Force
SADF	South African Defence Force
SAGI	South African Garrison Institute
SAI	South African Infantry Brigade
SALP	South African Labour Party
SAMC	South African Medical Corps
SAMNS	South African Military Nursing Service
SAMR	South African Mounted Riflemen
SANLC	South African Native Labour Corps
SANS	South African Naval Service
SAOEF	South African Overseas Expeditionary Force
SAP	South African Party
SARFB	South African Rugby Football Board
Sgt Maj	Sergeant-Major
Sgt	Sergeant
SMO	Senior Medical Officer
TB	Tubercle bacillus (or tuberculosis)
UDF	Union Defence Force
VD	Venereal Disease
WEAU	Women's Enfranchisement Association of the Union
YMCA	Young men's Christian Association

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General Introduction

*“There, under a sun which would never set, the African springbok would not only lie down with the European lion; when called upon, its responsibility would be to spring to its defence.”*¹

The year 2006 marked one hundred years since an African emblem, a graceful Springbok, made its sporting debut in Britain. Then, this group symbol represented a minority of white Dutch/Afrikaans and English-speaking South Africans and later went on to serve as an emblem associated with a ruling minority unrepresentative of the rest of South Africa. It is this strong association with racial supremacy and racial oppression that in contemporary South Africa has filled many inhabitants with the urge to kill off the imagery of the Springbok. Yet the Springbok image has also become remoulded into a new breed, representing a different country, philosophy, and rugby arena. Since the 1990s, international matches are opened with the singing of the new national anthem *Nkosi sikelel' iAfrika*, and the emblem on players' jerseys is complemented by the national flag of a new democratic South Africa.²

This situation stands in stark contrast with that of 1906, when the first South African rugby team, led by Paul Roos, partook in an overseas tour to the United Kingdom, the popular sport's birthplace.³ These “First Springboks” were a mixture of English- and Afrikaans-speaking white South Africans after the Anglo-Boer War of 1899-1902, a period of great animosity between these two factions. The rugby legend, Paul Roos, is associated with having coined the term, “De Springbokken”, later shortened to “Springbokke” or “Springboks”, for the South African rugby team. At the end of the tour, four months later, the name “Springbok” had become a household word in the British Isles, or “Motherland”, “home” of rugby.⁴ The sport had been played in South Africa from as early as the 1860s and was firmly established in 1889 when the South African Rugby Football Board (SARFB) was founded as the governing body.⁵ After the South African War, the two white ‘nations’ were desperately in need of common heroes and Paul Roos's team proved to be such a vehicle. In helping to kindle a post-war sense of national sporting pride, they also captured the imagination of the British. They were hailed as heroes upon their return, and were acclaimed by politicians. It was at this time that the Springbok

¹ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 1.

² D. Cruywagen (ed.), *The Badge: a centenary of the Springbok emblem*, 8.

³ C. Greyvenstein, *Toyota Springbok Saga: A pictorial History from 1891*, 38-39.

⁴ P. van der Schyff, *Paul Roos se Springbokke 1906-2006 - die storie van, 'n man, sy span en sy skool*, 44.

⁵ C. Greyvenstein, *Toyota Springbok Saga: A pictorial History from 1891*, 8.

legend was born. However, this leaping gazelle was “a whites only” one, and excluded the rest of the inhabitants of the segregated Union.⁶ Thereafter, Springbok identity as a term became the foundation on which a tradition came to be built over the past century.⁷

With the outbreak of the First World War, the term was also used to refer to white South African soldiers on a similar basis as the term “Tommy” was used when referring to a British soldier. The term “Springboks” was self-assigned, by white soldiers, who drew on the country’s national sporting identity in development from the early twentieth century and therefore carried some ideological weight.⁸ This image was further promoted by soldiers of the 4th regiment, of the 1st South African Infantry Brigade (1st SAI) in France, who had their own Springbok mascot, Nancy. In addition, the regimental badge was of a springbok head, surrounded by a circle.⁹ Men further entrenched their names as Springboks through participating in inter-unit Rugby Football competitions held outside of the Army Rugby Union (ARU), the governing body for the rugby union in the British Army. An inter-service championship was arranged by ARU, and included South Africa amongst other service teams.¹⁰

This association was also advanced in the press in cartoons as can be seen in figure 1.1, with the caption, “The Springbok: ‘I caused a bit of a sensation when I went Home in football togs, and I hope the new outfit will give the Kaizer a shriek’.”¹¹ It is these men who will form the focus of this thesis, within the context of the Great War of 1914-1918, and the symbol on which the title draws with the abbreviated *Boks*.

⁶ D. Cruywagen (ed.), *The Badge: a centenary of the Springbok emblem*, 9.

⁷ C. Greyvenstein, *Toyota Springbok Saga: A pictorial History from 1891*, 38-39.

⁸ D. Williams, *Springboks, Troepies and Cadres: Stories of the South African Army 1912-2012*, xii. The “nickname” was used through both world wars, only to be replaced later by “Troepies” and “Cadres” during the Border War.

⁹ Department of Defence Archives (hereafter DOD Archives) World War 1 Imperial Service Details (hereafter WW1 ISD) 26, 657, Springbok for 1SAS Brigade, July-December 1918.

¹⁰ DOD Archives, Officer of the High Commissioner for the Union of South Africa (hereafter OC) OC 335, No Ref, Miscellaneous Correspondence (Mainly repatriation and demobilisation), November 1918-February 1919. See, J. Nauright & C. Parish (eds.), *Sports around the World: History, Culture, and Practice*, 441.

¹¹ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 24.



FIGURE 1.1: 'The New Springbok'¹²

Focus and Problem Statement

As G. Braybon has argued, the Great War is unique in one massive respect. It has generated a copious amount of writing over the last century. Few wars have inspired so many novelists, poets and artists, and which have further attracted cultural and literary historians in such numbers.¹³ It also includes unusual work from unlikely origins, such as the short book written by an eleven year old, complete with drawings, which captured his grandfather's "adventures" on the Somme and more specifically Delville Wood.¹⁴ Literature on the war addresses various themes within this context. In the past century, for example, there has been an ever swaying pendulum in historical writing over whose fault the war was. More recently, with the approaching centenary a robust body of literature has started to appear on smaller, hidden

¹² D. Santry, *War Cartoons selected from the Rand Daily Mail and the Sunday Times*. Johannesburg: Central News Agency, 1915.

¹³ G. Braybon (ed.), *Evidence, History, and the Great War: Historians and the impact of 1914-18*, 21.

¹⁴ Natal Carbineers Archive (hereafter NCA), The Tomlinson Family Collection, Ross Cairn – Together (2009), 1914-2009.

histories that have a different trajectory and which focus on the smaller aspects of life and experience during the war. Previously, general sources on the conflict have considered the issue of soldiers' health, but until recently only in an overall, encompassing sense. This centenary year it seems that there is a sudden increase of interest in the medical and health side of the war, with exhibitions being set up at the *In Flanders Museum* in Belgium and at the *Wellcome Collection* in London, along with others. Some wonderful literature has also been produced in recent years, such as Leo von Bergen's *Before my Helpless sight*, Johanna Bourke's *Dismembering the Male*, and Peter Barham's *Forgotten Lunatics of the Great War* to name but a few.

It appears that on a popular level, especially with the start of the centenary, that the First World War continues to be perceived as pointless, in ways that the Second World War, for instance, is not. This despairing perception has been expressed traditionally in the Lost Generation thesis, initially propagated by elite English literature. As it was for instance expressed in Siegfried Sassoon and Wilfred Owen's poetry, its meaning was the 'doomed youth led blindly to the slaughter by a cruel age'.¹⁵ The same opinion was expressed repeatedly in comments on the British Broadcasting Corporation (BBC) website in 2008, with the eightieth anniversary of the end of the world war.¹⁶ In light of this, it seems surprising that, despite threats of being "shot at dawn", men refusing to continue fighting was rarely a major obstacle for military authorities, with the exception of the 1917 French army mutiny that has, at times, been over-exaggerated according to specialist historians. This is not to say that desertion was not a serious threat to unit strength in the larger British and French armies, but it was not widespread enough in any one regiment to qualify as mutiny.¹⁷ As A. Watson has reasoned, combat motivation was due to confidence in ultimate victory and in investment in personal survival, "men were "hardwired" to believe in both".¹⁸ This was a soldiering sensibility held by many Springboks despite "heartbreaking" scenes, as D. Reitz described a young man manning a firestep with him in March 1918 during the German Spring Offensive that resulted

¹⁵ R. Wohl, *The Generation of 1914*, 105. See, J. S. K. Watson, *Fighting Different Wars: Experience, Memory, and the First World War in Britain*, 188-189.

¹⁶ F. Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914-1930*, 1. Some academics, such as Adrian Gregory, argues that the war was not meaningless for those men who partook in it, and that it thus 'qualifies as a necessary war'.

¹⁷ L. van Bergen, *Before my Helpless Sigh: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 205.

¹⁸ A. Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918*, 141.

in tactical enemy success. The young soldier was “haggard and worn from the strain...he blanched as he looked at the gruesome sight. His lips were trembling when...[Reitz] glanced at him, but he drew himself up and said to...[Reitz], ‘Sir, the Boche may break through somewhere else, but they’ll not get through here’”.¹⁹

Today, increased scholarly interest in the health of men, in the medical side of war, and in the physical environment in which hostilities occurred, is becoming part of the essential history of 1914-1918, alongside the common view that it was a war of mass carnage. Yet, much of the literature on this global conflict still reduces discussion to body counts, death and casualties. Comparatively few sources consider what the impact was of war on men’s bodies and minds. The coupling of these concepts is not new, as L. Mosley described the surrender of the German *Schutztruppe* in German East Africa, after their forced surrender in 1918, but not defeat. Mosley remarked that the return to German East Africa, was “the cure for their ills of mind and body...their bodies filled out again.”²⁰ At another level, near the conclusion of the German South West Africa campaign, Emily Hobhouse wrote to Jan Christian Smuts, Minister of Defence until 1919, from London, exclaiming, “Yes, dear Oom, you have small idea of the wide, deep, evergrowing [*sic*] indignation of Womanhood as it sees this destruction of life-the bodies of those it has created and cherished blown to pieces by murderous engines of war.”²¹ These notions and connections were raised in writings from the time and in more recent literature. Yet, they have only rarely formed the focus of specialised international research.

Furthermore, it would appear that more has been published on the British and the Great War than about the French, Belgians or Germans, or other involved nations. Of course, some experiences of British subjects tended to closely match those of soldiers in other armies. For instance, a random stray bullet across no man’s land did not distinguish between Canadians and Germans. When E. M. Remarque’s *Im Westen Nichts Neues* was published, many British soldiers exclaimed, “That’s what it was like!”²² One can also borrow from the non-academic sphere of literature concerned with the First World War, as in the historical fiction novel, *The Headlong Fury: A Novel of World War One*. A certain character, Philip, is sent with a medical

¹⁹ D. Reitz, *Adrift Upon the Open Veld: The Anglo-Boer War and its Aftermath, 1899-1943*, 291.

²⁰ L. Mosley, *Duel for Kilimajaro: An Account of the East African Campaign, 1914-1918*, 214.

²¹ W. K. Hancock & J. van der Poel (eds.), *Selections from the Smuts Papers: Volume III, June 1910-November 1918*, 258.

²² L. van Bergen, *Before my Helpless Sigh: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 29.

unit to the Somme battlefield. He remarks on the familiarity of treating casualties, “British troops bled exactly the way French soldiers did. The wounds were the same. As for the Tommies who died, they died just like *poilus*.”²³ At the same time, the role of various authorities, such as the various branches of Defence Headquarters, soldiers training, the effectiveness of medical units operating in war zones, along with other factors, all differed amongst armies. All of this bore relevance and influenced the effect which the war had on men’s individual and collective corporeal and mental well-being.

Much of the writing on such matters is not only in English but is dominated by the biases and preoccupations of numerous Anglo-American historians. As one British scholar has observed, for instance, “The role of colonial troops, their interaction with standing armies, and the effect of war on their home nations remains shamefully neglected by all but specialist researchers. We need more diversity in the ‘greater’ war story.”²⁴ Similarly, the South African military historian, I. van der Waag, has noted that the history of campaigns such as those in German South West (GSWA) and in East Africa had often become lost in the far more common story of the Western Front.²⁵ In the light of these shortcomings in the literature, it is the aim of this thesis to try and add to writing on the First World where gaps exist and where knowledge and understanding is either absent or, at best, partial. Therefore, this thesis strives to offer an explorative account of the impact of the global conflict on fighting South African forces with a focus on men’s bodies and minds. To this end, various factors will come under examination, such as the environment, climate, type of warfare, nutrition, kit, the role of medical services, diseases and wounds. Equally, this is not intended to be exclusively a medical history, but also a social history of ‘Springbok’ fighting soldiers, with an emphasis on their material world.

This discussion will focus on three campaigns in which South Africa made a contribution, namely the German South West African Campaign (1914-1915), the East Africa Campaign (1916-1918) and the European Campaign (1916-1918). These were not the only campaigns that South African troops participated in, but have been chosen based on the availability of sources and for their stark geographical differences. This factor would allow for a consideration of climate and terrain, which not only directly affected men’s bodies and minds, but also

²³ J. F. MacDonald, *The Headlong Fury: A Novel of World War One*, 203.

²⁴ G. Braybon (ed.), *Evidence, History, and the Great War: Historians and the impact of 1914-18*, 22.

²⁵ I. van der Waag, ‘The Union Defence Force and the German South West Africa Campaign, 1914-1915’, Seminar at the University of Stellenbosch, 16 September 2014.

indirectly, since it determined one or other distinctively different style of warfare. Each of these campaigns will be discussed in separate chapters. As this research project progressed, it became apparent that the impact that war had on men had long lasting effects that extended past the cessation of hostilities. Therefore, the last chapter of this thesis will consider to what extent men were able, given their altered bodies and minds because of warfare, to reintegrate into post-war society. Moreover, as men were changed forever through their experiences in war, it was thus also thought necessary to include something of men's pre-war circumstances and conditions before they left for the fighting front. After all, it would be no use arguing that the war impacted both body and mind, if their original state or 'fitness' were not taken into consideration. Furthermore, the state of mind and of coping with the emotional and psychological strain of warfare, were determined by men's motivation to fight. This bore particular relevance to troop morale. Consequently, the first chapter of this study will briefly outline the pre-enlistment state of volunteers, whilst still untouched by the pressures of actual war. Almost needless to say, in the light of the centenary commemoration of the outbreak of the First World War, this study can also be regarded as topical – especially as its field of investigation has not been much taken up by historians.

Literature Review

Priority was given to primary sources originating in South Africa and Britain as far as was possible. Repositories visited include the JS Gericke Library in Stellenbosch, the National Library of South Africa (Cape Town), the Cape Archival repository, the National Archive (Pretoria) and those in Durban and Pietermaritzburg, the South African National Defence Force Documentation Centre, some Regimental Archives, the South African Museum of Military History, and Pretoria Boys' High School Archive. In addition, staff of the Wellcome Institute, Gillies Archive (now housed at the Royal College of Surgeons), the Imperial War Museum and the British National Archives, were forthcoming and helpful in procuring and sending digitized sources to South Africa.

There continues to exist a serious poverty of accounts from a South African perspective on the experiences of the First World War, and even more so on life in the inter-war years. In an article published in *The Home Front* in August 1928, the writer noted with some justice:

There is no market in these days, they say, for war reminiscences, and that is scarcely surprising since most of us have plenty of them and to spare. Maybe the time will come when they will acquire a certain value, and those who live the longest will be glad enough to turn them into cash to relieve the poverty of old age... That may seem in some ways a pity to those of us who, before 1914, were led to believe by picture, poetry and prose that the keenest listeners on a bench outside an ale house were all agog when a soldier or sailor began his story of the wars.²⁶

The current irony lies in the fact that there continues to exist a desperate need for personal literary recollections from a South African experience of the Great War of 1914-1918. The lack of such sources proved to be one of the greatest hurdles in giving an account on the following subject matter. Today, the past writer of such personal accounts might well have acquired an adequate sum for such publications not only enough for a comfortable old age, but a cushioned inheritance for his grandchildren as well as “keen listeners...agog” in other venues than outside an ale house.

Unlike other imperial war participants such as Australia, New Zealand and Britain, with an almost unlimited supply of personal recollections available at the Imperial War Museum, libraries and even digital archives, few such storehouses of invaluable sources exist for the South African case. These are mostly restricted to private collections and regimental archives. Thus, most researchers would have to be content with a limited number of secondary sources such as that of C. Schoeman, I. Uys, B. Nasson, and the *South Africa at war series*, which includes excerpts from interviews conducted some decades ago or whose authors had access to private collections.²⁷ Some personal diaries have been transcribed to the website of the *South African Military History Society*.²⁸ Also, some such diaries and letters have been published in their more original form, such as those of B. Wade, A. Betteridge, R. Meinertzhagen and D. Reitz.²⁹ However, most of these personal accounts are not of ‘average’ white South Africans, but rather of men of the upper classes, or of those who pursued careers in full view of the

²⁶ Anonymous (hereafter Anon.), “One Day During the War”, *The Home Front*, August 1928, 14.

²⁷ C. Schoemann, *The Somme Chronicle: South Africans on the Western Front, 1916*. Cape Town: Struik, 2014; I. Uys, *Rollcall: The Delville Wood Story*. Germiston: Uys and Ashanti Publishers, 1991; P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*. Rivonia: Ashanti, 1994; J. A. Ambrose, *They fought for King and Kaiser: South African Forces in German East Africa, 1916*. Johannesburg: Ashanti Publishing, 1991.

²⁸ E. S. Thompson, “A Machine Gunner’s Odyssey through German East Africa: The Diary of E.S. Thompson, Part 1. 17 January -24 May 1916”, *Military History Journal*, (7), (4), December 1987.

²⁹ B. Wade, *Peace, War and Afterwards: 1914 to 1919 - A Young Man's Letters Written Chiefly to His Mother*. Halifax: Sentinel Projects, 1996; A. H. Betteridge, *Combat in and Over Delville Wood*. Unpublished Manuscript, 1986; R. Meinertzhagen, *Army Diary, 1899-1926*. Edinburgh: Oliver and Boyd, 1960; D. Reitz, *Adrift Upon the Open Veld: The Anglo-Boer War and its Aftermath, 1899-1943*. Kaapstad: Stormberg Uitgewers, 2011.

public. All of these men were later inscribed in history as politicians and statesmen, and filled other high profile positions. For instance, Arthur Betteridge was a key figure for South African Airways, R. Meinertzhagen was British and Smuts' Chief Intelligence Officer, and Deneys Reitz was a cabinet minister of the South African Party (SAP). There are numerous reasons that might explain the lack of the publication of personal experiences, particularly of Dutch or Afrikaans accounts. These could even be mundane. As one young corporal who fought in East Africa noted in his short memoirs, that he had kept a diary, but that it was rendered unreadable through "exposure to rain, mud and sweat."³⁰

Some personal accounts have also been published in periodicals associated with ex-servicemen's associations, such as *The Home Front*, *The Springbok Blue*, and *Comrades*. School magazines, especially of English 'All Boys' Schools that drew on traditional British education systems or collegiate schools, include those such as *The Pretorian*, *Hilton College*, *Maritzburg College*, *Paul Roos Gimnasium* and *Rondebosch Boys High School*. Tales of adventures of 'old boys' were often published and appealed to younger students who were still too young to enlist themselves. These sources offered some personal accounts and proved to be invaluable to gain a more 'human' and 'average' perspective, especially since they provided insights from a variety of different ex-servicemen. A range of newspapers were consulted, with the intention of capturing a wider perspective in terms of class, language and geography. Occasionally, in small town newspapers, such as the *Mossel Bay Advertiser*, *Onze Courant*, *Paarl Post*, and so on, excerpts from letters sent home were printed, but naturally these contained their own limitations which will be touched on in the following chapters.

There are also the more chronological sources such as unit histories, as well as official histories.³¹ That includes those compiled by J. J. Collyer, who was then the Chief Staff Officer at the Defence Department, J. Buchan, of the British Department of Propaganda at Wellington

³⁰ J. H. Weeks, *'n Jong Soldaat: Ervarings en herinneringe*, 37.

³¹ M. Coghlan, *Pro-Patria: another 50 Natal Carbineer years, 1945-1995*. Pietermaritzburg: Natal Carbineers Trust, 2000; J. Ewing, *The History of the 9th (Scottish) Division, 1914-1919*. London: John Murray, 1921; B. G. Simpkins, *Rand Light Infantry*. Cape Town: Howard Timmins, 1965.

House, and the 1924 General Staff compilation.³² Buchan's official history, *The South African Forces in France*, produced by the prolific writer with more than fifty titles, is more readable and focuses on South Africa's role in the British war effort on the Western Front.³³ Whilst the history produced by the General Staff is a wordy compilation, it includes significant detail. What sets it apart from the other early post-war histories is that it includes a brief section on the Cape Corps, largely drawn from the work of I. D. Difford and A. J. B. Desmore.³⁴

Other sources that fall under this category include those that are restricted to geographical regions and which were produced by army and intelligence officers, war correspondents and journalists, and tending to foster the approval of the government position of the time. These include J. J. Collyer's *The Campaign in German South West Africa, 1914-1915* and *The South Africans with General Smut in German East Africa 1916*, J. P. Kay Robinson's *With Botha's Army*, and W. Whittall's *With Botha and Smuts in Africa*.³⁵ Other official histories include the recently released British official history, on the military operations in East Africa with a focus on military strategy and operations.³⁶ A number of volumes on the medical services in the Great War that give lengthy, in-depth descriptions of administrative and, at times, banal details with numerous statistics and graphs, are also available. These tend to be fairly inclusive in scope, although material on the campaign in South West Africa is not as comprehensive as it might be, since it finishes in August 1915. The effect is that casualties resulting from the outbreak of Spanish Influenza in late 1918 are not included. Several South African forces stationed there

³² J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*. Pretoria: Government Printer, 1924; W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV, Medical Services During the Operations on the Gallipoli Peninsula; in Macedonia; in Mesopotamia and North-West Persia; in East Africa; in the Aden Protectorate, and in North Russia. Ambulance Transport during the War*. London: Her Majesty's Stationary Office, 1924.

³³ For more on the production of official histories see, B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 205-218; I. van der Waag, "The Last Word? Essays on Official History in the United States and British Commonwealth (Contributions to the Study of World History)." In J. Grey, *The Last Word? Essays on Official History in the United States and British Commonwealth*, 27-52.

³⁴ I. D. Difford, *The Story of the 1st Battalion Cape Corps 1915-1916*. Cape Town: Hortoks Limited, 1921; A. J. B. Desmore, *With the Second Cape Corps thro' Central Africa*. Cape Town: Citadel, 1920.

³⁵ J. J. Collyer, *The Campaign in German South West Africa, 1914-1915*. Pretoria: Government Printer, 1937; J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*. Pretoria: Government Printer, 1939; J. P. Kay Robinson, *With Botha's Army*. London: George Allen & Unwin, 1916; W. Whittall, *With Botha and Smuts in Africa*. London: Cassell and Company, 1917.

³⁶ See, N. M. Cowling, "Military Operations – East Africa: August 1914 to September 1916; Volume one", *South African Journal of Military Studies*, (24), (2), 1994, 47-48.

to guard prisoners of war were hit by the disease, and victims were buried at the Commonwealth War Graves Cemetery at Aus on the road to Lüderitz.³⁷

It can be argued that for most nations who participated in the Great War there is one battle that stands out above others in history and memory. For South African volunteers stationed on the Somme line, it was the battle of Delville Wood in July 1916. For the general South African public this is often considered as the only battle South African soldiers took part in during World War One.³⁸ Articles on South African participation in the Great War have thus tended to continue to focus on this one battle.³⁹ Similarly, some journal publications have considered significant smaller battles in other campaigns, thereby extending interest beyond Delville Wood, yet again at the expense of considering rather more general social aspects of the South African experience of the war.⁴⁰

The East African and South West African campaigns were two of the “sideshow” of World War One that relatively little has been written about from a strictly South African perspective. For the Union of South Africa, they were important theatres of war due to its significant expansionist war effort in the region. As will be discussed in chapters one and two, the depth of the South African contribution and involvement was significant enough to merit more than a mere mention in the minor annals of Great War history. The existing scantiness in literature has not gone unnoticed by historians interested in this theme, with academics of the Military

³⁷ C. Hordern, *History of the Great war based on official documents: Military operations in East Africa volume 1, August 1914-September 1916*. London: Her Majesty’s Stationary Office, 1941.

³⁸ P. K. A. Digby: *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, ix-xi; J. Lambert, “Britishness, South Africanness and the First World War” in P. Buckner and R. D. Francis (eds.), *Rediscovering the British World*. Canada: University of Calgary Press, 2005, 285.

³⁹ See, G. Genis, “Delville Wood: Eighty years July 1916-July 1996”, *South African Journal of Military Studies*, (26), (1), 1996, 4-18; R. Cornwell, “The South Africans in France, April-July 1916”, *South African Journal of Military Studies*, (7), (2), 1977; J. A. Lawson, *Memories of Delville Wood, South Africa’s Greatest Battle*. Cape Town: T. Maskew Miller, 1918; T. Couzens, *The Great Silence: From Mushroom Valley to Delville Wood, South African Forces in World War One*. Cape Town: Sunday Times Books, 2014; T. Couzens, *The Great Silence: From Mushroom Valley to Delville Wood, South African Forces in World War One*. Cape Town: Art Publishers, 2014.

⁴⁰ See, R. C. Warwick, “The Battle of Sandfontein: The Role and Legacy of Major-General Sir Henry Timson Lukin”, *South African Journal of Military Studies*, (34), (2), 2006, 65-92; I. Van der Waag, “The battle of Sandfontein, 26 September 1914: South African military reform and the German South-West Africa campaign, 1914-1915”, *First World War Studies*, (4), (2), 2013, 141-165; I. van der Waag, *A Military History of Modern South Africa*. Johannesburg: Jonathan Ball Publishers, 2015.

Academy in Saldanha in the process of compiling articles for publication in 2015, as well as a conference to take place in June of that year.⁴¹

Some more recent literature from a South African perspective of the Great War has also been concerned with the divided nation on the issue of war. The political atmosphere in South Africa in the war years was a divided one, between the determination of patriotic English-speakers to maintain a ‘British connection’ to the empire and the desire of some Afrikaner nationalists to restore the old Boer political and military ethos. For instance, van der Waag recently published an article on South Africa’s ‘Second little bit’ that explored both the Western Front and the presiding political situation on the home front, a complicated situation rooted in issues before and at the close of the South African War. These sources tend to fall into the field of war and society, with a focus on how the war and the war effort effected the home front.⁴²

Other literature concentrates rather more exclusively on the political situation, with the war as a background to events, such as the Boer insurrection of 1914-1915.⁴³ Alternatively, the war serves as context for other incidents such as the banning of D. W. Griffith’s controversial film, *Birth of a Nation* in 1915.⁴⁴ Particularly the German South West African campaign, a significant episode in the history of the South African army, has received fairly limited attention and, when written about, has been thrown together with the general narrative of the Boer rebellion as had been done in the *Official history of the Union of South Africa in the Great*

⁴¹ ‘The Great War in Africa’, Conference organised by Prof I. van der Waag, to be hosted in Stellenbosch, 29-30 June 2015.

⁴² A. Samson, *Britain, South Africa and the East African Campaign, 1914-1918: The Union comes of Age*. New York: Tauris Academic Studies, 2006; B. Nasson, *World War One and the People of South Africa*. Cape Town: Tafelberg, 2014.

B. Nasson, “A Great Divide: popular responses to the Great War in South Africa”, *War and Society*, (12), 1994, 47-64; B. Nasson, “War opinion in South Africa, 1914”, *Journal of Imperial and Commonwealth History*, (23), 1995, 248-276; L. W. F. Grundlingh, “Die Engelssprekende Suid-Afrikaners se reaksie op die uitbreuk van die Eerste Wêreldoorlog”. (MA thesis, University of the Orange Free State, 1978); A. Marwick, *The Deluge: British Society and the First World War*. London: Bodley Head, 1965; H. F. Nel, “Toestande in die Unie van Suid-Afrika op die vooraand van die Eerste Wêreldoorlog”, *South African Journal of Military Studies*, (16), (3), 1986, 24-31.

⁴³ A. M. Grundlingh & S. S. Swart, *Radelose Rebelle? Pretoria: Protea Boekhuis, 2009*; S. S. Swart, “‘Desperate Men’: The 1914 Rebellion and the Politics of Poverty”, *South African Historical Journal*, (42), (1), 161-175.

⁴⁴ B. Willan, “‘Cinematographic Calamity’ or ‘Soul-Stirring Appeal to Every Briton’: Birth of a Nation in England and South Africa, 1915-1931”, *Journal of Southern African Studies*, (39), (3), 2013, 623-640.

War. Similarly, literature on South Africa's role on East Africa has tended to focus more on the various leadership styles of Smuts, Van Deventer and Von Lettow-Vorbeck.⁴⁵

As noted earlier, interest in medicine and war has been growing within the international sphere. However, South African literature on specific wars remains very limited. While some recent publications have come to light, they tend to focus on medical personnel, treatment and organisation during the Border War, in South-West Africa and Angola from the 1960s to the 1980s.⁴⁶ There are also two volumes produced by J. C. de Villiers with a focus on war and medicine in the Anglo-Boer War of 1899-1902.⁴⁷ More broadly, the relationship between war and medicine has been addressed in several ways, in fact an entire journal, *The Journal of Medicine, Conflict and Survival*, is dedicated to this subject matter.⁴⁸ Some sources study the nature of wounds or illness, the actual treatment methods of the sick and wounded, or how medical services had been organised at times of war.⁴⁹ Other sources focus on the medical personnel such as doctors and nurses, for instance, I. R. Whitehead's *Doctors of the Great War*, J. Farquharson's biography of her great aunt, *Betty Freund: A Nurse in France*, and *A Doctor's Diary in Damaraland*.⁵⁰ Alongside these, other works focus on the other side of this spectrum, namely the patient, such as L. van Bergen and R. W. Whalen.⁵¹ In other instances where

⁴⁵ A. Samson, *World War I in Africa: The Forgotten conflict among the European Powers*. London: I. B. Taurus, 2013; R. Anderson, "J C Smuts and J L van Deventer: South African Commanders-in-Chief of a British Expeditionary Force", *Journal of South African Military Studies*, (31), (2), 2003, 117-141.

⁴⁶ M. Whittle, "Ops Medic – Operational Medical Orderlies during the Border War", *Journal of Contemporary History* (31), (3), December 2006, 326-348; J. Kaplan, *The Dressing Station: A Surgeon's Chronicle of War and Medicine*. New York: Grove Press, 2003; A. Feinstein, *Battle Scarred: Hidden Costs of the Border War*. Cape Town: Tafelberg, 2011; M. Pienaar, (ed.), *Die tand van die tyd- Opstelle opgedra aan Jac Conradie*. Stellenbosch: Sun Press, 2009; S. Webb, *Ops Medic: A National Servicemen's Border War*, Galago: Technology and Engineering, 2008.

⁴⁷ J. C. de Villiers, *Healers, Helpers and Hospitals: A History of Military Medicine in the Anglo-Boer War*. Pretoria: Protea Boekhuis, 2008; F. Helen, "Norwegian Medical Doctors in the Anglo-Boer War (1899-1901)". (MA Thesis, University of Stellenbosch, 2001); E. Van Heyningen, *The concentration camps of the Anglo-Boer War: a social history*. Auckland Park: Jacana, 2013.

⁴⁸ See, R. Cooter, "War and Modern Medicine". In: W.F. Bynum & R. Porter (eds.), *Companion Encyclopaedia of the history of medicine*. London: Routledge, 1994, 1536-1572; M. Harrison, "The medicalization of war – the militarization of medicine", *Social History of Medicine*, (9), (2), 1996, 267-276; R. A. Gabriel & K.S. Metz, *A History of military medicine*. London: Greenwood Press, 1992; F. H. Garrison, *Notes on the history of military medicine*. New York: Georg Olms, 1970.

⁴⁹ Anon., *The Fourth Dimension: the untold story of military health in South Africa*. Pretoria: Government Printer, 2009; Anon., *Militêre Geneeskunde in Suid-Afrika*. Pretoria: Government Printer, 1984; I. Whitehead, "Third Ypres: casualties and British Medical Services, an evaluation". In P. H. Liddle (ed.) *Passchendaele in perspective: The third battle of Ypres*. London: Pen & Sword, 1997, 175-200; N. F. Basson, "Die Geskiedenis van die Kaapse Burgermag-Mediese Eenhede, 1889-1939". (MA Thesis, University of Stellenbosch, 1988).

⁵⁰ B. Hugo, *Betty Friend: A Nurse in France*. Pretoria: Alkantrant, 1986; H. F. B. Walker, *A Doctor's Diary in Damaraland*. London: E. Arnold, 1917; I. R. Whitehead, *Doctors in the Great War*. London: Leo Cooper, 1999.

⁵¹ R. W. Whalen, *Bitter Wounds: German victims of the Great War, 1914-1939*. London: Cornell University Press, 1984.

medicine has been considered in relation to war, this has delivered numerous arguments: ‘war is good for medicine’;⁵² or the converse, that ‘medicine is good for war’;⁵³ whilst others argue that ‘medicine should be distanced from war’.⁵⁴ Another argument brought to the fore was the reasons behind the nature of medical care during the Great War.⁵⁵ Other studies on medicine and war focus on the perception of the wounded and ill, with pity being unequally divided.⁵⁶

The history of the body and mind has been dealt with in literature, and has formed part of a centuries-old discussion debate on Mind-Body dualism that began as early as in Greece with Plato. Other sources that focused on these two concepts, dealt with them more as anatomical components and thus focused more on evolutionary strides taken by humankind, as in, for instance, D. Lieberman, *The Story of the Human Body: Evolution, Health, and Disease*.⁵⁷ Alternative approaches have been made by taking an aesthetic perspective, by exploring the relationship between the depiction of the corporeal in visual and performance art.⁵⁸ One source that has come closest to addressing the subject matter of this thesis is that of L. van Bergen. However, this work only considers the body and mind on the Western Front and incorporates general secondary sources that include, primarily, a British, French and German perspective with occasional mention of Dominion troops. Another source that has drawn on ideas of the body, mind and war is J. Bourke’s excellent book centred within feminist studies. This source also considered recruitment, the concept of being ‘fit’ for enlistment, and the medical examination of volunteers. However, the body, in this approach, is considered more in relation to men’s ideas of weakened or emasculated masculinity. The same applies to the numerous works by A. Carden-Coyne, as well as that of J. Meyer, which deal with men’s bodies, but

⁵² See, J. Duffin, *History of Medicine: A Scandalously short introduction*. Toronto: University of Toronto Press, 2000; D. Trumbo, *Johnny Got his Gun*. New York: Bantam, 1984. (A novel about experimentation on war invalidated ex-servicemen, also a film).

⁵³ L. van Bergen, “The value of war for medicine: questions and considerations concerning an event endorsed proposition”, *Medicine, Conflict and survival*, (23), (3), 2007, 198-197.

⁵⁴ See, H. Joules, *The doctor’s view of war*. London: George Allen and Unwin, 1938; L. van Bergen, “‘Would it not be better to just stop?’ Dutch medical aid in World War I and the medical anti-war movement in the interwar years”, *First World War Studies*, (2), (2), 2011, 165-194.

⁵⁵ L. van Bergen, “For soldier and state: dual loyalty and World War One”, *Medicine, Conflict and Survival*, (28), (4), October-December 2012, 317-334.

⁵⁶ J. Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War*. London: Reaktion Books, 1996; D. Winter, *Death’s men: soldiers of the Great War*. London: Penguin, 1979; A. Babington, *Shell-shock: A history of the changing attitudes to war neurosis*. London: Leo Cooper, 1997.

⁵⁷ D. Lieberman, *The Story of the Human Body: Evolution, Health, and Disease*. New York: Knopf Doubleday Publishing, 2013.

⁵⁸ C. MacDonald, *Strong, Beautiful and Modern: National Fitness in Britain, New Zealand, Australia and Canada, 1935-1960*. Washington: University of Washington Press, 2013; I. Zweiniger-Bargielowski, *Imagining the Body: Beauty, Health and Fitness in Britain, 1880-1939*. Oxford: Oxford University Press, 2010.

essentially within the context of masculinity.⁵⁹ Naturally, when writing of men, bodies and mind, there is no escaping from ideas of masculinity. Thus, some account is taken of the notion of masculine ideals in this thesis, however it is in no respect intended to be centred within this gendered field of historical study.

Literature on South African soldiers and post-war society, particularly after the First World War, is thin to non-existent. Probably the closest source is that of N. Roos, which concentrates on veterans of the Second World War.⁶⁰ Occasional mention is made of the preceding World War, which is the equivalent of footnotes to the larger body of work. This void in the historiography contrasts significantly with sources produced on American, British, French, German, Australian and New Zealand ex-servicemen.⁶¹ In effect, this bypasses the unique South African case, where society was stratified along lines of race, class, religion and language, notwithstanding the fact that this volunteer group of men was far smaller than those of other Dominions armies. Thus returned soldiers were not only easily forgotten in the Union in the 1920s, but also today, by historians. It is therefore difficult to apply theoretical tools developed in literature on other cases to the Union, and thus a unique framework is necessary to analyse this national situation. The lack of secondary sources led to the last chapter largely consisting of primary sources pieced together as best as possible to provide a continuous and complete narrative of ex-servicemen and post-war society.

Sources and Methodological Challenges

One of the greatest challenges to the compilation of this thesis was the general lack of secondary sources on the South African case to use as a framework. Furthermore, the lack of

⁵⁹ J. Meyer, *Men of War: Masculinity and the First World War in Britain*. Basingstoke: Palgrave MacMillan, 2009; A. Carden-Coyne (ed.), *Gender and Conflict since 1914: Historical and Interdisciplinary Perspectives*. Basingstoke: Palgrave Macmillan, 2012.

⁶⁰ N. Roos, *Ordinary Springboks: White Servicemen and Social Justice in South Africa, 1939-1961*. Ashgate: Aldershot and Burlington, 2005.

⁶¹ A. Carden-Coyne, *Reconstructing the Body: Classicism, Modernism and the First World War*. Oxford: Oxford University Press, 2009; A. Carden-Coyne & J. Anderson, "Enabling the Past: New Perspective in the History of Disability", *European Review of History*, (14), (4), 2007, 447-457; A. Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*. Oxford: Oxford University Press, 2014; A. Kaes, *Shell Shock Cinema: Weimar Culture and the Wounds of War*. New Jersey: Princeton University Press, 2009; C. Carrington, *Soldiers from the Wars Returning*. Johannesburg: Hutchinson and Co., 1965; J. Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation.'* Manchester: Manchester University Press, 2013; L. Kettenacker & T. Riotte, *The Legacies of Two World Wars: European Societies in the Twentieth Century*. London: Berghen Books, 2011; P. Leese, *Shell Shock, Traumatic Neurosis and the British Soldiers of the First World War*. Basingstoke: Palgrave Macmillan, 2002.

comprehensive statistical data on South Africa specifically hampered analysis. Often data available on, for instance hospital admissions, was incomplete and was only available for a certain year or for several weeks. Furthermore, data is often grouped with that of other nations and is thus not strictly information on South Africans, or it has been combined with other domestic campaigns such as the Boer rebellion. Thus, using this data would give a skewed and incomplete summary of the circumstances of sick and wounded men.

Another challenge was the difficulty in accessing or obtaining primary sources, personal accounts in particular. As opposed to archives in England, South African archives maintained by the government do not hold personal diaries or papers. At most, one can find unit diaries at the *South African Defence Force Document Centre* that rarely contain information on quotidian activities and occurrences at the front. Financial and time constraints were other significant factors, since archives are spread across South Africa and thus required funds and extended visiting times.

Access to newspapers, magazines and periodicals is readily available at the National Library of South Africa, but here, too, some of the issues in the years under discussion have been damaged, lost or were never acquired, such as *The Friend*, the Bloemfontein newspaper. Other print locations, such as compact storage at the Stellenbosch University JS Gericke library, also held a variety of newspapers, but none from the war period.

Other difficulties experienced were the organisational system at some archives. For instance, at the *Natal Carbineers Archives* the staff was extremely helpful, but no system of organisation existed. Doing research there was literally like “scratching amongst dusty papers and boxes” in search of any records related to the war. This particular archive held numerous rare treasures for researchers of the Second World- and Border War, yet very little on the Great War. As with this archive, the staff at the *South African Defence Force Document Centre* were very helpful and generous in giving up their time, however records of material kept were rather clumsily referenced. Moreover, often materials in boxes did not correspond to relevant descriptions. In contrast, the records of archives in Pietermaritzburg, Durban and Cape Town operated along an automated digital retrieval system. Some primary sources pertaining to this topic are housed at the *Imperial War Museum*, the *National Archives* in the UK, the *Royal College of Surgeons Archive* and at the *Wellcome Institute*. However, with very few of these

records having been digitised, and with the financial cost of requesting documents, little of this material could be obtained and used.

Further Fields of Study

Due to the limitations already outlined, and to the scope of a thesis of this level, there are numerous elements that this study did not address which could form the basis of future work on this topic. A conference paper, based on the last chapter of this thesis, was presented at the *South African Historical Society* conference in Gaborone, Botswana, in July 2013. Numerous questions directed towards the paper were primarily concerned with South African ex-servicemen and land settlement schemes. With the recent centenary commemoration of the 1913 Land Act, there seems to be renewed interest in such government sponsored programmes. Therefore, a suggested further field of study could be concerned with the connection between returned soldiers and settlement schemes.

One of the greatest limitations of this thesis is that in scope, it avoids the documenting of two aspects of the ‘holy trinity’ of class, race and gender. It was the original intention to write an all-inclusive history of the conditions of South African soldiers of the Great War. However, due to spatial constraints as well as to those imposed by sources, the thesis will be focusing on the bulk of volunteer fighting soldiers, or white ‘Springbok’ troops. Increasing research has been done on non-combatant African, Coloured and Indian troops and Coloured soldiers that will hopefully be used to form the basis of a future project on the same theme as the present one. There is also the issue of women, since their influence was greater than that of only organising fund-raising events, nursing, or of participating in sexual services. Incorporation of the experiences of auxiliary troops would have been a complex and also a lengthy undertaking, since their army circumstances were markedly different, and even their treatment when suffering from disease or wounds was in a segregated sphere, away from white troops. Approximately 33 556 Africans served as labourers in the Union Defence Forces between 4 August 1914 and 31 August 1915, including a small number from Bechuanaland and Basutoland. These figures are incomplete since they do not include those who “were engaged independently and taken to South West Africa by units and

individuals.”⁶² Furthermore, they do not include the mixed Cape Garrison Artillery and other gunner units.⁶³ In addition, 57 886 Black and Coloured men from South Africa, Basutoland, Bechuanaland, and Swaziland, made a significant labouring contribution to the war effort on the Western Front.⁶⁴

The article, *Unexplored Aspects of South Africa's First World War History*, published in 1976, aimed to spark the interest of researchers in Black, Coloured and Indian participation in the Great War, before veterans of this war faded away.⁶⁵ Elsewhere, there have been signs of a renewed energy to produce work on such marginalised groups. Timothy C. Winegard, *Indigenous Peoples of the British Dominions and the First World War*, has written about all the racially marginalised groups including Indians, Eskimos, Maori, and Aboriginal Units. There is also James Wilson's recent *Guerrillas of Tsavo: An illustrated Diary of a Forgotten Campaign in British East Africa, 1914-1916*, whose author argues that more needs to be done to “preserve the memory of Africans who fought in the war.”⁶⁶ In 2012, the Imperial War Museum's Research Department led a project called ‘Whose Remembrance?’ to investigate the state of research into colonial troops and labourers in the two world wars. Traditional battlefield tours of France, Belgium and Gallipoli are gradually also being augmented by those on the African continent.⁶⁷ The BBC's Emmanuel Igunza visited the battlefield town of Taveta, in present day Kenya and former British East Africa, in August 2014. During this tour, he conducted interviews with descendants of men who fought on the British side during the Great War.⁶⁸ Still, while Africa and its people's participation in the global war, from

⁶² Anon., *The Official Year Book: Union of South Africa, No. 2-1918*, 378. See, G. Miescher, “Arteries of Empire: On the Geographical Imagination of South Africa's Railway War, 1914/1915”, *Kronos*, (38), (1), January 2012, 40.

⁶³ F. B. Adler, A.E. Lorch, & H. H. Curson, *The South African Field Artillery in German East Africa and Palestine 1915-1919*, 7.

⁶⁴ Anon., *The Official Year Book: Union of South Africa, No. 4-1921*, 411.

⁶⁵ W. M. Bisset, “Unexplored Aspects of South Africa's First World War History”, *South African Journal of Military Studies*, (6), (3), 1976, 55. For more on this theme, see, A. Grundlingh, “Black Men in a White Man's War: The Impact of the First World War on South African Blacks”. Seminar at African Studies Institute, University of the Witwatersrand, August 1982; A. M. Grundlingh, *Fighting their own war: South African Blacks in the First World War*. Johannesburg: Ravan Press, 1987; A. M. Grundlingh, *War and Society: Participation and Remembrance: South African black and coloured troops in the First World War, 1914-1918*. Stellenbosch: Sun Press, 2014; B. Nasson, *WWI and the People of South Africa*. Cape Town: Tafelberg, 2014; G. Vahed, “‘Give till it hurts’: Durban's Indians and the First World War”, *Journal of Natal and Zulu History*, (19), 2001, 41-60.

⁶⁶ BBC, *World War One: Kenya's forgotten heroes*, 14 August 2014. [Accessed: 3 October 2014].

⁶⁷ C. Mgehenyi, “Taita Taveta World War I Battlefields are now tourist attractions”, *The Star*, 12 August 2014.

⁶⁸ BBC, *World War One: Kenya's forgotten heroes*, 14 August 2014. [Accessed: 30 October 2014]. See, Anon., “Ons Nie-Blankes het ‘n trotse naam“. In ‘Bylae tot Die Burger’, 14 June 1962, 7. See, K. W. Grundy, *Soldiers without Politics: Blacks in the South African Armed Forces*. Berkeley: University of California Press, 1983.

previously forgotten corners, are gradually being pushed into wider public consciousness, it is still an underdeveloped topic within the greater war context that needs investigation.

The South African Ambulance, headed by Dr G. A. Casalis, operating in Cannes, France, where it treated numerous French soldier-patients, is another area open for research. There is a significant amount of primary sources scattered in archives and in special collections. Other medical units, such as the South African Hospital at Richmond Park in England, would also make for an interesting study, not only for its modern approach to treatment at the time, and for its aims and its training programme, but also due the fact that it was a little piece of the Union of South Africa that existed on British soil. Perhaps being situated in metropolitan territory would have further entrenched the wartime presence of South African life there. There is also the 1st SAI and South African Ambulance's interlude in Western Egypt (January-April 1916). There are numerous personal accounts of adventures with camels, trekking in the desert without water, and of the fortunes of Nancy, the regimental Springbok mascot.

Much like local women's history at this time, very little has been written about South African women during the war years, with a few individuals excluded, such as the author, Olive Schreiner. Women's resistance to the war was not only restricted to the American Women's Peace Party, the Quaker Relief Party in England, and events such as the Conference of Women at The Hague, but extended to the Union, particularly to Dutch women. Conversely, women also set aside their campaign for suffrage to support the war effort, such as the Women's Enfranchisement Association of the Union (WEAU).⁶⁹ Also, for women who were concerned with men's morality, participation on the home front involved the championing of prohibition.⁷⁰

There are also numerous untouched sources found in archives to give voice to the women who endured the heartache of losing loved ones through participation in the war effort. Some

⁶⁹ K. D. Rose, *American Women and the Repeal of Prohibition*, 4, 35; W. K. Hancock & J. van der Poel (eds.), *Selections from the Smuts Papers: Volume III, June 1910-November 1918*, 258; T. Henry, "Medium A (Whippet) Tank in South Africa, 1919-2009", *The South African Military History Society*, (14), (5), June 2009; Cape Town Archives Repository (hereafter KAB), 3/CT, 4/1/2/93, G97/2, Recreation and comforts for troops: War 1914-1915, 1914-1915.

⁷⁰ See, Anon., "Temperance Notes", *Paarl Post*, 16 June 1917, 6; R. Pope, *War and Society in Britain, 1900-1948*, 26, 32; A. Marwick, *The deluge: British Society and the First World War*, 64; I. van der Waag & F. Pretorius, "The Union Defence Force and the struggle to establish a South African canteen system, 1914-1916", *Historia*, (43), (2), November 1998, 40; K. D. Rose, *American Women and the Repeal of Prohibition*, 4, 35.

research, particularly in feminist studies, has shed light in Britain on this subject, yet very little in South Africa. There is a continuing tendency to forget the loss suffered by women, exemplified by one mother who attached a post note to a letter, stating “Excuse my handwriting because I sit here with a broken heart.” She had lost all her brothers on the battlefield and now, in her old age, she had “to go through the same thing again.”⁷¹ Sometimes, it was only after a few years that a missing soldier was confirmed as dead, leaving loved ones holding out vain hope that he was still to be found.⁷² As Col. H. Boustead noted, the proper identification of many of the dead on the Western Front was nearly impossible. Four years after armistice he received a letter from the War Office asking if “he could throw any light on the grave of Number 5100, Private Hugh Boustead of the South African Scottish, the cross of which had been erected...in 1916 during the Somme battle.”⁷³ Numerous such letters can be found in correspondence to the Governor-General’s Fund and the Information Bureau that include nuggets of life stories that could be worth studying.

Theoretical Issues and Approaches

One of the difficulties faced by many researchers writing on South African history is that of terminology. In order to stay true to the ‘discourse’ of the period under discussion, some of the terms used at the time being written about have been maintained. Therefore, the nomenclature used such as white, Indian, South African (English, Dutch, Afrikaans, British), Boer, non-white, Coloured, broken men, and disabled, used in this work are purely descriptors to aid the reader in understanding the definitions of the period.

In order to comprehend the contents of the thesis it is essential to define its basic terminology, methodologies and theoretical concepts. As this thesis is an exploration of the (i) body and (ii) mind of (iii) fighting South African soldiers in the First World War, 1914-1928, these three concepts thus need be briefly defined and explained.

⁷¹ DOD Archives, Chief Staff Officer (hereafter CSO) 66, 117/9199, Wellbeing of Soldiers in East Africa and Elsewhere, 1916.

⁷² One of the most famous examples is Rudyard Kipling whose son went missing on the Western Front. See, *My Boy Jack*. London: Ecosse Films, 2007.

⁷³ H. Boustead, *The wind of morning: the autobiography of Hugh Boustead*, 34.

According to J. Bourke, “there is no clear distinction between the study of men’s bodies and masculinity.”⁷⁴ As a result, historiography has focused on Victorian and Edwardian manliness or on post-war masculinity. Alternatively, there is a stress on manliness in the context of empire, with the incorporation of liberalism, religion, sexuality and domesticity.⁷⁵ However, this study does not attempt to engage specifically with the historiography on the establishment of a link between male virility and war. What matters is that the concepts of mind and body are understood differently by various individuals and authorities. For soldiers, their bodies provided them with a basic relational system for the understanding of the world and their place in it. Bodies are distinguished from other entities, since these are understood in terms of men’s bodies in relation to them.⁷⁶ For instance, feminist and cultural studies, links biology and culture, where the biological body has been constructed in relation to women.⁷⁷

As E. Leed has argued in his psychological study, *No Man’s Land*, the 1914-1918 war altered traditional sources of identity, which was a ‘modernizing experience’. Leed contends that men’s experience of warfare was dehumanizing, since it took place in no man’s land, thus men’s identity was formed “beyond the margins of normal social experience.” It was “precisely this what made them so lasting, so immune to erosion by the routines of post-war social and economic life, and so difficult to grasp with the traditional tools of sociological and psychological analysis.” The war in effect altered the status, expectations, and character of soldiers.⁷⁸

Men could be able-bodied, and fit and this was the same definition held by both medical- and military authorities who accepted these bodies for active service.⁷⁹ Once an ‘able-bodied’ and ‘fit man’ was accepted in the army, he was stripped of his identity. Hypothetically, warfare involved the dissolution of the individual human being. The loss of individuality and identity

⁷⁴ J. Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War*, 11.

⁷⁵ See, L. Goldman (ed.), *The Blind Victorian: Henry Fawcett and British Liberalism*. Cambridge: Cambridge University Press, 1989; F. Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830*. London: Routledge, 1987; J. Tosh, “‘Domesticity and Manliness in the Victorian Middle Class’: The Family of Edward White Benson.” In J. Tosh & M. Roper (eds.), *Manful Assertions: Masculinities in Britain since the 1800*, 44-73; R. Porter, “History of the body.” In P. Burke (ed.) *New Perspectives on Historical Writing*. Pennsylvania: Penn State University Press, 1991; A. Bonadero, *Mark of the Beast: Death and Degradation in the Literature of the Great War*. Lexington: University Press of Kentucky, 1989.

⁷⁶ F. A. Beer, *Meanings of War and Peace*, 25.

⁷⁷ D. M. Halperin, “Is there a history of sexuality?”, *History and Theory, Studies in the Philosophy of History*, (28), 1989, 257-274.

⁷⁸ E. J. Leed, *No Man’s Land: Combat and Identity in World War I*, x, 4.

⁷⁹ J. Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War*, 11.

began with drill, the tough, regimental exercise that preceded front-line duty which the military authorities regarded as essential for effective performance in battle. Thus the stripping of identities was deliberate to erase men's identities.⁸⁰ In the republished novel, newly titled, *Her Privates We*, the soldier F. Manning argued that through the loss of identity, soldiers no longer possessed anything, "not even their own bodies, which have become mere implements of warfare."⁸¹ A further effect was, as R. W. Whalen argues, that soldiers became children, since "Like children, soldiers were totally subordinate to the will of their superiors, and took childish delight in simple physical pleasures, like warmth and food. The soldier-child was not an autonomous, responsible adult, but a passive, helpless waif."⁸² For military authorities, the body lost all identity and merged with others to form an overall unit strength that needed to be greater to that of the enemy in order to ensure victory in a war of attrition. The dissolution of the individual reached the ultimate extreme during battle, as mental and physical catastrophe descended on the soldier and what remained of the civilian.⁸³ Bodies were altered by bullet wounds, shrapnel, the climate, disease, poor nutrition and all other factors associated with warfare. For medical services, the body was that which they were responsible for restoring to its former state as far as possible to resume its role as a tool of warfare once more.⁸⁴ For military authorities, the mind was suppressed in the name of discipline, while for the medical services at the time, much still had to be learned about the psychological impact of war. For those bodies and minds that survived the war, "it did not mean the end of war experience, but rather the beginning of a process...since the war experience could not be resolved."⁸⁵ Consequently, the body is considered in relation to war, its identity rested on who defined it, whether it was military authorities, medical personnel or the general population.

Through the impact of war, the 'body' was redefined from 'able-bodied' and 'fit' soldier to a 'diseased' or 'wounded' body, to the extent that the body became 'unfit.' Warfare has often been accompanied by serious disease, with the effect on army strength varying. Thus, this 'war impact' played a significant role in the slave insurrection on the island of Saint Dominigue,

⁸⁰ L. van Bergen, *Before my Helpless Sigh: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 5.

⁸¹ F. Manning, *Her Privates We*, 205.

⁸² R. W. Whalen, *Bitter Wounds: German victims of the Great War, 1914-1939*, 188.

⁸³ L. van Bergen, *Before my Helpless Sigh: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 5.

⁸⁴ J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, 11.

⁸⁵ E. J. Leed, *No Man's Land: Combat and Identity in World War I*, x.

located in the West Indies, which in 1793 saw the mobilisation of British and French forces to this distant part of the world. The army suffered significant casualties, primarily due to the effects of tropical diseases such as malaria and yellow fever.⁸⁶ Earlier, if similarly, the armies of Alexander the Great became riddled with disease as they moved further from the Mediterranean.⁸⁷ Similarly, in the First World War, particularly in East Africa, disease dominated. Furthermore, the term disease, as L. van Bergen contends, had a different meaning than in civilian life. If the same definition had been used during the war period, than there would have “been practically no healthy soldiers left to fight battles.”⁸⁸ Therefore, a large proportion of fighting men participating in offensives suffered from heavy colds or ‘flu, but they were not regarded by military authorities as ‘sick’. This allowed the army to claim that the troops were fairly fit and healthy.⁸⁹

Suffering was not restricted to only the physical, but also to the psychological. The medical profession was not as much stunned by the nature of the problem, but rather by the number of cases that suffered from it. For military authorities, the mind was not as significant an entity as the body that could bear arms. Much like physical afflictions, mental illness and psychiatric damage were not always viewed as serious, yet they could be. It could be both life-threatening and lifelong. The various degrees could range from numbness at being exposed to situations that would have been shocking or unimaginable in normal circumstances, to total brutalisation or intense fear, up to severe neurosis. It was such mental and emotional complaints that impacted morale, which could lead to more severe psychological afflictions.⁹⁰ For military authorities, the importance of the mind was largely reduced to morale. As H. J. Baker distinguished it, it was between group and individual morale, and if this was dependent on a state of mind, then it could not be removed from the environment in which it functioned.⁹¹

Morale has often been depicted as that which ensures military resilience and combat motivation. As Napoleon believed, “an army’s effectiveness depends on its size, training,

⁸⁶ D. R. Hickey, “America’s Response to the Slave Revolt in Haiti, 1791-1806”, *Journal of the Early Republic*, (2), (4), winter 1982, 365.

⁸⁷ F. L. Holt, *In the Land of Bones: Alexander the Great in Afghanistan*, 106.

⁸⁸ L. van Bergen, *Before my Helpless Sigh: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 140.

⁸⁹ H. P. Cecil & P. Liddle, *Facing Armageddon: The First World War Experienced*, 454.

⁹⁰ L. van Bergen, *Before my Helpless Sigh: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 205.

⁹¹ H. J. Baker, “The Maintenance of Morale”, *International Journal of Ethics*, (40), (4), July 1930, 542.

experience and morale... morale is worth more than all the other factors combined.”⁹² J. Fennell argued that defeat, in the case of the fall of Tobruk during the Second World War, was largely due to poor morale, which is integral to success in times of war.⁹³ Therefore, the ‘heroic’ German Commander, Paul von Lettow-Vorbeck, and his *Schutztruppen* endured virtually everything, depicted as being forced to lay down their arms in East Africa due only to the surrender on the European front. The success of this inferior force was a case where “morale had triumphed over ‘materiel’”, with the army’s belief in its invincibility, leadership and determination.⁹⁴ Another means of maintaining morale was simply to build hate for the enemy and the military authorities’, whose overall war goals were often absent amongst the lower ranks.⁹⁵ The willingness of troops to risk their lives fighting for a cause in war, often depended on good morale in the ranks.⁹⁶

According to the psychiatrist, F. J. Manning, morale can be described as “the enthusiasm and persistence with which a member of a group engages in the prescribed activities of that group.”⁹⁷ Yet most academics who focus on this field of study, rather define it by what it constitutes, which provides a more thorough, yet diffuse explanation. Veteran journalist and historian, S. L. A. Marshall, argues that many factors contribute to the forming of good morale. It is the “whole complex body of an army’s thought”, their thoughts surrounding their homeland, cause, politics, food, shelter, its enemies, allies, commanders, duty, leisure, payday, sex and many more.⁹⁸ Both J. Fennell and J. A. Ulio argue that military authorities are responsible for satisfying their troop’s basic needs, food, clothes and shelter, but that this is not sufficient for ensuring high morale amongst the men. The lesser matters require attention as much as it is needed for those of major importance, “Even though a straw does not break a camel’s back, it may profoundly irritate the animal, particularly if it thinks that its master cannot be bothered to remove it”.⁹⁹

⁹² A. Moseley, *A Philosophy of War*, 111.

⁹³ J. Fennell, *Combat and Morale in the North African Campaign: The Eighth Path to El Alamein*, 2, 27.

⁹⁴ H. Strachan, *The First World War in Africa*, 93.

⁹⁵ J. D. Keene, *World War I: The American Soldier Experience*, 60.

⁹⁶ J. D. Keene, *World War I: The American Soldier Experience*, 57

⁹⁷ F. J. Manning, “Morale, Cohesion and the Esprit de Corps”. In R. Gal & A. D. Mangelsdorff, *Handbook of Military Psychology*, 455

⁹⁸ S. L. A. Marshall, *Men against Fire: The Problem of Battle Command*, 158.

⁹⁹ J. Fennell, *Combat and Morale in the North African Campaign: The Eighth Path to El Alamein*, 124; J. A. Ulio, “Military morale”, *American Journal of Sociology*, (47), (3), November 1941, 324.

Others hold that there are also variants in the level of morale, as J. M. Landis, who concentrates on high morale as a general state of mind, which motivates a group to function optimally and thereby to achieve its goal.¹⁰⁰ Whilst Fennell argues that high morale can be achieved by satisfying the following three criteria: (1) the soldier needs to know his role in achieving the overall military goal; (2) a constructive relationship needs to exist between the home front and fighting men abroad; (3) and lastly, men should be supplied with support, facilities and entertainment.¹⁰¹ Sport and leisure not only keep men out of “mischief” when they are not on duty, but they also boost morale. If these facilities are supplied by the home front, then it also offers emotional support.¹⁰² For instance, the Young men’s Christian Association (YMCA) huts, and other organisations run by civilians, such as the South African Hospitals and Comforts Fund, also fulfilled this role to a certain extent with their regular supplies of tobacco and socks, or with members visiting the South African Hospital at Richmond Park.

Another influential argument is that morale consists of a range of individual and group factors, which includes both assuaging biological and psychological needs, and a high *esprit de corps*.¹⁰³ According to P. K. A. Digby, Springbok soldiering morale, at least on an individual level, was maintained through the “miracle of comradeship and brotherhood”, and without it many would have thought it “impossible to go on”. This *esprit de corps* was further solidified in the post-war era at a time when ex-servicemen felt distanced and faced numerous challenges.¹⁰⁴ It was also, as L. van Bergen claims, solidarity amongst comrades, which motivated men to keep fighting, even with the knowledge that it could mean certain death. Camaraderie played a greater role than fear of punishment, patriotism, or loyalty to commanding officers. This is not to say that a sense of duty and other factors did not play a

¹⁰⁰ J. M. Landis, “Morale and Civilian Defence”, *American Journal of Sociology*, (47), (3), November 1941, 331.

¹⁰¹ J. Fennell, *Combat and Morale in the North African Campaign: The Eighth Path to El Alamein*, 124

¹⁰² See, A. van Heerden, “Die Suiderkruisfonds en die mobilisering van die Suid-Afrikaanse blanke burgerlike samelewing tydens die Grensoorlog, 1968-1989”. (MA Thesis, University of Stellenbosch, 2013), the focus of the thesis is on women’s organisations and the Southern Cross Fund’s role to serve soldiers’ basic needs and to act as a morale builder.

¹⁰³ F. J. Manning, “Morale, Cohesion and the Esprit de Corps”. In R. Gal & A. D. Mangelsdorff, *Handbook of Military Psychology*, 467-468.

¹⁰⁴ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 4.

role, but perhaps to a lesser extent.¹⁰⁵ Similarly, J. Bourke, concedes that men were rendered dependent on one another for both physical and emotional sustenance.¹⁰⁶

To the general public, particularly the patriotic faction in pre-war society, the body acquired the status of 'hero' and was associated with ideals of courage and honour. This ideal formed part of mass propaganda to encourage the war effort as well as the gaining of more recruits. In the Union, these heroes, as discussed, were painted as the heroic and valiant Springboks. "Every soldier was given the honorary title 'Hero'; soldiers stopped being ordinary people, they were Heroes who performed heroic deeds, spilled heroic blood, died heroic deaths and were buried in a hero's grave."¹⁰⁷ The soldier's cult or the cult of the warrior gave men a new imposed identity above and beyond mere death.¹⁰⁸ The corporeal male could become a corpse on the battlefield, a lifeless mangled entity and a quietened mind.¹⁰⁹ A hero's death gave impetus to hero worship of soldier's bodies, and represented the exploitation of the war dead by the living.¹¹⁰ Yet, as S. Hynes has argued, "Once the soldier was seen as a victim, the idea of the hero became unimaginable."¹¹¹ A more powerful identity set in during the post-war period, that of the male victim as a result of the violence of warfare that altered men's bodies.¹¹² Conversely, A. Carden Coyle argues that post-war society was concerned with the reconstruction of men's bodies to their former state. This was rooted in attempts to "heal the violence and triumph over adversity, reconstruction" and motivated politicians, professionals and individuals to transform bodies and society. Thus, "bodies were not to remain locked away in tortured memories. Instead, they became the subjects of outspoken debate, the objects of rehabilitation, and the desirable commodities of global industries."¹¹³

¹⁰⁵ L. van Bergen, *Before my Helpless Sigh: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 15-16.

¹⁰⁶ J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, 151-2. Yet simultaneously, Bourke argues that male bonding also failed for various reasons, since war necessitated emotional hardening, since there was often a price to pay for closeness.

¹⁰⁷ R. W. Whalen, *Bitter Wounds: German victims of the Great War, 1914-1939*, 24; H. L. Mosse, *Fallen Soldiers: Reshaping the Memory of the World Wars*, 70-71; L. van Bergen, *Before my Helpless Sigh: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 12.

¹⁰⁸ A. Douglas, *War, Memory and the Politics of Humor: The Canard Enchaîné and World War One*, 157.

¹⁰⁹ J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, 11.

¹¹⁰ A. Douglas, *War, Memory and the Politics of Humor: The Canard Enchaîné and World War One*, 157.

¹¹¹ S. Hynes, *A War Imagined: The First World War and English Culture*, 215.

¹¹² D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany 1914-1939*, 127; S. Koven, "Remembering and dismemberment: crippled children, wounded soldiers and the Great War", *American Historical Review*, (99), (4), 1167-1202.

¹¹³ A. Carden-Coyne, *Reconstructing the Body: Classism, Modernism and the First World War*, 2.

The impact of war on the body and mind, saw to an altercation in identity. Men became “ex-servicemen,” “invalids,” “disabled,” “blinded,” “diseased,” “war pensioner,” “unfit,” “returned soldier.” There, bodies and mind could never resume their former identity before the war. These new identities, as D. Cohen and S. Koven have argued, were discontinuous with those that were ordinarily constructed in peace time, thereby permanently alienating these men from the society they defended, disabled soldiers in particular. Yet, as J. Meyer has argued, since men were volunteers and remained in contact with home and their families, this allowed them to construct their wartime identities with a socially familiar context that limited feelings of isolation and reintegration upon their return.¹¹⁴

Lastly, a brief comment on the nature of the state which sent such men out to war in 1914. The end to the South African War of 1899-1902, and British victory, saw the fusion of the British Cape and Natal colonies with the defeated Boer Transvaal and Free State territories into a unified South African state. The fulfilment of this imperial objective transformed South Africa into a white dominion with a governor general, who represented the rights of the British crown, and oversaw its own parliament. This new circumstance placed South Africa on the same footing as Australia, New Zealand and Canada with regards to Britain.¹¹⁵ Two years after the founding of the Union of South Africa in 1910, the South African Defence Force came into existence.

The Defence Act (No. 13 of 1912) saw to the creation of the Union Defence Force (UDF), and thereby the establishment of the South African Army as a component thereof. The army consisted of two main elements, namely the Permanent Force (PF) and the Active Citizen Force (ACF), later merely known as the Citizen Force (CF). The PF was a small component, a mixture of British regular officers who served in South Africa and experienced senior soldiers from Boer Commandos who had fought the same British regulars a decade earlier. The complementary component, the ACF, consisted mainly of short-term conscripts and part-time volunteers, of which some units predated the founding of Union by decades, such as the Natal Carbineers who had fought in the Anglo-Zulu War in 1879.¹¹⁶

¹¹⁴ J. Meyer, *Men of War: Masculinity and the First World War in Britain*, 4-5.

¹¹⁵ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 1.

¹¹⁶ D. Williams, *Springboks, Troopies and Cadres: Stories of the South African Army 1912-2012*, ix.

Imperial defence policy was based on contingencies discussed in both the public arena and in parliament. From this, it was ascertained that concerns for the safety of the Union centred on three areas, the first being a possible seaborne assault that could be counter-acted by the Royal Navy. The second possibility considered an invasion from a nearby colonial territory by an imperial rival, such as Germany, as a result of a European war. The third and last scenario concerned itself with potential domestic dangers that could be stamped out by the military by providing an extra-legal force. Significantly, only eligible *white* men were allowed to partake in military service, since black Africans were excluded from the right to bear firearms under the 1912 Defence Act in a racially segregated South Africa.¹¹⁷

According to D. Williams, the life-span of the South African Army can be divided into four eras: the Great War of 1914-1918, the Second World War 1939-1945, the Border War of 1965-1990 and, lastly, peace and transformation since 1990. Throughout all four eras, most of the fighting was done by volunteers rather than professional soldiers, with the result that the South African Army was never a very significant force.¹¹⁸ Another common denominator in the first three eras was that the army was run as a white-institution, yet relied on black soldiers to a significant extent. In both World Wars, the task of Artillery and Transport drivers, motor drivers, mechanics, officers' servants, stretcher-bearers, unarmed labour and other non-combatant roles was fulfilled by tens of thousands of black, Indian and Coloured volunteers, with even Herero Scouts being used in the Union Defence Forces.¹¹⁹ The reality through three "eras" was that the army mostly observed rigid segregation like the country it served. One of the most significant effects of this exclusion is that few first-hand accounts by black volunteers exist.¹²⁰ As mentioned at the commencement of this chapter, the present study will focus on the Springboks who went on active service in three different First World War campaigns, a self-assigned title of white fighting volunteer soldiers. In essence, they will form the focus groups of this thesis.

¹¹⁷ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 3-4; T. C. Winegard, *Indigenous Peoples of the British Dominions and the First World War*, 76.

¹¹⁸ D. Williams: *Springboks, Troopies and Cadres: Stories of the South African Army 1912-2012*, ix-xi

¹¹⁹ I. Difford: *The Story of the 1st Battalion Cape Corps 1915-1916*, foreword.

¹²⁰ D. Williams: *Springboks, Troopies and Cadres: Stories of the South African Army 1912-2012*, xi.

Chapter One: ‘Fit for Duty:’ Recruitment, training and medical examination of volunteers

Introduction

As Bill Nasson has argued, one of the most popular assumptions of the outbreak of the European war in 1914 was that the civilian population greeted it with “feverishly patriotic enthusiasm” coupled with an “aggressive urge” to enlist. The public opinion of the various dominions is painted as mirroring the urban pro-war mood that ran aflame amongst cheering crowds. Whether in Natal in the Union of South Africa or in British Columbia in Canada, many rallied to the war cry against the ‘barbarous Hun’. In South Africa, white boys from cadet schools ran away from home to enlist, not wanting to miss out on the action that would be over by Christmas, whilst even some pacifists saw it as a duty to join the army. However, more recent interpretations of civilian attitudes towards the war argue that such depictions of eagerness for war have been overdone, or at least that war intoxication in August and September 1914 was more complex, inconsistent, mixed and varied. This was particularly the case in South Africa, where the war mood was more layered and divided, reflected between the different provinces, classes, races, ethnicity, languages and political identity. The outbreak of war came at a time of increased urbanisation and at a time of class antagonism towards the ruling order, as seen with the strikes on the Rand in the Union in 1913 and 1914, but also in Australia, New Zealand, and even in Britain.¹

The essence of mass mobilisation for warfare during 1914-1918 meant the handing over of one’s body to the state, thereby allowing the state to use and dispose of it as it saw fit. As the consequences of the European war made graphically clear, one’s body became the government’s property, even if that translated into it being grotesquely mutilated by bullet holes and shell fragments, or frayed by disease. However, for these men to be accepted as recruits, they firstly had to pass a medical examination that would decide whether they were ‘fit for duty.’ The standards by which this was measured were continuously lowered, as in the British Army, to include a larger pool of recruits. After being accepted for active service, men had to be made ‘fit for war’ - this included undergoing rigorous training both in the Union and on the active front.

¹ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 9-11.

The aim of this chapter is to introduce the men whose minds and bodies will be under discussion for the remainder of this study. Both components of body and mind reflected the overall health of the South African men who fought in three different campaigns. In order to highlight the affect borne by war on both body and mind, men's existing state of health prior to participating in the global conflict needs to be outlined. It cannot be argued that living conditions and factors such as nutrition were the culprits of ill health alone if men were unfit upon enlistment, for the opposite may also ring true. Consequently, it will be necessary to explore the identity, socio-economic standing and condition of these men upon enlistment. Factors under consideration should include age, previous occupation, class, language and place of origin, since all of these components would have affected men's fitness standards, both bodily and mentally. Furthermore, the medical service will also need to be considered since it in large part determined which bodies would be useable in war, and, during times of war, it was responsible for restoring them as best as possible to their previous form. In addition, the last chapter, concerned with the extent to which ex-servicemen were able to re-integrate into civilian life, needs a comparative basis. Men's position before the war should encompass social, political and economic aspects, which can be measured by their motivation to volunteer. It is not the aim here to dissect the general responses to the coming of war, since this is a research area that deserves to be studied separately. Rather, the presiding sentiments regarding the war need to be illustrated in broad strokes in order to contextualise who these men were. Furthermore, by incorporating the factors that contributed to 'good morale' amongst men, the relevant motivations for enlisting may also become clearer.

Social, Political and Economic Context of the War

The decision for South Africa to participate in what was then referred to as the European War and later the Great War, was not an easy decision. The result of the difficult interplay between Whitehall and Pretoria was the agreement made by the Botha government to secure limited strategic objectives in bordering German South West Africa (GSWA) from 1914 to 1915.² On 21 September 1914, Botha announced to the press that only volunteers would be recruited for German South West, yet soon thereafter he wanted to enforce conscription, since parliament's sanction legalised this, to secure a larger force. However, due to possible

² I. van der Waag, "All splendid, but horrible: The Politics of South Africa's Second "Little Bit" and the War on the Western Front, 1915-1918", *South African Military Studies*, (40), (3), 2012, 71.

domestic hostility, particularly from Dutch-Afrikaner women, and other possible anti-war disturbances in the Union, only volunteers were used.³

Following the suppression of an armed Afrikaner insurrection in 1915, another British appeal was made for South African Forces to move further afield, to join campaigns in Europe and in German East Africa. The Union's proximity to East Africa, and the strategic value of the port of Durban, made it a valuable source for the supply of various material for the prosecution of the campaign. The subject of the Union government offering further aid to the Empire was already broached by the Governor-General in April 1915. On 11 May in that year, the Secretary for State for the Colonies cabled Tuinhuis, declaring that the British Government would gladly take any troops South Africa could send.⁴ The issue of further Union support in the war effort was privately already being discussed and there seemed to be agreement between Sir David Pieter de V. Graaff and Botha that "it would not be wise to send a contingent to England until the campaign in German South West Africa is finished".⁵ The despatch of Union troops beyond the neighbouring territories was both a potentially dangerous and controversial step for the government.⁶

By then, Dutch newspapers such as *De Burger* were already carrying unfavourable commentary that the campaign was an unnecessary financial burden on the country. In one exaggerated cartoon, it was suggested that £16,000,000 was spent on this campaign alone, and a vote for Botha on 20 October would surely mean South Africa's continued participation in the war and yet more expenditure.⁷ One cartoon (Figure 2.1) published in September 1915 depicted a South African Boer carrying the heavy load of the 1914-1915 campaign to which Louis Botha, Prime Minister of the Union, Smuts and Sir Thomas Smartt, the leader of the Unionist Party from 1912 to 1920, were adding more in their launch of two new campaigns in East Africa and Europe. The Boer protested, saying, "Oh no do you want to load that package on my back as well? My back is very sore already," to which Botha responded, "We cannot

³ E. M. Ritchie, *The Unfinished War: the drama of Anglo-German conflict in Africa in relation to the future of the British Empire*, 160,

⁴ J. G. W. Leipoldt, *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 65.

⁵ W. K. Hancock & J. van der Poel, (eds.), *Selections from the Smuts Papers: Volume III, June 1910-November 1918*, 641.

⁶ I. van der Waag, "All splendid, but horrible: The Politics of South Africa's Second "Little Bit" and the War on the Western Front, 1915-1918", *South African Journal of Military Studies*, (40), (3), 2012, 71.

⁷ *De Burger*, 13 October 1915, 6. The Secretarial Section of Defence Headquarters was charged with the supervision and solution of the complicated financial problems that had to be settled with the Imperial Authorities. As well as the general policy of the Union Government in respect of the military aid extended to the different theatres of war.

help it old friend, we want to see the war through.” Many, such as John Xaviar Merriman, felt that South Africa had already made a great sacrifice with the supply of troops and money for the previous campaign.⁸



FIGURE 2.1: *The Blank Cheque Politics*⁹

The question of raising an expeditionary force elicited mixed feelings, even amongst the English-speaking population as war enthusiasm began to falter, despite recent military success in German South West. Furthermore, the second Union elections were to take place in October 1915, thus it was not thought prudent to call parliament to vote on more money being spent on what was considered a European war, and thereby raise political controversies.¹⁰

Yet, pressure exuding from eager young men wanting to fight in an expeditionary contingent also existed, while many had already left the Union from August 1914 onwards to fight under the British flag. Other South Africans, such as Capt. G. R. Cowie who joined the

⁸ W. K. Hancock & J. van der Poel (eds.), *Selections from the Smuts Papers: Volume III, June 1910-November 1918*, 311.

⁹ Anon., “The Blank Cheque”, *De Burger*, 29 September 1915, 6.

¹⁰ N. G. Garson, “South Africa and World War I”, *The Journal of Imperial and Commonwealth History*, (8), (1), 1979, 68. Funds destined for public works, such as the building of a new Midlands Hospital in Graaff-Reinet, were halted until the conclusion of the war, since finances had to be re-directed towards the war effort. See, P. D. K. Malherbe, “Taal, kultuur en konflik in die Karoo: ‘n historiese gevallestudie van blanke konflikte op Graaff-Reinet, circa 1904-1928”. (MA Thesis, University of Stellenbosch 2014), 77.

South African Medical Corps (SAMC), put on the British Khaki uniform during or shortly after completing their studies at Cambridge, Oxford, and other institutions in England.¹¹ Meanwhile, British expatriates, such as F. J. Roberts, who later acted as editor of the famous *The Wipers Times*, also returned to England to enlist.¹²

Furthermore, by 1915 the Union government realised that the GSWA campaign was drawing to a close, which would saddle the state with a large number of unemployed men. Pretoria was, therefore, rather content 'to have [these men] at the front' rather than on their hands.¹³ Men released from active service were issued with railway warrants to be able to travel from demobilisation camps to their homes, or to cities to seek employment. By mid-July 1915, the number of unemployed men seeking work in Cape Town, Witwatersrand, East London and Kimberley, was already sufficiently significant to force a change in travel policy. Officers authorised to issue rail warrants were asked, by the Governor-General's Fund and the Information Bureau, to no longer issue vouchers for these urban centres unless the men were former residents or could show proof of a definite work offer.¹⁴

Many other wartime belligerents often participated at times in an effort to escape domestic or other personal problems by submerging themselves in a united national purpose by joining a war effort. Domestic discord along social, racial and national lines fractured the Union in the pre-war period, and continued to reside in post-war society.¹⁵ Unemployment problems in the Union with increased urbanisation coupled with economic dislocation caused in rural regions, exacerbated further by natural disasters. This process was gradually gaining momentum with the conclusion of the Anglo-Boer War of 1899-1902. The post-war depression of 1904-1909 saw to an increase in young men, particularly Afrikaners, entering the labour market seeking employment. The influx of Afrikaans labourers to the Witwatersrand to work in the mines was precipitated by the 1911 Mine and Works Act which advocated that the mines should maintain the protected skills of white workers through the

¹¹ Capt. G. R. Cowie, originally from Johannesburg, studied Natural Sciences at Oxford and completed his studies in 1913, initially he enlisted in the Royal Field Artillery in August 1914 and served in France until May 1915. He returned to England to study medicine and thereafter joined the SAMC. He died from wounds at a casualty clearing station at the age of 27, on 3 September 1918. See, Anon., "Died of Wounds", *British Medical Journal*, (2), (3013), 28 September 1918, 354.

¹² B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 12.

¹³ W. K. Hancock & J. van der Poel (eds.), *Selections from the Smuts Papers: Volume III, June 1910-November 1918*, 296.

¹⁴ DOD Archives, World War One - General Information Bureau (hereafter WWI GIB) 10, 747, Letters for members of commandos to be addressed c/o Army Post Office Johannesburg, December 1914.

¹⁵ H. Strachan, *The First World War in Africa*, 61.

institution of a colour bar.¹⁶ The pre-war Labour Party stood united through its support of this Act, since it protected the employment of all whites against black competition, thus ensuring that socialism “stood cheek-by-jowl” with racism. Other such civil rights discrimination against coloureds, and Indians in particular, gave rise to a strike of 130,000 Indians in Natal in 1913. Meanwhile, in August 1913, and in January 1914, martial law was enacted and troops were deployed to suppress strikes on the Rand among white miners and transport workers. It was such factors that inhibited, to some degree, the Union’s popular participation in the European War.¹⁷ Unrest also indicated that there was a serious unemployment issue that existed in the pre-war years.

Social unrest led to the establishment of the Select Committee on European Employment and Labour Conditions. In April 1914, the committee suggested that agricultural employers should be placed in contact with “poor whites” willing to work on the land. One of the concerns was that the number of “indigent white persons” who were continually migrating to towns looking for work was increasing due to droughts, unrest and other troubled circumstances. Thus, steps were suggested to lure these failed farmers “back to the land as farm labourers or in other occupations”, and then to try to enable them to manage to maintain themselves. Yet, “there were still thousands for whom nothing” could be done, men who were quite “able and willing to do honest toil”.¹⁸ Thus, the raising of an expeditionary force would not only have avoided adding to the pool of returned soldiers that required work, but could also draw recruits from the ranks of the struggling unemployed.

On the other hand, some factions such as the Nationalists and those of the South African Labour Party (SALP) accused the government of the deliberate creation of unemployment to ensure enlistment. It was claimed that rolling stock was not maintained, that railways were falling into disrepair and that rent for railway men was being raised to induce men to enlist.¹⁹ This was attributed to the war effort by the Nationalists, since fit men who asked for employment at the railways were asked, “why are you not at the front?” Smartt argued that

¹⁶ W. P. Visser, *Van MWU tot Solidariteit: Geskiedenis van die Mynwerkersunie, 1902-2002*, 9, 13-14.

¹⁷ H. Strachan, *The First World War in Africa*, 61-62.

¹⁸ Durban Archives Depository (hereafter TBD) 1/MTU 3/4/2/2, White Labour, DD12/153/14, 1914-1916. See, W. P. Visser, “Urbanization and Afrikaners class formation: The mine workers’ union and the search for cultural identity.” In S. J. Salm & T. Falola (eds.) *African Urban Spaces in Historical Perspective*. Rochester: University of Rochester Press, 2005, 131-163.

¹⁹ A ‘war bonus’ (later known as the cost of living allowance) was introduced to supplement wages, yet this was not always considered to be sufficient thus men still had reason to volunteer for active service.

“so long as every fit man could go forward to assist in our battles...The people would be quite prepared to put up with inconveniences.”²⁰ Discontent on the war issue caused a political and ideological rift within the ranks of the South African labour movement. Fragmentation erupted, particularly in the SALP, causing division between pro-British workers, and those anti-war pacifists who adhered to the international socialist call for worker solidarity.²¹ This led to the founding of the War on War League, with Colin Wade as its chairman and its own gazette. In October 1914, Wade spoke on the subject of whether the Union was ‘right’ or ‘wrong.’ The “key” to the war was the varying interests of the working and ruling class, the Union, when patriotism proved insufficient, created unemployment to make the workers submissive to the extent that they would enlist.²²

Due to the increasing success of the formidable German “African” soldier, Von Lettow-Vorbeck by 1915, the campaign in German East Africa had turned into a nagging ulcer on the British flank. As a consequence, Britain saw in the Union a possible solution, which by that time was well geared for war and was already on its way to conquering South West Africa. Further pressures were due to the stagnation of the war in Europe and to the excess and speedy loss of infantry on the Western Front to little Allied gain. Through it all, the War Office also asked constantly for more infantry.²³

In conception, the two proposed theatres were France and East Africa. The main battleground in Europe was already represented by other Dominion contingents, and was not the preferred choice since a small contingent would easily have faded in amongst other larger armies, thereby losing its South African national identity. Furthermore, South Africans had neither the training nor the campaign experience necessary for waging war in European conditions. An East African campaign was considered more befitting of South Africans, since it would allow for mobility for which Union mounted infantry were considered to be more suited. A campaign in Tanganyika would also allow the Springboks more freedom and allow them to play a decisive role, as they had done in German South West.²⁴ Thus, it was decided

²⁰ Anon., “Union Railway Estimates. The Employment of Fit Young Men”, *Cape Times*, 16 June 1917, 4.

²¹ W. P. Visser, “Exporting Trade Unionism and Labour Politics: The British Influence on the early South African Labour Movement”, *New Contree*, (49), April 2005, 156.

²² Anon., “My Country Right or Wrong”, *The War on War Gazette*, 17 October 1914, 2.

²³ J. A. Ambrose, *They fought for King and Kaiser: South African Forces in German East Africa, 1916*, ix.

²⁴ I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *South African Journal of military Studies*, (40), (3), 2012, 79-80.

on 9 September 1915 by the Union Ministers to send two experienced officers to German East Africa on 14 October 1915 on a preparatory mission.²⁵

Recruitment Ventures

The troops who fought in German South West were drawn from the Permanent Force (PF) (primarily the South African Mounted Riflemen (SAMR)) and the Active Citizen Force (ACF). These men of the SAMR were seasoned and well drilled men. The campaign was the first military operation that the young Union embarked on. In addition, it was the only campaign of the Great War that was planned, conducted and completed by a British dominion as well as the first successful British campaign. It was also the first campaign in which aircraft were introduced, albeit for reconnaissance purposes.²⁶ The military forces were still in their infancy and, as Robinson argued, units such as the Imperial Light Horse “had been weaned-too early, some thought.”²⁷ In October 1914, the first units arrived in German South West Africa, and, in early 1916, “all the rag-tag and bob-tail of...[their] amateur army” arrived.²⁸ For many regiments, such as the Natal Carbineers, statutory authority did not exist for the regiment to be sent to other theatres of war, and it was thus demobilised at the conclusion of the German South West Campaign in August 1915. Yet, many men of the regiment volunteered, such as the 10th South African Infantry for East Africa, commanded by Carbineer officer J. W. V. Montgomery.²⁹ This section will now focus on the raising of the two expeditionary forces, since it was only then that major recruitment drives were mobilised.

In July 1915, the decision was taken to raise an overseas expeditionary force for Europe. To this end, a Director of War Recruiting was appointed. The recruiting campaign commenced in mid-1915 and continued until armistice in 1918. In January 1916, an officer was appointed to control the recruiting to the command of all the staffs and depots maintained for the purpose of collecting recruits. The officer was also responsible for recruits’ training, the dispatch of reinforcements, and the control of troops engaged for service. In total, one

²⁵ J. G. W. Leiboldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 66.

²⁶ D. J. Potgieter, *Standard Encyclopaedia of Southern Africa*, 508; J.J. Collyer, *The Campaign in German South West Africa, 1914-1915*, Preface.

²⁷ J. P. Kay Robinson, *With Botha's Army*, 12. For the problems with the military forces, and factors that contributed to the Union being unprepared see, J. J. Collyer, *The Campaign in German South West Africa, 1914-1915*, 20.

²⁸ R. P. Kay Robinson, *With Botha's Army*, 60-61.

²⁹ M. Coghlan, *Pro Patria: Another 50 Natal Carbineer Years 1945-1995*, 25.

hundred and forty four War Recruiting Committees were established consisting of Mayors, Town Councillors, and other leading citizens.³⁰ It was during this time that the officers sent to investigate the situation on the East African front reported their experiences back to the Union government on 26 November 1915. It was duly decided to supply Infantry and Mounted Brigades, as well as one Cape Corps Battalion, five Batteries of Field Artillery and a variety of smaller departmental units.³¹ With this objective, the recruitment drive was launched on 21 July 1915, under the guise of Sir Charles Crewe, Director of Recruiting, as the victorious Springboks were demobilised after the GSWA campaign.³²



*FIGURE 2.2: Recruitment Drive in Cape Town for Expeditionary Force*³³

Notices of the raising of contingents for all three campaigns were placed in newspapers and enlistment forms could be collected from post offices. The Governor-General's Fund was also encouraged to publicly announce that it would assist men, and their dependants, who

³⁰ J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 211-212. For information on recruiting of Coloured and African troops, see, 218-219.

³¹ J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 66.

³² I. van der Waag, "All splendid, but horrible: The Politics of South Africa's Second "Little Bit" and the War on the Western Front, 1915-1918", *South African Journal of Military Studies*, (40), (3), 2012, 80-81.

³³ National Library of South Africa, Special Collections (hereafter NLSA) CT: Wars: WWI: Recruitment, Recruiting for E.A, n.d.

volunteered, since “recruiting...[would then] go far more rapidly.”³⁴ A sardonic MOTHS song published nearly a decade after the war told of how soldiers were “cheered...to the slaughter,...[as the soldiers] said goodbye to someone’s daughter,...They were excellent recruiters,...With tongue they led, Whilst...[the soldiers] bled.” At the time men believed “the cause was right,” yet after the war all said “There must be no more war,” yet it took “a try” by soldiers to “struck the secret, so simple so plain.”³⁵

‘A Graceless Procedure’: Medical Examination of Recruits

Men who volunteered for active service firstly had to pass a medical examination. Recruits had to take off their clothes and then step into an adjoining room where two or three doctors were seated at a table to take “an accurate estimate” of men’s “worth to the army.” One infantryman who volunteered for the East African campaign, C. W. Shackleton, described it as “a graceless procedure” where he had to stand “stripped, while the spectators made coarse and embarrassing remarks about...[his] appearance.” He stood there “shrinking and lonely,” as he tried to answer the formal questions directed at him by the medical officers. After passing the examination he had to undergo the “usual formalities” of vaccination and inoculation.³⁶

In Britain, alarm with regards to the male physique was heightened with the Anglo-Boer War, when the inspection of soldiers revealed that only 14,000 of 20,000 volunteers were adequately fit to enlist. This gave rise to the idea that the British race was degenerating physically, with increasingly little distinction between the bodies of the working and middle classes. The examination of recruits in the Great War heightened such eugenic anxieties and saw the implementation of a series of physical examinations that classified men according to scales. This was a concept that was later also instituted in the determination of pensions.³⁷

In the South African case, concern fell squarely on the standard of teeth. While many men tended to have fine physiques, the prevalence of dental deficiencies caused significant alarm

³⁴ DOD Archives, WWI GIB, 794, Overseas Contingent, July 1915, July 1915.

³⁵ G. Riddler, “Moth Songs”, *The Home Front*, October 1928, 26.

³⁶ C. W. Shackleton, *East African Experiences, 1916*, 2-3. See, DOD Archives, CSO 104, 34, Medical Boards, 1914-1915.

³⁷ J. Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War*, 171-172. See, J. M. Winter, “Military Fitness and Civilian Health in Britain during the First World War”, *Journal of Contemporary History*, (15), 1980, 212; G. Jones, *Social Hygiene in Twentieth-Century Britain*. London: Croom Helm, 1986; W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 118-137.

amongst government officials, medical officers and even the general public. In comparison with countries such as England, France and Germany, degenerative factors such as industrial diseases and lack of sufficient food and shelter, inherent to such great manufacturing countries, were assumed to have been reduced to a minimum among able-bodied men. The Union enjoyed a climate, which, without being enervating, was “genial and eminently conducive to an outdoor life, and likewise singularly healthy all round.”³⁸ However, in the South African case, men’s bodies were still regarded as deficient if they were diagnosed as having defective teeth. As one medical practitioner noted in 1915, it should be “recognise[d] that a man’s teeth are as important a part of his anatomy as any other organ of his body!”³⁹ During the Anglo-Boer War, some 2,500 British men had been invalided home on account of dental diseases or from diseases rooted in dental causes. With the examination of local volunteers for the overseas expeditionary force it was estimated that more than 50 per cent of men were “dentally inefficient.” Such physical deficiencies were attributed to the lack of hygiene. It was only recently that the relation between dental hygiene and “physical well-being” was being realised and it had thus not yet emerged in public consciousness.⁴⁰

This focus caused a considerable outcry in the press about the rather large proportion of rejections of aspirants for service in the expeditionary forces. By September 1915, a large proportion, well over one third, have been rejected as unfit.⁴¹ From a military and medical point of view, strict requirements of physical health for embarking on active service were an obvious practical requirement. Yet, many volunteers who were rejected by medical boards expressed outrage at what they deemed a “too rigid military system.” One rejected volunteer was of the opinion that among the men rejected were “several of good physique and strong and healthy,” yet some had “small defects which would in no way interfere with these duties, and notably these rejected for bad teeth! Ye Gods!” He himself had been “rejected for bad teeth, though...[he has] been able to masticate all the old crusts which came..[his] way, and” walked the “streets of the Feather City, with many others in the hope of something to turn up, and am denied the unenviable job.”⁴²

³⁸ Anon., “National Degeneracy?”, *The South African Medical Record*, 11 September 1915, 250.

³⁹ A. Berlyn, “Correspondence”, *South African Medical Record*, 23 January 1915, 4.

⁴⁰ S. H. Hayward, “Dental Inspection of Schools”, *South African Medical Record*, 22 January 1915, 23.

⁴¹ Anon., “Medical Examination of Recruits”, *South African Medical Record*, 25 September 1915, 25.

⁴² A. A. D. G., “Correspondence: What class of men do our military require?”, *Oudtshoorn Courant*, 18 February 1915, 5.

The intention of the medical examination was to get the “physically best men together in particular units,” since “the fact of 10 per cent of men being unfit for a particular task which the other 90 per cent could quite well compass, means the whole unit fails to compass it.”⁴³ This was evident in the German South West Campaign, when hundreds of men were sent to German South West who could not chew “a decent crust of bread, let alone a ration biscuit, some of which require[d] a blacksmith’s anvil and hammer to get a move onto them.” The problem was that men who could not even chew a biscuit were prone to get indigestion and pain, with the result that they were transferred to the sick list.⁴⁴

The extent of discomfort and of problems associated with teeth were so exacerbated by active service that Union Imperial Service Details who required dental attention were covered at public expense, this being a later amendment. A number of dentists in urban centres were licensed by the government and placed on its pay roll to treat soldiers for a narrow list of dental afflictions.⁴⁵ Men who “reported sick” and were sent down from the front as “unfit for service” on “account of defective teeth,” were, whenever possible, made “fit for field service.”⁴⁶ One medical officer noted that the dentist was one of the hardest worked men in the field, and “if anyone deserves a monument, he does - it should be of ivory.”⁴⁷ This was not restricted to the South African experience, for the Manchester Dental Hospital was congratulated in the *British Medical Journal* in October 1914, for its correctional Dental work. Before British conscription was implemented, certain dental standards had to be adhered to for volunteers. Over 3,000 extractions and artificial teeth were supplied to 300 cases by the hospital.⁴⁸

⁴³ Anon., “Medical Examination of Recruits”, *South African Medical Record*, 25 September 1915, 25.

⁴⁴ H. A. Moffat, “Some Personal Experiences in the G.S.W.A. Campaign”, *South African Medical Record*, 24 April 1915, 110.

⁴⁵ DOD Archives, CSO 104, 34, Medical Boards, 1914-1915; KAB Archives, 1/COF, 28/126/1918, Treatment of Returned soldiers and sailors on leave, 1918.

⁴⁶ A. Berlyn, “Correspondence”, *South African Medical Record*, 23 January 1915, 4.

⁴⁷ H. A. Moffat, “Some Personal Experiences in the G.S.W.A. Campaign”, *South African Medical Record*, 24 April 1915, 110.

⁴⁸ Anon., “England and Wales [From our Special Correspondents.]”, *British Medical Journal*, October 1914, 647.



FIGURES 2.3 and 2.4: Recruitment Poster for fit men and a batch of accepted recruits⁴⁹

Due to the disappointing numbers to be offered up for the two distant theatres, the medical requirements for enlistment were continuously altered to allow for a greater number of recruits. In May 1918, the “inability to read and write” was no longer a bar to acceptance for overseas infantry. This led to men not deemed fit by medical examination for service in the Union, in terms of “physique,” to present themselves in London and to be accepted there with the slightest difficulty.⁵⁰ Naturally, the resulting concern was that “the acceptance of such men” in England might “interfere with enlistment of recruits to keep the First South African Brigade up to strength.” That, in turn, spurred debates on the further elimination of requirements.⁵¹ Furthermore, late 1916 saw the return of nearly 12,000 troops to the Union.⁵²

Owing to the lack of men accepted as ‘fit’ for service, and to the necessity of volunteers, amendments were made to standards of acceptance. Initially in the German South West African campaign, only “single men,” “who have had at least one year’s military training” and were “good shots” or in recognised units were accepted. However, this was extended on 2 October 1914 as this pool of recruits proved too small, thus volunteer war commandos and “only men of good physical physique” were accepted, since the conditions in German South West would be “strenuous.”⁵³ Similarly, with the raising of the overseas expeditionary force, terms were considered to be too strict. Furthermore, since 40 per cent of applicants in Durban

⁴⁹ NLSA, CT: Wars: WWI: Recruitment, n.d.

⁵⁰ Anon., “Medical Examination of Recruits”, *South African Medical Record*, 25 September 1915, 25.

⁵¹ DOD Archives, World War 1 Imperial Service Details (hereafter WW1 ISD) 26, 666, Details for British Army (Medical Inspection of recruits), August 1918.

⁵² See, Chapter 3: East African Campaign.

⁵³ Pietermaritzburg Archives Repository (hereafter NAB Archives), 1/LOS 3/4/1/5, L2450/14, Enrolment of Recruits in response to governments call to arms for Durban Light Infantry, 1914.

alone were rejected for service, and given the necessity of reinforcements in both theatres of war, the fitness requirements were amended.⁵⁴ According to General Order No. 1422 of 23 January 1917, it was stipulated that “If a volunteer for service is otherwise fit and desirable but has not sufficient natural teeth for the efficient mastication of his food, he may be accepted if he has good artificial dentures.” Any loss or damage to his artificial teeth were his own responsibility, unless it was directly related to active service. Furthermore, if teeth were not up to the requisite standard, men could be accepted if they corrected the shortcomings within six weeks, Men had to have either 2 Premolars and 3 incisor teeth in the upper jaw or all opposing teeth. Any correctional work was undertaken at public expense at mobilisation camps.⁵⁵ This amendment was widely advertised in order to facilitate volunteering. As can be seen in a recruitment poster encouraging men to volunteer (Figure 2.6. on the following page), its telling side note stipulates, “no more troubles in connection with teeth, Only One medical examination in the centres.”⁵⁶

Whatever the remarks by some in the press over too rigid medical requirements, particularly in terms of teeth, medical, regimental, hospital and administrative officers operating at the front complained of the waste of public funds that were spent on sending unfit men on active service. As the Resident Magistrate in East London wrote in 1915, “The Financial Stringency...does not permit of any expense being incurred...A good deal of dissatisfaction has been caused owing to carelessness displayed in medical examinations.”⁵⁷ In an examination of 60 troops from a commando from the Eastern Province, two medical officers found that there were two soldiers with *inguinal hernia*, one was blind in one eye and another had such poor vision that he could not distinguish between a South African or German helmet at ninety metres. Many men also suffered from hernia and variants of *otorrhoea*, discharge from the ear, and were therefore generally deaf in the affected ear. This ailment tended to flare up under campaign conditions: dirt and sand may have had something to do with it. In campaign circumstances, more than one life was lost due to misdirected fire, and a deaf man was fairly likely to have caused this. One typical case was that of a man who had somehow passed the medical board despite breathing with difficulty. After one hard day

⁵⁴ Anon., *The Fourth Dimension: The Untold story of military health in South Africa*, 25.

⁵⁵ KAB Archives, 1/COF 9/1/10, 28/120/1917, Dental Treatment of Soldiers and Recruits, 1917, 1. General, 1916-1917; 1/VBG, 17/2, 6/17/6, Dental Treatment of Men in Military Service, 1917.

⁵⁶ KAB Archives, 1/COF 9/1/10, 28/120/1917, Dental Treatment of Soldiers and Recruits, 1917, 1. General, 1916-1917.

⁵⁷ KAB Archives, 1/BIZ, 6/3, Recruiting and General Military, 1918-1919.

made him unfit for work, one month after his arrival in Swakopmund, he had to be send back to the Union as unfit, at a cost to the state of £150.⁵⁸

5 Questions to men who have not enlisted

1. IF you are physically fit and between 19 and 38 years of age, are you really satisfied with what you are doing to-day?
2. Do you feel happy as you walk along the streets and see other men wearing the King's uniform?
3. What will you say in years to come when people ask you— "Where did you serve" in the great War?
4. What will you answer when your children grow up, and say, "Father, why weren't you a soldier, too?"
5. What would happen to the Empire if every man stayed at home like you?

Your King and Country Need You.
ENLIST TO-DAY.
 At any Post Office you can obtain the address of the nearest Recruiting Office.
God Save the King.

ONZE NIEUWE LEGERS.
ZUIDAFRIKAANSE EKSPEDITIEMACHTEN.
VOORWAARDEN VOOR DIENST EN SOLDIJ.
 Geen Moeilikheden meer in verband met Tanden.
Slechts EEN Geneeskundig Onderzoek in Centrums.

(The poster contains detailed Dutch text regarding recruitment conditions, medical examinations, and a list of ranks and pay scales.)

FIGURE 2.5 and 2.6: English Recruitment Poster and Dutch Recruitment Poster (c.1917)⁵⁹

Another difficulty was that men's feet were rarely examined properly by medical inspectors, on the assumption that in general their feet were sound. Yet, a number could not cope with the strain of a day's march. Ingrown toe-nails were also a problem, and several cases had to be operated on at the front.⁶⁰ For instance, A. J. Marchant, a Signaller from Cape Town, who enlisted in May 1916, had to return to the Union in April 1917 from East Africa experiencing "total lameness" in his right foot. "As long as...[the signaller] could remember has had this deformity...[that caused him] little trouble as long as he had little walking to

⁵⁸ H. A. Moffat, "Some Personal Experiences in the G.S.W.A. Campaign", *South African Medical Record*, 24 April 1915, 110.

⁵⁹ KAB Archives, 1/COF 9/1/10, 28/120/1917, Dental Treatment of Soldiers and Recruits, 1917, 1. General, 1916-1917.

⁶⁰ H. A. Moffat, "Some Personal Experiences in the G.S.W.A. Campaign," *South African Medical Record*, 24 April 1915, 111.

do,” however when he went on active service, he “had constant marching ever since.” Service demands aggravated conditions that were otherwise bearable in civilian life. Again, another soldier from Potchefstroom had “developed loss of vision” that was exacerbated by service since he had a “history of attack of nephritis.”⁶¹

A mother, J. E. Botha, wrote to the office of the Minister of Defence on 12 May 1915 enquiring into the validity of a letter from her youngest son stating that he had heard that his eldest brother had been killed at Kilimanjaro. In her letter she stated that he was “forced” to fight, “how pitiful”, for he was “a cripple caused by gun accident.” The Director of the Information Bureau responded, insisting, “it is unlikely that the Authorities would have accepted a cripple as a volunteer”. Curiously, this section was scratched out from his original response.⁶²

Training

Men were initially sent to a detail camp and thereafter underwent rigorous training, usually at places such as Potchefstroom and Ladysmith, and again when they arrived at the front. The most important depot was opened at Potchefstroom on 5 August 1915 and was a scene of continuous training until armistice. Men underwent infantry training there under instructors who saw action on the Western Front. The Union schools of musketry and signalling were also employed to train men. In addition, a training corps for combat officers and Non-Commissioned Officers (NCOs), and a medical training school were also established. A depot for the training of SA Heavy Artillery was also established at the Castle of Good Hope. A training depot for the SAMR also existed at Roberts Heights in Pretoria. Training of the Cape Auxiliary Horse Transport Corps was established at Kimberley. The mechanical transport depot at Roberts Height was also constantly training mechanics and drivers, since there was a constant demand for them in East Africa as personnel fell ill.⁶³ In a letter home, Pte. J. Ferguson expressed his optimism for survival, “...[They] will be in the thick of it in a few days. God knows...[they] have been made fit and hard enough for anything.”⁶⁴ “The training [in Europe] was strenuous,” men marched some fifteen kilometres whilst carrying a heavy pack, with lunch from the field cookers. This was followed by training all day and

⁶¹ DOD Archives, CSO 104, 34, Medical Boards, 1914-1915.

⁶² DOD Archives, CSO 66, 117/9199, Wellbeing of Soldiers in East Africa and Elsewhere, 1917-1918.

⁶³ J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 213-214

⁶⁴ NAB Archives, MSCE 0, 3497/1919, Ferguson, James, 1919.

thereafter marching back in the evening to where men were billeted. Such rigorous training, in one optimistic view, made “the whole battalion splendidly fit.”⁶⁵

The Springbok Warriors of the three campaigns

The motivations for enlisting in a foreign campaign varied, but it is notable that some men were motivated to volunteer after hearing of the “atrocities” in Belgium and following the sinking of the *Lusitania* on 7 May 1915. The report of the Committee on Alleged German Outrages was widely published in the Union for propaganda purposes as was done in England.⁶⁶ According to one newspaper, a well-known Boer declared his intention to volunteer for Europe, even though he “did not intend to do so but the *Lusitania* horror has shown...[him] no other course lies before...[him].”⁶⁷ Often “atrocities” committed by the German enemy were publicised in order to unite the Union in a common war effort; reports told of Germans “bayonetting women for protesting” in September 1914, and there were other similar accounts. Numerous civilians considered to be German and thus enemy aliens, were held in internment camps, so as not to interfere with the Union War effort. Lydia Sophie Heydorn, born in Germany in 1875, who had lived in the Union since 1905, kept fourteen scrapbooks consisting of newspaper cuttings, from *The Star* and *The Friend*. These cuttings were all “the lies” told by the South African government that she kept for her son who was at school in Germany at the time.⁶⁸

With Smuts acting as Minister of Defence until 1919, the standing Union Defence Forces consisted of about 2,500 mounted troops with artillery and some 25,000 regimental soldiers serving in a permanent capacity. This permanent body of troops were enlisted as volunteers, young conscripts selected through district levies or as members of rural rifle associations.⁶⁹ Some units, such as Commandos or Defence Rifle associations of cities and suburbs such as Claremont, Rondebosch and Wynberg/Constantia, flourished in wartime and did valuable service during the Great War.⁷⁰ Some were old regulars who had seen action in the Anglo-Boer War, and others considered it to be their duty, especially when jingoism was still

⁶⁵ H. Boustead, *The wind of morning: the autobiography of Hugh Boustead*, 30-31.

⁶⁶ NAB Archives, 1/LOS 3/4/1/6, L2988/21/14, Report: Belgian Atrocities Commission, 1914.

⁶⁷ Anon., “Notes and Comments”, *Oudtshoorn Courant*, 20 May 1915, 2.

⁶⁸ J. S. Gericke Library Special Collections, Lydia S. Heydorn Collection, 1875-1951.

⁶⁹ B. Nasson: *Springboks on the Somme: South Africa in the Great War 1914-1918*, 3.

⁷⁰ W. M. Bisset, “Unexplored Aspects of South Africa’s First World War History”, *South African Journal of Military Studies*, (6), (3), 1976, 60.

prevalent in the air.⁷¹ This can be seen in figure 2.7 below, showing the third largest group of recruits employed in government service; a wide range was the case in patriotic Natal especially, with men from the Tramway-, Town Treasurer's-, Telephone-, General Stores-Electrical-, Fire- and other Departments volunteering for service. Volunteering was also aided by inducements. If military pay was less than civil pay, men were paid the difference so that they did not earn less by volunteering. To this was added other benefits such as separation allowances. Most men preferred to have the difference in pay sent to wives and dependants residing in the Union.⁷² As a young Dutch Corporal who fought in the East African campaign noted upon his arrival in Durban in December 1916, "South Africa was the best country in the world and worthy enough to make such offerings."⁷³ A decade after the war, one MOTH reflected on the "gallant" men buried "on the far-flung battlefields of the empire"; although few of those he "knew were soldiers by profession; most turned aside from their chosen avocations in obedience to a call which might not be denied."⁷⁴

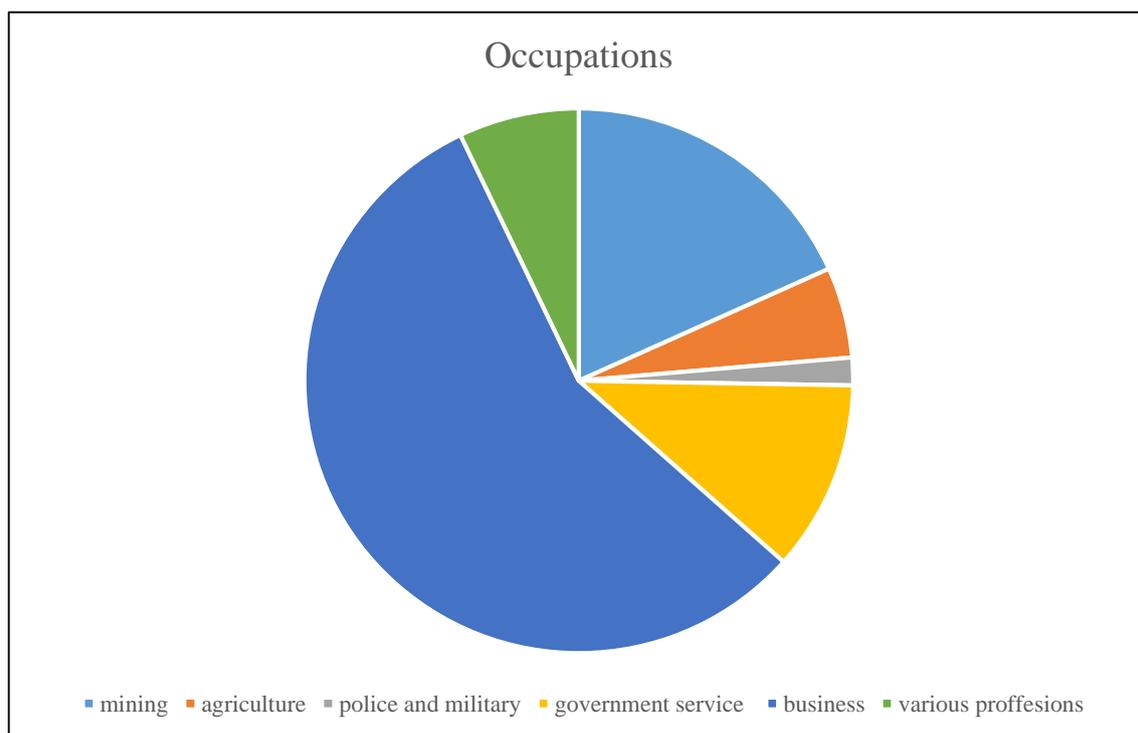


FIGURE 2.7: Recruits occupation at time of enlistment⁷⁵

⁷¹ J. Buchan, *The History of the South African Forces in France*, 15.

⁷² TBD Archives, 3/DBN, 11/1/2/328, Employees on Active Military Service – Return to Duty. 85B. 1915; NAB Archives, NC 213, 1052/195, Application of Messrs. Kent and Pringle for permission to join the SA Overseas Contingent, 1917; 1513/1914, Position of Government Servants volunteering for Active Service, 1914-1915.

⁷³ J. H. Weeks, *'n Jong Soldaat: Ervarings en herinneringe*, 56.

⁷⁴ G. Riddler, "Moth Songs", *The Home Front*, October 1928, 3.

⁷⁵ J. Buchan, *The History of the South African Forces in France*, 17.

For some men, particularly those who were more youthful, who were also driven by a search for adventure, such sentiments were propagated by advertisements in newspapers that appealed to urges to see the world, and almost turned the war into an opportunity for overseas tourism. Heynes Mathew, a store on Adderley Street in Cape Town, advertised *Defence Force Kodaks*, which anyone could learn to use “in half an hour.” The advert did not merely sell cameras, but promoted the message that pictures could make men interesting when they returned and showed it to those back home. Exotic photos taken “on trek-in camp-groups of comrades” could be displayed, and more. Many also joined the army to solidify and prove their military masculinity and what better way than to have it depicted in a photograph, “a lasting record of the Campaign.”⁷⁶ As F. Dunaway has argued, there exists “overlapping idioms of the gun and camera,” which might indicate that both devices were used symbolically and symbiotically to fashion a new conception of manhood. The gun represented men’s “longings for episodic, masculine violence,” whilst the camera “embodied the necessity for manly restraint.” Both elements of restraint and violent intensity, “photography and killing went hand in hand.”⁷⁷

Ideas of masculinity were further entrenched whilst on active service, particularly in the African campaigns, where hunting was a common pastime. A young corporal was taken on a hunting party whilst in German East Africa with some seasoned war veterans, since it was their opinion that “a man...ought to be able to catch a lion and make a few knots in his tail.”⁷⁸ In a letter, telling his mother that he was travelling to England to enlist, Brian Wade, from Natal, explained that, “the spirit of adventure...is more the lure than patriotism; perhaps it’s a mixture of the two. He continued that, “from a practical standpoint” it is “the chance of a lifetime to get to Europe. It would normally take” him “years and years to save up enough to have a proper trip”, whereas then, all he had to do was to “enlist and be kept at government expense.”⁷⁹ Similarly, J. H. Weeks had already served in German South West when an expeditionary force was raised for service in East Africa. Despite having a job as clerk of a general dealers store in the Western Transvaal, he enlisted for the East African campaign

⁷⁶ Anon., “Off to the Front?”, *Cape Times*, 9 September 1914, 4.

⁷⁷ F. Dunaway, “Hunting with the Camera: Nature Photography, Manliness and Modern Memory, 1890-1930”, *Journal of American Studies*, (34), (2), August 2000, 220.

⁷⁸ J. H. Weeks, ‘n *Jong Soldaat: Ervarings en herinneringe*, 16.

⁷⁹ B. Wade, *Peace, War and Afterwards: 1914 to 1919 - A Young Man's Letters Written Chiefly to His Mother*, 2-3.

when he was only eighteen years old.⁸⁰ Such youthful impulses of masculinity and adventure appealed to younger recruits in particular.

The composition of the 4th regiment of the SAI can be taken as, in most respects, typical of all regiments and has been used as sufficiently representative to determine the overall profile of combat troops. Such information was not available for other regiments. As Figure 2.8 indicates, the majority of recruits were between the ages of twenty and twenty-five, followed by recruits under the age of twenty.

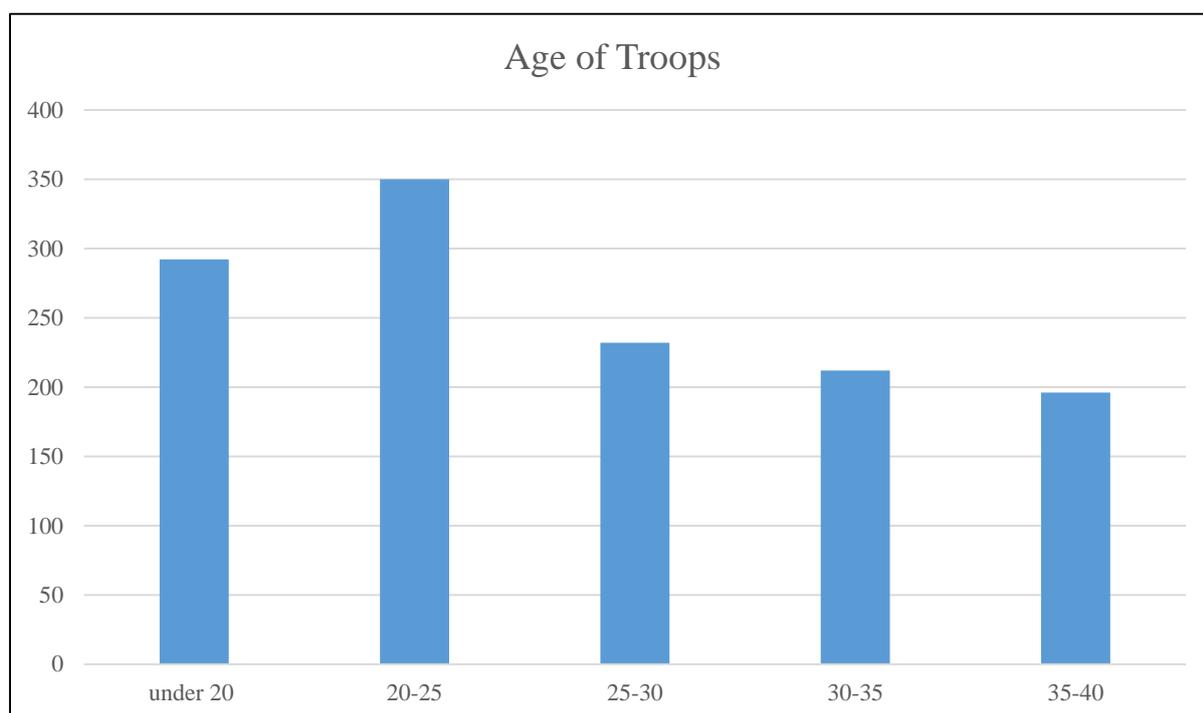


FIGURE 2.8: *The various age groups of recruits*⁸¹

The stamp of youthful virility borne by the wearing of a uniform was also confirmed in wartime short stories. In a Dutch love story about two lovers, Lydia, an Afrikaans girl, and Jack, a British man, struggle through a sentimental romance, with Lydia divided on the issue of war, with the wounds of the Anglo-Boer War not yet healed. Yet, Jack decides to enlist in the East African campaign since it is his manly duty, just as it is Lydia's duty to support and wait for him, despite it being in a war that she cannot condone, an unacceptable war with

⁸⁰ J. H. Weeks, *'n Jong Soldaat: Ervarings en herinneringe*, 10.

⁸¹ J. Buchan, *The History of the South African Forces in France*, 17.

“Boer and Brit shoulder to shoulder.”⁸² In a more vivid sense, recruitment posters (Figure 2.5) also appealed to men’s sense of masculinity. This specific poster questions a male sense of morality, “Do you feel happy as you walk along the streets and see other men wearing the King’s Uniform?”

From the perspective of estate papers of those soldiers who died during the war, it becomes evident that most of these men were from the lower-, and to a lesser extent the middle-, classes, and some might have been motivated to join the war to earn money. For instance, there were a number of soldiers whose settled estates amounted only to what the army had paid them. That, in the case of J. Rogers, was only £14.6.7. In the case of Pte. A. Wides, his assets amounted to £9.1.4. and L/Cpl. A. L. Gibb, died with only £5.7.2. to his name.⁸³ To place these amounts in a purchasing perspective, in September 1914, 45 kilograms of tea cost between £2.0 and 2.6, 100 kilograms flour cost £1.7.6, and bacon per 450 grams cost £1.8.⁸⁴ The price of wine varied between £1 10s to £2 10s per leaguer.⁸⁵ The lack of wealth on death may, of course, have reflected individuals’ youthfulness as much as their poor financial circumstances.

Some thoughts of the lower and middle classes can be found in letters and postcards which accompanied other legal documentation in estate papers. Furthermore, the lists of soldiers being returned to the Union indicated details on the “character” of men, in which a notable number of names had a “crime sheet attached.”⁸⁶ These recruits were drawn from across the Union and included gold miners, farmers, clerks, artisans and professional men of every kind.⁸⁷ In another context, when a concert was organised on Christmas Eve in 1915 on the *Armdale Castle* destined for East Africa, J. H. Weeks was surprised by the range of talent found when men in large numbers from all parts of the country were drawn together.⁸⁸ A break-down of recruits’ occupations before enlistment in figure 2.7 indicates that the majority

⁸² R. Postma, “Die Enigste Weg”, *Die Huisgenoot*, November 1916, 183. (Author’s own translation).

⁸³ See, NAB Archives, MSCE 0, 3838/1918, Brook, Walter Douglas. (Previously reported “missing’ on active service. Death Now “presumed”). 1919; MSCE 0, 3839/1918, Roger, James (Previously reported “missing’ on active service. Death Now “presumed”). 1920; MSCE, 3844/1919, Douglas, Allen surviving spouse Wides, Dora. (Previously reported “missing’ on active service. Death Now “presumed”), 1919; MSCE, 3846/1919, Gibb, Archibald Louis (Previously reported “missing’ on active service. Death Now “presumed”), 1919

⁸⁴ KAB Archives, 1/COF 9/1/6, 3/618/1914, Foodstuff and prices availability to war, 1914.

⁸⁵ *Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times (20 November – 25 June 1923)* 3, 9 March 1915, 202.

⁸⁶ DOD Archives, CSO 104, 34, Medical Boards, 1914-1915.

⁸⁷ J. A. Ambrose, *They fought for King and Kaiser: South African Forces in German East Africa, 1916*, xv.

⁸⁸ J. H. Weeks, ‘n *Jong Soldaat: Ervarings en herinneringe*, 11.

of men operated in the ‘business’ sphere, and the next largest grouping was employed in the mines. The occupation ‘business’ was somewhat vague since it could include a number of both high and low paid jobs. B. Wade mentioned in a letter to his mother in December 1914, that he earned £20 as a junior surveyor at a mine in Brakpan, which was a relatively good salary at the time. Equally, as he advised his mother, he was more driven by a sense of adventure.⁸⁹ A registration clerk at the Native Affairs Department in Durban earned £15.10, and a Constable at the Police Department earned £21.00. In these and other such instances, men were motivated to enlist by patriotism, adventurism and other factors rather than for financial reasons.⁹⁰

Rates of pay confirmed this. Personnel of the Mounted Brigade Field Ambulance (MBFA) earned £1.00 a month, NCOs received a little more, and, when they enlisted for the German South West Campaign, together with other additional forms of pay such as separation allowances, they secured £3.10.⁹¹ Previous earnings, or the lack thereof, was also of relevance to individuals after demobilisation. Men had to list their occupations before the war for the office of the Commissioner of Returned Soldiers, in order for the office to approach employers in the interest of the returning men if they could not find employment.⁹² After the war, dependants were entitled to government grants if the soldier was deceased. For instance, L. Adams who lost her son, Cpl. A. W. Adams, in the East African campaign, received 18s.08d. a week from her son before the war. The result of her application saw an increase in her grant to 15s. Similarly, if the ex-servicemen was entitled to a war pension, due to some disability, and applied for an additional sum, then his salary rate before the war came into consideration.⁹³

The majority of urban recruits were drawn from the mining sector, as mentioned earlier in this chapter, and an increase of living costs on the Witwatersrand further motivated some men to enlist. For some of these volunteers, working in the mines was a dangerous enough occupation in its own right, with the threat of industrial disease like Miners Phthisis and

⁸⁹ B. Wade, *Peace, War and Afterwards: 1914 to 1919 - A Young Man's Letters Written Chiefly to His Mother*, 1.

⁹⁰ TBD Archive, 3/DBN, 11/1/2/328, Employees on Active Military Service – Return to Duty. 85B. 1915.

⁹¹ H. F. B. Walker, *A Doctor's Diary in Damaraland*, 4.

⁹² KAB, 1/COF, 28/126/1918, Treatment of Returned soldiers and sailors on leave, 1918.

⁹³ DOD Archives, CSO 2, 104, Pensions and Medical Treatment, October 1916.

See, “First-Fourth Reports of the Select Committee on Provision for South African Forces in present and previous wars”. In *Union of South Africa: House of Assembly-Reports of Select Committees (Fourth Session-Second Parliament)* 3. Cape Town: Government Printers, 1919, xxxvi-xxxvii.

accidents being not uncommon: “skip-accidents, misfires, falling material, bad hanging-wall.” For fatalists like Wade, being in the army meant the risk of “being shot or catching disease, and of the two occupations” there was not “much to choose.”⁹⁴

Four battalions were brigaded as the 1st South African Infantry Brigade, with the idea that they would be representative of the main national segments of the Union. As can be seen in figure 2.9 the regiments were affiliated with the different provinces and recruits could indicate which one they wanted to join.

<i>Regiment</i>	<i>Source</i>	<i>Commander</i>
1 st SA Infantry	Cape Province	Lt Col F.S. Dawson (4 th SAMR)
2 nd SA Infantry	Natal and the Orange Free State	Lt Col W.E.C. Tanner (District Staff Officer, Pietermaritzburg)
3 rd SA Infantry	Transvaal and Rhodesia	Lt Col E.F. Thackeray (District Staff Officer, Kimberley)
4 th SA Infantry	South African Scottish	Lt Col F.A. Jones (District Staff Officer, Johannesburg)

*FIGURE 2.9: Representation of geographical origin of recruits*⁹⁵

Initially, Pretoria hoped that volunteers would enlist in sufficiently large numbers for expeditionary forces for distant theatres of war that there would probably have been sufficient to form a second and perhaps even a third brigade. Smuts especially, thought that with the conclusion of the GSWA campaign the Union would be able to form a third brigade or even an entire South African division. However, such aspirations of a significant South African presence on the Western Front was overly optimistic.⁹⁶ Granted, there was a flurry of interest, especially from those men of British descent who expressed a desire to fight alongside their ‘mother country’ cousins in Europe. Ultimately, the majority of recruits destined for Europe

⁹⁴ B. Wade, *Peace, War and Afterwards: 1914 to 1919 - A Young Man's Letters Written Chiefly to His Mother*, 2.

⁹⁵ I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *South African Journal of Military Studies*, (40), (3), 2012, 81.

⁹⁶ I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *South African Journal of military Studies*, (40), (3), 2012, 80-81.

were inhabitants of British immigrant origin, with only about 15 per cent of the original Brigade being Dutch-speakers, although this proportion later rose to 30 per cent.⁹⁷ The War Office specifically requested infantry, yet the Union could only muster one brigade in addition to five batteries of heavy artillery, the majority of personnel for five four-gun batteries of field artillery, one signalling company, one field ambulance, one general hospital, some airplane personnel, aeroplanes and accessories.⁹⁸ By contrast, more men enlisted for the campaign in German East Africa than for the one in France. This was partially due to the fact that Tanganyika was considered closer to home, that the conflict there represented more familiar mobile war tactics, and to the fact that it offered better pay.⁹⁹

Meanwhile, for some rural poor whites, with very little to their name, the 1914 rebellion offered an escape and the belief that it could return them to the old Republican lifestyle with the return of poor Afrikaners to the land. On the other hand, the earlier 1913 and 1914 strikes provided a means for poorer urban Afrikaner workers to air their distinct and separate economic and social grievances.¹⁰⁰ As Swart has argued, “One must...be aware of the dangers of imputing a shared class consciousness on the ‘poor white.’”¹⁰¹ Along the same lines, it can also be suggested that some of those poorer Afrikaners who did not fall within the ranks of those who participated in the rebellion, found another outlet or alternative by volunteering for the German South West, and later the German East African campaigns. Here, they were not necessarily stimulated only by economic motivations nor by a search for a renewed sense of masculinity, but were also driven by a sense of nostalgia, among those for whom ‘on commando’ translated to an older, traditional, and happier lifestyle. Thus, a few Dutch fathers together with their under-aged sons enlisted in the East African campaign, a service tradition that carried through from the Anglo-Boer War.¹⁰² The majority of troops for the German East African campaign were also Dutch, since they were considered to be natural

⁹⁷ J. Buchan, *The History of the South African Forces in France*, 15.

⁹⁸ DOD Archives, WW1 GIB 10, 794, Overseas Contingent, July 1915; I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *South African Journal of Military Studies*, (40), (3), 2012, 80-81.

⁹⁹ I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *South African Journal of Military Studies*, (40), (3), 2012, 92.

¹⁰⁰ S. S. Swart, “‘Desperate Men’: The 1914 Rebellion and the Politics of Poverty”, *South African Historical Journal*, (42), (1), 2000, 175.

¹⁰¹ S. S. Swart, “‘Desperate Men’: The 1914 Rebellion and the Politics of Poverty”, *South African Historical Journal*, (42), (1), 2000, 163.

¹⁰² J. H. Weeks, *‘n Jong Soldaat: Ervarings en herinneringe*, 34.

light-cavalrymen and these mounted troops had already seen action in GSWA, whereas the infantry in France held little attraction for them.¹⁰³

Recruitment propaganda also appealed to this aspect, aided by the nature of the Defence force as a fusion of local British colonial and Boer military traditions. It was this latter component that attracted numbers of Afrikaners to enlist. The two African campaigns proved to appeal more to these men, since it offered them the enticement to hunt and to live off the veldt and to travel on horseback as they had done in wartime a little more than a decade before. In one illustrative story, two Dutch soldiers take a British airman with them on one of their regular night hunts; after they have made a kill, Buddy makes a fire and Koos shows the airman how to cut off the haunch, “Best way to cook buck is to do it as we used to do on trek.”¹⁰⁴ Similarly, one young corporal commented on the large number of “Vrystaters” who were on the campaign, all of them “kêrels that was born on the back of a horse.”¹⁰⁵ A significant proportion of this unit were *bushvelders* well acquainted with rein and rifle since their youth, and had seen action in colonial campaigns in South West Africa and during the Anglo-Boer War.¹⁰⁶ Still, for other men like P. W. Rainer, who enlisted in the expeditionary force for Europe, the expectation was different, since in “France at least one didn’t have to chase the enemy half-way across a continent to fight him.”¹⁰⁷

The South African Brigade suffered significant battle casualties during the Somme campaign, with losses between 1 July and 20 July amounting to 3155 troops.¹⁰⁸ Against this backdrop, a recruiting campaign commenced on 1 September 1916 to raise troops for both Tanganyika and France. However, with irregular payments to troops in East Africa receiving negative publicity and with reports of irregular supplies, drastically fewer recruits enlisted than had been expected. Following Botha’s appeal on 17 August for volunteers, only 2084 recruits enlisted for East Africa and only 146 for France. In October 1916, only 100 infantrymen left for Europe.¹⁰⁹ Significantly, with the number of fresh recruits declining, increased pressure was placed on medical services to “cure” soldier-patients for the front. At

¹⁰³ J. Buchan, *The History of the South African Forces in France*, 15.

¹⁰⁴ L. Walmsley, *Flying & Sport in East Africa*, 277.

¹⁰⁵ J. H. Weeks, ‘*n Jong Soldaat: Ervarings en herinneringe*, 18-19.

¹⁰⁶ J. A. Ambrose: *They fought for King and Kaiser: South African Forces in German East Africa*, ix.

¹⁰⁷ P. W. Rainer, *African Hazard*, 209-210.

¹⁰⁸ I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *South African Military History Journal*, (40), (3), 2012, 91.

¹⁰⁹ I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918,” *South African Journal of Military Studies*, (40), (3), 2012, 92.

the same time, with the return of a significant proportion of South African soldiers in late 1916, recruitment drives continued throughout the war period to encourage such men to re-enlist.¹¹⁰ As a large number of South African troops were invalided to the Union from East Africa through having been debilitated by diseases such as malaria, Botha thought it possible, after a period of convalescence, that these men could be sent to Europe to reinforce the 1st SAI.¹¹¹



FIGURE 2.10: *Recruit for the Scottish Regiment*¹¹²

¹¹⁰ KAB Archives, 1/COF, 9/1/11, Casualties amongst SA Overseas and East African Expeditionary Forces, 1917.

¹¹¹ "Union and the War Expenditure. Offer to the Imperial Government". In *Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times (20 November – 25 June 1923)*. 22 December 1916, 11.

¹¹² W. G. Austin, *Brain Waves: From the Firing Line-And Behind it! For South African Soldiers-and others*, 19.

‘Poultice-wallopers’: Medical Services in the First World War

The first medical units formally attached to the Union military force to serve in the European campaign were only mobilised in 1915. Prior to this date, a volunteer medical corps, headed by Dr. George Arnold Casalis (later Casalis de Pury), was organised and departed for Europe as early as November 1914. The Ambulance body came into being after the procurement of sufficient funds raised by the newly founded Committee, the “Anglo-French Branch of the South African Red Cross.”¹¹³ The initial idea of such a venture came about at a meeting of the *Cercle Francais* – a cultural organisation for French speaking Capetonians and French students- when Casalis proposed that the Cape Province should be approached in the hope of support.¹¹⁴ Initially, the services of this unit were offered to the Defence Department to offer aid to casualties of either the Rebellion or the German-South West African Campaign in 1914-1915. Since the committee had raised the means to proceed to Europe, services were offered to the British Expeditionary Force and upon their being declined were accepted by the French Government as an independent military medical unit. In January 1915, the Ambulance proceeded to convert the Beau Rivage Hotel into a first class model Military Temporary Hospital.¹¹⁵ Dr. Casalis developed numerous surgical techniques and regularly published in the *South African Medical Record*. The hospital received French sick and wounded and operated under the auspices of the French Red Cross, with which it was affiliated.¹¹⁶

The SAMC was founded in 1913, building on the foundations of the Transvaal, Natal and Cape medical corps in existence since before the Anglo-Boer War of 1899-1902 with the later purpose of tending to British troops in the Union.¹¹⁷ Despite the evolutionary amalgamations and adjustments to this body, it found itself wholly unprepared to deal with major casualties when war broke out in 1914.¹¹⁸ Provision for a SAMC was made under the Defence Act of 1912, along with the South African Military Nursing Service (SAMNS), the

¹¹³ H. Bayon, “Notes from the South African Hospital at Cannes (France)”, *South African Medical Record*, 28 August, 240.

¹¹⁴ B. Hugo, *Betty Freund: A Nurse in France*, 10.

¹¹⁵ H. Bayon, “Notes from the South African Hospital at Cannes (France)”, *South African Medical Record*, 28 August, 240.

¹¹⁶ J. Buchan, *The History of the South African Forces in France*, 21.

¹¹⁷ Anon., *The Fourth Dimension: The untold story of military health in South Africa*, 3, 22. See, J. H. Beith: *One hundred years of army nursing*. 15-18; J. J. Collyer: *The Campaign in German South-West African*, 27; E. A. van Zyl: “Militêre Geneeskunde gedurende die vroeë jare – Deel 1“, *South African Journal of Military Studies*, (6), (4), 1976: 1-14.

¹¹⁸ Anon., *The Fourth Dimension: The untold story of military health in South Africa*, 24.

personnel of both operating on a volunteer basis.¹¹⁹ Woefully, its importance was relegated due to financial difficulties and the priority of rather establishing fighting units. Even though the construction of a corps was already underway in 1913 it was shifted aside and placed under the administrative wing of the Department of Social Welfare, even though it was under the command of the Department of Defence.¹²⁰ The overlapping of command and control from the two departments respectively impeded the corps' ability to operate, which came to light as it provided medical aid during the strikes at the Witwatersrand, 1913-1914. At the outbreak of war the proper establishment of military medical services became paramount. As this process gained impetus, a skeleton staff from the Royal Army Medical Corps (RAMC) served as the foundation of the SAMC. This co-operation between the SAMC and its British counterpart continued through the war years, and in effect at the time of hostilities, the unit, in its operational capacity, was dependant on the RAMC.¹²¹

Announcements were placed in the *South African Medical Record* and other press sources to draw in recruits from the pool of private practitioners and nurses in the Union.¹²² A significant proportion of the pool of civilian medical practitioners proved to be absorbed in the voluntary military apparatus.¹²³ The names of those *confrères* who volunteered for "duty" abroad were advertised in the *South African Medical Record* along with the occasional article voicing their "heroism" and "unselfish spirit" and simultaneous criticizing, especially the youth "on the threshold of their professional careers", who did not volunteer.¹²⁴ Despite difficulties in mustering medical officers, which included the outbreak of pneumonic plague in the Cape and the prevalence of malaria in the Eastern Transvaal, a total of 280 men volunteered and served for different periods in the campaign.¹²⁵ In addition, 174 trained

¹¹⁹ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 310.

¹²⁰ DOD Archives, DC 162, Grp 2, 6657, Ambulance Wagons and equipment for instructional purposes Transvaal Medical Corps Field Ambulances, 1913-1920; 6637 Instructional Equipment and Stores Medical Units Active Citizen Force, 1914-1915.

¹²¹ A. E. van Jaarsveldt, "Militêre Geneeskunde gedurende die vroeë jare – Deel 2", *South African Journal of Military Studies*, (7), (1), 1977, 24-25.

¹²² Anon., "Military Service Overseas", *South African Medical Record*, 25 September, 278.

¹²³ A. E. van Jaarsveldt, "Militêre Geneeskunde gedurende die vroeë jare", *South African Journal of Military Studies*, (7), (1), 1977, 24.

¹²⁴ Anon., "The Call on the Profession of South Africa", *South African Medical Record*, (13), (23), 11 December 1915, 345.

¹²⁵ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 340.

nurses volunteered for the SAMNS, and were employed in general and stationery as well as in field hospitals attached to military columns.¹²⁶

Conclusion

This chapter set out both to introduce the men whose bodies and minds will form the focus of this thesis, and also those medical units that were responsible for keeping or restoring them to their 'original form.' It further aimed to highlight and demarcate the identities of the men who fought in the country's three different campaigns. The socio-economic context of the Union, as well as men's bodies and minds in relation to this and their place in it bore relevance after the war when they returned to the home front and had to reclaim these former identities.

In principle, only 'able bodied' or 'fit men' with a 'healthy physical physique' were accepted for combat service. However, due to the requirements of accepting recruits and the disgruntlement of rejected men, the standards that bodies had to prescribe to, to be accepted as soldiers, were adjusted, expanded and lowered to allow for the acceptance of a greater number of bodies. Overall, the men who were eventually accepted into the Union's fighting forces were drawn from a variety of different geographical districts, class, age and national identities. The motivation for men to enlist also varied - for some it was driven by a sense of patriotism, for others, especially the younger recruits, it was in search of adventure and the claiming of a masculine identity associated with war. For others, enlistment was rather an instinctive response to economic circumstances, as being accepted meant a form of employment, a salary, and knowledge that their families were cared for.

As argued in the previous chapter, morale was largely determined by men's understanding of their role in the war effort and confidence in victory. To this end, men's psychological motivation for enlisting bore particular relevance. For those who enlisted for mere economic reasons tended not to believe as much in the cause, as did those who enlisted for patriotic reasons, and the impact of this on consciousness will be illustrated in the following chapters. As men embarked for campaigns beyond the borders of the Union, they were removed from the home front. This wider contextual space in relation to men's bodies and minds played a

¹²⁶ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 344; DOD Archives, DC 184 (Grp 2), 9706, S.A. Military Nursing Service. Establishment of Regulations and Orders and Instructions for, 1918-1920.

part in determining wartime identities. At the same time, the thoughts of the home front were with those men on active service, since, for them, the nature of their identities became a source of concern or of focus. The lack of news would stimulate the publication of comments from citizens who wondered how they were faring. As one person wrote, “One wonders: - whether the young men who went to the war have not returned better men with better health and appetites. Whether a great many of them have now learned how to saddle up their own horses and mount without pulling the saddles round. Whether “roughing” it is as bad as they were led to believe....”¹²⁷ As men moved off to training camps to be made ‘fit for war’ and then on to German South West Africa, their former identities as civilians were left behind. These men assumed a new identity, that of ‘soldier,’ ‘hero,’ ‘servicemen,’ ‘mounted rifle’ or perhaps even lost all personal identity, forming merely an anonymous component of the strength of a mounted brigade galloping across an arid and waterless terrain.

¹²⁷ Anon., “Correspondence”, *Zululand Times*, 29 Jan 1915, 3.

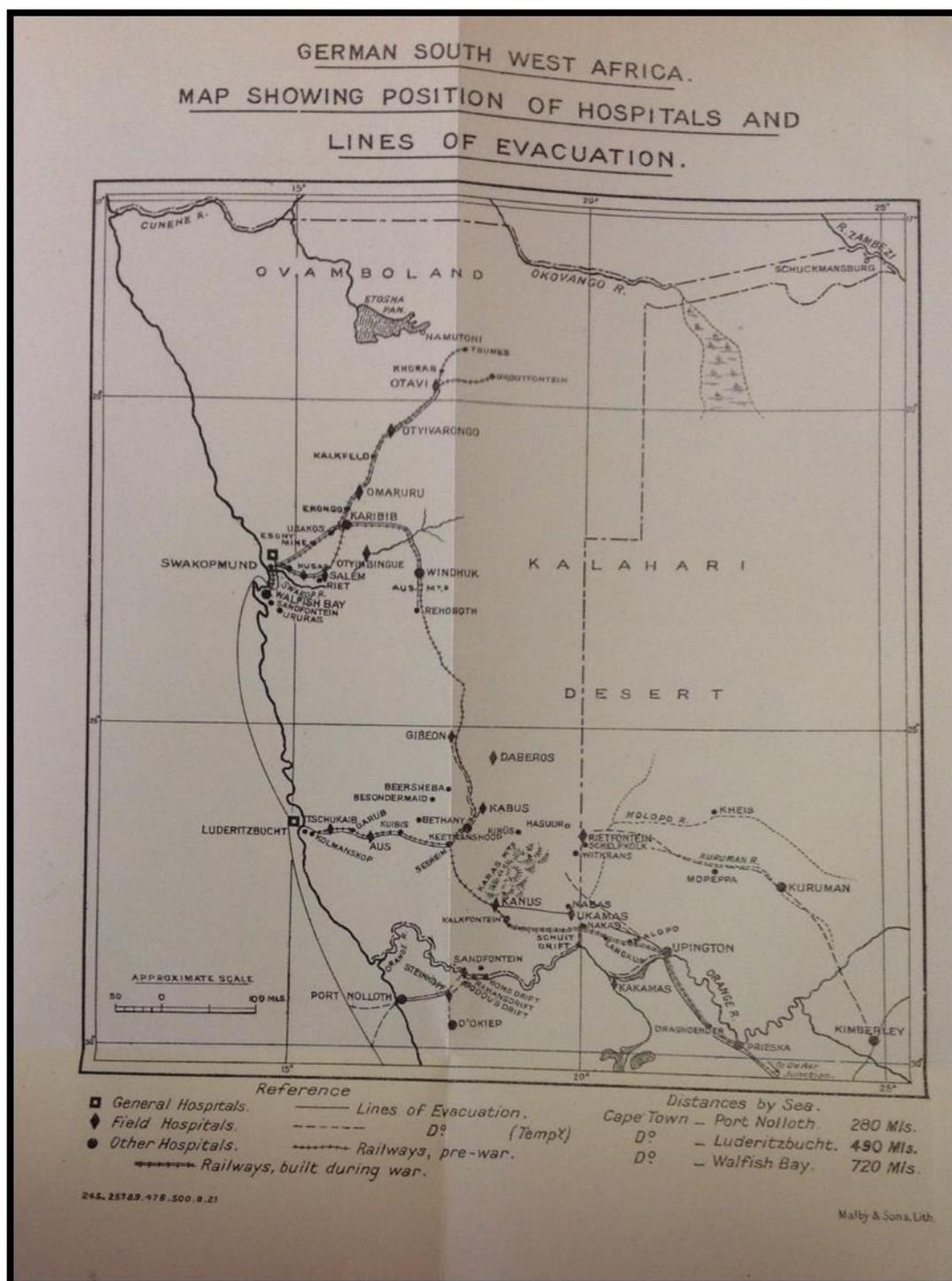


FIGURE 3.1: German South West Africa – Hospitals and Lines of Evacuation¹

¹ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 324.

Chapter Two: ‘Abomination of desolation’ or ‘God’s own country’: South African participation in the German South West African Campaign, c.1914-1915

Introduction

One evening in 1959, the Resident Commissioner of the Bechuanaland Protectorate told his pilot that parts of the Kalahari could best be described, in Biblical words, as the “abomination of desolation”, to which the pilot replied that he would rather describe the whole of South West Africa as “God’s own country.” On their return flight, the Commissioner peered through a window, trying to locate a border post he had once visited in the featureless, scrub-covered wastes below. He now asked the pilot, “are we yet over the ‘abomination of desolation’ or still in ‘God’s own country’”, to which the pilot grinned and responded, “I will have to go and ask the Navigator.”²

This contrasting description of GSWA as either the ‘abomination of desolation’³ or ‘God’s own country’⁴ extended back decades, and is also reflected in the personal descriptions of the environment by South Africans who served there under very different circumstances in 1914 and 1915. The Union’s Director of Medical Services (DMS), Col. P.G. Stock, noted in a report on the medical services, that the “surrounding country for miles and miles presented the appearance of unutterable desolation.”⁵ Maj. B. G. Simpkins, of the Rand Light Infantry, also reported that it was “the end of the earth, so far as nature goes” and “of all the God-forsaken, desolate, stony, rocky, hilly, sandy, waterless hells, this must be one of the worst.”⁶ Similarly, Dr. H. F. B. Walker observed, “Nothing but sheer necessity would ever make anybody build a town [Swakopmund] in such a god-forsaken spot as this.”⁷

² C. Arden Clarke, “South-West Africa, the Union and the United Nations”, *The Royal African Society*, (59), (234), January 1960, 26.

³ Biblical phrase refer to a specific sign that the end is near or the coming of the apocalypse. See, G. Gibbs, *The Abomination of Desolation*. Amazing Facts, 1988 [ebook].

⁴ The term has been used to refer to a variety of geographical regions or countries including the Wicklow Mountains in Ireland, Australia, New Zealand and others. It has also been used in its more literal form as synonymous with heaven in poetry. See, E. H. R. Mitchell, *First Fruits: Poems*, 79-81; E. Du Bois, *My Pocket Books: Or Hints for “A Ryghte Merrie and Conceitede” Tour in Quarto; to be Called ‘The Stranger in Ireland, in 1805’*, 25.

⁵ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 325.

⁶ B. G. Simpkins, *Rand Light Infantry*, 18.

⁷ H. F. B. Walker, *A Doctor’s Diary in Damaraland*, 25.

Yet others, such as J. P. Kay Robinson, portrayed the region as “that amazing country.”⁸ Certain troops compared the environment to that of Antarctica where, even through binoculars, all that could be seen were “rolling sandhills” and “very scanty patches of thin shrub.” The landscape took on all the formations that Scott of the Antarctic described, as when the “wind sweeps the sand along, the clay does what the frost” does.⁹ Ironically, as W. P. Hanekom has argued, the “Antarctic environment has been viewed in two distinct, yet differing ways: either as ‘undesirable’ or with a sense of romanticised awe.”¹⁰ The same polarised views applied to the environment of GSWA. The aim of this chapter is to explore the impact of the Union campaign upon the men of its invasion force.

Military and other objectives of the German South West African Campaign

The German South West African campaign, was within the larger context of the Great War, both a sideshow to the European Western and Eastern Front, and a tail end to the ‘Scramble for Africa’. For Downing Street, the limited aim was to neutralise the German wireless stations and to seize ports on the coast.¹¹ Botha’s motivations for invading the bordering German territory were less concerned with empire and more with the aspirations of the Union. The arrival of the request for the Union to deliver an “urgent imperial” service, gave rise to aggrandised sentiments of sub-imperialism, a vision of the formation of a greater Southern Africa, and as a tool for nation building. That is, it was the hope that the Boer and British traditions of the Union Defence force would be cemented in joint fighting against a common enemy and would also be reflected in the united war effort on the home front.¹²

The first invasion of German South West, commenced in September 1914 with ‘A’, ‘B’ and ‘C’ Forces, but due to its organisational failure, a second invasion had to be launched in 1915. A three-pronged strategy had been agreed upon at the highest Union government and

⁸ J. P. Kay Robinson, *With Botha’s Army*, 11.

⁹ R. Murray (ed.), *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 3-4,

¹⁰ W. P. Hanekom, “A History of Tourism, Leisure and Adventure in the Antarctic and Sub-Antarctic, c.1895 to Present”. (MA Thesis, University of Stellenbosch, 2014), 1.

¹¹ B. J. Liebenberg, “Botha en Smuts aan bewind”. In C. F. J. Muller (ed.), *Vyfhonderd Jaar Suid-Afrikaanse Geskiedenis*, 404.

¹² B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 36. See, H Strachan, *The First World War in Africa*, 64-65; R. C. Warwick, “The Battle of Sandfontein: The Role and Legacy of Major-General Sir Henry Timson Lukin”, *South African Journal of Military Studies*, (34), (2), 2006, 74. For more on Botha’s vision of the incorporation of southern Africa within the Union, see, J. Meintjes, *General Louis Botha: A Biography*, 205-206; M. W. Swanson, “South West Africa in Trust 1915-1939”. In P. Gifford and W. R. Louis (eds.), *Britain and Germany in Africa: Imperial Rivalry and Colonial Rule*, 632; R. Hyam, *The Failure of South African Expansion 1908-1948*, 26; S. B. Spies, “The Outbreak of the First World War and the Botha government”, *South African Historical Journal*, (1), 1969, 47-57.

military level during a meeting on 21 August 1914, at Defence Headquarters in Pretoria.¹³ At the outset, the Union therefore had a force of 5,324 men, mobilised in separated bodies far from their bases. For their part, their enemy had at least the numerical equivalent, with a great preponderance in artillery, and could operate on interior lines not far removed from their base.¹⁴

The Union's ineffective opening advance, marked by defeat at the Battle of Sandfontein in September 1914, coupled with the Boer rebellion on the home front, led to a delay of the campaign proper until January 1915.¹⁵ Its forward bases were established at four strategic points; the Northern Force was established at Walvis Bay, the Central Force at Lüderitzbucht, the Eastern Force at Kimberley, and the Southern Force at Upington and Steinkopf.¹⁶ The Southern Force of Field Artillery, mounted commandos, and riflemen was combined in April 1915 with the Eastern Force to form the 2nd Division of the Southern Army. The Eastern Force consisted of mounted regiments, heavy Artillery, special motor transport and a Water Supply Service. The Central Force consisted almost entirely of mounted troops coupled with Field Artillery, Heavy Artillery, and infantry, and was later reinforced by another Mounted Brigade, forming the 1st Division of the Southern Army. The Northern Force consisted of Infantry Brigades, an Artillery Brigade, a mounted regiment and Special Troops.¹⁷ The operational plan for the defeat of the German *Schutztruppen* (Protection Troops) hinged on a coordinated attack from four directions. At the top, Botha both maintained political command in the Union as Prime Minister, and adopted military command of the expedition.¹⁸

¹³ R. C. Warwick, "The Battle of Sandfontein: The Role and Legacy of Major-General Sir Henry Lukin", *South African Journal of Military Studies*, (34), (2), 2006, 73, 78-79; I. van der Waag, "The battle of Sandfontein, 26 September 1914: South African military reform and the German South-West Africa campaign, 1914-1915", *First World War Studies*, (4), (2), 2013, 141-165; J. J. Collyer, *The Campaign in German South West Africa, 1914-1915*, 28-33.

¹⁴ J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 13-14.

¹⁵ A. Samson, *Britain, South Africa and the East African Campaign, 1914-1918*, 32; J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 90; I. van der Waag, "The battle of Sandfontein, 26 September 1914: South African military reform and the German South-West African campaign, 1914-1915", *First World War Studies*, (4), (2), 2013, 147-148; G. McGregor, *Die Suid-Afrikaanse Vrykorps van Duits-Suidwes-Afrika*, 16, 21, 42-43; T. R. Ungleich, "The Defence of German South-West Africa during World War I". (MA Thesis, University of Miami, 1975), 58.

¹⁶ J. J. Collyer, *The Campaign in German South West Africa, 1914-1915*, 161.

¹⁷ J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War*, 34-36.

¹⁸ P. Richardson, "The Campaign in German South West." In R. J. Bouch, *Infantry in South Africa*, 57.

Environment

In this campaign, warfare was influenced profoundly by differing geographical conditions. Furthermore, the experience of the environment varied between the four different invading forces, all moving inland from different exterior points. Here, if perhaps less than in East Africa, men sank in significance next to the heavy influence of the physical environment.¹⁹ The eventual military conquest of the region was a more formidable task than had been anticipated, and its impact on men far greater than the minor casualty figures indicated.²⁰ In order to fully comprehend the conditions with which the Springboks had to contend, a brief summary of the basic contours of the colony is required.

A desert territory larger than Germany, some areas of German South West did not seem all that foreign to troops, but rather mirrored features of the South African landscape. As Murray described, the beach at Walfisch Bay was “like the beach at Muizenberg, without mountains to relieve the eye in either direction...” Whereas, the horizon inland was “limited by huge sandhills like those at Fish Hoek, only no rock or vegetation, and the sand is of a light brown shade which looks almost yellow in certain lights.”²¹ With the arrival in Karibib, “a fair sized town with good buildings”, in May 1915, the climate was “very pleasant. Just like the Karoo. Most glorious fresh bracing mornings and then inclined to be hot, but not unpleasantly so...”²²

On the other hand, the reality was that most of the colony was a ‘howling’ flat desert, only interrupted by immense sand dunes extending as far as the eye could see; it was waterless, desolate and inhospitable, elements upon which the German relied as their strategic ally.²³ The greatest of physical obstacles was the barrier of the desert, since practically all of its almost 600,000 square kilometres were arid or semi-arid.²⁴ Some other limited areas were

¹⁹ G. M. Wrigley, “The Military Campaigns against Germany’s African Colonies”, *Geographical Review*, (5), (1), January 1918, 44.

²⁰ D. W. Krüger, *The Age of Generals: A Short Political History of the Union of South Africa, 1910-1948*, 97.

²¹ R. Murray (ed.), *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 2.

²² R. Murray (ed.), *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 15.

²³ M. H. Park, “German South-West African Campaign”, *Journal of the Royal African Society*, (15), (58), January 1916, 124.

²⁴ J. J. Collyer, *The Campaign in German South West Africa, 1914-1915*, 7.

made intractable by dense bush that could only be crossed at the cost of clothes torn from the back, and the opening of wounds that did not heal easily due to the scorching sun.²⁵

Climate

All accounts tell of the stifling heat for most of the invaders' time there. In Swakopmund in March 1915, Murray examined his clinical thermometer and found that "it had risen to the limit and then the bulb burst...two other thermometers all confirmed a temperature of 44 degrees Celsius. The thermometers hung from a tent pole in bell tents in tunic pockets, representing "the heat in the coolest and most protected spot in camp."²⁶ The heat was overpowering, "like the breath of a wild animal."²⁷

The overall climate tended to be very dry, with a significant day and night temperature range. Exposed to the extremes of heat and cold, at times soldiers had to bivouac without blankets when temperatures were seven or eight degrees below freezing.²⁸ Sleeping outside in the desert meant "Exhaustion and the bitter cold fought over...bivouac [at] night, and when greyfooted dawn came shrinking among the sandhills...[they] were vividly awake, aching in bone and mind."²⁹

Furthermore, severe sand or dust storms were common, at times lasting for several hours, and were made worse by the torrid heat. At such times, men had to seek cover in tents, with drill or fatigues impossible. Green gauze mosquito veils and dark goggles helped, but had their limitations, such as making eyes sweat and allowing finer dust to blow through. Some men covered their entire heads with towels.³⁰ Other improvisations included sacks over the head with holes cut out to make place for goggles. Veils were also pulled over helmets and were tied around the neck.³¹ Tents were even torn to shreds.³² The winds also had the capacity to shift entire sand dunes, what the Germans referred to it as *Wanderdunen*, and were aptly named so. After the Imperial Light Horse's unnecessary second attempt to capture Fort Grasplatz on 29 September, they travelled back to Lüderitzbucht past where they had

²⁵ H. C. O'Neill, *The War in Africa and in the Far East*, 25.

²⁶ R. Murray (ed.), *The War Diaries of Dr Charles Molteno 'Kenah' Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 5-6.

²⁷ M. Ritchie, *With Botha in the Field*, 90.

²⁸ M. Ritchie, *With Botha in the Field*, 99.

²⁹ J. P. Kay Robinson, *With Botha's Army*, 50.

³⁰ W. S. Rayner and W. W. O'Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 79.

³¹ Maj. W. J. Thompson quoted in B. J. Simpkins, *Rand Light Infantry*, 21.

³² H.C. O'Neill, *The War in Africa and in the Far East*, 25.

been attacked by the Germans. They had hoped to visit the ‘battle field’ and to see again “the spur of rock beside which E—had crouched...”, yet the battlefield had disappeared in the sand, only to reappear a week later.³³ The men “breathed sand,...chewed it;...took it in...[their] food-literally, there was sand with the sugar;...[they] thought sand,...[they] dreamt it.”³⁴ The sound of the wind forcing the shifting of dunes, made such shrieking and wailing noises that a startled “young lad” ran down a dune in tears from his sentry post since he could not account for the noise, “If banshees ever wailed,... the sound they made was like the wailing of the sand dune.”³⁵

Water

At the opening of baths for the care and treatment of wounded soldiers at the springs in the British town, Bath, Lt-Col. P. G. Stock made a speech, in which he gave some reminiscences of the South West campaign. He noted how the plentiful waters of Bath gave an additional vividness to his recollection of how, during time in German South West, water had to be carried a thousand miles, and could only provide each man with a pint a day.³⁶ A general shortage of water was universal. Sgt. C. H. Smith’s first impression was of an “almost waterless country with nothing but sand and now again a cactus, to break the monotony.”³⁷

The troop camp at Swakopmund was located at the mouth of the Swakop River, where it seemed that “Under ordinary conditions the river like most...loses itself in sand long before it reaches the coast.”³⁸ Elsewhere along the coast, except for Swakopmund, seawater was collected and distilled.³⁹ The water condensers that supplied Lüderitzbucht with water from the sea were destroyed by the Germans in September 1914, shortly before it surrendered. In anticipation of the limited water supply, the ship *Monarch* was selected for the expedition since it was capable of condensing 13,000 gallons of sea water a day, as well as carrying

³³ J. P. Kay Robinson, *With Botha’s Army*, 18.

³⁴ W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 79-80.

³⁵ Maj. W. J. Thompson quoted in M. J. Simpkins, *Rand Light Infantry*, 21.

³⁶ Anon., “Baths Extension at Bath”, *British Medical Journal*, (1), (2879), March 1916, 351-352.

³⁷ NCA Archives, J. Emerson-Lewis Collection, Letters from C. Smith to Family, G.S.W.A. and East Africa, 1915-1916, 25 February 1915.

³⁸ R. Murray (ed.), *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 4.

³⁹ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 325-326.

750,000 gallons in its water tank, initially drawn from the reservoirs on Table Mountain.⁴⁰ Care and economy remained essential in the use of water. Horses were watered in strict rotation, squadron by squadron.⁴¹ The only adequate water supply was at Nonidas, situated next to the Swakop River. “Nonidas water” was much sought after, and was sometimes brought back by riders who often went out to this camp to get “a decent cup of tea.”⁴²

Water sources were located by intelligence and were vital when planning an advance, since the number of wells determined not only roughly how many men and horses could be replenished, but also the location of farms and stock.⁴³ This was often the only real field intelligence available to troops, since it often proved futile to rely on guides with “alleged local knowledge of the country.”⁴⁴ While its availability varied according to circumstances, water was “never cold, never clear and sparkling”, and required treatment with chlorine to be made safe to drink.⁴⁵ Due to the lack of water, oxen used to pull wagons subsisted on *tsama*, a desert melon.⁴⁶

Providing water along all lines of advance was difficult, particularly so for the Eastern Force, under Lt-Col. J. Mackenzie, since it advanced across many long waterless stretches in January 1915. Roughly forty cars were allotted to each water tank station, travelling in pairs and carrying drums.⁴⁷ Mobilised in sections, Mackenzie’s force also had its own water-boring party, together with other water details. With scouts mounted on camels, attempts were made to push forward water boring parties to Witkrans in early February 1915. However, the advance section was countered by the enemy and wells were destroyed, thus squadrons had to be advanced one at a time due to water shortages. Still, the lengthy march until the end of April 1915, with few rations and little water, left men in a surprisingly good state. There was

⁴⁰ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 327; W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 26.

⁴¹ M. Coghlan, *Pro Patria: Another 50 Natal Carbineer Years 1945-1995*, 23.

⁴² H. F. B. Walker, *A Doctor’s Diary in Damarland*, 32.

⁴³ H. F. Trew, *Botha Treks*, 94-95. For more on mapping and military intelligence, see, I. van der Waag, “Major J. G. W. Leipoldt, D.S.O.: A portrait of a South African Surveyor and Intelligence Officer, 1912-1923”, *South African Journal of Military Studies*, (25), (1), 22; P. Richardson, “The Campaign in German South West.” In R. J. Bouch, *Infantry in South Africa*, 53; A. Jacobs & H. Smit, “Topographic mapping support in the South African Military during the 20th Century”, *South African Journal of Military Studies*, (32), (1), 2004, 37; J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 58.

⁴⁴ The German forces had the advantage that they knew the country and had a camel corps and an Air Service.

⁴⁵ W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 80.

⁴⁶ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 332.

⁴⁷ J. J. Collyer, *The Campaign in German South West Africa, 1914-1915*, 161.

some success in opening wells and bore-holes, and water could be transported by motor cars to advancing forces.⁴⁸ At times, all men would participate in the search for water, digging holes in the sand near a dry river bed, and then waiting for little muddy pools of water. Digging tools such as spades were limited, and thus men had to resort to digging with their hands, meat-tins, billy-tins or whatever else they could find. Once water was collected, it had to be left to settle for a few hours, and it was then treated with alum.⁴⁹

In some cases, the Germans poisoned water sources to impede the enemy advance, and the regimental doctor had to test water before it could be given to men and horses, a rough and ready check because of remoteness and the need to keep going. For the Germans, poisoning was a reasonable defensive tactic, and they argued that it was legitimate and civilized warfare since they posted notices at poisoned water sources.⁵⁰ Botha and his men did not notice one such sign and resulted in some men suffering from bad stomach attacks. One, H. F. Trew, remarked that for the remainder of the campaign he was nearly crippled by sciatica that he attributed to the poisoned water.⁵¹

Transportation of supplies

The advance of the Union forces in German territory required a continuous prolongation of their lines of communication over very long tracts of land, most of which was barren and waterless. Thus, all supplies and equipment had to be brought in from the Union by rail, road, or sea.⁵²

Due to the difficulty of transport across the terrain, the number of mules or oxen pulling wagons had to be increased, while many armoured cars had to be abandoned, because their chassis became twisted. Even the lightest cars would overheat, which necessitated the carrying of tins of water to refill radiators.⁵³ Furthermore, animals such as mules, short of grazing, water, and exhausted, had to be shot. At times, valuable equipment and kit had to be

⁴⁸ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 332.

⁴⁹ H. F. B. Walker, *A Doctor's Diary in Damaraland*, 74; M. Ritchie, *With Botha in the Field*, 82.

⁵⁰ H. C. O'Neill, *The War in Africa and in the Far East*, 25; B. G. Simpkins, *Rand Light Infantry*, 15.

⁵¹ H. F. Trew, *Botha Treks*, 92.

⁵² H. C. O'Neill, *The War in Africa and in the Far East*, 26.

⁵³ J. J. Collyer, *The Campaign in German South West Africa, 1914-1915*, 25.

left behind to further lighten the load.⁵⁴ The difficulties of transport can be seen in figure 3.2 of a large and heavily-loaded convoy trekking up a slope.



*FIGURE 3.2: A Baggage convoy on the trek across the veldt*⁵⁵

‘An army marches on its stomach’: The supply of food

With the invasion, widespread movements resulted in a food problem for the first few weeks in particular. Good supplies were available in the Union, but could not be supplied due to inadequate transport links. Thereafter, for the rest of most of the campaign, shortage of transport was a significant problem.⁵⁶

⁵⁴ H. F. B. Walker, *A Doctor's Diary in Damaraland*, 75.

⁵⁵ NLSA, WARS: World War 1, n.d.

⁵⁶ J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 215.

Rations closely resembled that of the British Army, and were calculated to amount to 5,000 calories a day, more than was required for an able-bodied, fully worked soldier to function efficiently.⁵⁷ Yet supplies were inadequate, and were slow in arriving. As a result, it became evident that field canteens would be needed. From October 1914 onwards, the Board of Directors of the South African Garrison Institute (SAGI), a semi-military institution, began to open branches of the SAGI with each of the invading columns. Items included soft drinks, groceries and, more importantly, beer, brandy, whiskey and other prized items.⁵⁸ Offering goods that could supplement rations, the field canteen was a “boon and a blessing.”⁵⁹

Ample supplies were available if stationed at one of the harbours, although these meals were rarely appetising, including what was described as sand “disguised as Irish stew.”⁶⁰ Seafood made an appearance in January 1915, when “thousands of soles, along with other sea creatures” were washed up at high tide on the shores of Walvis Bay. Once that supply dried up, there was a raid into the retreating waters by men equipped with bayonets and improvised spears, and mess-forks tied to broom sticks. The acquisition of fresh supplies, “reminiscent of manna from Heaven”, briefly relegated bully beef rations.⁶¹

With few roads, the further that men ventured inland the less supplies for both men and animals were available.⁶² Due to the tough terrain, men were obliged to “pack lightly”, with basic rations which usually consisted of bully beef, raw onions and biscuits.⁶³ The photo on the following page (Figure 3.3) of the Natal Mounted Rifles at Tschukaib in 1915 indicates a typical meal with tins of bully beef, Dixie’s, frequently rancid biscuits in the foreground, and a loaf of bread resting on a Maxim .303 gun.

⁵⁷ W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 22-23.

⁵⁸ I. van der Waag & F. Pretorius, “The Union Defence Force and the struggle to establish a South African canteen system, 1914-1916”, *Historia*, (43), (2), November 1998, 40, 43.

⁵⁹ W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 23.

⁶⁰ R. Murray (ed.), *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 14.

⁶¹ W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 167-168.

⁶² J. J. Collyer, *The Campaign in German South West Africa, 1914-1915*, 7.

⁶³ R. Murray (ed.), *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 2.



Figure 3.3: Dinner time for the Natal Mounted Rifles in German South West (Tschukaib, 1915)⁶⁴

Usually, rest periods allowed for transport animals to rest and graze, “picking up what they can...[which was] very very little.” Some men, such as Murray, usually took brief pauses in the advance to hunt, since it would be the only attainable food. At times, they would be fortunate to shoot game such as Steenbok, which provided lunch for the day. At other times, they would have little luck, despite coming upon small bucks, hares, korhaan, and lion tracks.⁶⁵ This meant that when it came to food relief, “everything was precarious and uncertain”, for supply trains could bypass troops at night.⁶⁶

Conditions reached the home front in letters published in small town newspapers, for instance in February 1915, an eyewitness wrote “The men and horses were terribly thirsty and hungry, having had nothing to eat since the evening before. In fact many men were

⁶⁴ Imperial War Museum (hereafter IWM), HU 70940, German South West Africa, 1914-1915.

⁶⁵ R. Murray (ed.), *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 14. Men were not issued with meat supplies, this they had to procure from the country covered in the advance. However, this was often the only food supply they had. See, J. G. W. Leipoldt et al, *Official History of the Union of South Africa and the Great War, 1914-1918*, 57.

⁶⁶ H. F. B. Walker, *A Doctor’s Diary in Damaraland*, 80.

dropping off their horses from fatigue and thirst.”⁶⁷ Similarly, Capt. W. M. Deas told his parents that, “On one occasion his commando lived on nothing but meat for eleven days.”⁶⁸

Kit and Uniform

The task of producing material and clothing locally was made particularly difficult, since the usual source of overseas supply was cut off by blockades and submarine warfare.⁶⁹ According to authorities, helmets would have protected men more from the fierce sun, than soft felt hats as worn by some units during the Rebellion. Furthermore, old regular officers of the Imperial Army thought that helmets helped to ensure discipline. One such individual, Gen. Brownrigg, loathed soft hats, as how could discipline be expected if men looked “like dustmen.” But helmets were widely disliked for, as Trew remarked, they were “uncomfortable and unsuitable” for active service in such an environment. Many Union soldiers envied the broad brimmed grey felt hat worn by the enemy, since it could be looped up, and when fighting wedged between rocks, its V-shape made for a difficult target.⁷⁰ As R. Henning observed, at the battles at Pforte and Riet, the Germans virtually disappeared between cliffs completely.⁷¹

Discipline, whatever the environment, was maintained through keeping uniforms clean and tidy. The 7th Mounted Brigade, was nicknamed the ‘Cherry Blossom Brigade’, after a brand of boot polish and their pride in shining their riding-boots.⁷² Clothing itself had to deal with the extreme elements. Initially, uniform issue included long breeches which caused significant discomfort in the heat. The Rand Light Infantry was first issued with shorts that was more suitable and soon other regiments followed. For many men, items of kit had to be partially organised and paid for by benefactors, in this case by Maj. Thompson, whereas others supplied socks and canvas shoes.⁷³

At times, such as during the last week that the Central Force was camped at Tschukaib, as the sand storm season passed, men went about naked but for a helmet, while some wore veils

⁶⁷ Anon., “The Flight at Upington (From an “Eye-witness”)”, *Oudtshoorn Courant*, 15 February 1915, 6

⁶⁸ Anon., “Notes and comments”, *Oudtshoorn Courant*, 10 June 1915, 2.

⁶⁹ J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 214.

⁷⁰ H. F. Trew, *Botha Treks*, 57. See, T. Couzens, *The Great Silence: From Mushroom Valley to Delville Wood, South African Forces in World War One*, 89.

⁷¹ R. Henning, *Deutsch-Südwest im Weltkrieg*, 179.

⁷² M. Coghlan, *Pro Patria: Another 50 Natal Carbineer Years 1945-1995*, 24.

⁷³ B. G. Simpkins, *Rand Light Infantry*, 16.

as loin-cloths, but they were palpably over-dressed in comparison to the rest. Soldiers became so tanned that, in one comment, an “ordinary coloured Cape boy would have considered himself white in comparison.” Surprisingly, sunstroke was the cause of only one death Capt. Cairns of the SAMC argued, a year later, that many cases of sunstroke or sun fever were really phlebotomous fever, spread by the sand fly.⁷⁴

Infantry kit was relatively light in comparison to that of other units, weighing in at approximately ten kilograms, which could often be sent up by the railroad.⁷⁵ By contrast, the kit of mounted troops “were not suitably clad for marching...to put it mildly.” In addition to riding breeches, leggings, and spurs, “over which tired men...[were] apt to trip”, troops also wore a military greatcoat, two fully loaded bandoliers, of which the “buckles hurt”, a water-bottle, a mess-tin “that clanked mournfully to every movement”, a haversack crammed with bully beef and ship’s biscuits, and a bayonet “that usually managed to get in between one’s legs at awkward moments.” In addition, there was a rifle “that grew heavier as the slow miles fell behind.”⁷⁶

Medical Services

“With the usual disastrous result that when war came nearly everything had to be improvised, created, brought into being out of nothing, or evolved out, apparently, hopeless confusion.”⁷⁷ This translated into inadequate preparation and poor planning which negatively affected medical care.⁷⁸ Yet the Medical Section was considered to be the only unit with some level of effective organisation when the call for volunteers for active service came. A number of field units were organised in the ACF, but still needed to be significantly expanded since provision for hospitals had still to be made, and a nursing service was non-existent.⁷⁹

The medical services adopted roughly the same organisational structure as that of the Imperial Army. Each brigade was allotted its own medical personnel, equipment and

⁷⁴ P. T. Cairns, “Notes on a Number of Cases of Fever, called Sun Fever, Influenza, Ephemeral Fever, Gastric Fever, in Upington and District during the Early Part of 1915, with a Suggestion as to the True Nature of the Disease”, *South African Medical Record*, 25 March 1916, 89-91; W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 329, 354.

⁷⁵ W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 24.

⁷⁶ J. P. Kay Robinson, *With Botha’s Army*, 57-58.

⁷⁷ H. Bayon, “Notes from the South African Hospital at Cannes (France)”, *South African Medical Record*, 28 August, 241.

⁷⁸ Anon., *The Fourth Dimension: The untold story of military health in South Africa*, 24; W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 323.

⁷⁹ J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 216.

ambulance. Its Regimental Medical Officer (RMO), with trained orderlies, was responsible for health and sanitation. In battle, the RMO was responsible for establishing a dressing station or first aid post behind the line of fire, with field ambulance provision. The task of collecting the wounded was left to the fighting unit's Regimental Stretcher Bearers (RSBs), who transported casualties to the dressing station. Other personnel were equipped to form a field hospital to where the wounded were sent.⁸⁰

The establishment of field as well as fixed hospitals across German South West followed advances; if a group, such as the Southern Force, moved too great a distance from a hospital, it would also be moved.⁸¹ However, this was not always possible due to transportation limitations, as sick and wounded could not be moved from field hospitals to base hospitals. Since field hospitals could not be entirely cleared, every town that witnessed a skirmish had a small hospital. This limited care, because when a Brigade advanced further, a section of its field ambulance personnel had to remain to maintain the hospital. This situation was somewhat relieved when railroads were repaired and extended, which allowed patients to be transported to base hospitals.⁸²

Military base hospitals were established at Swakopmund, Lüderitzbucht, Karibib, Windhoek and Aus.⁸³ After Swakopmund was claimed in January 1915, No. 3 General Hospital was established and formed the chief hospital for the campaign.⁸⁴ It had adequate buildings, with a surgical division in the San Antonius Hospital, a medical division in Prinzessin Ruprecht Heim, later moved to the Swakopmund School as can be seen in figure 3.4. Other hospitals, as can be seen in figure 3.5, were also constructed, consisting primarily of tents. From these, an ambulance train ran to destinations deeper into the interior such as Walvis Bay. At the coast, casualties were transported to a hospital ship. Initially, the *City of Athens*, was used until the cargo vessel, the *Ebani*, was fitted and equipped as a hospital ship. The evacuation of soldier-patients over a distance of 1,160 kilometres from Walvis Bay to

⁸⁰ H. F. B. Walker, *A Doctor's Diary in Damaraland*, 4-5.

⁸¹ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 329.

⁸² A. E. van Jaarsveld, "Militêre Geneeskunde gedurende die vroeë jare", *South African Journal of Military Studies*, (7), (1), 1977, 32; H. F. B. Walker, *A Doctor's Diary in Damaraland*, 5-6.

⁸³ R. J. Bouch, "Medical Services in German South West Africa", *South African Journal of Military History*, (4), (1), 1974, 58.

⁸⁴ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 334.

Swakopmund, then Lüderitzbucht, and finally Cape Town, took between three and a half and five days.⁸⁵



FIGURE 3.4: School Converted into a Military Hospital at Swakopmund⁸⁶

⁸⁵ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 312, 343, 350; A. E. van Jaarsveld, "Militêre Geneeskunde gedurende die vroeë jare", *South African Journal of Military Studies*, (7), (1), 1977, 27; DOD Archives, World War One German South West Africa (hereafter WW1 GSWA), 14, Methods and points to be observed in embarking and disembarking, 1914-1915.

⁸⁶ National Museum of Military History, (hereafter NMMH), Photo Archive, AP62/97, Swakopmund in an angry mood. School Converted into a mil. Hospital, 1915.



FIGURE 3.5: Construction of a General Hospital⁸⁷

The Cape Peninsula served as the chief medical base for these operations, and also served the German East African campaign later. The last convoy of sick and wounded left German South West in mid-August 1915, after which the majority of hospitals were either closed or reduced to accommodate only the small garrison that remained for military occupation.⁸⁸ With most of the staff of the RAMC being withdrawn to continental Europe and England at the onset of war in late 1914, Wynberg Hospital along with the equipment of half a general hospital was loaned to the SAMC.⁸⁹ Significant increases in the hospital's accommodation were made to convert the hospital at Wynberg into a General Hospital.⁹⁰ A second general hospital, Alexandria Hospital, a recently completed civilian hospital at Maitland, was also made available.⁹¹

⁸⁷ NMMH, Photo Archive, AP293/97 No. 5 General Hospital in the process of being build, 1915.

⁸⁸ A. E. van Jaarsveldt, "Militêre Geneeskunde gedurende die vroeë jare", *South African Journal of Military Studies*, (7), (1), 1977, 26-27.

⁸⁹ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 311.

⁹⁰ A. E. van Jaarsveldt, *Militêre Geneeskunde in Suid-Afrika, 1913-1983*, 15; DOD Archives, DC 578, 69199, Senior Medical Officer Stock, Cape Town, 16 October 1914.

⁹¹ KAB Archives, District Engineer, Cape Town, (hereafter PWDC) 16, DEC 3348. Alexandra Hospital, 1914-1915.

Efforts were made to transfer soldier-patients to hospitals that were closest to their homes, even if that meant a civilian hospital.⁹² Furthermore, serious surgical and medical cases were admitted to the largest civil hospital in Johannesburg.⁹³ Private homes were also transformed into convalescent homes, such as *Trovato House*, near the military hospital at Wynberg, and several patriotic civilians offered their private residences.⁹⁴ The official advisory committee on voluntary aid, appointed by the Minister of Defence and led by Smartt, was responsible for providing convalescent homes to returning soldiers. An additional home was opened on the St. James sea front, offered by J. W. Jagger, the businessman and politician.⁹⁵ Other homes were also opened. In November 1914 it was suggested that the Gymnasium Hall of the Wanderers Club in Johannesburg be converted into a convalescent home. With a third of the club's men on active service. *The Wanderers Convalescent Home* opened at a charge of £20 per month.⁹⁶ The local Red Cross provided comforts to various military hospitals, including this convalescent home.⁹⁷

Disease

Sickness rates were relatively low, estimated at 3.16 per 1000 men, considering the environment and infrequent supplies of food and water. Various factors contributed to this, including inoculation against dysentery.⁹⁸ Since the inoculation process involved two doses, over an interval of ten days, with the adverse effect that 90 per cent of men were unfit for duty for 48 hours thereafter, troops were inoculated in small batches. In this way, whole regiments could be inoculated while keeping up duties. It is estimated that at least 95 per cent of the troops were adequately inoculated, which explains the few cases of typhoid.⁹⁹ The first cases of either were only reported after March 1915.¹⁰⁰

⁹² Military patients admitted to civilian hospitals were maintained at an all-inclusive fee of 5s a day and was paid by the government.

⁹³ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 340.

⁹⁴ DOD Archives, WWI GIB 1, 77, Suggestion to assist the authorities in view of the present crisis, October 1914.

⁹⁵ P. F. van der Schyff, "Jagger John William". In W. J. de Kock, *Dictionary of South African Bibliography (Vol. 1)*, 407-408.

⁹⁶ T. Gutsche, *Old Gold: The History of the Wanderers Club 1888-1968*, 6.

⁹⁷ J. G. W. Leipoldt *et al*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 223.

⁹⁸ DOD Archives, WWI GIB 2, Draft for medical orders and medical service, 109, 1914-1915; Anon., "Passing Events", *South African Medical Record*, 13 March 1915, 70; J. P. Johnson & A. J. Milne, "Dysentery: A Preliminary Note on a method of combined preventative inoculation against typhoid, para-typhoids and bacillary dysentery", *South African Medical Record*, 24 December 1914, 372.

⁹⁹ A. E. van Jaarsveld, "Militêre Geneeskunde gedurende die vroeë jare", *South African Journal of Military Studies*, (7), (1), 1977, 28.

¹⁰⁰ Anon., "Passing Events", *South African Medical Record*, 13 March 1915, 70.

The Northern Force that operated in malaria territory, especially north of Omaruru, was also supplied with quinine. Fewer than 500 men contracted malaria, partially due to prophylactic measures, and also because troops advanced in the winter months.¹⁰¹ A “mosquito Film” or a film about malaria was also exhibited in Pretoria in November 1914, organised by the South African Anti-Malarial Association. The association also distributed material for troops operating in malarial areas.¹⁰²

According to Col. Buist, the Senior Medical Officer (SMO) of the Cape Peninsula RAMC, the general immunity of troops to sickness was not so much due to the desert environment, but more to the work of the sanitary units. Camps were generally clean and healthy, and there was a generous use of arsenate soda to combat flies in kitchens, animal kraals and horse lines. The use of substances not only got rid of flies, but also served to check the spread of intestinal diseases. A solution¹⁰³ based on this soda compound, was particularly effective in the camps at Lüderitzbucht, where the weather conditions and horse lines provided favourable conditions for flies.¹⁰⁴ Apart from flies, lice also proved a threat, and their eradication became an unpleasant daily routine as men had to scour clothing in search of vermin and destroy them with paraffin.¹⁰⁵

However, other sources argued that sanitation was a significant problem, one largely rooted in education, thus the only means to improve sanitation on active service was through the “long and tedious process” of education during peace time.¹⁰⁶ Attempts were also made to give men the opportunity to bathe in camps, with brack water sent by railway to be thrown in a tank. The “tubbing parade” followed, with soldiers taking turns.¹⁰⁷ This was a relief since after long marches, “the smell of ... [their] unwashed bodies” always accompanied them.¹⁰⁸

While extreme sunstroke was rare, the reflection of the sun off the white sand did cause some cases of acute conjunctivitis. As a result, tinted goggles were issued to troops. Also,

¹⁰¹ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 351.

¹⁰² DOD Archives, WWI GIB 2, File no B, 105, Particulars concerning the mosquito film, November 1914.

¹⁰³ The solution was composed of arsenate soda, sugar, water and coloured with cochineal.

¹⁰⁴ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 322, 346.

¹⁰⁵ M. Coghlan, *Pro Patria: Another 50 Natal Carbineer Years 1945-1995*, 23.

¹⁰⁶ H. A. Moffat, “Some Personal Experiences in the G.S.W.A. Campaign”, *South African Medical Record*, 24 April 1915, 112.

¹⁰⁷ W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 80.

¹⁰⁸ P. W. Rainier, *African Hazard*, 186.

blowing sand caused discomfort and led to the distribution of veils which were made by voluntary women's committees in Cape Town.¹⁰⁹ However, a large number of men discarded these items away early on in the campaign, since they made the heat worse.¹¹⁰ Although disease was limited, reptiles were numerous and men were injured by scorpions and horses and oxen were killed by poisonous snakes.¹¹¹

Predictably, the number of soldiers repatriated for catching a disease during this African campaign was "exceptionally small." The *Ebani* made its voyages only partially filled. Similarly, the admission rate to the field hospital at Tschukaib was very low. Also, the Eastern Force did not report any sickness except for an outbreak of measles at Kimberley and Kuruman.¹¹²

Stations	Hospital Admissions	Number of days treated	Deaths in hospital
Wynberg and Cape Peninsula	6 171	183 331	21
Swakopmund	5 788	52 122	27
Lüderitzbucht	4 160	51 548	10
Keetmanshoop	219	2 764	1
Port Nolloth and Steenkopf	354	5 309	3
All other hospitals	8 675	127 359	67
	25 367	422 433	129

FIGURE 3.6: Total number of soldiers treated at the Principal Hospital Bases (5 August 1914-14 August 1915)¹¹³

Most sources for this campaign highlight its low casualty rate and low cost to human life, alongside the Boer rebellion.¹¹⁴ In February 1916, a lecture was delivered by J. J. O'Sullivan

¹⁰⁹ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 345.

¹¹⁰ H. F. Trew, *Botha Treks*, 56.

¹¹¹ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 333.

¹¹² W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 322, 328, 332.

¹¹³ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 436.

congratulating Generals Botha and Smuts on their victory with “a comparatively small loss of life.”¹¹⁵ Equally, fatalities were distinct from casualties. Men who did contract one or more of a myriad of more minor diseases were admitted to hospital. As can be seen from figure 3.6, the total number of patients admitted to principal hospital bases was 25,376, of which fewer than half had to be evacuated to the Union. Low mortality figures should not obscure completely the bodily effects of the campaign.

Most common diseases of the desert country: Digestive disorders and Venereal Diseases

Among the most common diseases of all three campaigns were various kinds of stomach ailments, as can be seen from figure 3.7. With men not having adequate access to clean facilities, vomiting and diarrhoea, as well as skin diseases, were rife. Diseases such as boils were “very common”, that sometimes developed into metastatic abscesses in muscles, often accompanied by a fever.¹¹⁶

Individual digestive and bowel disorders could be chalked up to various reasons, such as bad food and drinking water, or even fear.¹¹⁷ One outbreak of enteric fever and stomach trouble occurred at Swakopmund and was blamed on the peculiar tasting water in wells full of mineral salts. However, all men who suffered were those who had managed to dodge inoculation.¹¹⁸ Some men took longer to recover from the Teutonic weapon of poisoned water, for instance, a son of Dr. E. L. Freer of Camperdown, Natal, who was hospitalised for five weeks.¹¹⁹ Initially, sanitation officers had a difficult time, since very few combat officers had any training in field sanitation. Often men would use latrine seats for firewood and water pipes for the tethering of horses. This encouraged the distribution of small handbooks on food sanitation by army headquarters.¹²⁰ But achieving total hygiene was impossible. This,

¹¹⁴ See, H. Strachan, *The First World War in Africa*; 207; D. W. Krüger, *The Age of Generals: A short Political History of the Union of South Africa, 1910-1948*, 101.

¹¹⁵ J. J. O’Sullivan, “Campaign on German East African-Rhodesian Border”, *Journal of the Royal African Society*, (15), April 1916, 209.

¹¹⁶ H. A. Moffat, “Some Personal Experiences in the G.S.W.A. Campaign”, *South African Medical Record*, 24 April 1915, 111-112.

¹¹⁷ L. van Bergen, *Before my Helpless Sigh: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 144; R. W. Bitter Wounds: *German victims of the Great War, 1914-1939*, 53.

¹¹⁸ H. F. Trew, *Botha Treks*, 80.

¹¹⁹ Anon., “Notes and comments”, *Oudtshoorn Courant*, 1 July 1915, 4.

¹²⁰ Problems were particularly common with the Northern Force stationed at Swakopmund due to the lack of materials and transports. Natives were employed used for sanitary duties, and each unit had men to carry out these duties. See, W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 344-345.

coupled with insufficient diet, produced cases of dysentery.¹²¹ Constipation, and diarrhoea of a dysenteric type, were also related to piles, inflamed haemorrhoids, aggravated by strain, heavy fatigues, long marches, food and the irregularity of meals.¹²²

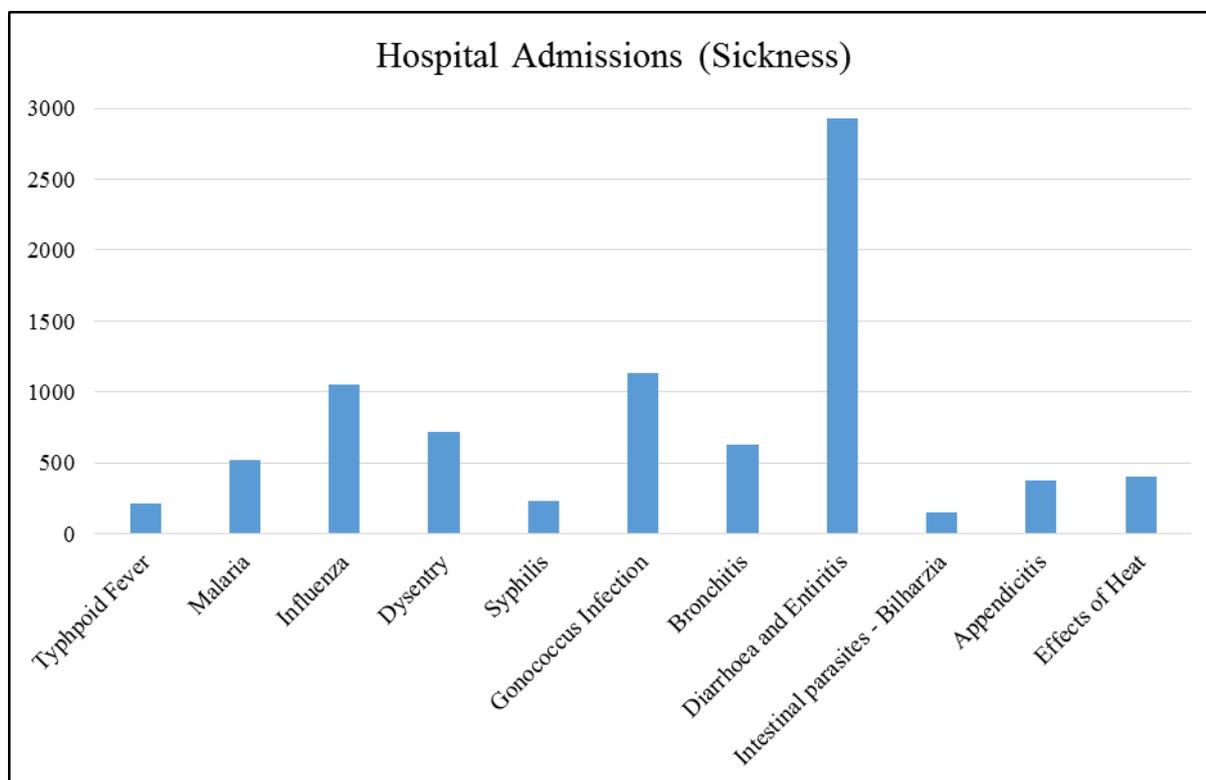


FIGURE 3.7: The number of sick hospital admissions (5 August 1914-14 August 1915)¹²³

The second most common disease was gonorrhoea, as can be seen in figure 3.7. Of all admissions, only diarrhoea and enteritis, an inflammation of the bowels, saw more patients being hospitalised. A total of 2,927 cases of diarrhoea and enteritis were admitted, and 1,130 men were admitted to hospital for gonorrhoea, with 227 cases of syphilis. Diplomatically, families were not notified of hospitalisation because of venereal diseases, but rather as having been due to “accident” whilst under treatment for the shamed disease. Despite complaints

¹²¹ NCA, Gibeon: German SWA – 1915, 1915.

¹²² H. A. Moffat, “Some Personal Experiences in the G.S.W.A. Campaign”, *South African Medical Record*, 24 April 1915, 111.

¹²³ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 433.

from mothers about poor communication, it was thought prudent to leave it “to the men themselves to give the explanation.”¹²⁴

Extended periods of inactivity and a lack of recreation led to other means of passing the time. With camps being situated close or in inhabited towns, the temptation was readily available. At Lüderitzbucht, for instance, “ladies who did not look like ordinary inhabitants...smiled kindly” at soldiers from where they stood on the “verandas of houses”, making the men “blushed by battalions.”¹²⁵ Venereal wards attached to General Hospitals, such as No. 1 General Hospital in Wynberg, were set up to deal with the consequences. Gonorrhoea was treated there mainly with regular irrigation. A “further safeguard” was instituted: every case, before being discharged, was given a pint of beer on three successive nights, the patient only being released from hospital if there was no urethral discharge. This was somewhat ironic, since over-indulgence in such beverages usually led to men contracting the disease in the first place.¹²⁶

Syphilis was treated with intra-venous injections of mercurial cream. What is interesting about the figures from the Venereal Ward at the General Hospital is that patients underwent a shorter treatment period than they did in Europe. The total average number of days spent undergoing treatment was 23 days, while in Europe it tended to be between 50 and 60 days.¹²⁷ The third most common disease was influenza, accounting for 1,052 cases of sickness as can be seen from figure 3.7.

¹²⁴ DOD Archives, WWI GIB 1, 55, Complaint about notification to relatives of men hospitalised, October 1914.

¹²⁵ J. P. Kay Robinson, *With Botha's Army*, 15-16.

¹²⁶ Anon., “Venereal Diseases in the Defence Force”, *South African Medical Record*, 24 July 1915, 213.

¹²⁷ Anon., “Venereal Diseases in the Defence Force”, *South African Medical Record*, 24 July 1915, 213.

Disease or Injury	Deaths in Hospitals
General Diseases	42
Diseases of the Nervous System and of the Organs of Special Sense	3
Diseases of the Circulatory System	2
Diseases of the Respiratory System	13
Diseases of the Digestive System	20
Non-venereal diseases of the Genito-urinary System and Annexa	2
Affections produced by External causes	17
Ill-Defined Diseases	1
Gunshot Wounds received in action	29
	129

FIGURE 3.8: Cause of Death amongst hospital admissions (5 August 1914-14 August 1915)¹²⁸

Most hospital deaths, a total of 42, as can be seen in figure 3.8 were due to general diseases, of which Typhoid Fever accounted for 20 mortalities and Dysentery for 11. These were followed by diseases of the digestive system, which included diarrhoea, enteritis, and appendicitis.¹²⁹ There may well also have been cases where the medical services were used to get rid of those who were considered to be chronically “useless and as shirkers”, with medical officers discharging them as unfit.¹³⁰

Wounds

The German South West African campaign was characterised more by inactivity and light skirmishes, or chasing the enemy, than actual pitched open warfare. As Kay Robinson noted, they “...had had the nicest, politest little brush with the enemy – no one had been really hurt on either side...”¹³¹ Yet, even such odd ‘brushes with the enemy’ saw men’s bodies pierced

¹²⁸ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 432.

¹²⁹ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 432-433. For more information on appendicitis surgeries in German South West, see, Anon., “Passing Events”, *South African Medical Record*, 12 June 1915, 166.

¹³⁰ H. A. Moffat, “Some Personal Experiences in the G.S.W.A. Campaign”, *South African Medical Record*, 24 April 1915, 112.

¹³¹ J. P. Kay Robinson, *With Botha’s Army*, 37.

with bullet and shrapnel. Much to the relief of the Union authorities, the majority of cases were ‘merely’ wounded, with only a small minority becoming fatalities. As Murray noted on 12 July 1915, with the cessation of hostilities, he “know[s that] General Botha... [was] delighted beyond measure to have brought the campaign to a close with little loss of life on either side...”¹³²

In terms of the highest combat casualties, this was at the battle at Gibeon towards the end of the campaign.¹³³ On 27 April, Gen. Mackenzie and his men entered into an engagement with the enemy. Due to the difficult terrain and the remoteness of the location, approximately 270 kilometres from Aus, the wounded could not be evacuated. A hospital had to be improvised by No. 5 MBFA, led by Col. Knapp, and Aus was cabled for as much equipment and provisions as possible. It took Maj. P. Johnson, seventy-three men, supplies and equipment seven and a half days to reach Gibeon. Later, nurses and other personnel were also despatched, and the wounded were finally sent by hospital ship to Cape Town.¹³⁴

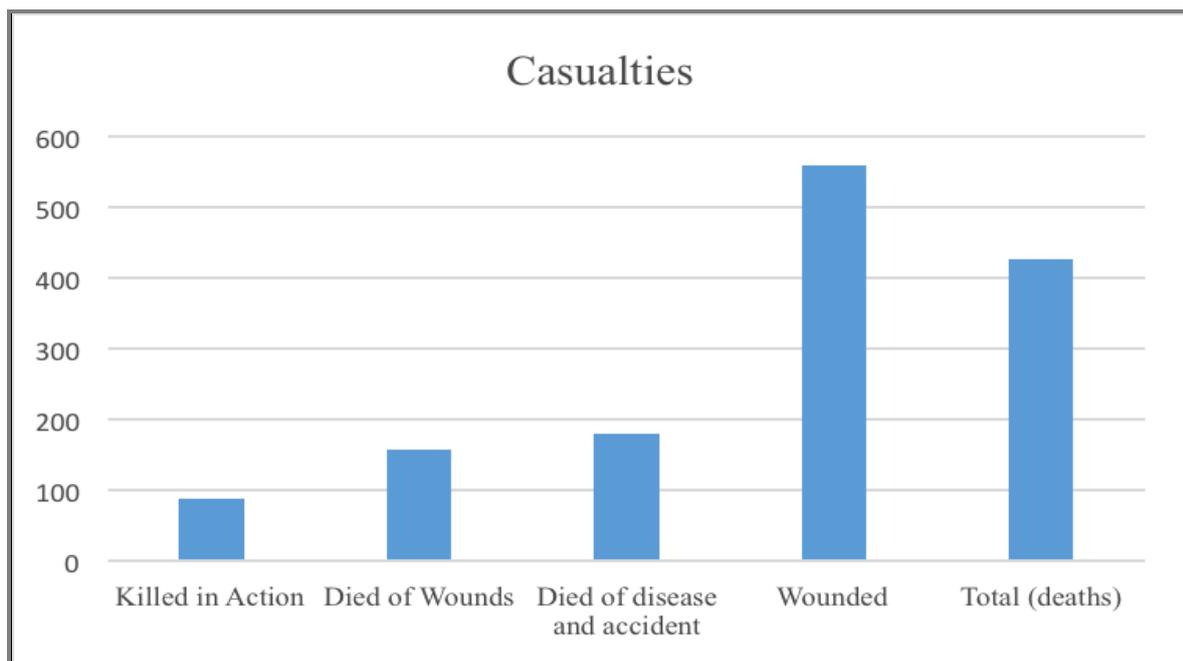


FIGURE 3.9: Casualties (and cause of deaths) in the German South West African Campaign¹³⁵

¹³² R. Murray (ed.), *The War Diaries of Dr Charles Molteno 'Kenah' Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 23.

¹³³ W. S. Rayner & W. W. O'Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 39.

¹³⁴ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 329-330; T. R. Ungleich, “The Defence of German South-West Africa during World War I”. (MA Thesis, University of Miami, 1975), 115, 121.

¹³⁵ Union Office of Census and Statistics, *Official Yearbook of the Union, No. 5-1921*, 19-22.

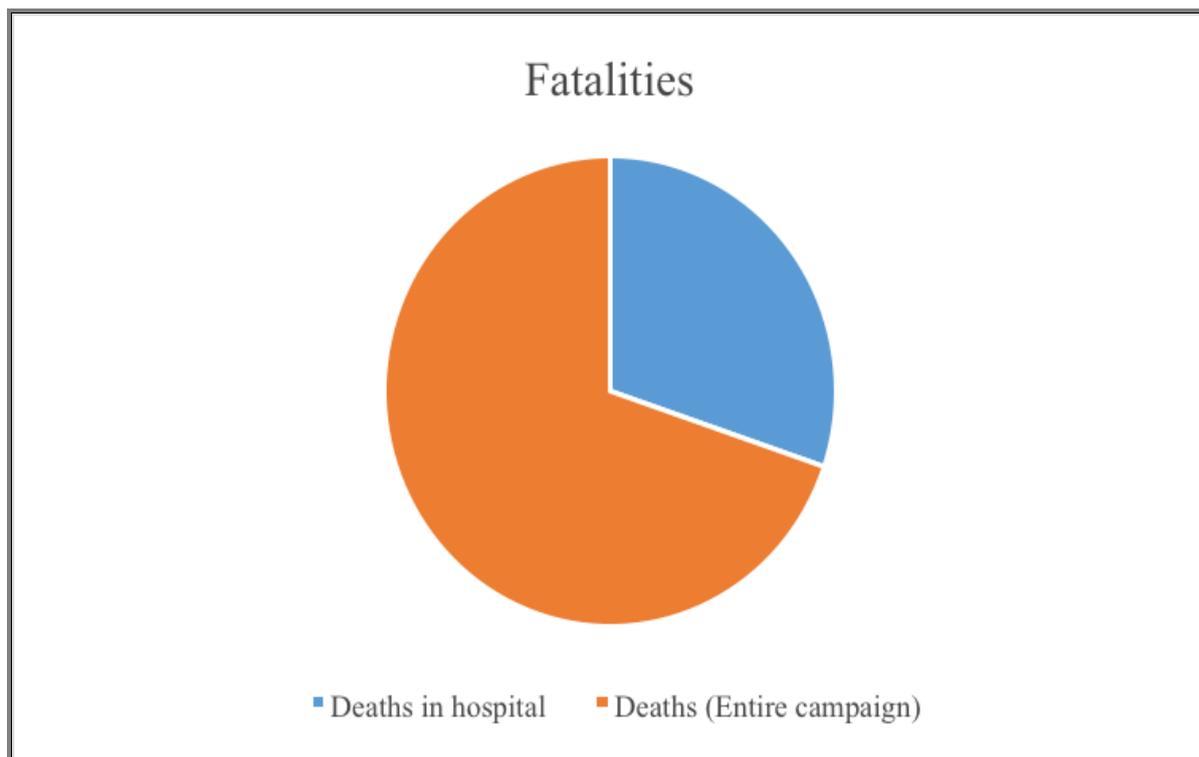


FIGURE 3.10: The number of fatalities of the German South West African campaign¹³⁶

Figure 3.9 indicates that most fatalities (181) resulted from disease and accidents, whilst 158 men died of wounds. Evidently, there was not a significant proportional difference between these two causes. Furthermore, figure 3.10 excludes those who were killed in action, and indicates that 70 per cent died outside of hospital and only 28 per cent died in hospital. From the number of deaths in hospital, only 28 died of wounds.¹³⁷

An unknown number of men who died outside of hospital did so due to the severity of their wounds. Yet, medical personnel like Walker and Murray argued that some such deaths might have been avoided had they been more speedily and efficiently evacuated. Insufficient transportation, coupled with the difficult terrain and long distances, worsened men's survival chances.¹³⁸ As another medical officer, H. A. Moffat, stated, "a trek of some 42 miles...by donkey wagon, with men badly wounded some four weeks before was quite enough for"

¹³⁶ J. J. Collyer, *The Campaign in German South West Africa, 1914-1915*, 152.

¹³⁷ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 432.

¹³⁸ H. F. B. Walker, *A Doctor's Diary in Damaraland*, 33; See, G. L'ange, *Urgent Imperial Service: South African Forces in German Southwest Africa*, 178-203, for more details on Botha's force and the actions at Riet and Pforte.

him.¹³⁹ After the fighting from 20 to 23 March 1915, in the vicinity of Riet and Pforte, Walker remarked that they were, “without adequate transport for dealing with wounded in warfare of this nature.”¹⁴⁰

In the battle at Riet and Pforte it was difficult to procure the wounded since the fighting was in a wide valley towards the river, between rock ridges, to the left of a big granite mountain, known as Langer Heinrich. The trek down by medical personnel had to be made under heavy shrapnel fire hitting a sandy ridge behind them. When they reached the wounded, they still had to wait until the South African guns could provide covering fire to begin their arduous journey up the ridge, since the ambulance wagon made for an easy target.¹⁴¹

The area of Riet was some ninety kilometres from Swakopmund, which took between two and three days for evacuation. The first convoy of wounded was received by Dr. H. F. B. Walker, the “most exhausted-looking procession...besmeared with a paste of dust and sweat.”¹⁴² The wounded were lifted out of wagons, bandaged and fed. Thereafter, they were loaded onto different wagons, and then had to cross the Swakop River and travel a further ten kilometres until they reached a high plateau outside Swakopmund from where they had to be hauled across thick sand.¹⁴³



FIGURE 3.11: Ambulance Transport¹⁴⁴

¹³⁹ H. A. Moffat, “Some Personal Experiences in the G.S.W.A. Campaign”, *South African Medical Record*, 24 April 1915, 110.

¹⁴⁰ H. F. B. Walker, *A Doctor's Diary in Damaraland*, 33; See, G. L'ange, *Urgent Imperial Service: South African Forces in German Southwest Africa*, 178-203.

¹⁴¹ R. Murray (ed.), *The War Diaries of Dr Charles Molteno 'Kenah' Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 23; H. F. B. Walker, *A Doctor's Diary in Damaraland*, 32-34.

¹⁴² J. P. Kay Robinson, *With Botha's Army*, 9.

¹⁴³ H. F. B. Walker, *A Doctor's Diary in Damaraland*, 34.

¹⁴⁴ H. F. B. Walker, *A Doctor's Diary in Damaraland*, 33-34.

¹⁴⁴ NMMH, AP 140/96, SAMC WWI Period.

Prior to their being wounded, men had trekked for forty-eight hours under harsh conditions and had endured the tension of a fight. By noon, the heat caused “even the very flies, which abound, [to] seem scorched.”¹⁴⁵ The Riet and Pforte operations took place under the most stifling heat and shortage of water, causing general exhaustion amongst men and animals.¹⁴⁶ The evacuation of the wounded from the battlefield moved “at a crawl”, and with “every jolt...somebody groaned.”¹⁴⁷ The “journey...across the veld in an ambulance wagon or Cape Cart,...[was] a purgatory to a man with, say, a compound fracture of the femur.”¹⁴⁸

Although the environment proved to be a formidable obstacle, in action it also provided strong, natural defensive positions. Fighting, whilst wedged in between rock ridges, in gullies and in other natural formations, proved to be difficult for evacuating the wounded, but also that fewer casualties were sustained. This form of fighting relied primarily on rifle fire and also on shrapnel shells, yet natural barriers provided protection for flesh against fire.¹⁴⁹ According to Strachan, the concomitant of a low casualty rate was such sporadic fighting.¹⁵⁰

Mind

Morale

From personal accounts of troops stationed in German South West, and as F. J. G. van der Merwe has argued, boredom reigned. As Kay Robinson noted in a diary, his record “shows in almost discourteous brevity something of the boredom of manner with which...[they] regarded the campaign in general.”¹⁵¹ While the lack of fighting reduced fatalities, its influence took a toll in other ways. Most of the “poor infantry,” especially those who were occupied with “toiling every day laying rails, or dozing their lives away in blockhouses” had “not seen a shot fired.”¹⁵² This caused morale to wane through passing months.¹⁵³ After six months, P. W. Rainer remarked, “What a dismal thing war was...We had captured a few

¹⁴⁵ H. F. B. Walker, *A Doctor's Diary in Damaraland*, 31.

¹⁴⁶ J. J. Collyer, *The Campaign in German South West Africa, 1914-1915*, 77.

¹⁴⁷ H. F. B. Walker, *A Doctor's Diary in Damaraland*, 33-34.

¹⁴⁸ H. A. Moffat, “Some Personal Experiences in the G.S.W.A. Campaign”, *South African Medical Record*, 24 April 1915, 110.

¹⁴⁹ R. Murray (ed.), *The War Diaries of Dr Charles Molteno 'Kenah' Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 7-10. See, T. R. Ungleich, “The Defence of German South-West Africa during World War I”. (MA Thesis, University of Miami, 1975), 137-138.

¹⁵⁰ H. Strachan, *The First World War in Africa*, 91.

¹⁵¹ J. P. Kay Robinson, *With Botha's Army*, 95.

¹⁵² P. W. Rainer, *African Hazard*, 160.

¹⁵³ F. J. G. van der Merwe, “Sport among the South African troops during the German South West Africa campaign, 1914-1915”, *African Journal for Physical, Health Education, Recreation and Dance*, (19), (1), 206.

hundred square miles of desert which was incapable of supporting human life...Curse the War.”¹⁵⁴ Such sentiments stood in stark contrast to those of less than half a year earlier.

Comforts supplied by various committees helped to maintain a connection with the home front. These took various forms and were organised by various sub-committees, such as the Union Troops Fruit and Produce Committee.¹⁵⁵ On 7 November 1914, the Mayor of Cape Town made an appeal to the general public to help raise subscriptions to buy boxes, packing material and to cover other expenses. More than the intended amount was raised, primarily from Cape Town, East London, Port Elizabeth and Queen’s Town. Some 200 tons of fruit were supplied between November 1914 and August 1915. Half of this amount was as gifts from fruit growers, which excluded fruit parcels sent directly from donors.¹⁵⁶ Fruit was primarily donated by “poorer English farmers,” while few Dutch women, running farms as their husbands were on active service, sent anything. Attempts were then made to write to them in Dutch, hoping that they would “send some small contribution.”¹⁵⁷



FIGURE 3.12: School Children donating ‘Fruit for the Troops’¹⁵⁸

¹⁵⁴ P. W. Rainer, *African Hazard*, 160.

¹⁵⁵ DOD Archives, WWI GIB 1, 54, Re assistance rendered in connection with the collection and distribution of comforts for troops, October 1914; TBD Archives, 1/MTU 3/4/2/4, Gifts for free distribution among the troops on active service, 1914-1915.

¹⁵⁶ Anon., “Fruit for Troops”, *Paarl Post*, 11 September 1915, 8.

¹⁵⁷ DOD Archives, WWI GIB 1, 95, Circular concerning the despatch of gifts, November 1914.

¹⁵⁸ NLSA, CT: Wars: WWI: Civilian Life.

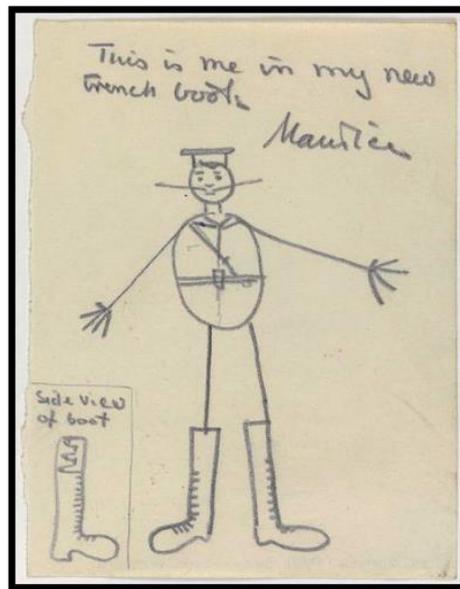


FIGURE 3.13: Private Papers of Lieutenant M. C. Vyvan¹⁵⁹

Then there was the importance of postal connections. Lt. M. C. Vyvan included sketches amongst the letters that he sent to his family in Natal. Figure 3.13 is one such sketch of his army uniform and his new boots.¹⁶⁰ Despite the proximity of the Union, letters and parcels were often delayed. This hampered the work of the Information Bureau, established in October 1914, which dealt with numerous inquiries regarding soldiers away on active service.¹⁶¹ The reliability of the postal service also varied. One woman sent “no less than twelve letters... and three wires” to her husband, of which he only received one wire.¹⁶² Similarly, a son wrote to his mother that the arrival of parcels had been delayed for three months.¹⁶³ Furthermore, complaints were also lodged that the relatives of men sent down from the front sick and in hospital, were not notified. A copious quantity of alarmed letters reached staff at Pretoria who dutifully wrote back with the particulars of health and the location of husbands.¹⁶⁴

¹⁵⁹ IWM, SJC 14153, Vyvan, Maurice Courtney Documents, 1914-1915.

¹⁶⁰ IWM, SJC 14153, Vyvan, Maurice Courtney Documents, 1914-1915.

¹⁶¹ J. G. W. Leiboldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 217.

¹⁶² DOD Archives, WW1 GIB 2, 117, Letters for members of commandos to be addressed c/o Army Post Office Johannesburg, December 1914.

¹⁶³ NCA, J. Emerson-Lewis Collection, Letters from C. Smith to Family, G.S.W.A. and East Africa, 1915-1916, 20 March 1915.

¹⁶⁴ DOD Archives, WWI GIB 10, 799-800, Return of troops to Union from SWA Campaign (1914-1915), 1914-1915.

Consumer products such as Zam-buk and Phosferine targeted concerned mothers and sweethearts with adverts expressing concern for the health of troops. Adverts would relate “tales of the front”, of a unit which had cut down trousers because of the heat, “but now everyone’s knees are sunburnt” that could easily be treated with Zam-buk. This “compact...soldier’s friend” was depicted as the answer to “modern campaigning” and small enough to fit into “every kit-bag”, the “most opportune and thoughtful gift to make to...friends and relatives at home and abroad.”¹⁶⁵ According to Van der Waag and Pretorius, SAGI, despite complaints, played an important role in supporting troop morale by providing small extras.¹⁶⁶

As usual, men and leisure were often accompanied by alcohol, and other forms of unregulated “mischief.” This seems to have been even more so during this campaign, with its long periods of inactivity, broken by only sporadic fighting, described as “such dull times.” While complaints over the lack of supplies was common, this was not the case with beer, “Long, beautifully long bottles of pale, cool-looking Pilsener.”¹⁶⁷ The infantry who used barrels to revett trenches outside of Walvis Bay, discovered that they contained “beautiful German lager”, and “Barrel after barrel was tapped” much to their “delight.”¹⁶⁸

Irascibility became increasingly apparent due to regular drinking in the heat by troops who considered “alcohol... [as] an essential form of daily nourishment.”¹⁶⁹ Before long, Headquarters Staff came to realise that in tackling German South West, “they had tackled an uncommonly thirsty proposition.”¹⁷⁰ As a result, restrictions were placed on alcoholic beverages, and beer was confiscated by the wagon load in September 1914.¹⁷¹ In mockery, a group of discontented men made a small grave in the sand, containing an empty beer receptacle, headed by a simple wooden cross with the following inscription: “To our lost Beloved Beer. Died of consumption, December 29, 1914.” The grave was adorned with a “pathetic-looking wreath of corks,” with “sympathetic messages” attached to it of “Deeply

¹⁶⁵ Anon., “Censored Letter from German West – Severe Sunburn Cured-more Zam-buk wanted”, *Oudtshoorn Courant*, 29 March 1915, 3; Anon., “Compact – Ready Ever – Ready”, *The Illustrated London News*, 24 October 1914, 27.

¹⁶⁶ I. van der Waag & F. Pretorius, “The Union Defence Force and the struggle to establish a South African canteen system, 1914-1916”, *Historia*, (43), (2), November 1998, 54.

¹⁶⁷ J. P. Kay Robinson, *With Botha’s Army*, 16.

¹⁶⁸ H. F. Trew, *Botha Treks*, 73.

¹⁶⁹ W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 169.

¹⁷⁰ J. P. Kay Robinson, *With Botha’s Army*, 16.

¹⁷¹ J. P. Kay Robinson, *With Botha’s Army*, 16; W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 169.

mourned” and “In loving memory of our Beer Departed.”¹⁷² Until then men did not, perhaps, look at the war through “rose-coloured spectacles”, but “through gold-tinted glasses.”¹⁷³

The Imperial Light Horse, among the earliest arrivals, had a deep appreciation of the Pilsner in German South West, the unit being dubbed later, the “Illicit Liquor Hunters.”¹⁷⁴ Nonetheless, the proverbial beer well did not run dry like water, since a few months later the military authorities sold confiscated bottles to troops, although at a steep price.¹⁷⁵ Other liquor could be obtained in places such as the staff mess at Damara House in Swakopmund, a “cheery place” that helped “to pass the time of waiting.”¹⁷⁶

The effects of inactivity were felt particularly from September 1914 to January 1915, until the second invasion commenced. Typically, the Rand Light Infantry at Lüderitzbucht was kept occupied with constructing redoubts, and building a fort amongst other fatigue duties. Yet, all the while, boredom from the lack of action was exacerbated by having to be constantly ready for an imminent attack which never materialized.¹⁷⁷ As a Dutch soldier wrote home, the monotony of the landscape even added to the mood, “Net waar jij kijkt is net vaal sand...dorre sandirigheid...As ‘n mens nie gevoel dat hij deur sy eie teenwoordigheid kan geamuseer word, sal hij dit maar erg vervelig hier vind.”¹⁷⁸

Initial concern from medical services over the adverse effects of a lack of recreation was alleviated by activities such as sea-bathing, fishing, sports, and occasional evening concerts. Accordingly, in one optimistic view, “troops generally enjoyed complete health of body and mind; while the doctors experienced comparative leisure.” To maintain morale, soldiers played soccer, cricket, participated in athletics, and pursued board and card games.¹⁷⁹ Commanders like Botha were increasingly aware of the fact that men were getting restless, as G. L’Ange has argued, due to the lack of movement. It was even possible that some troops might have demanded to return home to see to their farms, as they had periodically done during the Anglo-Boer War, had it not been for the advance in March 1915.

¹⁷² W. S. Rayner & W. W. O’Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 169.

¹⁷³ J. P. Kay Robinson, *With Botha’s Army*, 16

¹⁷⁴ J. P. Kay Robinson, *With Botha’s Army*, 64.

¹⁷⁵ J. P. Kay Robinson, *With Botha’s Army*, 16

¹⁷⁶ H. F. Trew, *Botha Treks*, 90.

¹⁷⁷ B. G. Simpkins, *Rand Light Infantry*, 18.

¹⁷⁸ Anon., “Suidwes Afrika Keetmashoop (Deur ‘n Paarliet)”, *Paarl Post*, 2 June 1917, 3.

¹⁷⁹ F. J. G. van der Merwe, “Sport among the South African troops during the German South West Africa campaign, 1914-1915”, *African Journal for Physical, Health Education, Recreation and Dance*, (19), (1), 206.

Of course, when the violence of warfare actually came, boredom could be replaced by shock. After fighting at Grasplatz in September 1914, Kay Robinson's memoirs noted that: "One of the few kind things of war is the little time given one to think. There are, of course, memories that one carries away—memories of men writhing in agony; of men whom one had known and liked making bestial noises while they died; of horses shattered and maimed, and looking pitifully bewildered in their pain..."¹⁸⁰ Warfare is often coupled with army humour, since it serves as a means to cope with the horrors of war.

More common though, were movements and manoeuvres which Union forces tried to conceal from the Germans, yet often failed when the enemy aired its accurate intelligence about South African operations. In late October 1914, the Germans wired an invitation to a "footer" match near their lines, at the same time as a Union patrol was out on a nearby operation. The following day, the South Africans transmitted that they had accepted the German invitation and that the match had been played and won. The scores were duly given, the goals consisting of the number of killed on both sides, and the tries being the number of wounded.¹⁸¹ As in other theatres of the war, mockery and humour "reduced the emotional disorganization caused by fear", and also aided the soldier, "to pick his uncertain way back to sanity."¹⁸²

Conclusion

The German forces were numerically weak, with an establishment of 140 officers and 2,000 other ranks, although the *Schutztruppen* were well acquainted with the environment and used the difficult terrain and the lack of water to their advantage in defensive tactics. Although they could never withstand much stronger Union forces for long, they could frustrate them.

For the Springboks of the desert, the campaign in German South West was in the end a battle against the elements, both nature and climate, more so than against a formidable enemy.¹⁸³ Not surprisingly, one German soldier took offence with an article that appeared in an English South African newspaper, complaining that its author displayed "British ignorance" in stating that the "most serious enemy [to South African troops] was the land and

¹⁸⁰ J. P. Kay Robinson, *With Botha's Army*, 42.

¹⁸¹ W. S. Rayner & W. W. O'Shaughnessy, *How Botha and Smuts Conquered German South West Africa*, 67.

¹⁸² J. Brophy & E. Partridge, *Songs and Slang of the British Soldier: 1914-1918*, 8.

¹⁸³ J. E. Edmonds, *A Short History of World War I*, 398.

the climate, not the armed defenders.¹⁸⁴ Yet the casualties suffered were slight considering the length of the campaign, and it thus does not appear to have been deadly by its nature. At the same time, whatever the low casualty figures, the conclusion drawn by most sources of an almost leisurely trek through the “veld” with little fighting, does not take proper account of its wider impact on men, especially on the lowering of morale.

Predictably, when the German flag finally ceased to fly on 9 July 1915, it had “an extraordinary effect on men”, all were “in high spirits, and glad to be starting...[their] new adventure”, even for those who had been grumbling that they were “fed up to the teeth”, and would never volunteer again.¹⁸⁵ It did not take another war for many to re-enlist, rather another campaign some short months later. After all, as Murray noted in 1915, the South Africans had been victorious.¹⁸⁶ However, for those Springboks volunteering for the East African campaign, the country was not to be as forgiving as German South West.

¹⁸⁴ R. Henning, *Deutsch-Südwest im Weltkriege*, 35.

¹⁸⁵ M. H. Park, “German South-West African Campaign”, *Journal of the Royal African Society*, (15), (58), January 1916, 113.

¹⁸⁶ R. Murray (ed.), *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray – Book 2: The Invasion of German South West Africa, February – August 1915*, 9.

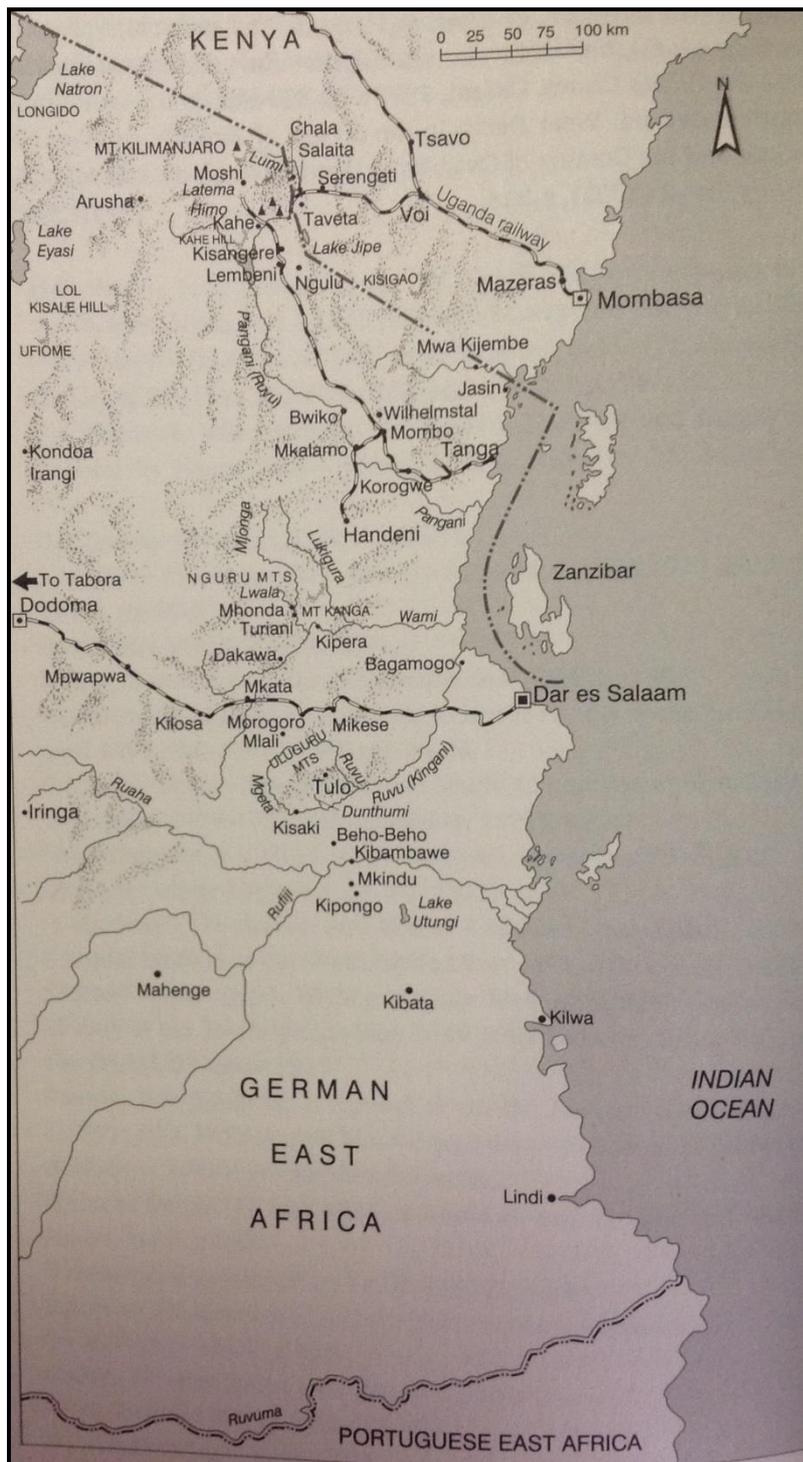


FIGURE 4.1: Northern East Africa¹

¹ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 87.

Chapter Three: ‘Picking off the enemy’: The Campaign in East Africa, 1916-1918 (Tanzania)

Introduction

As ‘the lamps were going out all over Europe’,² and, as Botha and Smuts might possibly have stated, the sand was running out on the German Empire on this forgotten corner of the world. By the close of the German South West African campaign in July 1915 and the opening of the German East African front in November 1914, the Allies had already toppled the other German colony in West Africa, namely Togoland in August 1914, and not long thereafter, in February 1916, the more resilient Kamerun. Thus, only German East Africa, a colony roughly the size of France, remained in German hands on the African Continent. Operations during this campaign were carried out across a wide territory and large proportions of it consisted of dense bush, together with enormous ranges of mountains and many rivers.³ The campaign was more strenuous and impacted the bodies of men more than the German South West African campaign. This was especially so as a large proportion of the South African troops’ only experience of war had been the commando style tactics of the Anglo Boer War, more than a decade earlier. This theatre also took place in an unfamiliar territory, where logistics presented a different set of problems, where they did not have the sympathies of local farmers, and where the nature of the climate was markedly different.⁴

Similarly to the previous African campaign, whatever the strength of the enemy forces was, “the physical and climatic difficulties of the country added vastly to his [the enemy’s] power of defence.”⁵ Here, the campaign was characterised by endemic tropical diseases, an enervating climate, dense bush, large lakes, huge mountains and appalling seas of thick and slimy mud during the rainfall season. The East African campaign had little trench warfare, mostly restricted to the Serengeti Plain. The country was suitable for manoeuvring, leading to warfare consisting of wide turning movements that included long marches and significant physical fatigue. The Springboks migrated across vast territories, whilst ‘picking off the

² A comment by British Foreign Secretary, Sir Edward Grey, on the eve of Britain’s entrance into the First World War in his memoirs. See, E. Grey, *Twenty-Five Years, 1892-1916*, 20.

³ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, xiii.

⁴ S. Corrigan, *The Generalship of Jan Smuts during the First World War*, British Empire at War Research Group No. 4, Defence Studies Department, King’s College, London, 2014, 4-5.

⁵ J. H. V. Crowe, *General Smuts’ Campaign in East Africa*, vii.

enemy,' a mode of warfare also practised by the Germans and their Askaris. Many of the diseases of the campaign were carried and transmitted by a myriad of insects that also caused significant irritation. As one soldier noted, "There is only one thing of which you are sure when you plunge into...[the jungle], and that is that you are going to be bitten by every kind of noxious insect that ever was since the Egyptian plague of flies."⁶

In effect, it became more a campaign against climate, geographical conditions and disease. In order to fully grasp the impact that this campaign had on the body and mind of fighting South African soldiers, the following factors need to be borne in mind, namely the terrain, the peculiarities of the tropical climate, and the resulting type of warfare.⁷ Wounds were not much different than that of German South West, and morale amongst men suffered under the lack of nutrition, exhaustion, constant sickness and the lack of communication with the home front. The threat of disease impacted troops far more than in the previous campaign, since it took place in a tropical climate and environment, as opposed to the dry and healthy climate of German South West.

Context

As Botha was covertly interested in claiming German South West Africa, to build a greater South Africa, Smuts was interested in East Africa, particularly Portuguese East Africa. It was "Smuts' special pet idea."⁸ Furthermore, the strategic aim of the campaign was destroying coastal wireless facilities as well as denying the Germans use of Dar-es-Salaam as a port.⁹ Allied forces had already been operating in East Africa from 1914, consisting primarily of Indian Troops. However, with the conclusion of the German South West African campaign, a number of complete self-contained South African formations landed in British East Africa at Kilindini (Mombasa) in February 1916. As the consequence was that the bulk of the Allied fighting force became South Africans, it was seen as logical that they should fight under their own commanders, Lt-Gen. Jacob Louis van Deventer and Gen. Coen Brits. The overall

⁶ W. Whittall, *With Botha and Smuts in Africa*, 182.

⁷ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 416.

⁸ Governor-General S. C. Buxton quoted in R. Anderson, "J C Smuts and J L van Deventer: South African Commanders-in-Chief of a British Expeditionary Force", *Journal of South African Military Studies*, (31), (2), 2003, 120.

⁹ R. Anderson, "J C Smuts and J L van Deventer: South African Commanders-in-Chief of a British Expeditionary Force", *Journal of South African Military Studies*, (31), (2), 2003, 120. See, A. Samson, *World War I in Africa: The Forgotten conflict among the European Powers*, 37-43.

command of the polyglot army in the East African theatre was placed under the command of Gen J. C. Smuts, after Gen. Sir H. Smith-Dorrien had taken ill.¹⁰ The South African soldiers reflected the divided white population of the Union, with the majority of mounted troops being Dutch, whilst the infantry was mostly English, which created tensions at times.¹¹ Troops and other reinforcements arrived from numerous regions that included the Gold Coast, Nigeria, West Indies and East Africa (volunteer settlers), with only one battalion from the regular British army. This led Smuts to describe his force as “the most heterogeneous army, drawn from almost all continents, and speaking a babel of languages.”¹² Thus, most of these units, such as the Royal Flying Corps (RFC), were only nominally South African.¹³

By March 1917, the South African infantry had retreated to Morogoro and were then sent to Dar-es-Salaam, where they awaited repatriation to the Union. They were thinned by weeks of half rations, or less, and many were struck down by dysentery, malaria and other diseases. As with those men invalided earlier to the Union in 1916, few if any returned to this theatre of war. Indeed, by late 1917, all European units were evacuated and operations on this front were continued by African forces such as the King’s African Rifles (KAR), consisting of indigenous regiments that were recruited locally.¹⁴ These were still officered by South Africans to a significant extent. Furthermore Gen. J. L. Van Deventer took up the role of commander-in-chief on 30 May 1917, from Gen. Hoskins, who had replaced Smuts on 20 May 1917 after he was withdrawn to attend the Imperial War Cabinet, in London, and to address other matters of grand politics.¹⁵ At the time, the campaign had bled more than 12,000 South African soldiers.¹⁶ With Van Deventer in command, the second phase of hostilities in German East Africa unfolded, with the German forces no longer having depots, bases and permanent lines of communication. The operations during this phase were

¹⁰ J. H. V. Crowe, *General Smuts’ Campaign in East Africa*, vii. See, W. K. Hancock, *Smuts: The Sanguine Years, 1870-1919*, 409.

¹¹ S. Corrigan, *The Generalship of Jan Smuts during the First World War*, British Empire at War Research Group No. 4, Defence Studies Department, King’s College, London, 2014, 6.

¹² J. C. Smuts to War Office in *Second Supplement to The London Gazette*, 17 January 1917, 678; A carrier corps consisting of Ugandan mission boys were also raised, see, C. P. Fendall, *The East African Force, 1915-1919*, 159.

¹³ L. Walmsley, *Flying & Sport in East Africa*, ix.

¹⁴ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 109; F. P. Du P. Robbertze, *Generaals Coen Brits en Louis Botha, 1899-1919: die uitwissing van Milnerisme*, 120.

¹⁵ J. G. W. Leipoldt *et al*, *Union of South Africa and the Great War, 1914-1918*, 90.

¹⁶ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 109.

irregular, as the enemy forces adapted and conducted guerrilla warfare tactics that were suited in the territory.¹⁷

The forces of the East African campaign operated on a lengthy front between the north end of Lake Nyasa and the south end of Lake Tanganyika.¹⁸ The eastern section of this front was held by the KAR from Nyasaland, together with a couple of South African infantry contingents. The western section was held by the Northern Rhodesian Police and Southern Rhodesian volunteers. The various forces acted somewhat independently, with limited cohesion between commanders.¹⁹ This army struggled against the heat and the burden of defence for several months. The opposing force was not much smaller, was formidably equipped, immune against most tropical diseases, very mobile and able to live off the land. The German commander, Gen. P. von Lettow-Vorbeck relied on a large local army of Askaris, with morale, according to Smuts, in certain respects higher than that of the Allied force he commanded.²⁰

Environment

The territory of 1050,000 square kilometres consisted of forests, swamps, bush-land, and highlands.²¹ The dense bush afforded cover from enemy fire, as one soldier, “Jan”, discovered when he fled from Askaris, reportedly not interested in claiming more prisoners of war. Jan was able to hide beneath shrubs as the area was searched with saw-bayonets. He managed to wait out the night and endured the risk of being bitten by snakes or found by other wild animals.²² The area of operations was either steppe covered in grass that sprung up to a man’s waist during the rainy season, or parkland grass steppe covered with bushes or trees that still allowed for some clear visibility or none much further than an arm’s length.²³ Dense areas allowed for cover, but made it difficult to determine a line of advance. Thus,

¹⁷ J. G. W Leiboldt *et al*, *Union of South Africa and the Great War, 1914-1918*, 90.

¹⁸ For the dramatized history of two Motor launches, commandeered by Geoffrey Spicer-Simson of the Royal Navy in the African Naval struggles between Britain and Germany. See, G. Foden, *Mimi and Toutou Go Forth: The Bizarre Battle for Lake Tanganyika*. London: Michael Joseph, 2004; C. J. Forrester, *The African Queen*. London: Little Brown, 1935. Also produced as a film in 1951, starring Humphrey Bogart and Katherine Hepburn.

¹⁹ E. Northey, “East African Campaign”, *Journal of Royal African Society*, (18), (70), January 1919, 82.

²⁰ J. H. V. Crowe, *General Smuts’ Campaign in East Africa*, vi-vii.

²¹ L. Mosley, *Duel for Kilimanjaro: The East African Campaign 1914-18*, 35.

²² J. H. Weeks, ‘*n Jong Soldaat: Ervarings en herinneringe*, 43.

²³ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 8; C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 8.

marches took on the form of “a long snake that weaved between shrubs.” Men tended to lose each other at times leading to feelings of “powerlessness, uncertainty and frustration.”²⁴ In 1916, Sgt. C. H. Smith wrote to his mother, asking if he could borrow his father’s compass since his had broken, “a compass is very necessary up here, as one gets lost in a minute in the thick bush.”²⁵ Whole companies got lost on marches, they were “dripping with sweat” and their water bottles were empty. To wet their “dry mouths” they found some drops of water in snail shells that were scattered about.²⁶

The German colony was surrounded by British Kenya and Uganda in the north, by Britain’s Nyasaland and by Portuguese East Africa or Mozambique in the South, the Belgian Congo and Northern Rhodesia to its West and to the East, the Royal Navy floating on the Indian Ocean.²⁷ The northern frontier of the colony stretched from the coast south of Mombasa, south of the snow-capped mountain, Kilimanjaro, and from there round to its north-eastern slopes to Lake Victoria Nyanza. Along this boundary, the Usambara and Paré mountains that ended at the coast formed a natural barrier against British East Africa. To the west, the some 1,000 kilometre mountainous border passed along the eastern shore of Lakes Kivu and Tanganyika to the north-eastern shore of Lake Nyasa. Such mountainous terrain also extended across the colony from the north to the south with the Nguru, Uluguru and Mtumbi mountain ranges.²⁸ The German forces were entrenched in the vicinity of Kilimanjaro, partly overlapping British territory, thereby obstructing the logical line of advance through the Taveta gap into German East Africa. Other units operated around the Great Lakes, and raids targeted the main railway line through British East Africa.²⁹ An airman, who saw two years’ service with the RFC in East Africa, noted that it was a “soft enough job” in comparison with “that of the infantry.” The infantry were “floundering in the swamps or staggering across the scorching waterless veldt” and had to subsist on “a small stick of sugar-cane per man per day.”³⁰

²⁴ J. H. Weeks, *‘n Jong Soldaat: Ervarings en herinneringe*, 36.

²⁵ NCA Archives, J. Emerson-Lewis Collection, Letters from C. Smith to Family, G.S.W.A. and East Africa, 1915-1916, 25 November 1915.

²⁶ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 10.

²⁷ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 89.

²⁸ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, xiii.

²⁹ S. Corrigan, *The Generalship of Jan Smuts during the First World War*, British Empire at War Research Group No. 4, Defence Studies Department, King’s College, London, 2014, 5.

³⁰ L. Walmsley, *Flying & Sport in East Africa*, vii.

As most soldiers would agree, German East Africa was “lion country.”³¹ The vast expanses of plain, referred to by its local inhabitants as *pori*, such as the Serengeti, teemed with wild animals. The dark and damp forests were filled with snakes, anopheles mosquitoes, leeches and tsetse fly, as well as foetid bogs and pestilential diseases.³² “Scorpions as large as crabs” were as deadly as a snake bite, and several cases were fatal.³³ Occasional rhinoceros charges at patrols was not uncommon, and once happened through the lines of a brigade. River crossings were also interrupted by hippopotami that upset boats. Insulators of telegraph lines also had to be placed at unusual heights to prevent them from being broken by giraffe.³⁴ The respected German General, Von Lettow-Vorbeck, himself woke one morning only to find a python curled up against him for warmth - the snake was killed, cooked and eaten.³⁵ On his enemy’s side, South African troops marching from Moshi across the Pangani River were charged by a rhinoceros, as if “coming from hell” and which was shot by a “boertjie from the Transvaal bushveld.”³⁶ The greatest rivers of the territory included the Pangani, Wami, Ruwu, Rufiji, Matandu, Mbemkuru, Lukuledi and the Rovuma that flowed into the Indian Ocean. All of them were virtually unfordable, were infested with crocodiles, and had to be waded through at times of advance when the bridges upstream were destroyed.³⁷

Climate

The impact on the body and mind of this distant front did not only include disease and wounds, but also physical strain and discomfort, if not severe enough to be categorised as diseased or wounded. In a despatch to the War Office, Smuts remarked that, “Long marches in the hot sun and occasional drenching rains were calculated to try the most hardened campaigner.”³⁸ At Tanga on the Northern coast, February was the hottest month whereas July was the coldest, yet the temperatures did not range dramatically, with the higher temperatures setting at 28 degrees Celsius and the lower around 23 Celsius.³⁹ According to one corporal, the heat was unbearable, men could not stand the heat inside the trains and thus climbed onto

³¹ J. H. Weeks, *’n Jong Soldaat: Ervarings en herinneringe*, 16.

³² L. Mosley, *Duel for Kilimanjaro: The East African Campaign 1914-18*, 35.

³³ A. Rutherford, *Kaptula: The Diary of Arthur Beagle & The East African Campaign 1916-1918*, 6.

³⁴ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 9.

³⁵ L. Mosley, *Duel for Kilimanjaro: The East African Campaign 1914-18*, 214.

³⁶ J. H. Weeks, *’n Jong Soldaat: Ervarings en herinneringe*, 30.

³⁷ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 8. From the casualty lists, a few cases can be found, noted as “killed by elephant”. See, DOD Archives, WW1 GSWA 34, KAR and NVR casualties, 1917.

³⁸ J. C. Smuts to War Office in *Supplement to the London Gazette*, 20 June 1916, 6133.

³⁹ Anon., “Notes on the Climatology of German East Africa”, *South African Medical Record*, 189.

the roof of moving trains to cool down. At some point, more men were sitting there “like baboons” than inside the train.⁴⁰ However, some trains roofs themselves transformed into “demonical hot –plate[s],” with some men’s hands becoming badly scorched and blistered since they could only climb down once the train stopped.⁴¹

The South Africans fought between the coast region and the hills to the east of the central plateau of the country. This area was characterised by heat in the extreme, to the extent that it was dangerous not to wear a helmet between sunrise and sunset.⁴² Active service in such an equatorial environment and climate bleached the men’s hair, “burnt them red, and sucked all the energy out of their bodies....To add to the discomfort, sweat ran across their brows and down their necks soaking their shirts and attracting so many flies, chiggers, gnats, and assorted other creatures...Nobody had the energy to shoo them away.”⁴³ These creatures were just another factor like the climate. Men not familiar with fireflies and sitting nervously in the dark on sentry duty, and sensing wild animals, sometimes mistakenly took them for enemy lights and fired at them.⁴⁴

During the summer months, from October to April, the south-easterly winds, commonly referred to as the South-East Trades, prevailed. The winds followed the trend of the coast, blowing in the same general line of the curve of the land. The coastal regions tended to be “very hot and humid” especially in the north. From late April until early October, either the South-East Trade wind or the South-West Monsoon was generally blowing. The prevalent wind in the high country further inland, the South-East Trade, tended to dominate from April to September. This region also tended to be dry, whereas the south-west, around Kilimanjaro, endured heavy rainfalls, although at Kondoa-Irangi the rainfall tended to be comparatively light during the wet season that stretched from late November or early December to April or May.⁴⁵ These conditions also tended to be very burdensome.

⁴⁰ J. H. Weeks, *'n Jong Soldaat: Ervarings en herinneringe*, 12.

⁴¹ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 8.

⁴² J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 8.

⁴³ T. A. Crowson, “When elephants clash: A critical analysis of Major General Paul Emil von Lettow-Vorbeck in the East African Theatre of the Great War”. (MA Thesis, University of Kansas, 2003), 1.

⁴⁴ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 15.

⁴⁵ A. Knox, *The Climate of the Continent of Africa*, 10, 254-256.

For the subtropical rains tended to fall for days on end, causing movement difficulties and threatening men's health. Furthermore, the big rains of 1916 and 1917 were unusually heavy even for the tropical climate. The marches during the rainy season were referred to by the Germans as "pantomines" since it resembled confusion, and some men even drowned.⁴⁶ The crossing after the overflowing Pangani River on 20 March 1916, after a few days of rain, was especially dangerous, with even horses drowning. Wading across the river was the only means to advance since the Germans had destroyed the railway bridge.⁴⁷ The river had to be crossed again by night, an experience that not only involved mud and deep water, but also crocodiles on the hunt.⁴⁸

Transport

With the conclusion of the German South West campaign, the Transport and Remount portion of the Quartermaster-General's Section was expanded to deal with supplying troops and medical services. By then, it consisted of a Headquarter staff of four officers, four warrant officers, and a number of civilian assistants. The Union and field depots employed 132 officers, 175 warrant officers, 1,725 NCOs and 950 white drivers and thousands of African auxiliaries. Six transport and remount depots were maintained in the Union that saw to the reception and conditioning of animals, and vehicles for the East African campaign. Purchasing Boards were also formed in the Union.⁴⁹ Yet, despite such improvements in comparison to the previous campaign, supply shortages were still felt, and perhaps nowhere more so than in German East Africa.⁵⁰

Similarly to the German South West Campaign, transportation of supplies was further hampered by the terrain and lack of roads.⁵¹ The ranges of the Nguru and Uluguru, and smaller, Pare and Usambara mountains were some of the most difficult areas for the advance of troops.⁵² As Reitz once observed, "A road had been opened from Morogoro east of the Uluguru Mountains, for the transport of supplies, but the Tulo River, and other streams were

⁴⁶ M. Taute, 'A German Account of the medical side of the war in East Africa, 1914-1915', *Tanganyika Notes and Records*, (8), 1939, 3.

⁴⁷ J. H. Weeks, 'n *Jong Soldaat: Ervarings en herinneringe*, 30.

⁴⁸ J. H. Weeks, 'n *Jong Soldaat: Ervarings en herinneringe*, 38. From the casualty lists it can be seen that some men drowned, presumably through such river crossings. See, DOD, WW1 GSWA [*sic.*] 34, KAR and NVR casualties, 1916-1918.

⁴⁹ J. G. W Leipoldt *et al*, *Union of South Africa and the Great War, 1914-1918*, 215.

⁵⁰ A. Samson, *World War I in Africa: The Forgotten conflict among the European Powers*, 144.

⁵¹ E. Northey, "East African Campaign", *Journal of Royal African Society*, (18), (70), January 1919, 84-85.

⁵² J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 8.

up, and all the country was inches deep in black mud.”⁵³ The difficult terrain, coupled with the weight of supplies, such as ammunition, led to some troops hiding these to be used at a later occasion. For instance, near Lake Tanganyika, some German graves that were found by South African troops did not hold any bodies, but concealed ammunition.⁵⁴ Apart from the dire conditions of the roads, they also exposed men to enemy fire. Thus, patrols travelling by road, consisted of ten men, divided into three groups, and keeping at a distance of ten to twelve meters between them to reduce possible losses to land mines. The sequence in which men filed had also to be alternated from time to time.⁵⁵ German East Africa was also accessible by only two railroads. The northern, Tanga-Moschi line, that ran through the Usambara Highlands, Kilimanjaro and Moschi, while the southern, Dar-es-Salaam-Tanganyika line ran through Tabora and the central plains.⁵⁶ The acute difficulties of limited transport provision affected not only supplies of clothing, equipment and rations, but also the evacuation of men when they were sick and wounded. Thus, it indirectly increased the overall risk to men’s well-being.

Men’s Kit and uniform

In a June 1916 despatch to the War Office, Smuts noted that the “Shortage of transport necessitated the force moving on light scale, and the majority of the troops had no more than a waterproof sheet and a blanket for three weeks on end. Rations...unavoidably ran short.”⁵⁷ Men were provided by the Ordinance Department with a Sam Browne belt, a revolver, field glasses, a haversack, a ‘housewife’ (sewing kit), and a water bottle for service in East Africa.⁵⁸ On a day march, from Maktau to Mbuyuni, across “wild and dry” country, the men had already run out of water by the afternoon, and were “staggering along dead beat” under the burden of “heavy equipment.”⁵⁹ Due to vigorous marching across long distances, it was not unusual for infantrymen to wear out boots, but new supplies were hard to come by, and

⁵³ D. Reitz, *Adrift Upon the Open Veld: The Anglo-Boer War and its Aftermath, 1899-1943*, 254.

⁵⁴ J. J. O’Sullivan, “Campaign on German East African-Rhodesian Border”, *Journal of the Royal African Society*, (15), (59), April 1916, 212.

⁵⁵ J. H. Weeks, ‘*n Jong Soldaat: Ervarings en herinneringe*, 50; A. Rutherford, *Kaptula: The Diary of Arthur Beagle & The East African Campaign 1916-1918*, 13.

⁵⁶ G. G. Parks, *A Critical Analysis of the Operations in German East Africa*, (Individual research paper, Command and General Staff School, Fort Leavenworth, KS, 1934), 6-7.

⁵⁷ J. C. Smuts in War Office in *Supplement to the London Gazette*, 20 June 1916, 6133.

⁵⁸ Anon., “Military Service in East Africa”, *South African Medical Record*, 11 December 1915, 357; C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 3; IWM, EQU 4327, equipment, c.1917.

⁵⁹ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 12.

were sometimes replaced by an odd pair where one was too large and the other too small. The inability to obtain a new pair led to improvised repairs.⁶⁰ Men sometimes cut up their saddle flaps for slippers when their boots have worn away.⁶¹ Another shortcoming was the men's uniforms. Due to expectations that troops would be marching in the heat of a tropical climate, men were issued with short pants which increased the proportion of skin exposed to mosquitoes. However, this realisation came too late, and the uniform could not be altered since there were no clothing reserves in the country.⁶² Furthermore, the supply of food was seen as a greater need than clothing and thus received precedence. Therefore, men relied on local women for necessities of clothing, such as socks.⁶³ Thus, insufficient kit and clothing exposed men's bodies to numerous threats, stimulating emotional and sarcastic responses to the neglect of their well-being. As soldiers were inspired to produce verse in the trenches, so there was an emergence of cartoon sketches in East Africa, making light of their circumstances, as can be seen in figure 4.2 and 4.3.

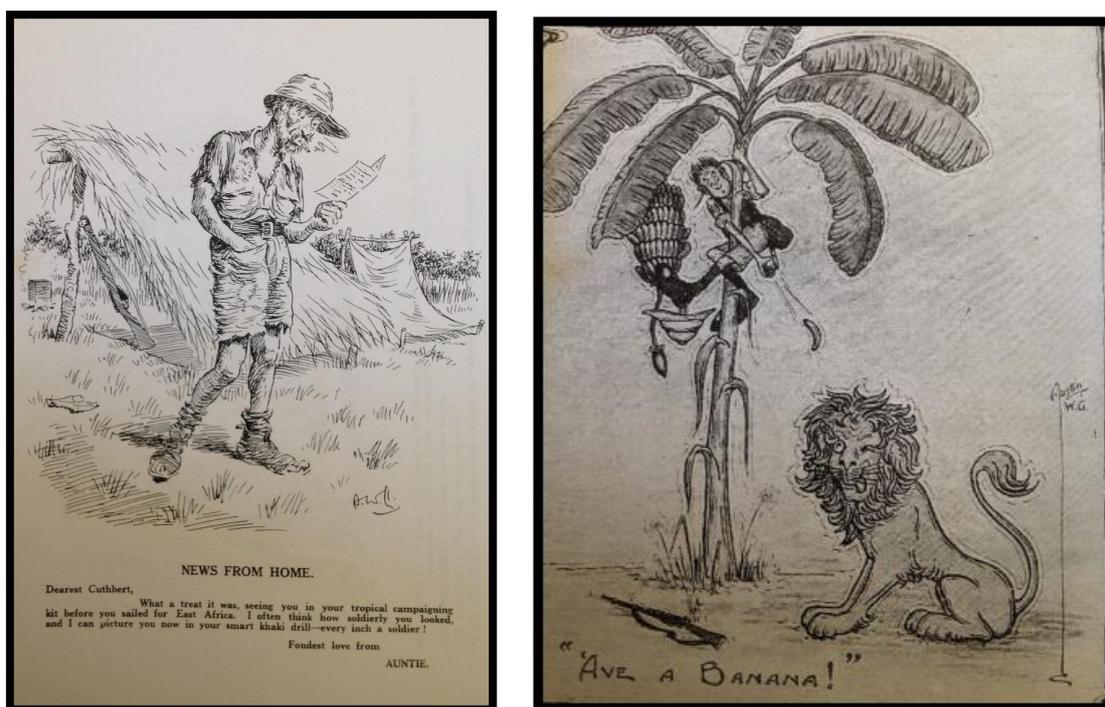


FIGURE 4.2 and 4.3: *Insufficient kit and clothing*⁶⁴ and *This is the Jungle*⁶⁵

⁶⁰ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 43-44.

⁶¹ A. Rutherford, *Kaptula: The Diary of Arthur Beagle & The East African Campaign 1916-191*, 6.

⁶² W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 441.

⁶³ A. Samson, *World War I in Africa: The Forgotten conflict among the European Powers*, 143.

⁶⁴ A. W. Lloyd, "Jambo" or with Jannie in the Jungle, 11.

⁶⁵ W. G. Austen, *Brain Waves: from the firing line, and behind it! For South African soldiers and others*, 17.

Food

The supply of food was complicated as the forces consisted of both white and black troops. Thus, a variety of dietary requirements and preferences had to be catered for.⁶⁶ At times, basic food such as rice was found in abandoned houses during times of mobilisation. Men often did not have sufficient sugar, coffee and tea rations, and sugar tended to run out before the latter. Sugar was then squeezed from sugar cane to lessen the bitter taste.⁶⁷ Along with threats posed by the environment and climate, coupled with transportation difficulties, men had to contend themselves with stretches of “gnawing hunger that never really left their bellies.”⁶⁸ Rations varied, depending on transport and where the troops were stationed, although it usually included “a couple of biscuits [and] a little bully beef.”⁶⁹ At other times, the Quartermaster only issued supplies of coffee beans and flour that was intended to last until the end of a march, which it rarely did. Furthermore, these items were not sufficient to prepare “real food.”⁷⁰ Cakes, from only water and flour, were made as well as a semblance of scones, “a lump of dough dried on a hot tin,” or “bill-poster’s paste” made from a quarter cup of flour and some water.⁷¹ When men were in the field, they rationed their coffee supply, for instance, by only using a pinch at a time.⁷² What remained of transport animals after an arduous journey were also eaten at times, such as a trek ox, “tasting like exhaustion.” Sometimes it tasted like “nearly all gristle and [at other times as if] nearly all bone.”⁷³

Due to constant rain and rough roads, men often had to make camp and live off the land since supplies could not reach them. Therefore, soldiers had to find other means of subsistence through living off the land. Hunting, as will be discussed in more detail, was not only a leisure activity that effectively helped to boost morale, but was also a means to procure food. Men were sometimes robbed of their labours from a hunt by lions that led to daring

⁶⁶ A. Samson, *World War I in Africa: The Forgotten conflict among the European Powers*, 144.

⁶⁷ J. H. Weeks, *’n Jong Soldaat: Ervarings en herinneringe*, 40.

⁶⁸ T. A. Crowson, “When elephants clash: A critical analysis of Major General Paul Emil von Lettow-Vorbeck in the East African Theatre of the Great War”. (MA Thesis, University of Kansas, 2003), 1.

⁶⁹ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 13.

⁷⁰ T. A. Crowson, “When elephants clash: A critical analysis of Major General Paul Emil von Lettow-Vorbeck in the East African Theatre of the Great War”. (MA Thesis, University of Kansas, 2003), 1.

⁷¹ Anon., ““One Day in the War” The March up Hellfire Kop and Down Again”, *The Home Front*, October 1928, 19.

⁷² C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 19.

⁷³ Anon., ““One Day in the War” The March up Hellfire Kop and Down Again”, *The Home Front*, October 1928, 19.

raids to re-claim their kill.⁷⁴ Equally, due to the heat, meat could not be kept for longer than a day before it began to rot. At other times, there was not enough meat, thus men were reduced to roasting the lungs and entrails of what remained of a previous hunt, since the rest would have been eaten by a starving unit.⁷⁵ Some of the Boers had the advantage that they were familiar with the ways of making *biltong*⁷⁶, thus meat could be kept for longer periods of time. Troops also raided corn fields and banana plantations, other fruit and vegetables found included guavas, lemons and sweet potatoes. However, the temptation that it held was also used by the enemy for surprise attacks.⁷⁷ Thus, corn was sometimes cut off, the stalks appearing as if they had been cut off by local peasant farmers to feed their cattle; unknowingly, South African troops would stop to feed their horses while the enemy would lie in wait.⁷⁸ One infantryman remarked that their “activity was resolving itself into a huge struggle for survival. Hunger was the enemy. And thirst and exhaustion and the eternal fever.”⁷⁹ Consequently, the lack of food weakened bodies, led to exhaustion and made men more susceptible to contracting tropical diseases.

‘The Devil of Fever’: Diseases of the East African campaign

Disease played a significant threat to unit strength and to men’s health. By May 1916, three months after the South African arrival on this front, most units had lost half their strength to disease. The 9th SAI mustered 1,135 men on 14 February 1916, by 25 October its parade stood at 116, its number decreased by disease, wounds and death. Thus, by the second half of 1916, new ports were established for disembarkation at Dar-es-Salaam and other ports in East Africa.⁸⁰ The principal diseases of the campaign were malaria and dysentery.⁸¹ As already mentioned, the climate had a significant impact on health and even more so during the rainy season. The sick rate from 8 January to 5 May 1917 indicates the copious amount of sick cases during the rainy season that totalled 38,333 admissions to hospital and 642 deaths.

⁷⁴ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 50.

⁷⁵ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 37.

⁷⁶ Meat processed according to a traditional curing and drying process that meant that it was still edible for an extended period of time.

⁷⁷ J. H. Weeks, ‘*n Jong Soldaat: Ervarings en herinneringe*, 42; C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 36.

⁷⁸ J. H. Weeks, ‘*n Jong Soldaat: Ervarings en herinneringe*, 42-43, 49.

⁷⁹ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 36.

⁸⁰ H. Strachan, *The First World War in Africa*, 143.

⁸¹ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 139, 277.

More than half of this figure was malaria cases (23,349) alone, whilst dysentery was the second highest figure (2,864) of hospital admission cases. Similarly, 26 per cent of deaths in hospital were due to malaria and 23 per cent as a result of dysentery.⁸² Interestingly, middle aged men, or at least those older than 28, tended to be more immune to climatic diseases than those who were younger.⁸³ This is also corroborated by other personal accounts of the campaign. In October and November 1917, the hospital admissions rate of troops, then under Van Deventer's command, rose from six and seven thousand to nine and ten thousand. According to official accounts, this increase was attributed to heavy fighting in later months, and to reinforcements that did "not have the stamina of old soldiers." Furthermore, troops who remained from when Smuts was in command, had a lowered immunization to disease and also took longer to convalesce.⁸⁴ This can also be seen in figure 4.4 where the number of soldier patients who died of wounds in hospital was nearly 500, more than half the figure in 1916 and 1918. Also that year, was also the only time that wounded soldiers admitted to hospital exceeded the number of hospital deaths caused by diseases.

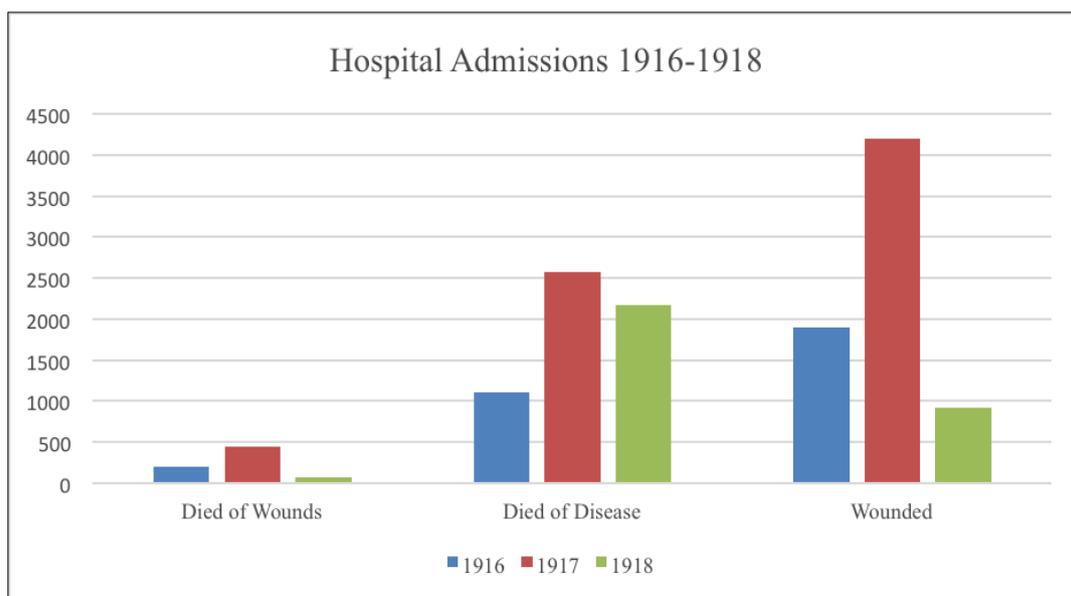


Figure 4.4: Approximate Casualties by Year of European Troops (Including Uganda and Nyasaland)⁸⁵

⁸² W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 477-479.

⁸³ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 139, 279.

⁸⁴ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 489. Also see figure 4.5. *Weekly Sick casualties admitted to hospital (April-December 1916)*, 485.

⁸⁵ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 504.

Through the treatment of numerous cases of men suffering from tropical diseases in the Union, it was found that the average percentage of men returned to duty in East Africa was 60 per cent if the men served for not more than a year in the tropical environment. Whilst of those men who were there for between one and two years, 40 per cent were returned for active service. Only 12 per cent of troops who served for more than two years were considered to be fit enough to return to duty.⁸⁶

Unfortunately, the statistics available do not indicate the number of soldier patients suffering from diseases who were admitted to hospital. Furthermore, they do not distinguish between British and South African troops. Yet, what this does indicate is that more than half of hospital patients died due to diseases, not wounds. Fatalities resulting from wounds were minor, although it should be noted that figures of soldiers killed in action as well as dying outside of hospital as a result of wounds are not available. Yet, all accounts point to the conclusion that more perished from disease than from wounds.

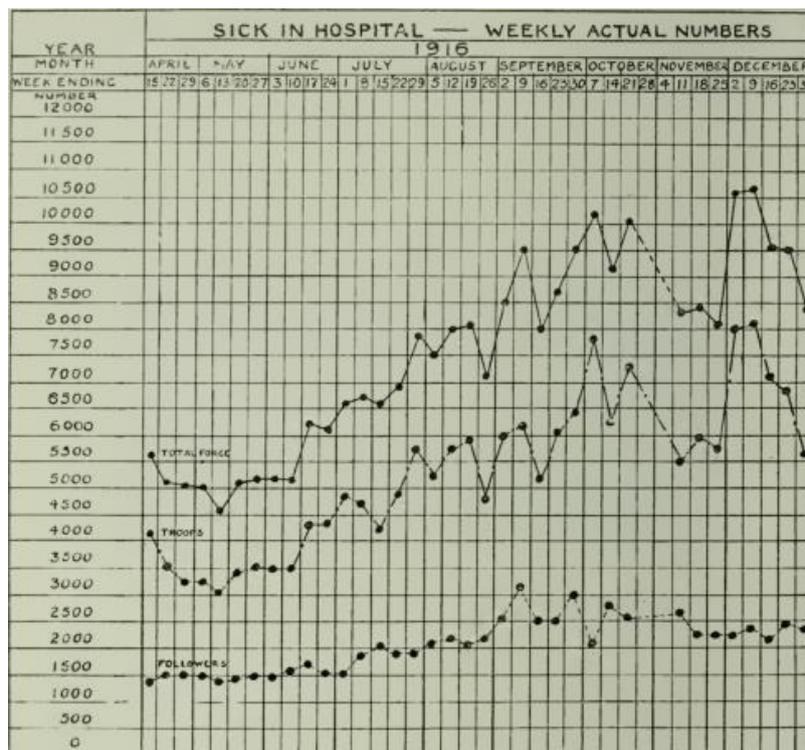


FIGURE 4.5: Weekly Sick casualties admitted to hospital (April-December 1916)⁸⁷

⁸⁶ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 322.

⁸⁷ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 466.

By late 1916, the health of both white and Indian troops and personnel had become gravely undermined, to the extent that a whole weeding took place out of those who, due to diseases, had become physical wrecks. The 3rd Division was dissolved and all mounted South African troops fit for service were posted to one Brigade. Thus, between mid-October and mid-December 1916, approximately 12,000 white troops had to be evacuated from this theatre and were replaced mostly by African soldiers due to the prevalence of diseases. It was believed that they would be more immune than troops of European origin. The South African formations that remained were reorganized into the 2nd Division and the 2nd South African Infantry Brigade, which was held in reserve.⁸⁸ This trend can be seen in figure 4.5 indicating the number of soldier-patients suffering from diseases to hospital. There is a general trend indicating a gradual increase in the weekly sick rate. In mid-October, there were roughly 8,000 men admitted to hospital, this figure decreased to 5,000 in mid-November, and increased again in early December to 8,000 only to decrease at the end of year to 5,000. At least some of the hospital admissions, indicated as sick, were the product of punishing marches of advance and of malnutrition resulting from insufficient food or inadequate cooking, yet the majority suffered from tropical fevers.⁸⁹

Other contributing disease factors included the lack of sanitation combined with poor nutrition, which resulted in many cases of diarrhoea. Despite the control of typhoid through vaccination, as had been done in the previous campaign, the outbreak of dysentery amongst men was three times the British rate of the Anglo-Boer War.⁹⁰ In an attempt to plug the crippling effects, flour was mixed with water to bind the stomach. However, this had limited results.⁹¹ Since Col. E. S. Thompson's arrival in East Africa in early 1916, he mentioned suffering from diarrhoea numerous times, and noted that, the "issue of rum eased the pain a bit." Whilst sick, he still had to participate in marches and fatigue parties, such as cutting

⁸⁸ T. Hobart, "War in Africa", *The Mercury*, 20 April 1917, 5; J. G. W. Leipoldt *et al*, *Union of South Africa and the Great War, 1914-1918*, 82.

⁸⁹ H. Strachan, *The First World War*, 151. For more medical statistics see, T. J. Mitchell and G. M. Smith, *Medical Services: Casualties and Medical Statistics of the Great War*. London: Her Majesty's Stationary Office, 1931.

⁹⁰ H. Strachan, *The First World War*, 149.

⁹¹ T. A. Crowson, "When elephants clash: A critical analysis of Major General Paul Emil von Lettow-Vorbeck in the East African Theatre of the Great War". (MA Thesis, University of Kansas, 2003), 1.

grass, which made him “feel crook, weak” and he experienced severe “pains in the stomach.”⁹²

A common ailment defined by the medical board as “disease” was exhaustion, which tended to cause cardiac problems. In the nominal casualty rolls there also appears to be a surprising number of deaths indicated as resulting from “heart failure,” “acute cardiac dilation” and “exhaustion.”⁹³ It is unclear whether these men were not sufficiently examined before being recruited, or whether such health problems arose due to active service, or a combination of these two factors. For instance, Capt. P. F. F. White, who enlisted in December 1915, collapsed “after continuous and heavy marching with no special symptoms”; he “carried on for a month after two days in bed but had to give in again” in March 1917. This particular soldier was invalided to the Union on recuperative leave for three months before he had to re-appear before a medical board. Similarly, Lt. T. H. Wilson, who enlisted in September 1915, was also invalided to the Union for “shortness of breath on exertion increasing during the past year” that was caused by the “climate and active service”. Numerous other such cases along with the more common culprits, namely malaria and dysentery, can be found in the files of Medical Boards.⁹⁴

In February 1916, there was also an outbreak of small pox amongst troops, although precautions were taken to reduce its spread with relative success.⁹⁵ Another scourge was African relapsing fever that was caused by a tick found in the roofs of huts and rest houses. Hookworm disease (*helminthiasis*) was also rife. Less serious, but still irritating and inconvenient ailments included prickly heat and the jigger flea or jiggers. The men were “pestered” by these “fair demon” that ate itself “into one’s flesh, chiefly the feet. From all accounts it...[was] worse than [their] friends the Germans.”⁹⁶ The female flea burrowed under the skin near the toe-nail and laid eggs in a sac. If not removed quickly, it festered into a painful wound. This was usually removed with an ordinary sewing needle in the field and had to be extracted with the egg-sac still intact. While not deadly, it was not uncommon for

⁹² E. S. Thompson, “A Machine Gunner’s Odyssey through German East Africa: The Diary of E.S. Thompson, Part 1. 17 January -24 May 1916”, *Military History Journal*, (7), (4), December 1987.

⁹³ DOD Archives, WW1 GSWA 34, KAR and NVR casualties, 1916-1918. This threat was particularly common amongst native troops of the Kings African Rifles.

⁹⁴ DOD Archives, CSO 104, 34, Medical Boards, 1914-1915.

⁹⁵ SAB Archives, Office of the Governor-General of South Africa (hereafter GG) 1226, 33/687, Health: Smallpox, 1916; GG 1226, 33/698, Health: Infectious Disease, 1916.

⁹⁶ DOD Archives, Pamphlet 18, Letters of Capt A.J. Molley from German East Africa, WW1.

men to lose toes as a result.⁹⁷ Other insects that caused diseases were intestinal and guinea worms found in water pools, and men were prohibited from bathing in pools of stagnant water or from entering it with bare feet.⁹⁸ Tick fever or *spirochaete*, was caused by both lice and ticks that were usually found in local rural dwellings.⁹⁹ Insects in general were a significant hindrance for men, and several cartoons can be found depicting the same scene. Two such images are given as figure 4.6 and 4.7, with such duplicates perhaps suggesting just how common this hardship was.

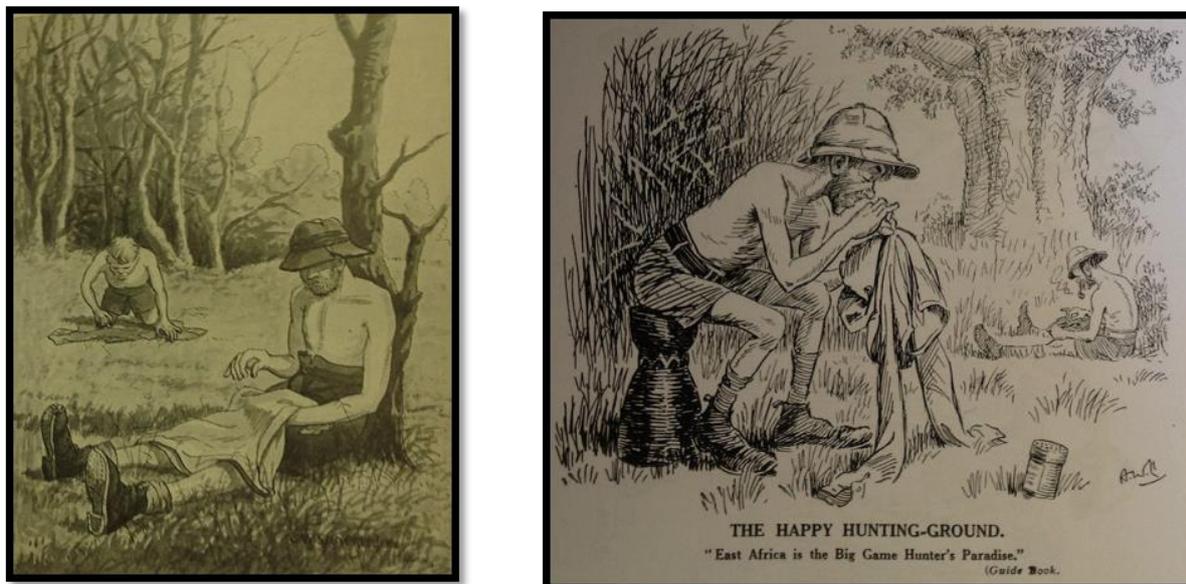


FIGURE 4.6 and 4.7: Sniping Note from East Africa “Picking off the Enemy”¹⁰⁰ and the *Happy Hunting Ground*¹⁰¹

Another insect that caused havoc was the tsetse fly, which varied in degrees of poison and the size of large swollen marks that resulted from a bite.¹⁰² Its bite was deadly to animals, such as horses and oxen that succumbed in roughly six weeks after being bitten. Thousands of animals died as a result. Preventative measures and cures did not exist and the loss of their

⁹⁷ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 9.

⁹⁸ SAB Archives, GG 679, 9/96/16, Notes made by Lt. Col. Hughes for Guidance of troops preceding to East Africa, 1915.

⁹⁹ SAB Archives, GG 679, 9/96/18, Extracts from British Medical Journal relating to preservation of health of troops operating in East Africa, 1916.

¹⁰⁰ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 17.

¹⁰¹ A. W. Lloyd, “*Jambo*” or with Jannie in the Jungle, 3.

¹⁰² J. H. Weeks, *‘n Jong Soldaat: Ervarings en herinneringe*, 53.

livestock was inevitable when troops passed through a tsetse zone or tsetse fly belt.¹⁰³ These zones spanned across a combined area of 400 kilometres inland or until the altitude reached 1,000 metres. Ultimately, given the size of the area, all horses would succumb to species and sub-species of *Trypanosoma*, carried by the fly, and it was left to the veterinary services to keep it at bay long enough for the troops to complete their advance.¹⁰⁴ From mid-November to September 1916, 10,000 horses, 10,000 mules, 11,000 oxen and 2,500 donkeys alone were lost.¹⁰⁵ In animals it is referred to as *Nagana*, more significantly animals could host the human pathogen parasites, thus making them parasite reservoirs. Human African trypanosomiasis, also known as sleeping sickness, was thus also caused by protozoan parasites belonging to the genus *Trypanosoma*, carried by the tsetse fly, although only five fatalities of this amongst men were reported.¹⁰⁶ Indeed, only three soldier-patients invalided from East Africa were documented at Durban between 1918 and 1919.¹⁰⁷

The task of the veterinary services could be carried out either prophylactically or operationally. Prophylactic measures included dosing animals with arsenic every eight days; however, due to the lack of supplies, this was not always possible.¹⁰⁸ Furthermore, the powder was issued in pills and the Boers were known for the habit of giving it to their horses' whole. Inevitably, it was often not ingested and they were instead left at the bottom of the horses' feed bags. The two main impediments to the task of veterinarians were, firstly, that they were unable to establish authority over the decentralised Boer commandos of mounted units. Secondly, the veterinary units were always stationed some considerable distance away. Before the war, the records of German veterinarians actually supplied the British with intelligence on the location of the worst tsetse areas, but this was never incorporated into the campaign plans. It was estimated by the veterinary services that equine wastage in 1916, stood at 100 per cent per month, whilst they reckoned with better planning and

¹⁰³ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 9.

¹⁰⁴ H. Strachan, *The First World War in Africa*, 143.

¹⁰⁵ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 501. For more on Veterinary Services, see, J. G. W. Leipoldt *et al*, *Union of South Africa and the Great War, 1914-1918*, 216.

¹⁰⁶ W. G. Macpherson, *et al.*, *History of the Great War Based on Official Documents: Medical Services, Diseases of the War, Vol. I*, 305.

¹⁰⁷ W. A. Murray, "Notes on the Successful Treatment of a Case of Sleeping Sickness", *South African Medical Record*, 8 November, 326.

¹⁰⁸ SAB Archives, GG 679, 9/96/16, Notes made by Lt. Col. Hughes for Guidance of troops preceding to East Africa, 1915.

implementation it could have been reduced to half.¹⁰⁹ The original commander-in-chief had also wanted to initiate the campaign after the rainy season, which would also have given additional time for preparations. A further request was to have had more motor transport since the threat posed by the tsetse fly to animal transport was already known.¹¹⁰ Naturally, the threat to animal transport also hampered the evacuation of soldier patients - for instance, the main road between Handeni and Morogoro, not only became a foot deep with powdered dust under the strain of transporting heavy casualties, but animal transport could not be used reliably since it was situated in a fly belt.¹¹¹ Regular flies were also another irritant and abounded in bush country, especially near stagnant water, and which followed game and the animals of the mounted and transport units.¹¹² Another threat to animals was horse sickness, conveyed by a variety of mosquitoes. Men had to rub horses and mules in the morning and evening with a mixture of Stockholm tar and paraffin. Another precaution taken was the watering of animals, in running water away from vegetation and preferably where there were stones.¹¹³

Some medical service personnel found their work not merely tiresome and trying, but also interesting since they were not acquainted with tropical diseases. Common tropical diseases prevailed, along with rare diseases that little was known about except for experts in the field.¹¹⁴ The introduction of medical personnel to rare diseases later allowed for further exploration, research and publications for some of the staff. One of the RMOs, R. M. Robb, with the SAMC in East Africa, identified what he termed Heat Fever amongst 250 men. The symptoms of the disease were similar to malaria, involving the central nervous system brought on by pressure of cerebro-spinal fluid, most likely caused by the overheating of body tissues and an increase of all secretions. Usually men experienced an intense headache and generalised pain through all limbs, as well as a high temperature and occasional delirium. Some men's digestive symptoms were also affected, thereby causing vomiting and diarrhoea. It was suggested that the military should appoint a pathologist with the necessary laboratory

¹⁰⁹ H. Strachan, *The First World War in Africa*, 143.

¹¹⁰ S. Corrigan, *The Generalship of Jan Smuts during the First World War*, British Empire at War Research Group No. 4, Defence Studies Department, King's College, London, 2014, 11.

¹¹¹ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History*, Vol. IV, 440-441.

¹¹² J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 9.

¹¹³ SAB Archives, GG 679, 9/96/16, Notes made by Lt. Col. Hughes for Guidance of troops preceding to East Africa, 1915.

¹¹⁴ C. P. Fendall, *The East African Force, 1915-1919*, 159-160.

equipment to complete further research on the disease in order to keep men fit. Prophylactic measures were taken, but were somewhat impractical, considering the climate and the fact that men were on active service. For instance, a medical officer suggested that men should avoid long exposure to the sun and should take “chills” thereafter; he also insisted that men wore a proper helmet and spine-pads, and had good perspiration.¹¹⁵

Malaria

Malaria, also referred to in earlier history as ‘bad air’, had led to destruction among armies for decades of warfare, including those of the Roman Empire, British troops who fought against Napoleon in the Walcheran raid on Holland in 1809, and soldiers in the American Civil War. It also disrupted European exploration to West Africa. The experience of the armies of the East African campaign was no different, despite the healing effects of quinine already having been discovered.¹¹⁶ The cure, quinine, was an alkaloid made from the bitter red bark of the cinchona tree, which originally grew in the Andes.¹¹⁷ Two infantrymen who contracted malaria, talked of how their heads were “throbbing” and teeth were “chattering” from the fever, and their “fevered brain[s] lost all sense of direction...oblivious to surroundings.”¹¹⁸ Mosquitoes did not confine their attack to the watches of the night and their bite tended to be painful, “Man after man sickened and went down with malaria.”¹¹⁹

The prevalence of this fever in German East Africa varied according to the height above sea-level and was also more severe around Lakes Nyasa and Tanganyika. On the other hand, malaria was not contracted in the Masai highlands.¹²⁰ In an address delivered by Major-General Sir Edward Northey, Governor of British East Africa, in November 1918, he stated that many knew that “the whole of the coast line...[was] low and unhealthy.” Further upland,

¹¹⁵ R. M. Robb, “Heat Fever (Non-infective Cerebro-spinal Fever)”, *South African Medical Record*, 27 May 1916, 154-155; Anon., “Military Service in East Africa”, *South African Medical Record*, 24 December 1915, 374.

¹¹⁶ Quinine is still used today to save those suffering from malaria, it is grown in the eastern Congo. For more on quinine’s role in history see, F. Rocco, *The Miraculous Fever-Tree: The Cure that changed the World*. London: Harper Collins, 2012.

¹¹⁷ L. B. Slater, *War and Disease: Biomedical Research on Malaria in the Twentieth Century*, 18-19.

¹¹⁸ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 47, 51.

¹¹⁹ L. Walmsley, *Flying & Sport in East Africa*, 27.

¹²⁰ F. G. Clemow, *The Geography of Disease*, 255.

some 300 miles from the sea was “extremely healthy for Europeans”, and could be “properly called the white man’s country.”¹²¹

The primary preventative measures used against the contraction of malaria were the regular use of quinine and mosquito nets.¹²² At the time, the majority of medical and military authorities held the view that quinine was the “first, last and only drug to use when malaria is being thought of.”¹²³ However, some still felt that the contraction of malaria, in the vast majority of cases, was the result of “pure carelessness or laziness.” Accordingly, the only prophylactic measure needed was “a proper net”, thus not having access to quinine was not considered to be a proper excuse for contracting the fever, according to some sceptical medical men.¹²⁴ However, as Collyer argued, this preventative measure was often impractical under the conditions described earlier. Nets, like men’s clothes, were torn to shreds in the bush, and were ruined when they had to move through swampy areas or had to be given to troops on remote guard duty there. The nets were irreplaceable for weeks, despite the value assigned to them by the medical authorities, due to transportation difficulties. Furthermore, men subsisting on quarter rations were not likely to be enthusiastic about a consignment of mosquito nets as opposed to food.¹²⁵ For instance, a lion hunt was nearly interrupted by a swarm of mosquitoes “as big as dragonfly[ies]”, as the three men on the hunt had not thought of bringing their nets and were hastily reminded “how painful the little brutes could be.”¹²⁶

More large scale schemes were also undertaken to try to combat mosquitoes and thereby to reduce malaria cases. A “mosquito brigade”, consisting of African youths was formed with its own headquarters, filled with cages containing mosquitoes in various stages of development and glass aquaria containing fish that fed on mosquito larvae. Banks of lagoons were cut and fish introduced to feed on the larvae which had no lurking place. Large scale maps were also produced every month to indicate the water locations of anopheles mosquitoes, which were then drained later, oiled or otherwise treated as circumstances directed.¹²⁷

¹²¹ E. Northey, “East African Campaign”, *Journal of Royal African Society*, (18), (70), January 1919, 86.

¹²² J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 278.

¹²³ A. M. Wilson, “Quinine and Malaria”, *South African Medical Record*, 8 March 1916, 73.

¹²⁴ J. A. Park Ross, “Mosquito Nets for Active Service”, *South African Medical Record*, 11 December 1915, 347.

¹²⁵ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 278.

¹²⁶ L. Walmsley, *Flying & Sport in East Africa*, 280.

¹²⁷ C. P. Fendall, *The East African Force, 1915-1919*, 160-161.

Furthermore, after a medical inspection of a division, it was noted by the Deputy Assistant of the Director of Medical Services (DADMS) that the sick rate could be reduced by selecting more suitable camp sites, also stressing the value of incineration, choosing to march during more suitable hours and other such elementary details. All of which was highly impractical, considering that such decisions were made by the officers of division with movements and locations dictated by enemy action.¹²⁸ In the midst of it all, one Boer War Veteran also wrote to the Governor-General's Office claiming that he had a prescription that warded off malaria, and that the Germans were in possession of a similar "secret how to prevent malaria."¹²⁹

Blackwater Fever

The high mortality rate from blackwater fever was considered to be due to the fact that the agent tended to attack "the wrecks of severe tropical malaria."¹³⁰ It was caused by a blood parasite, *Pyrosoma bigenium*, that gained access to the blood stream through a tick bite. A variant of this fever also killed significant numbers of livestock.¹³¹ One soldier, Pte. H. A. van Eden, who enlisted in September 1915, amongst several others, suffered from "debility following Blackwater Fever, "after getting wet through" that resulted in "constant attacks of fever ever since...[caused by] climatic conditions." This soldier appeared before a medical board at Zomba on 24 March 1917, near the end of the rainy season.¹³² Men were becoming more susceptible to the disease since their bodies were not acclimatized to the unusual climatic conditions and due to the hardships of campaigning. It was considered at the time that there existed an association of malaria to Blackwater fever, an unknown parasite or even a manifestation of quinine poisoning. Many troops suffered from it, not only in East Africa, but also in the Balkans in Macedonia. Interestingly, records of African troops contracting the disease do not exist.¹³³

¹²⁸ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 278.

¹²⁹ SAB Archives, GG 684, 9/107/2, Mr. F. C. Hendrik forwards a prescription which he states is a preventive of malaria, 1916.

¹³⁰ F. G. Clemow, *The Geography of Disease*, 50-51; J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 9.

¹³¹ F. G. Clemow, *The Geography of Disease*, 50-51.

¹³² DOD Archives, CSO 104, 34, Medical Boards, 1914-1915.

¹³³ W. G. Macpherson, *et al.*, *History of the Great War Based on Official Documents: Medical Services, Diseases of the War, Vol. I*, 294-295.

Wounds

The South African infantry's first taste of war in this campaign was at the Battle of Salaita Hill, on 12 February 1916. The battle described by L. Mosley as "short, sharp and disastrous," gave the men their first taste of bush fighting. The advance was already difficult as they had to hack their way through thick bush and were overcome by the heat. The men were soon ravaged by exhaustion and thirst. Furthermore, they failed to take advantage of the terrain that provided ample cover.¹³⁴ After the battle, the corpses of 138 South African soldiers lay in the tangle of bush, of these 60 bodies were not recovered since they were buried by the Germans where they fell. The remainder of the dead were carried from the hill back to the starting point in a newly-laid cemetery. The bald hill appeared to be peaceable apart from the slash of newly dug trenches and vultures circling above. Everything had miscarried, from the disastrous attack, led by the inexperienced General Malleson, to the removal of the wounded. The considerable losses were attributed to the lack of stretchers and that wounded soldiers had to be dragged in groundsheet by four men to dressing stations located more than three kilometres behind the front line in the bushveld. The surviving soldiers had to straggle back to the base camp at Mbuyani in the full heat of the day across a barren, sun-blasted plain with empty water bottles.¹³⁵

The evacuation of the sick and the wounded within the interior was troublesome and lengthy, and worsened men's physical condition significantly. Several means were introduced to evacuate patients to try to overcome the obstacle of inaccessible roads, such as employing African stretcher bearers.¹³⁶ Furthermore, since outposts were far-flung, a system of relays had to be used, thereby rendering the various sections of evacuation more effective since it reduced the distances each section had to travel. Some sections relied on porters, other sections operated along a system of porters, mule convoys, cart convoys, and mechanical transport that consisted of motor cars or railway lines. When hand-carriages by porters were utilised, the casualties were slung on hammocks when these were available.¹³⁷ Furthermore, ambulance wagons were often too full for the load to be pulled by exhausted transport animals, forcing patients to walk alongside to the hospital. For instance, Shackleton, whose feet were in such a state that he "limped along in great pain," whilst simultaneously suffering

¹³⁴ L. Mosley, *Duel for Kilimanjaro: The East African Campaign 1914-18*, 116-118.

¹³⁵ J. A. Ambrose: *They fought for King and Kaiser: South African Forces in German East Africa*, xvii.

¹³⁶ A. E. van Jaarsveldt, *Militêre Geneeskunde in Suid-Afrika, 1913-1983*, 19.

¹³⁷ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 467.

from another attack of malaria, had to walk to the nearest medical aid post alongside an ambulance. He was told by one “ambulance man” that “the only remedy...[his] feet need[ed]...was a little route marching to toughen ‘em [*sic.*]”¹³⁸ On top of the lack of motor transport, the availability of vehicles was further reduced by the shortages of petrol and of mechanical parts when vehicles broke down.¹³⁹

As with the German South West African campaign, the greatest factor that impeded the treatment of the wounded was transportation difficulties. Such difficulties arose due to the wide area of operations, the bad and long lines of communication and that the transportation of the sick and wounded across the exposed lines was always difficult and at times virtually impossible. These factors meant that the objective of the evacuation of the sick and wounded to a comfortable base hospital often had to be abandoned for considerable periods of time. Simultaneously, medical personnel and equipment could not be transported to the front to initiate treatment. Thus, casualties often had to be left there. Furthermore, the acute shortage of transport hampered medical care by these care units since they suffered under the lack of sufficient covering, either of tentage or blankets, or of other medical supplies. This was particularly felt during the rainy season.¹⁴⁰ Due to the inaccessibility of roads, various mobile medical units became immobile and acted as stationary hospitals.¹⁴¹ It was thus often left to comrades to transport the sick and wounded to medical aid posts, or for these men to make the journey on their own. There was also a lack of stretchers, thus the able-bodied had to improvise by making stretchers from a “contraption of rifles” and putties.¹⁴²

Those who could be evacuated to proper hospital bases, involved conveyance “over apologies for roads, mere tracks cut through the bush” and often being transferred several times from litter, ambulance and light railway. This journey was often “hell for a badly wounded man, or one seriously ill from fever or dysentery.”¹⁴³ As Shackleton described his own evacuation along with another soldier-patient, by the time they arrived at Dodoma

¹³⁸ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 90.

¹³⁹ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 467-468.

¹⁴⁰ C. P. Fendall, *The East African Force, 1915-1919*, 150-151.

¹⁴¹ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 438

¹⁴² Anon., ““One Day in the War” The March up Hellfire Kop and Down Again”, *The Home Front*, October 1928, 21.

¹⁴³ C. P. Fendall, *The East African Force, 1915-1919*, 150-163.

hospital they “were battered nigh to death.”¹⁴⁴ It was dangerous to leave any wounded behind, since lions and hyenas in particular, more commonly referred to as “wolves” in personal accounts, would attack and kill.¹⁴⁵ The hospital at Kondoa Irangi, was largely filled with wounded of the 2nd Division, under Gen. van Deventer, from the battle in May 1916. The wounded in the hospital, located in a church, near Headquarters, had to be removed every morning to dug-outs before daylight since the enemy directed its artillery fire upon the area. This necessitated moving the hospital to the rear into a large mission school room; despite the Red Cross flag, the Germans still directed their fire to the new premises. Thus, it was shifted into the open under shelter of a river bank. The moving of the severely wounded was difficult and caused significant pain for the men and impeded their recovery.¹⁴⁶

Routine wounds were also sustained by advancing through dense bush, causing minor wounds and abrasions that took long to heal. As J. H. Weeks wrote, “He still hears the thorns that scratched against his bare arms since his sleeves were rolled up, tore shirts to rags and cracked against their saddleclaps.”¹⁴⁷ Similarly Shackleton, commented how the men were “broken and bleeding, scratched by thorns...many of the men were on the verge of collapse” after their long march.¹⁴⁸ Wounds were also sustained through marching under a “blazing sun.” When the infantry reached a camp at Arusha they were not only exhausted but also “deeply burnt,” to the extent that they had to visit the hospital quarters. Blistered skin under the men’s feet had to be cut away with scissors, exposing raw and bleeding flesh that was thickly painted with iodine and bandaged. After resting for the remainder of the day, men once again had to march from the camp the following morning.¹⁴⁹ The terrain also offered a conducive environment for sharpshooters, who usually targeted officers.¹⁵⁰ Snipers often hid in the jungle and were renowned for perching in baobab trees.¹⁵¹ Interestingly, many deaths

¹⁴⁴ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 91.

¹⁴⁵ J. H. Weeks, ‘*n Jong Soldaat: Ervarings en herinneringe*, 51, 53; Anon., “‘One Day in the War’ The March up Hellfire Kop and Down Again”, *The Home Front*, October 1928, 21.

¹⁴⁶ J. G. W. Leipoldt *et al*, *Union of South Africa and the Great War, 1914-1918*, 73.

¹⁴⁷ J. H. Weeks, ‘*n Jong Soldaat: Ervarings en herinneringe*, 34.

¹⁴⁸ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 14.

¹⁴⁹ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 41.

¹⁵⁰ J. H. Weeks, ‘*n Jong Soldaat: Ervarings en herinneringe*, 30.

¹⁵¹ G. E. Wickens & P. Lowe, *The Baobabs: Pachycauls of Africa, Madagascar and Australia*, 38; R. Watson, *The African Baobab*, 140.

that appear in casualty lists were indicated as “accidental,” with some men dying of “accidental wounds”, while others were killed immediately.¹⁵²

Medical Services

Medical Treatment in East Africa

Convalescent homes and hospitals for the sick and wounded in East Africa had already been established before the South Africans arrived. Initially, South African medical personnel were only to be supplied to the European front. Yet with the fall of the town of Taveta in British East Africa, into German hands for nearly two years, the key to the coastal town at Mombasa and to the Uganda railway line that connected it to the interior through to Nairobi, urgent circumstances led to the Union sending medical contingents. Another contributing factor was the influx of reinforcements.¹⁵³ A general hospital unit, three field ambulances and five brigade field ambulances, two sanitation sections, two companies of Indian stretcher bearers, a dental unit, and a depot of medical stores were established. Within time, nurses from the newly founded SAMNS were also sent to the front.¹⁵⁴ Exposed and vulnerable, these nurses in particular suffered severely from malaria.¹⁵⁵

The South African base hospital was initially established at the Muthaiga Club on the outskirts of Nairobi, the capital of British East Africa, but was later moved to Dar-es-Salaam after headquarters were established there.¹⁵⁶ A Second South African Hospital was also raised and organised by Col. R. P. Mackenzie, at Nairobi, and was fully supplied by the Red Cross South Africa Society.¹⁵⁷ For all ships, Dar-es-Salaam was the clearing house for both supplies and soldier-patients. It functioned as a triage centre where vessels collected the sick and wounded from other bases along the coast and took them to Dar-es-Salaam. From this centre, men were sent to South Africa, British East Africa, India and other destinations.¹⁵⁸ This process of evacuation was described by Shackleton who experienced it at first-hand. After being examined at a newly erected hospital tent at Kilosse camp, Shackleton was declared

¹⁵² DOD Archives, WW1 GSWA 34, KAR and NVR casualties; CSO 39, 54, Notifications and Casualties, 1916-1918.

¹⁵³ For the actions at Taveta, see, E. Paice, *World War I: The African Front*, 19-20, 189; T. Jacquez, *Dictionary of Battles and Sieges: P-Z*, 886; J. G. W Leiboldt *et al.*, *Union of South Africa and the Great War, 1914-1918*, 64-65.

¹⁵⁴ E. A. van Jaarsveldt, *Militêre Geneeskunde in Suid-Afrika, 1913-1983*, 18.

¹⁵⁵ J. G. W Leiboldt *et al.*, *Union of South Africa and the Great War, 1914-1918*, 216.

¹⁵⁶ C. P. Fendall, *The East African Force, 1915-1919*, 152.

¹⁵⁷ J. G. W Leiboldt *et al.*, *Union of South Africa and the Great War, 1914-1918*, 223.

¹⁵⁸ C. P. Fendall, *The East African Force, 1915-1919*, 162.

unfit. Along with the majority of men in his unit, they were a “discrepit [*sic.*] band of hollow eyed men, with clothes hanging almost in rags on their skinny bodies...Unkept beards and drooping moustaches helped to age...[them] considerably.” They were all sent to Dar-es-Salaam and left there to “fend for” themselves as “more broken human beings” arrived from the front waiting their turn to embark home. Once in Durban, men were placed in a camp waiting for discharge papers and critical cases were sent to hospital and from there to convalescent homes.¹⁵⁹

Medical Treatment in the Union

At the end of the German South West campaign, the general hospital at Wynberg, in Cape Town, was reduced to its original status and the medical service, under Lt-Col. Buist, was occupied with routine medical and sanitary work related to the Cape defence troops. However, with the organisation of an expeditionary force destined for Europe, the medical services also concerned themselves with the medical examination of volunteers. When a South African contingent was also to be raised for East Africa, it was decided to make the Cape, once again, the hospital base, to which sick and wounded troops could be evacuated.¹⁶⁰ With the exception of Indians, evacuees from both South African units and British Imperial units were sent to South Africa, from where British troops were further invalided to England.¹⁶¹ It is estimated that during the war period, some 750,000 called at or embarked at South African ports.¹⁶²

Two general hospitals were subsequently organised, No. 1 hospital in Wynberg providing 850 beds in huts and 400 under canvas, and No. 2 Hospital in Maitland, also in Cape Town, with 1,100 beds and room for more beds in tents if needed. The staff of the hospitals were primarily drawn from the pool of civil practitioners, due to most experienced personnel having volunteered to serve in the South African General Hospital or having enlisted in the RAMC in Europe. The hospital at Wynberg was opened in February 1916, but remained

¹⁵⁹ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 112, 115, 121-122.

¹⁶⁰ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 313.

¹⁶¹ C. P. Fendall, *The East African Force, 1915-1919*, 152; TBD Archives, Town Clerk, Durban (1884 - 1940) (hereafter 3/DBN), 4/1/2/824, 180A, Military Units Passing Through Durban: Letters of Appreciation, 1919; 3/DBN 4/1/2/828, 182/1, Passing Through of Wounded Troops – Durban, 1916.

¹⁶² W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 318.

empty for most of that year since sick and wounded from East Africa only began arriving in earnest in January 1917. It was due to this uneventful period that orders were issued on 15 September 1916, to close the hospital and to disperse the personnel at Maitland, thus maintaining only a nucleus of staff. However, this miscommunication between local authorities at Pretoria and East Africa caused chaos when, two months later, a report came through that a large convoy of sick and wounded was being evacuated to the Cape. New recruits to fill the hospital had to be appointed hastily.¹⁶³

Initially, Durban was considered as the primary base since it was three days journey nearer, but the Natal climate was not considered to be conducive for soldier-patients and convalescents returning from a tropical and unhealthy climate.¹⁶⁴ It was considered that the majority of illness was directly related to the climate in German East Africa, and was aggravated by hard work, short provisions and exposure.¹⁶⁵ However, later, with the influx of sick soldier-patients, Durban also had to be made into a large hospital centre.¹⁶⁶ According to Admiralty requirements, an Imperial rest camp was established at Durban to house Imperial troops that were compelled to remain there.¹⁶⁷ Evacuees took advantage of the improved climate in both Durban and Cape Town, where they often went sea bathing.¹⁶⁸ Men tended to bathe at Ocean Beach and at the Beach baths “without covering” or in “the nude” and this led to the signing of a petition by the citizens of Durban, “Ladies” in particular “in the interests of honour and public decency”. In a way, the naked character of the war was being brought back home. The conflict was resolved by the setting out of rules and regulations by the Beach and Entertainments Committee for military men on leave and convalescing. Funds were raised, and material was donated to the Town Clerk who organised the production of bathing costumes for soldiers.¹⁶⁹ Civilian decency had to be restored. A YMCA hut was also established at Durban where men could enjoy entertainment that included playing games,

¹⁶³ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 1, 313-314.

¹⁶⁴ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 313; E. A. van Jaarsveldt, *Militêre Geneeskunde in Suid-Afrika, 1913-1983*, 19.

¹⁶⁵ C. P. Fendall, *The East African Force, 1915-1919*, 151.

¹⁶⁶ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 313.

¹⁶⁷ J. G. W. Leipoldt *et al.*, *Union of South Africa and the Great War, 1914-1918*, 213.

¹⁶⁸ This was a common occurrence during the war, for instance the landlocked 1st and 2nd Mounted Rifles (Natal Carbineers) rode bare-backed and naked into the sea on their way to the German South West front in September 1914. See, M. Coghlan, *Pro-Patria: another 50 Natal Carbineer years, 1945-1995*, 25.

¹⁶⁹ TBD Archives, 3/DBN, 4/1/2/1431, Bathing costumes for soldiers using beach baths, 1917-1922.

watching a show or socialising.¹⁷⁰ The belief in the value of the sea climate, and in outings in nature led to such events being organised by organisations and individuals such as the Mayor of Cape Town and the Cape Peninsula Motorcycle club, with trips to the beach or to the old Forts in Hout Bay, for instance. This was also intended to help to prevent men from becoming bored in convalescent homes.¹⁷¹ Figures 4.8 and 4.9 are of such outings.

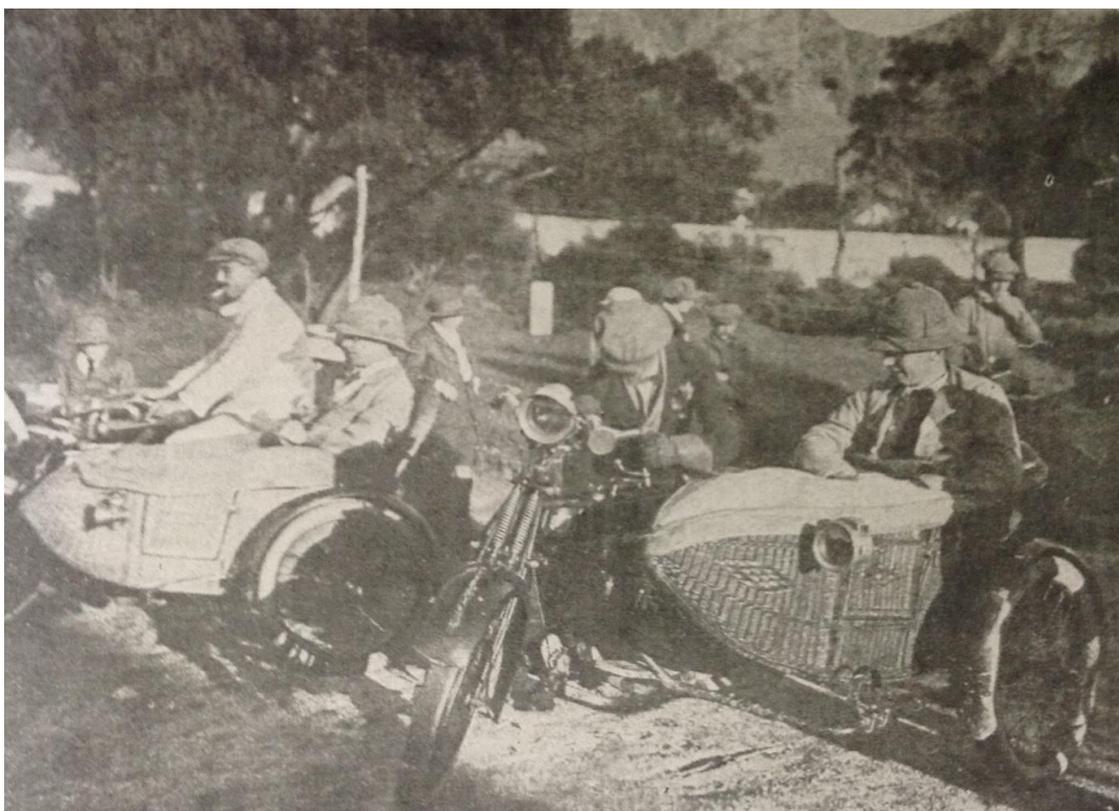


FIGURE 4.8: From hospital to health giving sea breezes¹⁷²

¹⁷⁰ TBD Archives, 3/DBN, 4/1/2/1372, Repairs to Y.M.C.A and soldiers' huts, 1917-1918.

¹⁷¹ NLSA, C.T. Wars: WWI: Army life.

¹⁷² NLSA, C.T. Wars: WWI: Army life.



*FIGURE 4.9: Cape Peninsula motorcycle club outing for wounded*¹⁷³

By September 1917, due to the lack of available beds, No. 5 General Hospital for the Cape Corps was built, along with a rest camp at Kimberley. Both Tempe, primarily for fever - type illnesses such as malaria, and Roberts Heights, in Pretoria, were also used to house patients when the other hospitals could not accommodate them and these were enlarged in July 1917. The number of patients to be transported to these buildings from the railway station were so significant that apart from ambulance vehicles, school cars and buses also had to be employed.¹⁷⁴ Attempts were also made to transfer soldier-patients to other hospitals inland in order for them to be near their families. The Midlands Hospital in Graaff-Reinet, in the Eastern Cape, opened on 25 January 1877, for instance, was overfull with soldiers who fought in the German East African campaign, primarily suffering from tropical diseases.¹⁷⁵

¹⁷³ NLSA, WWI Medical Services

¹⁷⁴ E. A. van Jaarsveldt, *Militêre Geneeskunde in Suid-Afrika, 1913-1983*, 19; DOD Archives, CSO 79, 185, Hospital, Roberts Heights and Convalescent Camp, November 1916-March 1917. A convalescent home for sick natives too ill to travel home was also erected in Durban in 1917. See, NAB Archives, Commissioner of Native Affairs (hereafter CNC) 284, 2005/1917, Health Misc. Convalescent camp – proposed to establish in the neighbourhood of Durban, 1917.

¹⁷⁵ P. D. K. Malherbe, “Taal, kultuur en konflik in die Karoo: ‘n historiese gevallestudie van blanke konflikte op Graaff-Reinet, circa 1904-1928”. (MA Thesis, University of Stellenbosch 2014), 76, 78; T.A. Botha, *Graaff-Reinet tydens die Eerste Wêreldoorlog, 1914-1919*, 334.

Since the majority of troops had been repatriated to the Union due to excessive strain, many of the hospitals and convalescent homes in South Africa was either reduced or closed down from May 1918 onwards.¹⁷⁶ The approximate number of the sick and wounded treated in the general hospitals, not including convalescent homes and other depots, were estimated at 60,000 in Cape Town alone. The majority of these soldier-patients, were from the East African front. The number treated at other hospitals in the Union was another 60,000.¹⁷⁷

The arrangement that South Africa should form the medical base to which serious cases of the sick and wounded were to be evacuated gave rise to various issues. According to C. P. Fendall, the medical authorities in the Union “acquired an exaggerated idea of deadliness of the East African climate.” The result of this view was that few men invalided to the Union, whether seriously ill or merely needing to experience a “change of air”, were returned to the front. This held for both South African and British troops, as the latter were often kept for long periods of time in hospitals or convalescent homes and then sent to Britain, while others deemed unfit were sent to England before giving the South African climate a chance to improve their health.¹⁷⁸ South African men who were still unfit, yet had recovered to an acceptable degree, were allowed a period of recuperative leave and to draw payment whilst they continued to rest at home before appearing before a medical board to determine their discharge status and pension.¹⁷⁹ Of those affected, not all men did not return to the front due to ill health, as several applied to the assistant Secretary for Defence seeking a discharge from the army. One application lodged by Cape Town Gunner, W. J. La Grange, listed “ill health wife” as the reason for discharge, yet as a doctor who examined her in Claremont found “nothing seriously wrong with her” he was sent back to East Africa.¹⁸⁰

Consequently, to avoid significant losses of manpower, a large convalescent home was established in the healthier region of British East Africa near Nairobi, with a rest hospital for those patients at Mombasa. Convalescent homes were already established in East Africa in the main centres such as Nairobi, mostly opened by private citizens and with wives who often

¹⁷⁶ DOD Archives, CSO 18, East Africa Medical Services, 1917-1918.

¹⁷⁷ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 317. The cost of treatment of both Union and Imperial troops in the Cape were paid by the Union government from March 1917.

¹⁷⁸ C. P. Fendall, *The East African Force, 1915-1919*, 154.

¹⁷⁹ DOD Archives, CSO, 63, 104/34, Discharge of men from GEA, 1916-1918.

¹⁸⁰ DOD Archives, CSO 66, 117/9199, Wellbeing of Soldiers in East Africa and elsewhere. September 1916-April 1917.

assisted in the care of these men.¹⁸¹ The climate did not have the same healing effect as Cape Town, but it did see to roughly fifty per cent more men being returned to duty than would have been the case if they were invalided to the Union.¹⁸²

Impediments to the treatment of Sick and Wounded

The South African Springboks who roamed the plains of East Africa from January 1915, were depicted as a “rough, tough and confident body of men.” Yet, they were perhaps too confident and unprepared for active service in the tropical climate. This scepticism on the Union brigade’s adaptability was expressed by Meinertzhagen before its arrival, since he “tried to explain to them that they had not the slightest idea of climatic and health conditions, neither had any of them any experience of fighting in thick bush. “...[He] told them...[he] thought that perhaps two years might finish the campaign. They smiled and told...[him that he] did not understand the Boer.”¹⁸³ Another soldier, Capt. A. J. Molloy, wrote to his friend, Middleton, on 7 April 1916, that one of the “points that have struck him most forcibly...[was] That this campaign...[was] an eye opener to...[their] G.S.W. [German South West] warriors. They have seen more here in one day than occurred in the whole G.S.W. campaign.”¹⁸⁴ Similarly, Collyer stressed that the main causes of the high sick rate were due to “Failure rightly to appreciate the full implication of such a campaign and neglect to prepare for it.”¹⁸⁵

As has been discussed, a number of diseases were contracted by men due to the climate and which made them unfit for active service. Naturally, preventative measures taken by medical services could not ensure complete immunity, yet much could still have been done.¹⁸⁶ According to an official source, “Even the simplest measures were lacking for combatting the spread of tropical disease.”¹⁸⁷ The abnormal sick rate could partially be attributed to the failure of the military staff who were responsible for instituting preventative measures. As Strachan has argued, proven methods of the control of malaria were neglected, largely due to

¹⁸¹ C. P. Fendall, *The East African Force, 1915-1919*, 151.

¹⁸² C. P. Fendall, *The East African Force, 1915-1919*, 155.

¹⁸³ R. Meinertzhagen quoted in L. Mosley, *Duel for Kilimanjaro: The East African Campaign 1914-18*, 116.

¹⁸⁴ DOD Archives, Pamphlet 18, Letters of Capt A.J. Molloy from German East Africa, WW1.

¹⁸⁵ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 279.

¹⁸⁶ Since the carrier corps consisted of natives of the country, unusually high sick rates were not anticipated thus the number of personnel and sick beds had to be increased hastily.

¹⁸⁷ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 501.

poor discipline. This was especially the case in mid-1916 with the arrival of fresh reinforcements. Several medical problems arose in the absence of coordination between the advice of medical personnel and military operations. Strachan argues that the fate of those troops contracting malaria, especially at Dar-es-Salaam, where there was a high incidence, could have been avoided through better communication.¹⁸⁸

The other obstacle to the proper care of soldier patients was the insufficient number of medical units and that many of these did not have their full transport. There was also the replacement of medical personnel who became ill with young and inexperienced medical officers.¹⁸⁹ Attempts were made to send specialists, such as parasitologists, to East Africa, but so few were sent that their contribution to the treatment of sick was limited.¹⁹⁰ The lack of a proper laboratory organisation armed with microscopes to diagnose diseases sufficiently was particularly felt in a tropical disease-ridden country. Often illnesses were diagnosed incorrectly and therefore soldier-patients received the wrong course of treatment that prevented recovery.¹⁹¹ Several citizens educated in medicine and sanitation with experience offered their services to the military authorities. However, few of these offers were accepted and the reason, whether financial or the perceived lack of need of them, is not stipulated in the available sources.¹⁹²

Furthermore, the implementation of prophylactic measures and patient care proved to be difficult since there was a large proportion of medical personnel who were themselves constantly sick. Nurses, in particular, fell victim to over-working, disease and the strain of the environment, and did not last long before requiring sick leave for several months. Medical personnel had to appear before a medical board at Dar-es-Salaam and were repatriated from there to the Union, where they, depending on their state of health, carried out light duty work in hospitals or convalescent homes. Some nursing sisters also resigned after their period of leave expired, which might indicate the difficulties they had to endure whilst serving in the East African campaign.¹⁹³ Another factor that impeded soldier-patient care was that as the

¹⁸⁸ H. Strachan, *The First World War in Africa*, 150.

¹⁸⁹ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 278-279.

¹⁹⁰ SAB Archives, GG 679, 9/96/14, Desirability of Medical Officer who is a parasitologist accompanying Union Expeditionary Force, 1915.

¹⁹¹ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 500-501

¹⁹² DOD Archives, CSO 18, 22/6, East Africa Medical Services, 1917.

¹⁹³ DOD Archives, CSO 18, 22/6 East Africa Medical Services, 1917.

number of patients increased, there was a simultaneous need to increase the number of African carrier units to help evacuate sick and wounded. However, unexpectedly, many of the carriers themselves fell victim to the tropical climate. Thus, it became necessary to send many of these men for recuperative leave to the Union and also to double hospital accommodation in January 1917. The staff of these hospitals also had to be increased by employing Indian orderlies.¹⁹⁴ Furthermore, hospitals in East Africa that were overly full and struggled to accommodate patients, either due to the lack of beds or of personnel, could not be emptied to other hospitals that had beds available, due to the impossibility of movement in the rainy season.¹⁹⁵ In general, most hospitals were filled beyond a manageable capacity, which led to the conversion of field ambulances into hospital units. This, in effect, also had an adverse effect since there were fewer mobile units to reach troops who required medical care at extensive distances from stationary hospitals.¹⁹⁶

Generally, medicine tended to be scarce and “of comforts there were none.” Aspirin, for instance, had to be obtained from private stocks that ran out quickly. It was an essential remedy at the time for the treatment of malaria and was described as a “merciful drug” against symptoms of fever and headache.¹⁹⁷ Other medicinal shortages included quinine.¹⁹⁸ When Shackleton and his companion, Somers, fell behind the rest of their unit, they started to feel “the fever coming on,” but they did not have any quinine left. They both contracted malaria shortly thereafter.¹⁹⁹ One officer expressed his concern “about the health of the men. They were all young...the hard work and short commons...were beginning to tell their tale...Forty per cent of them had either fever or dysentery.” His own private stock of medicines, since he had no official stock, had been depleted and he began to think that even if they did reach a medical aid post, “it would be to leave the bones” of his men.²⁰⁰ The South African Red Cross did what it could to send supplies and comforts for troops and asked that

¹⁹⁴ DOD Archives, CSO 79, Native Hospital, Addington, 173, 1916-1918.

¹⁹⁵ C. P. Fendall, *The East African Force, 1915-1919*, 150, 155.

¹⁹⁶ E. A. van Jaarsveldt, *Militêre Geneeskunde in Suid-Afrika, 1913-1983*, 19.

¹⁹⁷ L. Walmsley, *Flying & Sport in East Africa*, 28.

¹⁹⁸ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 278. The German forces in particular experienced shortages of quinine and led to research to produce a synthetic anti-malarial drug. See, L. B. Slater, *War and Disease: Biomedical Research on Malaria in the Twentieth Century*, 45-47, 59-60,

¹⁹⁹ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 46-47.

²⁰⁰ W. Whittall, *With Botha and Smuts in Africa*, 263-264.

principal medical officers send lists of requirements. However, these efforts were weakened by transportation difficulties.²⁰¹

To a lesser extent than on the Western Front, South African medical bases formed part of a greater medical organisation scheme. For instance, stationary and clearing hospitals from England and the Mediterranean were also established at advanced bases and moved along the lines of communication as the bases and their circumstances changed.²⁰² Temporary hospitals were established in deserted buildings such as abandoned churches for the treatment of sick and wounded.²⁰³ Some soldiers, as on the Western Front, envied the wounded and the diseased, since for them the war could possibly be over. It meant that they could move away from the front line and get rest and proper food. However, many also saw the hospitals as “disease-infested” places filled with “pain-wracked men and harried doctors, doing their best with meagre supplies. Yet remaining in the jungle held similar threats.”²⁰⁴

This can be seen in the descriptions of the experiences of two soldiers who were hospitalised during hostilities. When Shackleton was overcome by an attack of malaria along the front line and his feet were in a “bad state,” he lined up to report sick with other men suffering from the same ailments and other diseases such as dysentery. Some of those who contracted dysentery died shortly after they arrived at the hospital that was located in an old mission church. The place was “crowded with patients. There were not enough beds. Dozens of sick men were lying in rows on the cold cement floor,” thus he had to find himself space on the floor on a thin ground sheet, without blankets. Recovery, in the face of the lack of supplies, beds and medical personnel, was further impeded by the lack of food. Meals consisted of a cup of arrowroot water three times a day, augmented by a little soup that was “hardly sufficient to build up a man’s strength once he went down.”²⁰⁵ After suffering from fever and diarrhoea, Col. E. S. Thompson was taken to an Indian hospital on a stretcher in early April 1916. Upon his arrival, he was placed on the ground in a tent behind the front line and had “no food for 18 hours” until the hospital cook brought him half a loaf of round bread

²⁰¹ SAB Archives, GG 679, 9/96/15, Offer of SA Red Cross Society to supply medical comforts for military hospitals, 1915.

²⁰² C. P. Fendall, *The East African Force, 1915-1919*, 152.

²⁰³ J. H. Weeks, *'n Jong Soldaat: Ervarings en herinneringe*, 46.

²⁰⁴ T. A. Crowson, “When elephants clash: A critical analysis of Major General Paul Emil von Lettow-Vorbeck in the East African Theatre of the Great War”. (MA Thesis, University of Kansas, 2003), 3.

²⁰⁵ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 64-66.

and ham. He was given quinine and Epsom salts. The ineffective treatment meant that he constantly suffered from the same ailments as noted in his diary at several dates after being discharged from hospital as “fit”.²⁰⁶ The lack of accommodation in hospital was particularly felt during the rainy season when more men contracted diseases from living out in the jungle, having to sleep upright against tree stumps in the rain.²⁰⁷ Thus, it can be suggested that the damage done to men’s bodies through contracting diseases or suffering from wounds, could have been avoided through the effective implementation of prophylactic measures. Furthermore, those unfortunate men who did fall victim to these afflictions could have recovered their bodies quicker and more fully with better medical care.

Mind

Morale

In several Allied campaigns of the First World War, it appeared that the medical services were inefficient and suffered a level of breakdown, leading to Parliamentary enquiry or special War Office missions. The aim of such investigations was to report on the measures taken to care for the sick and wounded and in the prevention of diseases, as well as on unnecessary and preventable hardships.²⁰⁸ East Africa was counted amongst such campaigns that included the Dardanelles and Mesopotamia.²⁰⁹ The increasing sick rate, with a large proportion of men suffering from malaria and diarrhoea, led to the Assistant Director of Medical Services (ADMS) submitting a report on the health of the men to the General Officer Commanding (GOC) in August 1915 before the South Africans arrived. According to the report, the majority of men required rest and to be moved to a more congenial climate, since they were debilitated by continuous marching, road-making, drift making, fighting, lack of food, and by malaria and dysentery.²¹⁰

These hardships, and administrative mismanagement, affected the morale of not only the men abroad, but also of those on the domestic front. Outcry against such administrative

²⁰⁶ E. S. Thompson, “A Machine Gunner’s Odyssey through German East Africa: The Diary of E.S. Thompson, Part 1. 17 January -24 May 1916”, *Military History Journal*, (7), (4), December 1987.

²⁰⁷ E. A. van Jaarsveldt, *Militêre Geneeskunde in Suid-Afrika, 1913-1983*, 17-18.

²⁰⁸ Anon., “Hardships of G.E.A Campaign. Some grumbles in the senate”. *Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times (20 November – 25 June 1923)*. 21 February 1917, 7.

²⁰⁹ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, xiv

²¹⁰ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. IV*, 450.

failures and medical service deficiencies were even found in pro-war newspapers, with the *Sunday Times* demanding that “very drastic measures must be taken to remedy the evil.”²¹¹ A cartoon (figure 4.10), in the *Rand Daily Mail*, showed in the background South Africans carrying stretchers filled with sick or deceased soldiers. In the foreground were two apocalyptic, skeletal figures, Disease congratulating Starvation, saying, “My best friend! You’re doing wonders.”²¹² One mother wrote to the Governor-General’s office, complaining of the treatment of her son, a former police officer, then on active service in East Africa. She was of the opinion that “if a soldier failed in his duty he was court martialled. Why should not the government officials [responsible for the wellbeing of soldiers] be court martialled?”²¹³ Furthermore, the South African Labour Party also lodged a complaint with the War Office.²¹⁴ The campaign was turning sick through negligence, with nearly two-thirds of suffering men with diseased bodies arriving at Durban and Cape Town in late 1916. Discontent was further vocalised as invalided soldiers accused the military authorities of negligent conduct in respect of basic needs such as food, shelter, rest and healthcare.²¹⁵ Aggrieved sentiments were exacerbated by administrative delays in granting soldiers extended recuperative leave due to sickness by the DMS. This resulted in the “unfortunate soldiers” not having any pay for a month and in separation allowances to their families also being stopped. This caused “great public indignation” and caused the “whole fabric of dealing with returned soldiers in a satisfactory manner [to fall] to the ground.”²¹⁶

In response to such claims, a court of inquiry was organised, yet it consisted of Smuts’s most tame staff officers, and dragged on for months to reduce the impact that the report might have.²¹⁷ Since the War Office also wished to be kept abreast of the matter, a number of both military and medical personnel, were sent to East Africa to investigate. A court of inquiry was also called, yet difficulties arose since some of the witnesses were on active service in

²¹¹ Anon., “Discharge of Men from G.E.A. Confusion almost inevitable”, *Rand Daily Mail*, 15 December 1916, 4; Anon., “Half-Starved Soldiers”, *Sunday Times*, 12 November 1916.

²¹² Anon., “Allies”, *Rand Daily Mail*, 14 November 1916.

²¹³ SAB Archives, GG 594, 9/57/38, Nurse Tyrrel protests against refusal of government to refund to her son the amount he expended to provide himself with food during his period of service in East Africa. 1917.

²¹⁴ SAB Archives, GG 679, 9/96/37, Complaint that SA Troops engaged in campaign against German East Africa are suffering from lack of sufficient food and clothing, 1916-1917.

²¹⁵ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 107.

²¹⁶ DOD Archives, CSO 104, 34, Medical Boards, 1914-1916.

²¹⁷ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 107.

East Africa.²¹⁸ The official response, from the Colonial Office to the War Office, was that supply difficulties could be expected, considering the “wide...tropical theatre” and “limitations of transport,” yet these “hardships...were cheerfully borne by the great majority of the troops.”²¹⁹ On 21 November 1916, after a cartoon (Figure 4.10) had appeared in the *Rand Daily Mail* five days earlier, the Governor-General wrote to Smuts stating it was his opinion that both the *Sunday Times* and the *Rand Daily Mail*, “have been running amuck.”²²⁰ Similarly, according to an untroubled Smuts, the outcry in the press was merely the diffused complaints of “the grumblings of a few thoughtless or malcontent mischief makers.” Since he “lived with the troops”, he could not support such over-exaggeration.²²¹

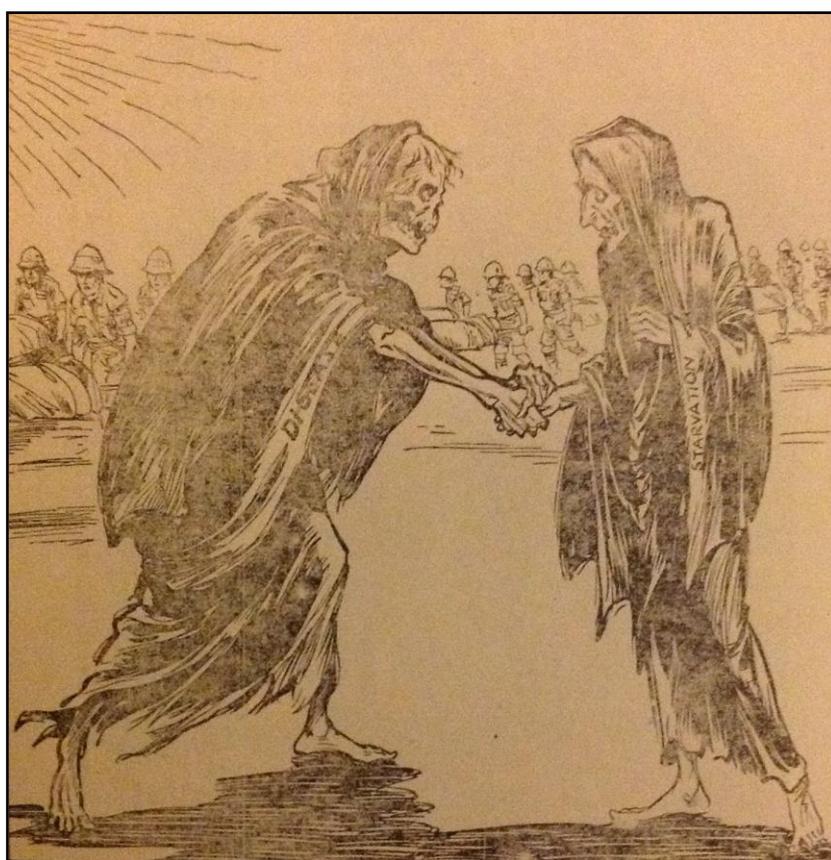


FIGURE 4.10: *Allies: Disease and Starvation*²²²

²¹⁸ SAB Archives, Agent for the Union of South Africa, Lourenço Marques (1910 - 1936) (hereafter BAL) 594, 9/57/31, Appointment of Surgeon General Pike and Lt. Colonel A. Balfour to enquire into and report on health of troops both British and Native including followers, 1917.

²¹⁹ SAB Archives, GG 679, 9/96/37, Complaint that SA Troops engaged in campaign against German East Africa are suffering from lack of sufficient food and clothing, 1916-1917.

²²⁰ J. A. Ambrose, *The fought for King and Kaiser: South Africans in German East Africa*, 301.

²²¹ Anon., “In German East Hardships of the Campaign”, *Rand Daily Mail*, 21 November 1916, 3.

²²² Anon., “Allies”, *Rand Daily Mail*, 14 November 1916.

As mentioned, graves dug in the bush to bury comrades had to be deep, for hyenas, rather common in the area, had the tendency to dig up the graves and unearth corpses, which then had to be re-buried. Since hyenas “tunnelled”, and did not dig into the ground, this meant that they brought only severed pieces of the body to the surface. Such sights created a lasting disturbing impression for those unfortunate men.²²³ Other factors that affected morale were camping in an area that was very unhealthy, and when men had “no mental relaxation except that with which...[they] could provide [themselves with]. Companions that were demoralised affected the rest of the unit, that made them “all feel as if...[they] were going mad.”²²⁴ Another officer also expressed his frustration at the wet climate, stating “if only...[they] could get one fine day to dry the roads and renew the hearts of...all!” He confessed to an approaching feeling of “that state of “fedup-ness” in which one does not care particularly what happens.”²²⁵ Similarly Reitz noted that “It was pitiful to see the fever-racked men dragging themselves along on foot, for their animals were dead, and...[they] had ceased to be a mounted army.”²²⁶ The mounted brigades also had a tendency to form emotional attachments to their horses, thus when these animals died as a result of a bite from a tsetse fly for instance, it had a significant mental impact on them.²²⁷

The infantrymen of this campaign were “fighting for ever in the hellish bush against a cunning unseen enemy, battling against malaria, dysentery, thirst, and starvation, without tobacco, whiskey, or mail, usually without the barest medical comforts.”²²⁸ A returned soldier from East Africa, possibly best summed up the conditions of the campaign in a poem of doggerel verse:

Farewell..the late land of the hun!
Where eggs can be hatched in the heat of the sun,
Where mosquitoes and flies have the time of their lives,
And a man never sees a line from his wife,
Farewell to the place where our parcels were lost,
...Where the flies and the ants had the bulk of our food,
Farewell to the lions, the leopards and rats, the humming
mosquitoes and droning blind bats,
farewell to our oxen, our motors and mules,
farewell to the rations of rum, that we missed...

²²³ J. H. Weeks, ‘n *Jong Soldaat: Ervarings en herinneringe*, 15.

²²⁴ A. W. Wells, “Army Humour as I Remember It”, *The Home Front*, November 1928, 9.

²²⁵ W. Whittall, *With Botha and Smuts in Africa*, 264.

²²⁶ D. Reitz, *Adrift Upon the Open Veld: The Anglo-Boer War and its Aftermath, 1899-1943*, 255.

²²⁷ J. H. Weeks, ‘n *Jong Soldaat: Ervarings en herinneringe*, 51

²²⁸ P. Fitzpatrick in A. W. Lloyd, “*Jambo*” or with Jannie in the Jungle, 3.

Farewell to Kilosa where black water reigns,
 Where fifty per cent. were writing in pain,
 ...And our blankets were carried away by lice,
 Farewell to East Africa the land of the snake,
 And if asked to return shall reply "Oh dear, No!"²²⁹

Such conditions and threats to survival and health impacted men's mental and emotional well-being.

Men were, of course, invariably responsible for assuring their own mental well-being. In all three campaigns, it took the form of army humour that was nostalgically retold years later at Moths gatherings when re-united with comrades. What was required of army humour, as one Moth wrote, was "the background of blood and tears, of mud and misery, of endless struggle and privation, through which this Army humour shone like great shafts of cheering and redeeming sunshine."²³⁰ During a few weeks' sick leave, Capt. A. W. Lloyd, compiled thirty sketches to "give amusement and provide a little memento for comrades who have seen it through together."²³¹ This aim was effective, and arguably helped to boost morale, since these sketches were recalled with "pleasure" a decade later.²³² Humour often accompanied times of difficulty, as P. Fitzpatrick noted, how would it have been possible otherwise to "see it through." He was the author of thirty humorous sketches²³³ of the campaign, intended to give rise to laughter and for those who lived through it to "make light of it." However, many soldiers who fought in the campaign would simultaneously be reminded of the "hardships" and "sufferings." Men would be reminded of the harsh reality that "the starved and ragged scarecrows are not caricatures, but pictures from life" of those men who saw service in East Africa.²³⁴

As with the German South West Campaign, sport and leisure during times of activity helped to keep men occupied and to fuel morale. Other forms of leisure activity were also present, as "opportunities for relaxing did not cease." Rugby games between, riflemen and artillery for instance, were played with a *dominee* from Stellenbosch as the referee.²³⁵ Other

²²⁹ W. Graham, "A Tommy's Farewell", *Mossel Bay Advertiser*, 24 April 1917, 5.

²³⁰ A. W. Wells, "Army Humour as I Remember It", *The Home Front*, November 1928, 9.

²³¹ P. Fitzpatrick in A. W. Lloyd, "*Jambo*" or with Jannie in the Jungle, 3.

²³² Anon., "Old Bill Captures A Famous Punch Cartoonist", *The Home Front*, November 1928, 23.

²³³ See, Figure 4.2 and 4.7 for examples.

²³⁴ P. Fitzpatrick in A. W. Lloyd, "*Jambo*" or with Jannie in the Jungle, 3.

²³⁵ J. H. Weeks, '*n Jong Soldaat: Ervarings en herinneringe*, 19.

games included the Christmas winter sports, which required the clearing of a race-course in December 1915.²³⁶ Another pastime was breaking in horses during times of inactivity.²³⁷ Given the environment, big game hunting, such as lion and elephant, was fairly popular, especially amongst South African troops. Game abounded in German East Africa, and could easily be found in wartime haunts, where there were animals such as lion, elephant, hippopotamus and rhinoceros.²³⁸ The country was, after all, home to a collection of farmers and famous white hunters, such as Baron Bror von Blixen, Baron Erik von Otter, Helge Fagerskold, Bowker Douglas and Emil Homberg.²³⁹ In a letter to a friend, Capt. A. J. Molley revealed that he “had a simple request from his son...[acquainted with the tales of big game hunters] to catch a lion, a tiger, a rhinoceros and a couple of elephants for him.”²⁴⁰

The airman, L. Walmsley, shot his first lion during an evening hunt with two South Africans who managed to arrange for two cars for a nights shooting. Both “Buddy” and “Koos”, the two South Africans, were experienced game hunters, as the pilot questioned whether “there was a single antelope they had not shot, a fish they had not caught, a mountain peak they had not climbed, or a river source they had not traced.”²⁴¹ It was probably not accidental that troops stationed at Mgati, a private reserve, were explicitly prohibited from hunting. Yet, “give a boer a gun and ammunition and expressly tell him not to shoot while game was everywhere,” and he would. Within a week one could not move between tents, since ample *biltong* was strung on lines between them. Some of the younger men, such as J. H. Weeks, were also taught how to hunt by old Boer commando officers.²⁴² The historical fiction writer, G. Foden, also includes this theme of hunting, in his novel, *Mimi and Toutou’s Big Adventure: The Bizarre Battle of Lake Tanganyika*, and mentions South African hunters, such as Maj. Pieter Pretorius, an ivory hunter.²⁴³ Traditionally, big-hunting has been portrayed by historians as a solitary sport, yet as C. McKenzie argues, there have also been elements of fraternal association that came with it in men’s sporting clubs. This was also

²³⁶ NCA, J. Emerson-Lewis Collection, Letters from C. Smith to Family, G.S.W.A. and East Africa, 1915-1916, 4 January 1916.

²³⁷ J. H. Weeks, ‘*n Jong Soldaat: Ervarings en herinneringe*, 21.

²³⁸ J. J. Collyer, *The South Africans with General Smuts in German East Africa, 1916*, 9.

²³⁹ T. A. Crowson, *When elephants clash: A critical analysis of Major General Paul Emil von Lettow-Vorbeck in the East African Theatre of the Great War*. (MA Thesis, University of Kansas, 2003), 19. See, C. McKenzie, “The British big-game hunting tradition, masculinity and fraternalism with particular reference to the ‘Shikar Club’”, *The Sports Historian*, (20), (1), 85-86.

²⁴⁰ DOD Archives, Pamphlet 18, Letters of Capt A.J. Molley from German East Africa, WW1.

²⁴¹ L. Walmsley, *Flying & Sport in East Africa*, 269-270.

²⁴² J. H. Weeks, ‘*n Jong Soldaat: Ervarings en herinneringe*, 15

²⁴³ C. Foden, *Mimi and Toutou’s Big Adventure: The Bizarre Battle of Lake Tanganyika*, 28.

reflected in the East African campaign, in the military environment. Soldiering and big game shooting has often been associated with one another and coupled with masculine values, a successful hunter was the apotheosis of an ideal manhood.²⁴⁴ Undoubtedly, as J. Sramek has argued, the greatest attraction to hunting was its association with masculinity. It was thought that it would build character, as Army Captain Henry Shakespeare argued in his 1860 hunting memoir, in which he argued that it would keep young men fit for duty as soldiers, whilst simultaneously keep them away from frivolous pursuits such as gambling and debauchery.²⁴⁵



FIGURE 4.11: *Big Game Hunting in East Africa*²⁴⁶

After the battle at Lollikisali (14-16 April 1916), also referred to as “Heuningberg”, the troops came across an internment camp of mostly women, children and older people, some recognisable as distant relatives or acquaintances.²⁴⁷ Several men considered themselves to be in love with some of the women that they met in the camp, to the extent that they reported sick to avoid going out on patrol and to remain behind. Since one man, Rassie, only had a

²⁴⁴ C. McKenzie, “The British big-game hunting tradition, masculinity and fraternalism with particular reference to the ‘Shikar Club’”, *The Sports Historian*, (20), (1), 71, 87.

²⁴⁵ J. Sramek, “‘Face Him like a Briton’: Tiger Hunting, Imperialism and British Masculinity in Colonial India, 1800-1875”, *Victorian Studies*, (48), (4), Summer 2006, 665.

²⁴⁶ NLSA, C.T. Wars: WWI EA

²⁴⁷ A number of South Africans immigrated to British East Africa after the Second Anglo-Boer War and established themselves at Arusha. With the arrival of Union troops and war, this group also divided with Afrikaner standing against Afrikaner as with the Boer Rebellion in 1914-1915. Those loyal to the Union were placed in Internment camps, usually in *bandas* (small grass huts). See, DOD Archives, Pamphlet 18, 1994; A. Samson, *World War I in Africa: The Forgotten conflict among the European Powers*, 137-138.

temperature of 36.8 degrees he was ordered to join the patrol and, as he saddled up, mumbled that such a high temperature “was not something to play with!”²⁴⁸ Yet, such instances were the exception, and instances of venereal disease in the campaign were uncommon. Naturally, while men did seek out female company whilst on leave in the Union, such liaison opportunities left virtually no record whilst on active service in this campaign.

‘Dishonourable’ behaviour amongst men in a military environment at times of inactivity is a common component of war, as illustrated in the previous chapter. For instance, the OC of No. 4 General Hospital at Roberts Heights, with invalided soldiers from the East African campaign, complained that there were 25 cases of drunkenness amongst the hospital patients. To which the Provost Marshal responded that “drinking and drunkenness...[were] by no means abnormal, and O.C. Hospitals must be prepared to have some cases of drunkenness among the patients.” Convalescents and patients had the tendency to venture into town wearing their “blue hospital clothing” and procured liquor and then returned drunk. The concern was that even if consumed in small quantities it had “a very harmful effect” on patients, particularly those suffering from malaria. Thus, attempts were made to curtail such behaviour by prohibiting the sale of alcohol to such men. Men were also provided with distractions such as using a hall at the Castle of Good Hope for recreation and entertainment.²⁴⁹ Apart from the YMCA huts in the Union, such as the one in Durban, some of the camps had a YMCA hut, such as at Maktau, which provided men with some relief, especially after long, weary marches.²⁵⁰

As argued in the previous chapter, a connection with the home front was important to help maintain morale amongst men. The South African Gifts and Comforts organisation committee expanded the extent of its operations and supplied troops on both the Western and Eastern fronts with parcels that ultimately consisted of 27,803 tins of sweets, large quantities of pipe tobacco, cigarettes, matches, soap, and towels, amongst other items. However, the despatch of parcels to East Africa was disrupted and only arrived after extensive periods of time and accumulated storage at Durban. Because of the difficulties of sending comforts to

²⁴⁸ J. H. Weeks, *'n Jong Soldaat: Ervarings en herinneringe*, 24, 39-40.

²⁴⁹ DOD Archives, CSO 79, 185, Hospital Robert Heights and Convalescent Camp, January 1916-March 1917.

²⁵⁰ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 11.

specific men, these were frequently dealt out to those who could easily be found.²⁵¹ In a letter to his mother, Sgt. C. H. Smith assured her not to worry about him if she did not hear from him since mail was a “monthly affair,” which was an optimistic assumption.²⁵²

In September 1915, the Information Bureau was changed into the Record Office, due to the large numbers of Union Soldiers away on active service. The office continued to relay information to relatives of men away at the front, as well as keeping a record of every citizen who volunteered and enrolled into the South African expeditionary force. The Main Record Office was established at Pretoria and the Branch Record Office was established at the Office of the High Commissioner in London. A number of sub-divisions were also formed, such as the casualty section.²⁵³ As in the previous campaign, a number of letters and parcels were returned to the General Post Office that required the temporary employment of staff to deal with it, the “large staff” worked at a “high pressure for some weeks.” By May 1919, with many letters and parcels finding their way to the office, pressures led to the committee responsible writing to the Secretary for Defence, stating that it would no longer “be able to deal with the correspondence.”²⁵⁴

Conclusion

The East African campaign did not result in a swift victory, as in the case of South West Africa, but continued until after armistice on 1 November 1918. The campaign was a war of chasing the enemy across immense distances and many sharp engagements. The terrain and the irregular enemy forces made it extremely difficult to round up mobile adversaries who were independent of the encumbrances of regular troops. Most South African troops, including General Smuts, had been recalled back to South Africa in 1917. Some Union soldiers remained under Van Deventer, who replaced Smuts, and succeeded in overcoming Von Lettow-Vorbeck once the war ended.²⁵⁵ However, at the time, due to sickness, particularly malaria, the actual number of men available in the field bore no relation to the

²⁵¹ Anon., “Comforts for Troops: SA gifts and comforts organisation committee”, *Paarl Post*, 10 February 1917, 4.

²⁵² NCA, J. Emerson-Lewis Collection, Letters from C. Smith to Family, G.S.W.A. and East Africa, 1915-1916, 24 September 1915.

²⁵³ J. G. W. Leipoldt *et al.*, *Union of South Africa and the Great War, 1914-1918*, 217

²⁵⁴ DOD Archives, WW1 ISD, 33, 762, Returned letters overseas contingent, 1919.

²⁵⁵ J. A. Ambrose: *They fought for King and Kaizer: South African Forces in German East Africa*, ix.

nominal strength of the force.²⁵⁶ By 14 November 1918, Von Lettow-Vorbeck was again beyond the borders of German East Africa at Abercorn in upper Northern Rhodesia, and it was left to the European Armistice to terminate African operations. The legendary German General along with his remaining ragged and exhausted 1,168 Askari and 155 European soldiers finally laid down their arms on 25 November 1918.²⁵⁷ They marched into captivity and laid down their arms, not because they were vanquished, but because those they served had surrendered.

Due to the type of warfare, terrain and climate, few engagements rose to the shape of conventional battle, yet fighting was often continuous and severe. However, wounds were not the greatest threat to men's bodies. The wild and impenetrable nature of the country, its vastness, the deadly diseases, and the difficulty of supply increased hardships and lowered morale amongst men. As Smuts noted, the tropical campaign across a vast territory was not an easy task "in the face of a resolute and powerful enemy backed up by natural obstacles and climatic difficulties of the most formidable character."²⁵⁸ These sentiments reverberated amongst South African soldiers, as it was described as "gruelling" by one, and another noted that "the war was not against the enemy alone, but also against the elements and creatures."²⁵⁹ The South African troops' experiences in East Africa consisted of working like "convicts," feeding "like animals, and sheltered...like the beasts of the bush."²⁶⁰ Smuts' chief intelligence officer, Col. R. Meinertzhagen, also observed that "what Smuts saves in the battlefield he loses in hospital, for its Africa and its climate...[they] are really fighting not the Germans."²⁶¹

The success and limited losses of the German South West Campaign resulted in almost arrogance and in underestimating the effect that a campaign conducted over wild and often savagely beautiful terrain would have on men. Outcry from both the home front and from soldiers who fought in East Africa over the lack of treatment and care, supports this perspective. Yet the blow by the harsh tropical terrain to men's bodies and minds could have

²⁵⁶ W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History*, Vol. IV, 480.

²⁵⁷ J. G. W. Leipoldt *et al.*, *Union of South Africa and the Great War, 1914-1918*, 92.

²⁵⁸ J. H. V. Crowe, *General Smuts' Campaign in East Africa*, v-vi.

²⁵⁹ J. H. Weeks, 'n *Jong Soldaat: Ervarings en herinneringe*, 37; E. A. van Jaarsveldt, *Militêre Geneeskunde in Suid-Afrika, 1913-1983*, 17.

²⁶⁰ W. Whittall, *With Botha and Smuts in Africa*, 264.

²⁶¹ R. Meinertzhagen, *Army Diary, 1899-1926*, 200.

been lessened with better organisation and preparation by the various branches of Defence Headquarters.

A British soldier followed an “oozy path” in an East African jungle, guided only by the sound of drumming, whereby he came across a serious affair of dancing. He asked a man to explain the situation, upon which he received the answer that it was a “devil dance”. The man’s speech was difficult to understand, but eventually the soldier understood that “the devil which they were exorcising, the devil which was supposed to escape from the tortured bodies... was the devil of fever.”²⁶² This campaign should have been a sideshow in the war against the German Kaizer, with minimal casualties and cost. Yet it resulted in the highest losses from sickness of all theatres of the war.²⁶³ Appalling losses were sustained as both men and animals succumbed to tropical diseases and starvation. Consequently, the greatest threat to men were not wounds to the body, nor only collapsing morale that affected the mind, but disease.

Men’s health was so shattered by deadly diseases that they required months of hospital treatment and recuperation. Some men, invalided to the Union, volunteered for service in Europe, as their bodies would not have withstood another tour in the subtropical climate of East Africa. Yet, since the conditions on the Western Front were markedly different, the European front appeared to be a viable alternative option. Granted, malaria was not a disease of the trenches. However, new drafts from the German East African campaign joining the 1st SAI in 1918 in particular often suffered from a recurrence of the bush disease aggravated by the harsh conditions of the trenches, and had to be hospitalised again. For many, it took years to rid themselves of the ‘devil of fever’.²⁶⁴

²⁶² F. B. Young, *Marching on Tanga: With General Smuts in East Africa*, 15.

²⁶³ J. A. Ambrose: *They fought for King and Kaiser: South African Forces in German East Africa*, viii.

²⁶⁴ J. G. W. Leipoldt *et al.*, *Union of South Africa and the Great War, 1914-1918*; P.K.A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 261.

Chapter Four: ‘Not tonight Wilhelm, I have a headache’: South African soldiers on the Western Front, 1915-1918

Introduction

One of the most famous shell-shock hospitals of the First World War, was the Craiglockhart hospital in Scotland. It was also home to the well-known, Dr. William H Rivers, who served in the RAMC during the Great War. He was known for his techniques of psychoanalysis, which he applied to British soldiers suffering from various forms of neurosis brought on by their war experiences. In 1917, he treated a former British officer who, as a result of his time at the front, suffered from selective amnesia. In one of their sessions, Dr Rivers asked the patient about the numerous visits he made to various casualty clearing Stations, and why did he keep returning to the trenches if clearly he was still unwell and still experienced symptoms. The patient first looked at him in disbelief and replied sarcastically that of course there were still many remaining symptoms, but what of it? It was not merely a case of saying, “not tonight Wilhelm, I have a headache.”² With this, the officer highlighted the fact that despite being unwell the war and the fighting would go on and this was the case for most soldiers. As highlighted in the first chapter, the definition of ill or wounded was far different whilst on active service than in civilian life. This was particularly the case on the Western Front with its infamous trenches, which formed the main battleground of the Great War, when compared to the two sideshow fronts in which the South Africans participated on their continent.

The aim of this chapter is to explore the impact that active service in Europe had on South African soldiers’ mind and body. It is a common misconception that the Western Front can be summed up entirely as “life and death in the trenches.” Only a relatively small proportion of soldiers occupied these. Trenches served as the “line in front” of a number of components where the majority of troops and other army personnel were employed. These components made up the ‘system of war’, such as supply lines, training establishments, workshops, headquarters, stores and medical posts.³ Thus, life in the trenches formed one part in the life cycle of soldiers. The continuing cycle varied between occupying the front-, support- or reserve line and enjoying a period of rest behind the line or in training. Soldiers only escaped

² P. Barker, *The Regeneration Trilogy*, 50.

³ N. Barber, *World War I: The Western Front*, 33; W. L. Hosch (ed.), *World War I: People, Politics, and Power*, 71-72; S. C. Tucker & P. M. Roberts (eds.), *The Encyclopaedia of World War I: A Political, Social, and Military History*, 1175-1176.

this cycle when wounded or ill when they were admitted to a base hospital or received more intense treatment in Britain. Consequently, life on the western front was not a constant routine of battle. Most of the suffering that afflicted the troops, whether physical or psychological, was a direct result of the conditions in and around the trenches.⁴ For the purposes of this dissertation, focus will fall on infantry troops and supporting units of the machine guns and mortars, engineer units, and forward positions of artillery observers, since the trenches were their domain.

Other factors that impacted men's bodies and minds, which will be explored, include kit, clothing, duties, nutrition and the diseases that often resulted. The diseases and types of wounds of the campaign were numerous, but only those most prevalent amongst South Africans will be discussed, including trench fever, trench foot, typhoid, dysentery, venereal diseases, rheumatism and influenza. Moreover, this chapter will focus on femur fractures, since this type of wound was often sustained by men's bodies, was more difficult to treat, and combined with the fact that the SAMC was instrumental in the development of its care and treatment. Similarly to the two African campaigns, men's morale was affected by ease or difficulty in communication with the home front. However, what sets the Western Front apart from the former two campaigns were the horrific sights of mangled bodies produced by industrial warfare. This resulted not only in a lowering of morale amongst men, but also in more threatening forms of war neurosis that effected the mind.

Conditions in the trenches

The Trenches: O' what a humble abode...

As stated, the trenches of the Western Front comprised more than a single line of opposing ditches, but rather an elaborate system.⁵ The front line referred to the first system of defensive trenches which immediately faced those of the enemy. In some cases, the enemy front line was as close as forty-five meters. These trenches were commonly referred to as the "Main Fire Trench" and were built in a zigzag formation as to allow for better defence and view of enemy activities. Furthermore, these trenches were dug in sections or bays, referred to as 'traverses', which prevented the whole trench from being affected by a shell explosion

⁴ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 109.

⁵ J. Hamilton, *Trench Fighting of World War I*, 8. See, S. Bull, *Trench Warfare*. Havertown: Casemate Publishers, 2003.

or enemy invasion.⁶ Sgt. W. Johnstone, wrote of a narrow escape from death on 6 July when a high explosive landed in the trench close to where he was lying. It nearly felt like he was “suffocating”, “the smoke and sand [dust] was as thick and black as coal... [the entrance] had closed to about a foot wide [and] the shrapnel hitting the sandbags in front in about a hundred places.”⁷ Yet he survived the attack with only minor scrapes and bruises.⁷

The area between the two front lines, “No-Man’s-land”, was demarcated by two thick lines of barbed wire, punctuated by gaps which served as points of entry for patrols. Furthermore, listening posts, ‘sap-heads’ or ‘forward saps’, punctured no-man’s-land as they were positioned in advance of the front line, usually manned by two infantry men, dangerously close to the enemy line and usually unprotected by belts of barbed wire. The main task of these posts was to monitor enemy activity or to gather intelligence. The occupants of these posts were charged with following enemy activity in the vicinity, such as the presence of gas cylinders, which would indicate mining preparations for a gas attack or wiring parties. The occupants of these posts tended to have a short life span since enemy raids were often launched to knock them out, thus ‘dummy trenches’ were usually constructed in the same general area.⁸

Behind fire trenches, support lines were constructed, with small ‘funk-holes’ protruding from trench walls which offered shelter for three to four men, a signaller holding a telephone position, a platoon or company HQ. Dugouts could also be created underground with tunnels and quarters for safety from artillery barrages and for sleeping and storage, these were usually occupied by officers.⁹ Behind this followed a Reserve line, and these two lines of trenches were commonly connected with communication trenches, which offered a path for soldiers to carry equipment and supplies. The intricacy of the trench system required indispensable guides at times, and to aid finding ones way in the maze that was the trench system, sections were neatly numbered from right to left (for instance, support trench S51). More popular and less formal, was naming them after familiar streets, such as Regent Street, alternatively after landmarks, towns, or to indicate danger.¹⁰ The South African’s did their

⁶ J. M. Winter, *The Experience of World War I*, 129.

⁷ I. Uys, *Rollcall: The Delville Wood Story*, 27.

⁸ P. Fussell, *The Great War and Modern Memory*, 41.

⁹ S. C. Tucker & P. M. Roberts (eds.), *The Encyclopaedia of World War I: A Political, Social, and Military History*, 1176; T. C. Dowling, *World War One (Volume One)*, 95; P. Fussell, *The Great War and Modern Memory*, 41-43.

¹⁰ P. Fussell, *The Great War and Modern Memory*, 42-43.

first tour at the front in April 1916 near the Flanders village of Ploegsteert (often referred to as Plugstreet), they “filed with interest” to “the underground sand-bagged defences.” They followed a communication trench where they had to take care to keep below trench parapets and to be as silent as possible. They “passed notices such as, ‘Hell Fire corner, keep moving, duck or die’.” The reserve line ran underneath a demolished house. One section was quartered there in a “cosy cellar”, with a “nicely arched brick roof” that had “remained firm under the rubble above.”¹¹

The construction of trenches varied depending on the terrain where they had to be built, each location held its own challenges for those who were responsible for its construction.¹² And yet the experiences of trench life tended to be the same.¹³ In some parts of France and Flanders, trenches often ran through towns and villages, industrial works, coalmines, brickyards, across railway tracks, farms, fields and woods, and across rivers, canals and streams. Not all trench positions were held for significant periods during the major offensives, and were often advanced further into no man’s land or enemy territory.¹⁴ Yet, for days, these trenches were men’s homes, as depicted in a poem entitled *My little wet Home in the Trench*, which paints a vivid picture with passages such as, “There’s a dead cow close by/ with her hooves to the sky,/ And she gives off a beautiful stench,/ Underneath, in a place on the floor,/Is a mass of wet mud and some straw,/...”¹⁵ The condition of trenches depended on the terrain, and the quality of trenches had a direct impact on men’s bodies and minds. A well-constructed trench provided better protection not only from mortars and shrapnel, but also from nature’s elements.

On the Somme River, the ground was chalky and thus deep trenches were easily dug. Yet, with rainfall, their sides would crumble and thus had to be ‘revetted’ or built up with suitable material depending on what was available. This commonly included wood and sandbags. The first line of trenches the South African troops occupied were in low country, it was constructed above ground, built up by sandbags and duck boards at the bottom to keep their feet off the swampy ground.¹⁶ In late June 1916, before the summer offensive, rain came

¹¹ G. G. J. Lawrence, “Echoes of War (Part 2)”, *South African Journal of Military Studies*, (8), (2), 1978, 42-43.

¹² See, D. Burg: *Almanac of World War I*. Lexington: University Press of Kentucky, 2003.

¹³ T. C. Dowling (ed.), *World War One (Volume 1)*, 95.

¹⁴ S. C. Tucker & P. M. Roberts (eds.), *The Encyclopaedia of World War I: A Political, Social, and Military History*, 1175-1176.

¹⁵ Anon., “My Little Wet Home in the Trench”, *The Home Front*, September 1928, 15.

¹⁶ G. G. J. Lawrence, “Echoes of War (Part 2)”, *South African Journal of Military Studies*, (8), (2), 1978, 41.

down in floods, No Man's Land had already become churned up due to heavy bombardment and it was turned into a muddy terrain.¹⁷

The SA Brigade was in reserve in late October 1916 and was spread out in villages near the town of Arras, not too far from the Somme. The 4th SAI regiment was billeted in the town where it was preoccupied with the improvement of town defences. The remaining three regiments were engaged in constructing telephone cable trenches, new roads and other duties in preparation for the coming spring offensive. During this period, the Brigade resided in a stretch of trenches, nearly two kilometres long.¹⁸ These, according to Lawrence, were some of the “best and driest” and “well maintained trenches” they had ever manned. Despite later having to endure one of “the coldest winters”, they had “dry duck boards” and parapets “that did not crumble when the snow thawed.”¹⁹

When the brigade was not in the trenches, it was either billeted above ground in buildings, such as a convent, or in a town cellar underground.²⁰ In 1916-1917, a series of spacious subterranean medieval chalk quarries on the edge of the ancient Roman town of Arras were transformed into lodgings. A number of underground tunnels were linked to create an extensive underground network. Signs were posted inside this labyrinth, naming parts after home towns. Whole regiments were housed in designated areas marked with numbers. The underground city also housed headquarters, a kitchen and the Thompson's Cave hospital²¹ with 700-beds, operating theatres and a mortuary.²²

‘Of Lice, “cooties,” “beasties” and men:’ Vermin in the trenches

The conditions in the trenches that made life hell for soldiers made it heaven for vermin. As Pte. A. H. Betteridge recalled of the first two days of the Somme offensive whilst camping out in small French dugouts in Billon Valley, there they had their “first real

¹⁷ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 111.

¹⁸ Here soldiers enjoyed duck shooting some 700 metres from the German line.

¹⁹ G. G. J. Lawrence, “Echoes of War (Part 2)”, *South African Journal of Military Studies*, (8), (2), 1978, 51.

²⁰ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 178.

²¹ The hospital was named after Col A. G. Thompson of the RAMC. Today it forms part of the *The Wellington Quarry - la Carrière Wellington*, an underground museum, opened in 2008. See, map and more details in N. Cave & P. Robinson, *The Underground War: Vimy Ridge to Arras*. Great Britain: Pen & Sword Books, 2011, 25-26, 178-180; Also see, G. Iriam, *In the Trenches 1914-1918*. eBookIt.com, 2011; A. S. Dolden, *Cannon Fodder: An Infantryman's Life on the Western Front, 1914-1918*. London: Blandford Press, 1980.

²² R. Hardman, “Inside the amazing cave city that housed 25,000 Allied troops under German noses in WWI”, *Mail Online*, 16 March 2008 [Accessed: 2 December 2013].

experience of a peculiar brand of French “cooties” (lice). The SA Scottish called them “beasties”: the folds of their kilts held particular attractions for the vermin.²³ Similarly, when the brigade took over a sector of front trenches at Arras in December 1916, where they were briefly billeted underground, Lt. Lawrence related that it was “bitterly cold”, and that when their fires died down, “the rats came out in their hundreds. They were the largest imaginable, and quite unafraid.” He slept with his face covered, since the rats ran over them during the night. Some “sat and scratched themselves” on his “blanket-covered face”. His companion woke up during the night after sleeping on his back, as while he had been snoring a rat ran across his face and dipped one of its feet in his mouth. Lawrence noted that “It has been reported [that] he never snored again!!”²⁴

Clothing

One of the problems that soldiers faced was due to the inadequacy of clothing, both in quantity and in quality.²⁵ The Brigade was issued with steel helmets or ‘tin hats’ with their second round of duty at the front before the Battle of the Somme in 1916. These were welcomed by the men, since some suffered from unnecessary light head wounds caused by shrapnel that penetrated their light cloth service caps. At the very least, one “Eshowe boy” felt that “The steel helmets make one feel safer.”²⁶ Furthermore, these helmets could serve a dual purpose by also being used as wash basins.²⁷

Troops were not issued with any blankets at the front. The uniforms of the SA Scottish included kilts with thick pleats which kept them warmer than the uniforms worn by the other three regiments of the SAI.²⁸ One item of clothing issued to all men, were thick winter greatcoats or mackintoshes, which were of a reasonable quality, yet were scratchy and became particularly heavy when wetted by rain. Most of these coats were overly long and mud tended to cling to them, which impeded mobility.²⁹ Clothing often failed to provide adequate protection against the elements, and much “discomfort” was experienced when

²³ I. Uys, *Rollcall: The Delville Wood Story*, 21.

²⁴ G. G. J. Lawrence, “Echoes of War (Part 2)”, *South African Journal of Military Studies*, (8), (2), 1978, 51.

²⁵ L. van Bergen: *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 109.

²⁶ Anon., “Correspondence”, *Zululand Times*, 23 June 1916, 4.

²⁷ G. G. J. Lawrence, “Echoes of War (Part 2)”, *South African Journal of Military Studies*, (8), (2), 1978, 43.

²⁸ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 187.

²⁹ L. van Bergen: *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 110.

guarding an isolated trench that had become a “swamp.” In cases, some men lost their boots as well as their waders (waist high rubber boots) and suffered ever more from exposure. The snow worsened matters, as the result was that wet mackintoshes were sometimes “frozen stiff like crinoline.”³⁰ Improvisations had to be made to retain body heat, such as tying sandbags around boots to give an extra layer of insulation. Sheepskin jackets were also issued to give protection against the cold.³¹

‘The things they carried:’³² Men’s Kit, Equipment and duties

The South African kit carried, weighed between twenty-six and thirty-six kilograms.³³ Their gear was made up of weapons, a greatcoat, a haversack (containing rations, personal belongings, a knife, oil tin and cap comforter), a waterproof sheet, water bottle, field dressing, iodine, tools for digging trenches, and a gas mask.³⁴ To place this weight in perspective, hikers today, geared for a weekly hike in the Canadian Rockies, including all their essentials, have an average carrying weight of roughly fourteen kilograms or less.³⁵ The burden of weight, combined with the difficult terrain which worsened in heavy rains, impeded soldiers’ ability to move rapidly. After heavy rainfall, the ground also tended to be soggy and slippery, and the soles of boots became soft and wet.³⁶ For the Somme offensive that was to commence on 1 July 1916, men were overburdened with equipment which limited their advance to a slow pace.³⁷

At other times, a soldier’s time at the front was largely occupied with various duties. These included being on sentry duty and being part of fatigue parties, as there was no respite from

³⁰ B. Wade, *Peace, War and Afterwards: 1914 to 1919 - A Young Man’s Letters Written Chiefly to His Mother (1914-1919)*, 40.

³¹ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 187.

³² See, T. O’Brien, *The Things they carried*. New York: Broadway, 1998. A collection of short stories of members of a platoon during the Vietnam War, 1961-1975, revolves around the theme of the “things” soldiers carried, both physical and psychological.

³³ G. Genis, “Delville Wood: Eighty years July 1916-July 1996”, *South African Journal of Military Studies*, (26), (1), 1996, 13.

³⁴ Weapons included a rifle, bayonet, shrapnel helmet, two tube helmets, ammunition, bombs, smoke candles (which helped conceal troop movements), grenades. Trench digging tools included entrenching tools, sandbags, a pick, shovel, wire cutters and wire.

³⁵ Trailspace Outdoor gear and reviews, *Whats your pack weight?* [Accessed: 14 August 2014].

³⁶ G. Genis, “Delville Wood: Eighty years July 1916-July 1996”, *South African Journal of Military Studies*, (26), (1), 1996, 13; See, A. H. Betteridge, *Combat in and over Delville Wood*, 23, 31, 37, 40, 44; DOD Archives, WO1, 8, 4th Regiment SAI. Papers on training 1916-1917, Instructions for the organization and training of formations and units of the 9th (Scottish) Division, 7 March 1916; Anon., *The Story of Delville Wood told in letters from the front*, 18.

³⁷ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 111.

the heaving of heavy loads. The carrying of supplies included the moving of heavy shells from one place to the next.³⁸ The lugging around of supplies across a pockmarked landscape and mud resulted in severe exhaustion. The South African Brigade, whilst at Arras in late 1916, was primarily occupied with duties such as digging trenches and filling sandbags, against the background of continuous bombardment in the frosty winter months. Projectiles, ammunition, steel girders, planks, and wooden supports had to be manoeuvred along the narrow, twisting and intricate trenches.³⁹ Pte. J. E. P. Levyns wrote of the hardship of carrying “hundreds of ‘plum pudding’ mortar bombs...rolls of barbed wire...on steel stakes” that rested on their “aching shoulders” along communication trenches up to the front line. The “worst of all” was “sheets of corrugated iron, which cut our [their] chapped hands.”⁴⁰ Pte. Jack Stodel also reported that when they were finally granted leave, he “had hardly the strength to make the journey back out of the line. It was a tiredness of body and mind, sight and smell, a tiredness of sense”, almost as if in a “kind of stupor. It was a kind of moving about with a feeling of drunkenness, not having the ability ever to stand upright or walk straight.”⁴¹

These tasks had to be performed under dangerous battle conditions. At Delville Wood, soldiers had to dig connected rifle pits which together formed a trench with strong points against enemy advance. These later had to be deepened further to provide cover from shrapnel. Digging with the use of light entrenching tools was tiring, as branches and roots in addition to persistent enemy fire hampered soldiers’ efforts.⁴² As L/Cpl. Ernest Solomon described, trenches had sometimes to be dug whilst lying on their stomach due to persistent enemy fire.⁴³

The winter of 1916 to 1917 was a time of static warfare at Arras for infantry, whilst the artillery units did their bit with daily bombardments. Trenches were blown in and had to be repaired, a difficult task since the ground was frozen hard and picks driven into the ice-

³⁸ See, D. Richter, *Chemical Soldiers: British Gas Warfare in World War I*, 44, 47-51; S. Horne, *The Price of Glory: Verdun 1916*, 159. J. Keegan, *The Face of Battle*, 244; L. Macdonald, *Somme*, 59. M. Gilbert, *First World War*, 258,-259; R. Holmes, *Firing Line*, 121.

³⁹ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 182.

⁴⁰ J. E. P. Levyns, *The Disciplines of War: Memories of the War of 1914-1918*, 66.

⁴¹ J. Stodel, *The Jackpot Story*, 189.

⁴² G. Genis, “Delville Wood: Eighty years July 1916-July 1996”, *South African Journal of Military Studies*, (26), (1), 1996, 13.

⁴³ E. Solomon, *Potchefstroom to Delville Wood*, 63.

coated earth let off sparks in the night.⁴⁴ While Pte. G. G. J. Lawrence was stationed there, some of their duties included improving the wire in no man's land. The subterranean plain was covered in snow, and they were told to stand still when a flare was fired from the enemy lines, illuminating the plain. The idea was that they would "blend with the poles, wire stakes," but for this "much faith was needed" and he did not hold much stock to such "moments of – 'To be or not to be' ...or trusted to the theory."⁴⁵

Food and drink

Two of the greatest afflictions of the trenches were hunger and thirst. Each platoon received two cans of water carried with them in personal water bottles, but this depended on supplies coming through.⁴⁶ Water was not scarce on the western front, especially at Ypres in Flanders, yet clean and drinkable water was. Even rarer was water for bathing, shaving and washing.⁴⁷ Pte. J. Stodel described that "The extraordinary thing" about their time in the trenches was that they "were unwashed, unshaved, in the same underclothing and socks,...[their] feet always wet through from the mud and rain. After six days who knew how long since before this,...the battalion was rallied for a rest...of two days...[they] were given clean underclothing, a couple of hot meals and then...[they] were off once more to catch up to the boys in the frontline."⁴⁸

Although water for drinking and washing was scarce, there was no lack of water lying around or falling from the skies, flooding soldiers especially at Ypres, Yser and the Somme. Yet when soldiers were surrounded by undrinkable water, it was nearly worse. Surrounding water in craters was polluted by corpses or by the vestiges of gas clouds. Men risked crawling out of their trenches to take water bottles from corpses, or to fill them at ponds layered with greenish-brown slime, or from shell-holes with water contaminated by death and decay. Men were aware of the health risks, but such was their thirst that they risked it.⁴⁹ Attempts were

⁴⁴ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 182.

⁴⁵ G. G. J. Lawrence, "Echoes of War (Part 2)", *South African Journal of Military Studies*, (8), (2), 1978, 51.

⁴⁶ G. Genis, "Delville Wood: Eighty years July 1916-July 1996", *South African Journal of Military Studies*, (26), (1), 1996, 13.

⁴⁷ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 113. There are some exceptions, for instance before the great Somme offensive in the summer of 1916, the men did have opportunity to bathe in the nearby Somme River. See, P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 105.

⁴⁸ J. Stodel, *The Jackpot Story*, 187.

⁴⁹ See, L. Macdonald, *Somme*, 206.

made to reduce such hazards by boiling up the collected water.⁵⁰ Typically, Pte. G. G. J. Lawrence described squatting in a trench near two dead Bavarians and many wounded. He ventured from safety to take water bottles, “still full, from the bodies.”⁵¹

Drinking water was particularly scarce in the dry summer months of July and August, when it was usually supplied in tins rinsed with petrol and lime chloride as a necessary precaution.⁵² The bad taste was worsened when it was actually carried in old petrol cans. Added to this was the impossibility of adequately cleaning personal canteens, an oval container with a lid whilst at the front.⁵³ Fresh supplies were often delayed.⁵⁴ Men’s thirst was further intensified by the eating of dried biscuits.⁵⁵ Thirst tended to be as much felt in the winter as in the summer months, when the brigade was in and out of the Arras trenches, through the coldest winter in almost seventy-five years.⁵⁶ According to Lt. J. E. P. Levyns, the “worst hardship was the shortage caused by the continued frost. Washing was impossible in the line, and...[they] had to save a little of...[their] tea to shave with.”⁵⁷ On some rare occasions, men were reduced to drinking their own urine to remain hydrated.⁵⁸

According to Ellis, the British supplied more than 3,240,000 tons of food during the war, yet the issue was getting adequate foodstuffs through to front line troops.⁵⁹ Research was done on the body’s calorific requirements for sustenance, and to this some additions were made since it was accepted that waging war made great demands on the human body.⁶⁰ These calculations led to the issuing of monotonous daily rations, usually consisting of bread, hard or ‘dog’ biscuits, tinned meat (‘bully beef’), tinned jam (Tommy Ticklers plum and

⁵⁰ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 127.

⁵¹ G. G. J. Lawrence, “Echoes of War (Part 2)”, *South African Journal of Military Studies*, (8), (2), 1978, 46.

⁵² See, L. Macdonald, *Somme*, 206; S. Horne, *The Price of Glory*, 182; 56, D. Winter, *Death’s Men*, 102.

⁵³ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 131.

⁵⁴ See, L. Macdonald, *Somme*, 206; S. Horne, *Price of Glory*, 182; H. Dearden, *Medicine and duty*, 56; D. Winter, *Death’s Men*, 102.

⁵⁵ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 114.

⁵⁶ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 183.

⁵⁷ J. E. P. Levyns, *The Disciplines of War: Memories of the War of 1914-1918*, 65-66.

⁵⁸ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 127.

⁵⁹ The lack of supplies were often due to the lack of ships and German U-boats. In 1917-1918 an official campaign was launched in Britain with the slogan ‘Eat Less and Save Shipping’ this was an unfortunate choice of words since the exhortation was soon changed to ‘Eat Less and Save Shitting’. See, Y. A. Bennett (ed.) *Kiss the Kids for Dad, Don’t forget to write: The Wartime Letters of George Timmins, 1916-1918*, 150; D. Morton, *When your Numbers Up: The Canadian Soldiers in the First World War*, 140-143; G. Reid, *Poor Bloody Murder: Personal Memoirs of the First World War*, 129-130.

⁶⁰ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 125.

apple), Oxo, tinned butter, sugar and tea (sometimes already mixed), pork and beans (baked beans with a piece of pork fat), cigarettes and tobacco. Sardines also appeared amongst the rations and were popular. However, some of these items tended to be absent from daily meals.⁶¹ Furthermore, semi-processed or unprocessed food often stood for days before it was unloaded, which further reduced its already inferior quality.⁶²

Preserved meat supplies usually came in the form of canned food called Maconochie, which contained a mixture of potatoes, meat, beans and vegetables, or was described as a form of Irish or beef stew.⁶³ It was commonly referred to as the troops M&V⁶⁴ ration. One of the side effects was smelly flatulence, which was a particular nuisance on marches.⁶⁵ Stocks were ordered from various companies, but the preferred choice was the Maconochie or Moir Wilson factories.⁶⁶ It was usually cooked in its tin to preserve fuel, and it seems to have been a minor miracle that more men did not suffer from tin or lead poisoning.⁶⁷

Soldiers were also issued with emergency rations referred to as *iron rations*. Bully beef was also included amongst the iron rations as well as daily rations. The rest of the emergency kit consisted of bread, hard biscuits, sugar and a small sealed tin of tea.⁶⁸ Men were only allowed to eat those with their officer's permission since this served as their reserve supplies if cut off from the supply line by enemy action.⁶⁹ L/Cpl. G. W. Warwick attested to the desperation when he described men's hunger at the front, which drove them into searching nearby corpses for supplies. They "examine[d] some of the German corpses that were lying around and especially their haversacks...Few of them had any food at all...Others had

⁶¹ G. W. Warwick, *We Band of Brothers: Reminiscences from the 1st S.A. Infantry Brigade in the 1914-18 War*, 71; G. Genis, "Delville Wood: Eighty years July 1916-July 1996", *South African Journal of Military Studies*, (26), (1), 1996, 13; M. Brown, *Tommy goes to war*, 50-51: DOD Archives: WO1 D, Box 5, SA Infantry, Narratives and Reports for the year 1916 vol ii, SA Infantry, Papers dealing with dumps, stores and supplies 1916, File 47/26/21/5, Headquarters, 1st, 1916.

⁶² J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 125-127.

⁶³ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 116.

⁶⁴ Meat and vegetable

⁶⁵ S. Brocklehurst, *World War One: The dubious reputation of Maconochie's stew*, BBC News Scotland, 23 April 2014. [Accessed: 8 May 2014].

⁶⁶ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 116

⁶⁷ A. Weeks, *Tea, Rum and Fags: Sustaining Tommy 1914-1918*, 34. See, IWM, EPH 4379, Maconochie tinned ration, n.d.

⁶⁸ A. Weeks, *Tea, Rum and Fags: Sustaining Tommy 1914-1918*, 36.

⁶⁹ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 127.

what...[they] had been picking up here and there, the odd cabbage from the fields and also the huge mangold-wurzel [*sic*] turnips which the cattle fed on.”⁷⁰

In icy winter months, hot beverages, such as cocoa, soup or tea, were served to front line troops. These were transported in a large container strapped to the carrier’s back.⁷¹ The first attempts to supply front line troops with hot meals, were only made in late 1915 shortly before the South Africans arrived at the front.⁷² Hot food was considered to be important not only to help keep up body temperature, but also to help in the prevention of trench foot.⁷³ Company field-kitchens were brought as close as possible to the front, and after meals were cooked, they were carried up the communication trenches in dixies, petrol cans or old jam tins, usually in a straw-lined box. Equally, ‘hot meals’ did not necessarily mean more frequent meals, in larger quantities, or food with more substance.⁷⁴ A typical meal place for South African soldiers included:

Breakfast	7.30am	Tea, porridge (if available) and Bacon.
Dinner	1.00pm	Tea or Hot soup. (In support line stew was served at midday in place of Hot Soup).
Tea	5.00pm	Tea and Bacon (If available).
	18 M/n.	Hot Stew.
In addition, if possible, men returning from work parties between meals during the night, were served with hot tea or soup.		

FIGURE 5.2: A Sample Menu from January 1918 (4th Regiment, SAI)⁷⁵

Despite efforts to supply hot food, it was often cold by the time it reached men and was almost as unappetising as iron rations.⁷⁶ According to one soldier, the “army cooks”, referred to as “crooks”, “were the next most criticised members of His Majesty’s Forces to sergeant-

⁷⁰ J. Stodel, *The Jackpot Story*, 187.

⁷¹ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 188.

⁷² J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 125; See, J. Copping, “Beef tea, potato pie and duff pudding: How to eat like a WW1 Tommy”, *The Telegraph*, 19 May 2013. [Accessed: 12 January 2014]; A. Robertshaw, *Feeding Tommy: Battlefield Recipes from the First World War*. Stroud: History Press, 2013; The First World War Poetry Digital Archive, Type of rations available in front line. Bully beef and Maconochie stew. 716/8, CXTIWMAUDaox114.mp3, 1975.

⁷³ DOD Archives, SAMC 12, 47, Trench feet, 1918-1919.

⁷⁴ DOD Archives, WOIDA 8, 34, War Diaries S.A. Brigade Western Front, 1918.

⁷⁵ DOD Archives, SAMC 12, 47, Trench feet, 1918-1919.

⁷⁶ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 125. See, J. Copping, “Beef tea, potato pie and duff pudding: How to eat like a WW1 Tommy”, *The Telegraph*, 19 May 2013. [Accessed: January 2014].

majors.” They were regularly supplied with frozen Australian rabbits, “the wonder was” that the men “didn’t start hopping.” This resulted in the “march past” of cooks and orderly men if the monotonous rabbit once more appeared on the menu. Yet, on some days they felt so starved that they would have “marched twenty miles for a Dixie full of stewed rabbit.”⁷⁷

The only means to reheat meals was with the use of a Tommy Cooker issued in 1916 onwards, a pocket sized solidified-alcohol stove providing slow, lukewarm heat, since fires in the trenches were prohibited. Improvisation was the other alternative, by, for instance, soaking a rifle’s pull-through rag in whale-oil and then lighting it in an old cigarette tin.⁷⁸ Another alternative was using a candle and a bully beef tin.⁷⁹ Stodel noted that they were instructed to try to make themselves hot meals in deserted trenches. That was “A task that wasn’t difficult”; as they had ample supplies of petrol, they warmed up their rations by pouring petrol into tins of earth and then lighting it.⁸⁰ One common complaint was that the taste of both food and tea was poor, since everything was prepared in dixie’s that were rarely washed.⁸¹

Soldiers tended to fall ill not only due to lack of nutrition,⁸² but also due to the food preparation process and the ingredients used. On 5 January, there was an outbreak of Ptomaine poisoning on the HMT *Oriana*⁸³ traveling from Devonport to Alexandria, carrying South African and Australian troops. The root of the trouble was traced back to the cooking utensils, which were condemned by the Medical officer. L/Cpl. G. W. Warwick noted that “Enemy action could hardly have laid as many low as did the illness...So severe was the attack that it is a miracle that nobody died.”⁸⁴ Also whilst undergoing training at Equingatte, a camp near Hazebrouck, men suffered from indigestion and heartburn after ‘enjoying’ a

⁷⁷ Anon., “Army Humour”, *The Home Front*, November 1928, 11.

⁷⁸ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 127.

⁷⁹ M. Adkin, *The Western Front Companion: The Complete Guide to How Armies fought for four devastating years, 1914-1918*, 329.

⁸⁰ J. Stodel, *The Jackpot Story*, 185.

⁸¹ M. Brown, *Tommy goes to war*, 51.

⁸² In May 1918, 121 cases of Scurvy amongst the SANLC, were admitted to hospital, and more in June. This was caused by overcooking food as well as the possible flour used to make the meals. See, W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 411.

⁸³ Ironically a passenger vessel with the same name suffered the same fate in both 2012 and 2014. A journalist named it a cursed ship little knowing the cursed ship stretched back a 100 years. See, M. Kusi-Obodum, “Another sickness outbreak on ‘cursed’ cruise ship oriana”, *Daily Echo*, 11 March 2014. [Accessed 10 August 2014]; E. Stilliard, “Oriana returns to Southampton early with propeller problems – now passengers are sick”, *Daily Echo*, 3 March 2014. [Accessed: 10 August 2014].

⁸⁴ G. W. Warwick, *We Band of Brothers: Reminiscences from the 1st S.A. Infantry Brigade in the 1914-18 War*, 30.

meal of cooked desiccated vegetables.⁸⁵ Illness also arose from the German weapon of poisoning water, and men who suffered from it had to spend several weeks in hospital.⁸⁶

Another basic necessity issued to troops were rum rations⁸⁷ or ‘liquid courage’. This was introduced in late 1914 to counteract the worst effects of the climate and later to try to quieten nerves being shattered under constant bombardment. These were issued in one-gallon earthenware jugs per sixty-four men. The practice had been instituted during the Anglo-Boer War of 1899-1902 and was marked with the letters SRD – Services Rum Diluted – this was translated to ‘Soon Runs Dry’ in the trenches. Yet, as in previous campaigns, military authorities were also concerned that men would find too tempting an escape from the strains of war in alcohol. Such sentiments were shared by the South African Women’s Temperance Union, which met in July 1917 in Bloemfontein. The meeting of the executive, consisting of 3,000 women, drafted an appeal to the War Council to abolish the rum ration and wet canteens in “the interests of morality and efficiency.”⁸⁸ Fortunately for soldiers, nothing came of it. By 1918, each British division at the front was consuming 300 gallons per week, one-third of a pint of rum per man per week, which despite the women’s misgivings, was hardly enough to create an army of drunkards.⁸⁹ Even though soldiers could obtain alcohol from little *estaminets*, usually run by an old women, assisted by daughters and nieces, cases of disorderly conduct related to over-indulgence were rare. Rum was also used at times to treat the wounded when nothing else was available, even just for shock and for relieving pain. Pte. A. H. Betteridge encountered a French soldier in July 1916 with one arm shot off, walking around in search of a casualty station. The Frenchman was “as happy as a sandlark”, evidently being in shock; another South African officer who encountered him took up the role of Good Samaritan, by giving him “a stiff dose of rum.”⁹⁰

⁸⁵ G. W. Warwick, *We Band of Brothers: Reminiscences from the 1st S.A. Infantry Brigade in the 1914-18 War*, 64.

⁸⁶ Anon., “Passing Events”, *South African Medical Record*, 26 June 1915, 183.

⁸⁷ The French and Germans were also issued such rations, but the Germans were issued a rough brandy and the French equivalent was known as *gnôle*. Both armies were also given an official wine ration, whilst alcohol was prohibited for American troops.

⁸⁸ National Archives, Kew (hereafter TNA) GT 1942, CAB 24/25/43, Copy of Resolution Passed by the South African Women’s Christian Temperance Union, July 1917.

⁸⁹ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 133-134.

⁹⁰ I. Uys, *Rollcall: The Delville Wood Story*, 22.

Disease

The war on the Western Front was one of the first in which more men were killed in action than by disease. This could be attributed to improved medical services and standards of hygiene, yet only partially so. Instead, casualty figures could be ascribed to modern warfare, with its heavy artillery barrages and machine gun fire, and the high rate of infection that made many wounds fatal.⁹¹ The nominal casualty roll from all four regiments and personnel of No. 1 SA Field Ambulance (No. 1 SA FA) between 1915 and 1919 corroborates this. The majority of notations next to names is marked “wounded”, “Died of Wounds”, “Killed in action”, “Missing”/“Accepted as Dead”, or “previously reported wounded, died of wounds.” More interesting are annotations such as “wounded once” or “wounded twice”. This indicates that these were rather the exception since most patients suffered from multiple wounds when collected by Field Ambulances.⁹² The notations on the casualty lists of the 1st SAI contain similar notations, such as “G.S.W.” (Gun Shot Wound) followed by the area of the wound, for instance L/Cpl. C. Hope who was admitted and died on 22 September 1917, suffered from “G.S.W. legs, hand and face.”⁹³

This can also be seen from the statistics (Figure 5.3) of overall deaths during the European Campaign,⁹⁴ with more than half of fatalities being caused by wounds rather than disease or accident.

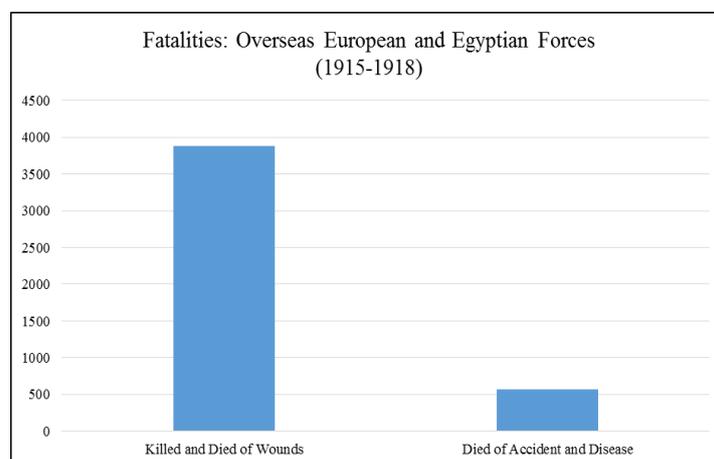


FIGURE 5.3: Fatalities sustained by European and Egyptian Forces⁹⁵

⁹¹ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 140.

⁹² DOD Archives, WO1, 5, Nominal Rolls Casualties drafts field returns orders 1917-1919, 1917-1919.

⁹³ L/Cpl Charles Hope (B Coy. 1st Regt.) was admitted to No.53 General Hospital (also known as the London General Hospital) off the coast of France, at Wimereux. He was also buried there in the communal cemetery. See, DOD Archives, WO1, 5, Nominal Roll 1 SAI Bde, 1917-1919; Grave Registration Reports and Registers *Commonwealth War Graves Commission*. [Accessed: 2 December 2013].

⁹⁴ The 1st SAI had a brief interlude in Egypt before embarking for Europe. Data for the two separate campaigns could not be found.

However, this does not imply that disease was not common in the trenches. All illnesses that accompanied poor living conditions were rife, as the unhygienic surroundings took their toll of fighting men's bodies. Certain diseases, such as measles, diphtheria and mumps, were not more prevalent in times of war than in peace, whilst other diseases, such as dental afflictions, flourished. Disease was not only a menace to men who had to endure it, but also posed an efficiency problem for the military authorities. Even though mortality rates were primarily a result of wounds, sickness was the main cause for the loss of man power.⁹⁶ The statistics for hospital admissions to No. 1 General Hospital from 23 July 1916⁹⁷ to 30 November 1918 indicates that more patients suffering from disease were admitted to the hospital than battle casualties. These disproportionate figures can also be explained by the fact that many wounded died before they were transferred as far as the South African base hospital in Abbeville.

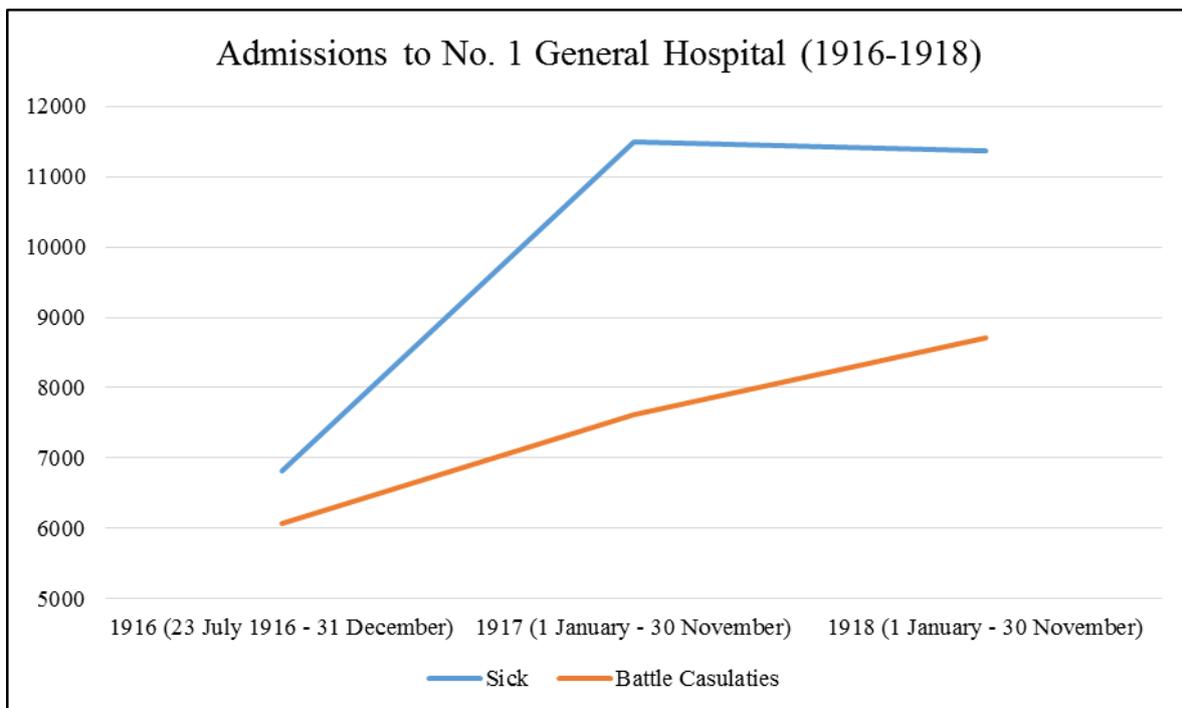


FIGURE 5.4: Admission to No. 1 General Hospital (1916-1918)⁹⁸

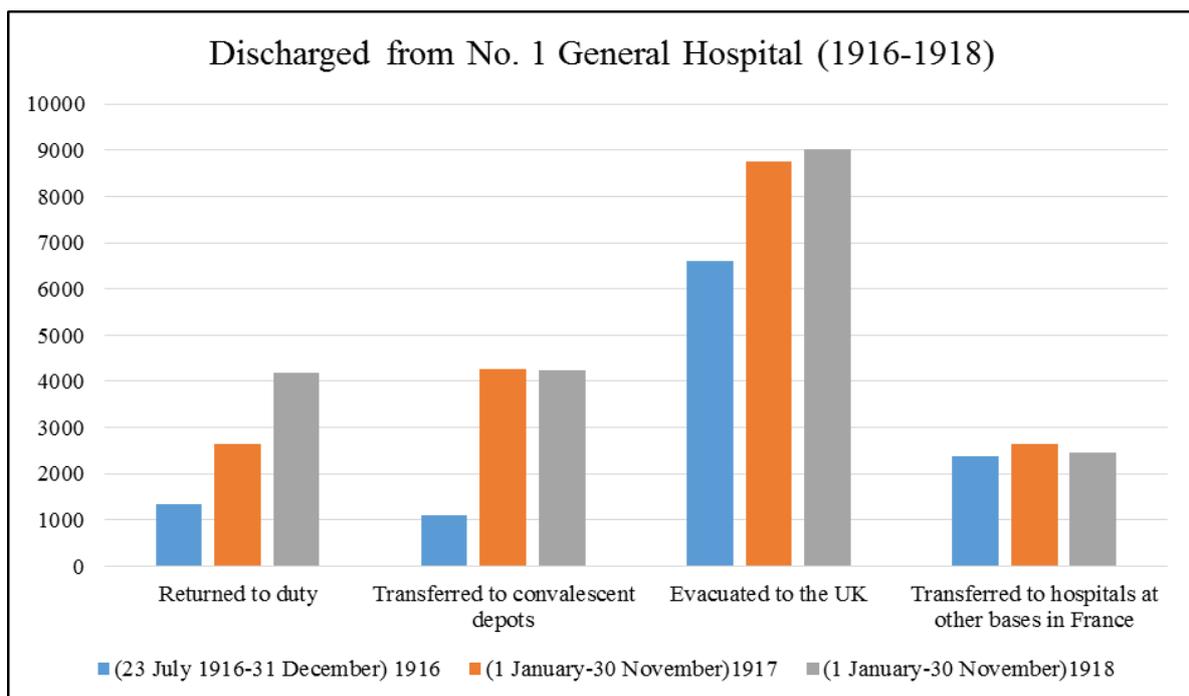
⁹⁵ Union Office of Census and Statistics, *Official Yearbook of the Union, No. 5-1921*, 399.

⁹⁶ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 140-142.

⁹⁷ The Graph indicates a significant increase from 1916 to 1917, however this is due to incomplete data, since statistics were only collected from mid-1916. To try and get a more accurate view the statistics for the last six months of 1916 were multiplied by two. Even though the increase between 1916 and 1917 might be over-exaggerated it still indicates a decline in health.

⁹⁸ J. G. W. Leipoldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 202-204.

Furthermore, sickness depleted the strength of fighting forces by being admitted to base and stationary hospitals, but also because only a small number of those discharged immediately returned to the front: as figure 5.4 indicates. The majority of soldiers were evacuated to England for further treatment, primarily to the South African Military Hospital in Surrey. The second predominant group of discharged patients were transferred to convalescent depots for recuperation. Nearly as many men were transferred to hospitals at other bases in France as there were soldiers who returned to duty in 1917. However, in 1918, there was a greater demand for manpower and therefore men were more readily returned to duty than in the previous year. This can be seen in the increase in the number of men ‘returned to duty’ in three consecutive years (Figure 5.5). Thus, the military definition of “fit” and its requirements were expanded and lowered respectively, similar to the medical requirements for enlistment. It was also this necessity, endured by military commanders, that more under-age troops were accepted in both the British and German armies.⁹⁹



Graph 5.5: The number of Patients discharged from No. 1 General Hospital (1916-1918)¹⁰⁰

⁹⁹ Physical standards for recruitment were gradually lowered as the war dragged on and more men were needed at the front. For instance, the desperate need of troops in the wake of the March 1918 German offensive led to boys aged 18 (not 19 as before) to be included in drafts to the front. See, R. van Emden, *Boy soldiers of the Great War: Their own stories for the first time*. London: Headline, 2005; P. F. Lerner, *Hysterical Men: War, Psychiatry, and Politics of Trauma in Germany, 1890-1930*, 262; P. Fussell, *The Great War and Modern Memory*, 9.

¹⁰⁰ J. G. W. Leipoldt et al., *Official History of the Union of South Africa and the Great War, 1914-1918*, 202-204.

Diseases of the Trenches

The most common diseases on the Western Front were various kinds of skin infections and stomach complaints, caused by the cramped and unhygienic living conditions. Men did not have proper access to facilities for washing and even less so to obtain clean underwear.¹⁰¹

The rat infestation in the trenches may not have led to bubonic plague, yet these vermin were still responsible for Weil's disease. This serious illness presented as an infectious form of jaundice and became rampant in the last two years of the war. The rat population reached immense levels in 1915 around the Aisne and Meuse, which was where the first cases began to emerge. Even though Weil's disease never reached epidemic proportions, many men suffered from it, causing long periods of inactivity whilst recovering.¹⁰²

A vermin of another sort was lice, which caused more than mere itching and discomfort. For these pests saw to the spread of typhoid fever. More disastrously, they spread a paratyphoid-like illness, trench fever or 'pyrexia of unknown origin,' that wreaked havoc on a large proportion of men. Initially, doctors diagnosed the illness as myalgia or rheumatism, as well as distinguished between trench fever and pyrexia, but it was later found to be the same. The illness' connection with lice was only made in 1918, and effective medication for its treatment was only found after the war. The disease initially presented itself with acute shooting pains in the shins, followed by a high fever. It was not fatal, but placed men out of action for six to twelve weeks.¹⁰³

Another common disease was a serious form of gingivitis, that later became known as trench mouth. It was an inflammation of the gums that was caused by a lack of hygiene and a poor, unvaried, diet. Furthermore, typhus was often contracted from contaminated water supplies. The static nature of the war on the Western Front also meant that diseases spread more easily. Although vaccination programmes limited the number of typhus cases, even soldiers vaccinated sometimes became affected by a milder form. In late 1914, the

¹⁰¹ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 141.

¹⁰² L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 142.

¹⁰³ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 142; W. P. Herringham, "Trench fever and its allies", *British Medical Journal*, 1917, 833; See, R. L. Atenstaedt, "Trench fever: The British medical response in Great War", *J. R. Soc. Med.*, 2006, 564.

preventative value of anti-typhoid inoculation became universally recognised.¹⁰⁴ However, the Union medical services were not able to inoculate the entire military force before mobilization. It was thus decided that whenever a unit was stationary, the opportunity should be seized to inoculate a group of men, for instance, a company. Two doses were administered between intervals of ten days. In past experience, after the first dose, sixty per cent of men were fit for duty after thirty-six hours, about ninety per cent were fit for duty after forty-eight hours, and between two and five per cent were still unfit for hard work after the third day. In this manner, the number of protected troops were gradually increased to whole regiments, whilst simultaneously not interfering with duties.¹⁰⁵

Another permanent and unwelcome guest in the trenches was nephritis, an inflammation of kidneys often preceded by a throat infection. The connection with trench life was so obvious that it was called ‘trench nephritis’.¹⁰⁶ Another affliction was rheumatism. This disease, along with many others, was caused by the combination of cold and wet conditions. Indeed, the weather seemed to be one of the most important factors in the loss of effective unit strength.¹⁰⁷ It was not only because some men actually died of exposure, but, more importantly, that it caused one of the greatest health afflictions to hit the trenches, namely trench- or immersion foot.¹⁰⁸

Frostbite, Trench- and Immersion Foot

These afflictions were caused by temperatures altering between icy cold and thaw and ill-fitting footwear. The puttees of shoes tended to shrink in water and mud, thereby constricting the flow of blood. This also happened when soldiers stood in icy water for several hours without moving. The mere stepping into water and then keeping boots on for twenty-four hours was enough to contract trench foot. The condition made it near impossible to walk, feet

¹⁰⁴ C. Porter, “Para-typhoid and combined prophylactic Vaccinations: An Index-summary of recent investigations”, *South African Medical Record*, 22 January 1916, 19; L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 144. See, Anon., “The typhus epidemic at Gardelegen”, *British Medical Journal*, 1916, 623; W. Hunter, “The Serbian epidemics of typhus and relapsing fever in 1915: their origin, course, and preventative measures employed for their arrest”, *Proc. R. Soc. Med.*, 1920, 13.

¹⁰⁵ DOD Archives, WWI GIB 2, File no B (101-175), B1/109, Anti-Typhoid Inoculation, n.d.

¹⁰⁶ J. M. Clarke, “Trench nephritis, its later stages and treatment”, *British Medical Journal*, 1917, 239; R. A. Gabriel & K. S. Metz, *A History of Military Medicine*, 251; E. Blunden, *Undertones of war*, 234; D. Winter, *Death’s Men*, 52, 99.

¹⁰⁷ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 144-145.

¹⁰⁸ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 188; W. Ewart & C. Ewart, “Trench-Foot Warmer”, *The Lancet*, 8 January 1916, 103.

would firstly turn numb, then started to burn, and then turned red and blue and swelled up, which made it intolerable to wear boots. In severe and complicated cases, the condition transpired into gas gangrene. These men, although not suffering from a wound, had to endure amputations that varied between losing a toe or an entire foot.¹⁰⁹ There was little distinction between frostbite and trench foot and the two were often confused by medical personnel before the latter became more common. Frost bite and trench foot were among the most common disorders on the Western Front. While very few deaths were caused by either one of the two disorders, it did result in loss of manpower since they had to be treated at a hospital.¹¹⁰ The number of frostbite cases in January 1918 amongst South Africans were many. If gumboots were continuously worn, the humidity caused trench feet.¹¹¹

The winter of 1914-1915, before the South Africans arrived, saw a dramatic increase of trench foot.¹¹² According to the authorities, its cause was “an indication of faulty discipline and faulty interior economy.” Consequently, the army instituted various preventative measures. These were focused on maintaining consistent blood flow to the lower extremities, and keeping feet as dry as possible. This was to be achieved by men working in pairs in regular foot rubbing drills twice a week, before advancing to wet positions in the trenches. When it came to prevention, cleanliness were seen as key. Thus, men had to thoroughly wash feet with camphorated soap and warm water, especially around the nails and toes. Feet had to be dried and thereafter had to be massaged for ten minutes. Feet had to be rubbed in an upward position from the toes to the calves with particular emphasis on the soles and sides of feet. This was followed by dusting feet and socks with camphor powder or whale oil or anti-frostbite grease.¹¹³ Trench feet centres were established along the communication line where men followed the prevention routine before and after completing a tour in the trenches.¹¹⁴

¹⁰⁹ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 145. See, C. Schoeman, *The Somme Chronicles*, 187-188, 159; M. Brown, *Tommy Goes to War*, 19, 56, 58.

¹¹⁰ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 146; P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 188.

¹¹¹ P. K. A. Digby, *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, 260; B. Hughes, “The causes and prevention of trench foot”, *British Medical Journal*, 1916, 712.

¹¹² L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 146; J. E. McCallum, *Military Medicine: From Ancient Times to 21st Century*, 327.

¹¹³ Men of the Fourth Army were forbidden to use these items. See, DOD Archives, SAMC 12, 47, Trench feet, 1918-1919; Anon., “Notes and Comments”, *Mossel Bay Advertiser*, 24 April 1917, 5.

¹¹⁴ DOD Archives, SAMC 12, 47, Trench feet, 1918-1919.

By December 1917, the number of trench foot cases were still common, and this was still attributed to a failure to follow preventative measures regularly. It was thus decided that men had to follow the prescribed measures in front of a stretcher bearer. Thereafter, men had to give their signatures which were then checked by the company/platoon commander. Men were also sent down the line to Drying/Rubbing rooms¹¹⁵ in twos and threes during the course of the day for further rubbing and attention and to get dry socks. However, correspondence between NCO's, quartermasters, and commanders at Headquarters indicate that it was not only a matter of discipline, but that there were also insufficient quantities of anti-frostbite grease and dry socks.¹¹⁶ Once in the trenches, and in wet positions, soldiers were instructed not to wear puttees since they shrunk in wet conditions and restricted blood flow to the lower extremities. For the same reason, men were told not to lace their boots too tightly. Some of these measures were not always possible to perform or to follow. Men were told to take off their boots twice a day, then to dry and massage feet, and then to put on a clean and dry pair of socks since they would be issued with one-dry pair of socks daily. This routine also had to be followed after a tour in wet positions and they were not allowed to lie down with wet socks, or, once they exhibited symptoms of trench foot, they were to put feet in warm water or to hold them near a fire.¹¹⁷

But soldiers were not easily persuaded to follow these routines in a cold, wet trench, especially in mud several centimetres deep. Even though soldiers were forbidden to develop trench foot, regardless of being threatened with court martial or not, they did.¹¹⁸ Men who showed symptoms of the disease were sent to field ambulances where they were detained and received some treatment until a definite diagnosis was made.¹¹⁹

Heart Problems, Venereal Disease (VD) and Spanish 'flu

The diseases discussed thus far were directly attributable to conditions in and around the trenches. By contrast, the origins of heart problems were diverse and were only sometimes

¹¹⁵ For instance a schedule of thirty minute intervals were set up according to which men by half platoons had to receive treatment at rubbing rooms. For A and D company, these rooms were situated at the corner of Yoke Lane and Red Cross Lane, opposite "D" Coy's kitchen.

¹¹⁶ DOD Archives, SAMC 12, 47, Trench feet, 1918-1919; Anon., "The war: Treatment of wounds in war. II. Trench foot", *British Medical Journal*, 1918, 516.

¹¹⁷ DOD Archives, SAMC 12, 47, Trench feet, 1918-1919.

¹¹⁸ D. Winter, *Death's Men: Soldiers of the Great War*, 96; L. MacDonald, *1914-1918*, 252; L. Macdonald, *Somme*, 315; M. Gilbert, *First World War*, 219; P.H. Liddle (ed.), *Passchendaele in Perspective: The third battle of Ypres*, 179.

¹¹⁹ DOD Archives, SAMC 12, 47, Trench feet, 1918-1919.

related to the war, whilst VD invariably flourishes in wartime and also relates to life in general. The Spanish ‘flu claimed millions of lives on both the war- and home front. While it did not arise because of the war, the global conflict saw to its rapid spread.¹²⁰

Venereal Diseases

Most medical afflictions such as wounds and how a soldier fell victim to such injuries are often relayed in memoirs, letters and diaries; however, contracting venereal diseases are not. These are, for obvious reasons, not mentioned in letters to the mothers, wives and sweethearts at home. Access to sexually available women was limited to periods of training or when soldiers were on leave.¹²¹ Warwick was quarantined at *La Valentine* near Marseilles upon the Brigade’s arrival in Europe. Whilst there, their “Colonel’s [made] attempt[s] to keep men out of mischief by keeping them busy with competitions!” and warning the men “in a fatherly way...about women.”¹²² The young in particular, enjoyed the attention paid to them by the French girls. One “boy” wrote home saying they had “left Marseilles last week for the firing line....There were over a hundred thousand spectators over 80% of them lassies; so you can see how many Frenchmen fight for their country.”¹²³

Several means were devised to smuggle women into camp, most of whom were prostitutes. As Warwick ran into one as she tried to get away from a corporal who did not have any money to pay her, other women offered their services in exchange for a “few tins of bully beef.”¹²⁴ Stodel describes his unit’s arrival at Merlimont, a small village near Paris Plage, from East Africa. Their time there was occupied with intensive training under “battle conditions”, yet they were still able to “find time for fun and games.” That referred to the many trips made into Paris Plage to “meet the Mademoiselles and gain local experience” and to visit their “Frenchwoman pal” who hosted them for evenings of “sing-song, cockles and

¹²⁰ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 148-149.

¹²¹ J. Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War*, 156. See, R. Davenport-Hines, *Sex, Death and Punishment – Attitudes to sex and Sexuality in Britain since the Renaissance*. London: Collins, 1990, 228.

¹²² G. W. Warwick, *We Band of Brothers: Reminiscences from the 1st S.A. Infantry Brigade in the 1914-18 War*, 50-51.

¹²³ Anon., “Correspondence”, *Zululand Times*, 23 June 1916, 4.

¹²⁴ G. W. Warwick, *We Band of Brothers: Reminiscences from the 1st S.A. Infantry Brigade in the 1914-18 War*, 52.

drinks.”¹²⁵ Accounts of “painting the town red” in Paris or London, while on leave, often served as code for sexual licence in personal accounts.¹²⁶

Whether servicemen took up the opportunity to have casual sex or not, they were all somehow affected by it. They were all exposed to a ‘foreign’ sexual ethos, which differed from civilian life, and men thus responded to it differently.¹²⁷ Warwick mentioned his attempts to “resist [a Frenchwoman’s] importunities”, and claimed to have succeeded as he “remembered...[his] home. What would...[his] mother think of...[him]?”¹²⁸ Following descriptions of such exploits to satisfy temptations, he remarked: “No wonder the Colonel was worried about his men. Men were advised to go to the medical tent for treatment before going on pass, whether they intended to misbehave themselves or not, and to visit the medical tent on their return from their adventures.”¹²⁹



FIGURE 5.6: *The Danger Zone*¹³⁰

¹²⁵ J. Stodel, *The Jackpot Story*, 182.

¹²⁶ See, J. Stodel, *The Jackpot Story*, 183.

¹²⁷ J. Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War*, 157. For more on how young women’s sexuality was perceived to be changing during the First World War see, A. Woollacott, “‘Khaki Fever’ and its Control: Gender, Class, Age and Sexual Morality on the British Homefront in the First World War”, *Journal of Contemporary History* (29), (2), April, 1994, 325-347.

¹²⁸ G. W. Warwick, *We Band of Brothers: Reminiscences from the 1st S.A. Infantry Brigade in the 1914-18 War*, 52.

¹²⁹ G. W. Warwick, *We Band of Brothers: Reminiscences from the 1st S.A. Infantry Brigade in the 1914-18 War*, 52.

¹³⁰ W. G. Austen, *Brain Waves: from the firing line, and behind it! For South African soldiers and others*, 25.

Brothels, cafes and bars, much like alcohol, offered men a brief escape from the slaughter and horrendous conditions of the trenches.¹³¹ Combat stress and constant death made some men feel that they were released from the norms of civilian life; others did not want to depart from human existence as a virgin, but a ‘man’.¹³² After some time on the Western Front, Stodel was granted ten days leave, having borrowed money from his “brother officers” he set out for Paris. On 28 September 1918, “sauntering forth with lots of ambition and plenty of money to have the time of...[his] life in...[that] wonderful city,...[he] hadn’t gone more than two hundred yards when...[he] was picked up by a beautiful young French girl. After buying some wine and foodstuffs...[they] made...[their] way to...[his] tiny room.”¹³³

The problem of venereal disease running rife was a significant concern to the authorities. Uncontrolled, VD undermined the conventional military virtues of “morality” and “efficiency.”¹³⁴ At the same time, those in command battled with distinguishing between VD as a moral or a medical issue.¹³⁵ Moreover, most directly, commanders were quick to realise the loss of manpower, as syphilis meant a soldier was at least five weeks out of action, and gonorrhoea more than four weeks. These figures were quick to mount and indicated that they had the same consequences as other disease.¹³⁶ Thus, action was taken to tackle the problem head on.¹³⁷ One initiative was the National Council for Combatting Venereal Diseases (NCCVD) established in 1914. Its main concern was the issue of sexually transmitted diseases. In that same year, sub-committees concerned with both the military and civil spheres as well as the creation of warning pamphlets were created. In 1917, a Parliamentary Committee as well as a South African Branch were established.¹³⁸ Some alarm was created in the Union, since it was thought that some soldiers were being prematurely discharged from

¹³¹ C. Makepeace, “Sex and the Somme: The officially sanctioned brothels on the front line laid bare for the first time”, *The Daily Mail*, 29 October 2011. [Accessed: 15 November 2013]; P. Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British*, 166.

¹³² L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 149.

¹³³ J. Stodel, *The Jackpot Story*, 190.

¹³⁴ Field-Marshal, Lord Kitchener drafted a message which he asked every soldier to carry in his Pay Book on Active Service: “Your duty cannot be done unless your health is sound. So keep constantly on your guard against any excesses. In this new experience you may find temptations both in wine and women.” See, G. Arthur, *Life of Lord Kitchener, Vol. 3*, 27.

¹³⁵ M. Harrison, “The British Army and the problem of venereal disease in France and Egypt during the First World War”, *Medical History*, (39), 1995, 134-135.

¹³⁶ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 155.

¹³⁷ M. Harrison, “The British Army and the problem of venereal disease in France and Egypt during the First World War”, *Medical History*, (39), 1995, 134-135.

¹³⁸ See, Wellcome Library. SA/BSH, British Social Hygiene Council Collection, 1914-1957.

hospitals, and posed a threat to the civilian population. Yet, this rarely happened in the case of military General hospitals.¹³⁹

Various methods were employed to try to curb soldiers' frequent indulgences with 'the ladies of the night', or at least to make it less of a health risk. Some commanders also feared that without it, some men would engage in worse immoral vices: homosexuality and masturbation.¹⁴⁰ One such liberal measure was adopted by legalising certain brothels, or *maisons de tolérées*, operating on class distinctions: brothels with sober blue lighting were marked for officers and a red lamp for other ranks. Licensed brothels had existed in France since the mid-nineteenth century and were thus not a new concept. The war merely gave this industry a boost.¹⁴¹ Such officially sanctioned establishments housed professional prostitutes and were subject to regular medical inspections. It is estimated that by 1917, at least 137 establishments were dotted across thirty-five towns in Northern France.¹⁴² These were usually located near training camps, transportation centres, and in towns, as well as in the war zone. The presumption that all soldiers had access to these, exacerbated tensions amongst other Allied governments.¹⁴³ Thus, licensed brothels were placed out of bounds for their troops in April 1918, and other preventive methods were implemented.¹⁴⁴ Most of these checks failed, as not only prostitutes but other French and Belgian girls often dabbled in the sexual trade; some had a romantic case of so-called 'khaki fever', but many probably acted more out of simple poverty.¹⁴⁵

At the Imperial War Conference in October 1917, the question of "Temptations to Oversea soldiers"¹⁴⁶ was placed on the agenda. The question was further discussed at an Inter-

¹³⁹ Anon., "Venereal Diseases in the Defence Force", *South African Medical Record*, 24 July, 213. VD and leprosy was a particular problem in native territories of South Africa.

¹⁴⁰ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 152.

¹⁴¹ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 154.

¹⁴² C. Makepeace, "Sex and the Somme: The officially sanctioned brothels on the front line laid bare for the first time," *The Daily Mail*, 29 October 2011. [Accessed: 15 November 2013]; P. Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British*, 166.

¹⁴³ S. R. Grayzel, *Women and the First World War*, 70.

¹⁴⁴ I. F. W. Beckett and K. Simpson (eds.) *A Nation in Arms: A Social Study of the British Army in the First World War*, 186.

¹⁴⁵ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 155.

¹⁴⁶ The minutes and further details of this conference is limited. It was thought by the Chairman, Sir Robert Borden and others that it was a "delicate matter" that should be published as little as possible. See Imperial War Conferences and 1918, "Temptations of Oversea Soldiers in London", Minutes of Proceedings, 24 and 27 April 1917, [PRO CAB 32/1].

Departmental Conference in London, which was attended by representatives of the Home-, War-, and Colonial Office, and the Metropolitan Police. According to correspondence between Downing Street and the Governor-General, the rate of admissions to Military Hospitals for venereal disease for the period August 1914 - June 1917 was forty-eight per thousand per year.¹⁴⁷ There was a “disappointingly and disproportionately high” rate amongst colonial troops attributed to their higher pay, opportunities given to them when they arrived and before they left for the front, and that they spent their leave in large towns. In comparison, British soldiers had the opportunity to spend their leave at home and earned less, thus poverty, not prophylaxis or pharmacology, was seen as the British Tommy’s best defence. Previous measures included banning women from camps, yet soldiers’ sought women out in towns. A problem was that it was thought that infection was not spread merely by recognisable prostitutes who would have been “possible to deal with”, but rather also by “women outwardly respectable, only occasionally immoral, and therefore beyond the reach.”¹⁴⁸ In effect, women became objects of widening suspicion.

The war period was marked by a picture of the world turned upside down, when print journalism and government enquiries painted soldiers as ignorant and innocent, who needed protection from evil women.¹⁴⁹ London and other main centres were considered a particular concern, yet could unfortunately not be placed “out of bounds for soldiers on leave.”¹⁵⁰ For some better-heeled South Africans, the venue to stay at in London, when on leave, was the Regent Palace Hotel, particularly popular since the “management had the good sense to engage the most attractive young things...some of them used to make...[their] heads swim.”¹⁵¹ White colonial soldiers were especially portrayed as vulnerable and unaware of the dangers of these “foreign” surroundings. One South African temperance organizer urged her British counterpart to look after South African troops who, “have gone across the water from pure and simple homes.”¹⁵² Dominion officials in particular pressed for action against VD.¹⁵³

¹⁴⁷ SAB, GG 684, 9/107/3 War 1914-18: Health of Troops. Venereal disease among men of Dominion contingents, 1915-1918. See, KAB, PAH, 12, H1/108, Hospitals Miscellaneous: Prevalence of Venereal Disease (Replies to circular), 1917-1918.

¹⁴⁸ SAB, GG 684, 9/107/3 War 1914-17: Health of Troops. Venereal disease among men of Dominion contingents, 1915-1918

¹⁴⁹ P. Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire*, 160.

¹⁵⁰ SAB, GG 684, 9/107/3 War 1914-17: Health of Troops. Venereal disease among men of Dominion contingents.

¹⁵¹ J. Stodel, *The Jackpot Story*, 194.

¹⁵² Mary Brown (a close friend of Olive Schreiner and a relation of Saul Solomon) quoted in P. Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British*, 160.

¹⁵³ P. Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British*, 160.

In the conclusion of the 1917 report on action against VD it was stated that the British government was aware that Dominion officials might feel that not enough was being done, and that it “fully sympathised” with such views, but it was also at a loss over what more to do.¹⁵⁴

The end result in October 1917 of these discussions was a mass propaganda campaign targeting soldiers of all countries and civilians. Also, a renewed emphasis was placed on the use of lecturers to instruct soldiers in sexual hygiene. The Army Chaplaincy services also offered their own series of lectures. Furthermore, increased opportunities for recreation and games had also to be organised to keep men both healthy and occupied. Prophylactic measures¹⁵⁵ were also provided, albeit reluctantly, since it was feared that men would get the idea that illicit intercourse was sanctioned.¹⁵⁶ In some cases, these were distributed after men returned to barracks, rather than before.¹⁵⁷ Yet along with the fear of moral lapse, it was thought that those men who were willing patriots deserved protection, even if in the form of sheaths and ointments.¹⁵⁸

As a last resort, punitive measures were enforced by stoppages of pay during the time that a soldier was unable to fight on account of contracting VD, and hospital fees incurred during treatment were not remitted as with other diseases. Leave was also cancelled for several months. And men were warned that the concealment of VD was deemed a military crime.¹⁵⁹ Furthermore, a policy of embarrassment was followed, with humiliating and random VD inspections (“dangle parades”). Men had to drop their trousers and, as most officers would not have been able to recognise the signs of infection, it served more as a shaming deterrent.¹⁶⁰ For the same reason, pots of medication, pills and ointments were placed nearby latrines so that a soldier could not conceal that he needed it. Yet, even this did little to

¹⁵⁴ SAB, GG 684, 9/107/3 War 1914-17: Health of Troops. Venereal disease among men of Dominion contingents, 1915-1918.

¹⁵⁵ Condoms were only distributed in earnest in 1918, yet accounts from doctors of dominion forces (especially New Zealand) indicate that they tended to hand these out somewhat more liberally before then.

¹⁵⁶ P. Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British*, 172.

¹⁵⁷ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 157.

¹⁵⁸ P. Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British*, 172.

¹⁵⁹ SAB, GG 684, 9/107/3 War 1914-17: Health of Troops. Venereal disease among men of Dominion contingents, 1915-1918.

¹⁶⁰ M. Harrison, “The British Army and the problem of venereal disease in France and Egypt during the First World War”, *Medical History*, (39), 1995, 139.

encourage treatment.¹⁶¹ Furthermore, at the cessation of hostilities, men were examined at demobilisation camps, and any South African soldier found to have contracted venereal disease whilst awaiting passage to the Union, was removed from the Embarkation Roll until he was free from infection.¹⁶²

Treatment could be obtained at dedicated VD hospitals, the first of which was established in 1915.¹⁶³ Such hospitals were often deterrents in themselves. Intensive treatment included the use of Salvarsan substitutes and mercury and was reasonably efficient, but it could have serious side-effects such as jaundice and convulsions. Gonorrhoea was treated by a painful and undignified irrigation method. Patients usually received treatment between fifty and sixty days. The experience was made more disagreeable by unwelcome visits from the hospital chaplain.¹⁶⁴ From 1917, convalescents from one VD camp were used in batches of fifty or more to serve as stretcher bearers and in various other duties while receiving treatment.¹⁶⁵ Restrictions were also placed on the evacuation of VD cases to England, to be retained in France until fit for duty.¹⁶⁶ Despite such deterrents, life with the risk of VD seemed to be preferable for some to life at the front. VD was even simulated to get out of the front line, with some men going so far as to bruise their penises, or deliberately seeking out prostitutes with venereal diseases. If this failed, they faked it by injecting condensed milk into the urethra to mimic the symptoms.¹⁶⁷

Spanish 'Flu/influenza

The distinction between pneumonia and influenza was not markedly apparent, thus many deaths from pneumonia might have been from influenza, or from their combined effects.¹⁶⁸ Furthermore, the high mortality rates attributed to influenza often related to other infections

¹⁶¹ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 151.

¹⁶² DOD Archives, OC 292, 2, Demobilisation and Repatriation (South Africans), 23 January 1919-28 May 1919.

¹⁶³ SAB, GG 684, 9/107/3 War 1914-17: Health of Troops. Venereal disease among men of Dominion contingents, 1915-1918.

¹⁶⁴ M. Harrison, "The British Army and the problem of venereal disease in France and Egypt during the First World War", *Medical History*, (39), 1995, 140.

¹⁶⁵ W. G. MacPherson, *et al.* (eds.), *Medical Services: Diseases of the War, Vol. II, History of the Great War, Based on Official Documents*, 46.

¹⁶⁶ Only definite restrictions, apart from VD cases, were placed in connection with evacuation to England with fracture femur cases. See, W. G. Macpherson & T. J. Mitchell, *History of the Great War based on Official Documents: Medical Services General History, Vol. II*, 75, 76.

¹⁶⁷ J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, 85.

¹⁶⁸ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 141.

that struck individuals with an influenza-weakened immune system. The same applied to deaths attributed to heart and kidney problems, as well as to diabetes.¹⁶⁹ In 1918, there was an outbreak of influenza at the West Sandling Camp of the Royal Flying Corps, resulting in the death of a number of South Africans. One of these was Harry Hutton Blake from Roodekop, Transvaal on 1 October 1918.¹⁷⁰ Some controversy surrounded the death of these men since after falling ill upon arrival, on 19 September, they had been without medical attention, proper food, and had to “lie on the floor in their greatcoats” for two days until they were evacuated to a military hospital. As a result, an enquiry was made and W. A. Robinson from the Air Ministry reported back to R. I. Munday, the Medical Administrator, stating that the allegations of neglect were false, for at most the “accommodation was likely to be strained to the utmost by an epidemic of influenza.”¹⁷¹

With the end of the Great War came a great wave of global influenza. With the end of hostilities, soldiers of Dominion contingents travelled immense distances in packed liners and in cargo ships. It was this cramped environment that allowed a miniscule virus to spread from one person to the next in droplets from coughs.¹⁷² Furthermore, men were also grouped together at Demobilisation camps for significant periods of time before repatriation. The concentration centre of South Africans was at Perham Down off the Coast of England, where medical examination for signs of infection was carried out.¹⁷³

The widespread system of transporting troops between homelands and battle fields in confined conditions helped to aid the relatively easy spread of diseases. The Union’s convenient geographical location saw it being designated as a primary base for the sick and wounded from German East Africa, as well as from other theatres, and as a resting point for Australian and New Zealand troop ships. It was due to this passing traffic that a small outbreak of cerebral-spinal meningitis occurred in the Cape between June 1916 and October 1917.¹⁷⁴ It was also this system of mobilisation and evacuation that contributed to the spread of the Spanish ‘Flu.

¹⁶⁹ J. N. Hayes, *The Burdens of Disease: Epidemics and Human Response to in Western History*, 277.

¹⁷⁰ These men were buried at Shorncliffe Military Cemetery, Kent, England, near a military camp and several Canadian Military establishments.

¹⁷¹ DOD Archives, WW1 ISD 32, 738, Outbreak of Influenza West Sandling Camp, 1918.

¹⁷² D. Killingray & H. Phillips, *The Spanish Influenza Pandemic of 1918-1919: New Perspectives*, 125.

¹⁷³ Anon., *South African Overseas Expeditionary Force: Demobilisation Instructions*, 3.

¹⁷⁴ W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 320.

The disease was spread, firstly, to the Southern part of South Africa since many shipping routes converged there and circulated quickly due to the well-developed infrastructure. The flu arrived in Cape Town, after calling at Freetown, by means of two troopships, the *Juroslav* and *Veronej*, carrying approximately 1,300 men of the South African Native Labour Corps (SANLC)¹⁷⁵ from France. Six of the *Juroslav*'s passengers hailed from Graaff-Reinet, twenty from Port Elizabeth, six from Uitenhage, sixteen from Grahamstown and six from Klipplaat. In due course, the town of Graaff-Reinet was not only exposed to returning men carrying the disease, but also came into contact with carriers from neighbouring towns. A passenger train making stops between these towns and the familiar sight of motor vehicles in 1918 made for the easy spread of the virus. The virus reached its local height in October 1918, reporting 3,400 individuals being diagnosed, of which 500 perished. This did not include families living outside of town on farms; in some cases, the entire family succumbed to the disease with no one left to report the deaths.¹⁷⁶ Some soldiers who survived the war returned to South Africa only to die at home from the Spanish flu, men like Nicolaas Johannes van Blerk from Kalk Bay who was admitted and died at Alexander Hospital in Maitland in October 1918 at the young age of twenty-five. Van Blerk, along with others, was buried at the nearby Military Cemetery in the Woltemade section.¹⁷⁷

In efforts made to combat infection, men's health was checked upon arrival and those infected were isolated. Men were first kept in dispersal camps before being discharged, and were inspected once a day by a medical officer; those who showed any symptoms were hospitalised. However, some men were not properly diagnosed, or did not inform the inspectors of any symptoms, thereby they were deemed healthy enough to continue home.¹⁷⁸ A contributing factor, as in the other campaigns, both climate and environment played a role. Attempts were made to make "arrangements as comfortable as possible for men" despite the

¹⁷⁵ African death rates were higher than the European death rates, varying between two and five per cent of the population.

¹⁷⁶ T. A. Botha, "Graaff-Reinet tydens die Eerste Wêreldoorlog, 1914-1919". (D. Litt et Phil Thesis, University of Port Elizabeth, 1994), 334, 340. See, A. Neetling-Pohl, *Dankbaar die Uwe*, 12.

¹⁷⁷ KAB Archives, Master of the Supreme Court, Cape Town. Liquidation and Distribution Accounts (1700 - 1936) (hereafter MOOC) 6/9/1372, 449, van Blerk, Nicolaas Johannes. Death Notice, 1918.

¹⁷⁸ DOD Archives, WW1 ISD, 33, 758, Arrangements for isolation at Maitland and Influenza contacts from overseas, 1918.

“inevitable slush and discomfort, which...[were] features...from time to time during the winter” when men were placed in dispersal camps.¹⁷⁹

Warnings of a second wave of the 1918 influenza pandemic, and of disastrously high death rates in France, Germany and North America, were received from cable services and European newspapers. In October, these warnings were amplified as the figures soared in London, Western Europe and South Africa. South Africa, India and Polynesia, suffered the world’s worst known death-rates in 1918.¹⁸⁰ The Union government did receive sufficient warning of the virus being transported by ship and did warn other states whose ships passed by South African ports. However, the government was not convinced of the benefits of enforcing a maritime quarantine, despite the merits shown in the Australian case and the Japanese cruiser *Nukata* that lay in Simon’s- and Table Bay during October.¹⁸¹ In a letter to the High Commissioner for the Union, W. P. Schreiner, Sgt. J. Maclay argued that “once epidemic influenza occurs on board, the most liberal provision of isolation arrangements will not prevent the disease spreading.” Rigorous medical examination upon embarkation and arrival would thus be more effective, and everything should be done not to let any “suspects” embark.¹⁸²

Medical Services

The dominion contingents all had their own hospitals and field ambulances. The organisational features of the RAMC and the various Dominion Medical Services were the same, with the only difference being in dentistry.¹⁸³ This alliance between the SAMC and the RAMC continued after the war. The two South African medical units formed a small part of the overall medical services operating along the line of communication on the Western Front. In August 1914, there were twenty-four general- and stationary hospitals, by November 1918 there were seventy-six, with the SAMC supplying only one General Hospital at Abbeville. As far as was practical, patients of the corresponding contingents were transferred to the hospitals associated with their home countries. However, this was not always possible since

¹⁷⁹ DOD Archives, WW1 ISD, 32, 715/4, Demobilisation, 1919.

¹⁸⁰ D. Killingray & H. Phillips, *The Spanish Influenza Pandemic of 1918-1919: New Perspectives*, 156.

¹⁸¹ N. Johnson, *Britain and the 1918-19 Influenza pandemic: A Dark Epilogue*, 125; W. G. Macpherson, *History of the Great War Based on Official Documents: Medical Services, General History, Vol. I*, 319.

¹⁸² DOD Archives, OC 292, Demobilisation and Repatriation III, December 1917-June 1919.

¹⁸³ W. G. Macpherson, *History of the Great War based on Official Documents: Medical Services General History, Vol. II*, 115; DOD Archives, AG3, 90, A9 12/1, “Alliance SAMC to RAMC”, 1916. For more on administrative control. See, W. G. Macpherson, *History of the Great War based on Official Documents: Medical Services General History, Vol. II*, 11.

immediate medical attention in some cases was a greater priority than being surrounded by one's own countrymen.¹⁸⁴

Types of Wounds

Military medicine and surgery had experienced significant advances during the South African War of 1899-1902. The state of knowledge in terms of treatment of various gunshot wounds, for instance, was based on the RAMC's experiences in South Africa more than a decade earlier.¹⁸⁵ As medical services became overloaded with casualties, it was soon realised that earlier classifications of wounds and how to deal with them were incomplete and inefficient in application. Furthermore, wounds tended to take on a different form with the simultaneous technological advancements in warfare.¹⁸⁶ Technological advances at the time of the First World War included the introduction of new smokeless powder that propelled rifle and artillery projectiles at higher velocities and at greater distances. New kinds of weaponry along with existing ones were employed on the Western Front to increased human detriment.¹⁸⁷ For these automated tools of warfare produced mutilations of the body on an unprecedented scale, "The extent to which a human body can be mangled by the splinters of a bomb or shell, without being deprived of consciousness, must be seen to be believed."¹⁸⁸

As the static trench warfare in France relied heavily on artillery barrages, shelling was thus responsible for most wounds. Of a sample of 48,000 wounded Allied troops, seventy-seven per cent of wounds were caused by shells, mortars, bombs and grenades, whereas only twenty-three per cent of wounds were inflicted by rifle or machine gun bullets.¹⁸⁹ Large and ragged wounds caused by shell fragments required exploration to excise dead tissue and to

¹⁸⁴ W. G. Macpherson, *History of the Great War based on Official Documents: Medical Services General History, Vol. II*, 68-69.

¹⁸⁵ See, W. L. Gubbins, "Field Medical Organisation – The Lessons of War", *Journal of the Royal Army Medical Corps*, (4), 1904, 446-451; J. S. G. Blair, *In Arduis Fidelius: Centenary History of the Royal Army Medical Corps, 1989-1998*. Edinburgh: Scottish Academic Press, 1998; E. H. Benton, "British Surgery in the South African War: The work of Major Frederick Porter", *Medical History*, (21), 1977, 275-290; I. R. Whitehead, *Doctors in the Great War*, 153-154.

¹⁸⁶ L. van Bergen, "For soldier and state: dual loyalty and World War One", *Medicine, Conflict and Survival*, (28), (4), October-December 2012, 320.

¹⁸⁷ L. van Bergen, "For soldier and state: dual loyalty and World War One", *Medicine, Conflict and Survival*, (28), (4), October-December 2012, 320.

¹⁸⁸ C. R. M. F. Cruttwell quoted in T. Wilson, *The myriad faces of war: Britain and the Great War, 1914-1918*, 127; See, R. A. Gabriel, *Between Flesh and Steel: A History of Military Medicine from the Middle Ages to the War in Afghanistan*. Washington: Potomac Books, 2013.

¹⁸⁹ J. Kirkup, "Fracture care of friend and foe during World War I", *ANZ J. Surg.* (73), (6), 2003, 454; R. Murray (ed.), *The War Diaries of Dr Charles Molteno 'Kenah' Murray – Book 4: The Western Front-France, 19 April – 25 December 1917*, 11.

remove foreign bodies. Gunshot fractures of the femur created novel challenges and had a high mortality rate. According to the official British account, “gunshot wounds causing fracture of the femur were among the most fatal injuries met with in the war, the majority of such cases were shell wounds (See Figure 5.7 and 5.8).¹⁹⁰

Wounding Agent	Percentage
Shells and trench mortar bombs	58,51%
Bullet (rifle or machine gun)	38,98%
Bombs and grenades	2,19%
Bayonet	0,32%

FIGURE 5.7: Wounding Agents¹⁹¹

The severity of wounds inflicted on men’s bodies can even be seen today with battlefield tours of the former Western Front. Several memorials, such as the Ypres or Menin Gate Memorial to the missing of the salient, contain 564 South African names of men whose remains were never found or identified.¹⁹² As Reitz described one scene, “At one place...[they] came on a heap of flesh and clothing so mangled that, had it not been for two fieldbooted legs protruding from the awful mess,...[they] could hardly have sworn that what lay [t]here had been a human being.”¹⁹³

¹⁹⁰ W. G. Macpherson, *History of the Great War based on Official Documents: Medical Services: Surgery of the War, Vol. II*, 339.

¹⁹¹ T. G. Mitchell & G. M. Smith, *History of the Great War based on Official Documents: Medical Services, Casualties and Medical Statistics of the Great War*, 40. See, R. Holmes, *Acts of War: A Novel of Police Terror*, 210; S. Western, “The Royal Army Medical Corps and the Role of the Field Ambulance on the Western Front, 1914-1918”. (MA Thesis, University of Birmingham, 2011), 32.

¹⁹² Commonwealth War Graves Commission, “Ypres (Menin Gate) Memorial.” [Accessed: 4 May 2014].

¹⁹³ D. Reitz, *Adrift Upon the Open Veld: The Anglo-Boer War and its Aftermath, 1899-1943*, 312.

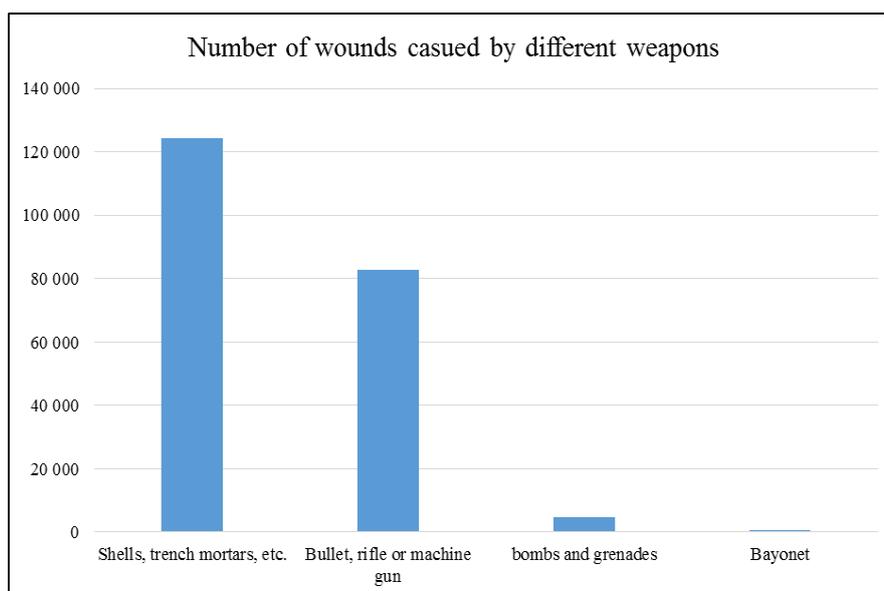


FIGURE 5.8: Number of Wounds caused by different weapons¹⁹⁴

Wounds: Fractures of the Femur

The general practice by 1915 was to evacuate femoral fracture cases to England after a few days in a hospital in France. However, due to the significant number of these cases, the majority of which resulted from shrapnel, shells and trench mortars, it was decided to establish dedicated hospitals in France.¹⁹⁵ In December 1917, it was decided that one hospital at each of the eight different bases would become dedicated establishments for such cases, the South African General Hospital being chosen as one. Thus, the interval spent in France in hospital was expanded and new restrictions prescribed that these cases were only to be evacuated after four to six weeks.¹⁹⁶ Special surgeons, equipment and wards for dealing with such injuries, were assigned to these hospitals. As a result, between 300 and 500 cases “of fracture of one particular bone in the human body” were concentrated into one hospital that afforded medical personnel an experience unique in surgery, which was relatively rare at the time.¹⁹⁷

¹⁹⁴ T. G. Mitchell & G. M. Smith, *History of the Great War based on Official Documents: Medical Services, Casualties and Medical Statistics of the Great War*, 40. See, R. Holmes, *Acts of War: A Novel of Police Terror*, 210; S. Western, “The Royal Army Medical Corps and the Role of the Field Ambulance on the Western Front, 1914-1918”. (MA Thesis, University of Birmingham, 2011), 32.

¹⁹⁵ See figures 4.8 and 4.9.

¹⁹⁶ W. G. Macpherson, *History of the Great War based on Official Documents: Medical Services: Surgery of the War, Vol. II*, 74, 350.

¹⁹⁷ M. Pearson & J. Drummond, *Fractured Femurs: Their Treatment by Calliper Extension*, 1.

The South African hospital played a significant role in developing new forms of treatment of such cases, and M. G. Pearson and J. Drummond in particular contributed to the pool of military medicine.¹⁹⁸ New forms of treatment designed at Abbeville in France included the Pearson attachment for the Thomas splint that allowed knee flexion.¹⁹⁹ This treatment method was facilitated by a specially constructed bedstead and mattress, or ‘fracture bed’, which allowed medical personnel access to any wound and also that patients could be transported quickly in case of fire.²⁰⁰ It was adopted by the War Office for general use in England.²⁰¹ Other wounds, of the arm, shoulder, back or pelvis, where turning the patient was difficult, could also be treated with the bed. According to Dr. Lennox, a member of the femoral fracture team at Abbeville, the “hospital had something to feel proud of: the results obtained were good, so much so that in most of the orthopaedic femur hospitals which sprang up in Britain during the last year of the war...[their] methods were largely followed.”²⁰² Beds to accommodate 200 such cases were supplied. The special bed and technique devised by Pearson and Drummond to treat these cases were later adopted as the standard for the British Army.²⁰³

One of the difficulties of treating femur fractures was sepsis. The most common method applied at hospitals was weight extension where an extension apparatus was fixed to the limb with the use of steel callipers, or “ice tongs”, which were fixed to the femur bone just above the condyles. This made direct traction upon the bone itself, or pull on the bone structure, thereby immobilizing, positioning and aligning the fractured bone until it was properly healed. However, surgeons were wary of driving instrumental rods through bone in fear of sepsis developing in limbs. This saw to the development of the Besley– and Pearson callipers, which did not penetrate the bone, thereby reducing the risk of sepsis.²⁰⁴

¹⁹⁸ See, Anon., “In Memoriam”, *South African Medical Record*, 28 June 1952, 532.

¹⁹⁹ A. J. Hull, *Surgery in War*, 129-133; L. F. Pettler, *Fractures: A History and Iconography of their Treatment*, 176.

²⁰⁰ See figure 5.10 of patients undergoing sun-therapy. Patients were easily moved outside whilst still in bed with little distress to their wounded bodies to bask in the sun.

²⁰¹ W. G. Macpherson, *History of the Great War based on Official Documents: Medical Services: Surgery of the War, Vol. II*, 360, 373.

²⁰² L. Gordon, “Some Applications of War Surgery to Civil Practice”, (20), (18), *South African Medical Record*, 10 April 1920, 124.

²⁰³ J. Buchan, *The History of the South African Forces in France*, 324.

²⁰⁴ W. G. Macpherson, *History of the Great War based on Official Documents: Medical Services: Surgery of the War, Vol. II*, 365; L. F. Pettler, *Fractures: A History and Iconography of their Treatment*, 175-176.

Chain of Evacuation

The practice of sorting patients to assign medical care according to degrees of injury, had been in development since the early 1800s. This modern concept, triage (from the French “trier”, to sort), was given its name by French physicians during the First World War. During the war, surgeons had to prioritize in favour of patients with critical, but not overly complex wounds. The goal of triage was, firstly, to conserve manpower and only thereafter to attend to the need of the wounded.²⁰⁵ The military administration divided the care of the wounded according to: collecting zone; evacuation zone; and distributing zone. These concepts were also used in the African campaigns, but never took on such a rigid and complex structure due to the lack of a constant influx of casualties.²⁰⁶

The collecting zone represented the area of conflict, the medical units operating in this zone included the personnel of medical establishments with combat units and field ambulances (FAs), such as the No. 1 SA FA. The evacuating zone included “clearing hospitals” and ambulance trains, this was also the nearest area that nurses came to the front line. The third area, or distributing zone, consisted of stationary-, general hospitals, convalescent depots, hospital ships and military hospitals “outside” the theatre of war. In the South African case, this included the hospitals at Abbeville in France and at Richmond Park in England. Most of the work done by nurses were in these areas, Voluntary Aid Detachments such as the Red Cross and St. John Ambulance also operated here.²⁰⁷ A large proportion of fatalities occurred at the Casualty Clearing Station (CCS) or on their way there.²⁰⁸ Once the wounded were evacuated as far as a CCS, they were out of reach of adequate surgical treatment for twenty-four to thirty-six hours.²⁰⁹

It was deemed neither practical to evacuate battle casualties to hospitals associated with a soldier-patient’s country, nor to organise large central hospitals for special cases of disease or

²⁰⁵ M. M. Maning, A. Hawk, J. H. Calhoun & R. C. Andersen, “Treatment of War Wounds: A Historical Review”, *Clinical Orthopaedics and Related Research*, (467), (8), August 2009, 2170.

²⁰⁶ E. C. Vivian & J. E. H. Williams, *The Way of the Red Cross*, 18-19.

²⁰⁷ E. C. Vivian & J. E. H. Williams, *The Way of the Red Cross*, 19-20. The No. 1 South African General Hospital did not have its own nursing staff until August 1916. Prior to this date members of the Canadian Military Nursing Service and English VAD’s performed these services. Twenty-one members of the SAMNS arrived on 5 August that year. See, J. Buchan, *The History of the South African Forces in France*, 321; DOD Archives, DC 184 (Grp 2), 9706, S.A. Military Nursing Service. Establishment of Regulations and Orders and Instructions for, 1918-1920.

²⁰⁸ M. G. Pearson & J. Drummond, *Fractured Femurs: Their Treatment by Calliper Extension*, 7.

²⁰⁹ W. G. Macpherson, *et al.* (eds.), *History of the Great War based on Official Documents: Medical Services: Surgery of the War*, Vol. II, 349-350.

wounds in France. Thus, despite demands from specialists and consultants for the creation of central special hospitals, it did not seem feasible to transfer special cases to special hospitals with dedicated transport and possibly some distance away, since victims collected by medical transport suffered from different afflictions.²¹⁰ For instance, with the Battle of the Somme, the mortality rate of patients admitted to the South African hospital was relatively high, due to it being the closest General Hospital to the Somme Front. Almost every case admitted was seriously injured, and could not travel further to other dedicated hospitals.²¹¹

The mortality rates from wounds were partially attributed to the difficulties of transporting the patient from the battlefield to a medical unit for sufficient care. Many men died from wounds since they were not evacuated fast enough, or not at all.²¹² This was especially the case with femur fractures. As Pearson noted:

A man with a smashed arm can walk in and get treatment; a man with a broken tibia can hobble in between two comrades, but the man with a femur fractured by shell or other missile is helpless indeed...So it comes about that these cases stay out longer after a battle than the rest; they lie out in shell holes until stretcher parties can get to them, and many of them die out there from immediate haemorrhage, from shock or from exposure to exhaustion.²¹³

Developments in the medical services continued throughout the war, modernising old lessons learned in the South African War or even in recent battles. Motorized evacuation, improved wound care, haemorrhage control and transfusion all contributed to lowered fatalities.²¹⁴

Some of the lessons learned in caring for the wounded on the Western Front had already been learned by the time that the SAMC arrived in France. However, they were in time for the bloodiest battle at the Somme, delivering copious numbers of casualties which compelled the medical units to combine more effectively. There was better integration and cooperation between the various medical units and the sharing of resources between FAs when needed.²¹⁵

²¹⁰ W. G. Macpherson, *et al.* (eds.), *History of the Great War based on Official Documents: Medical Services: Surgery of the War, Vol. II*, 74, 350. The later exception was VD hospitals and those dedicated to treating fractured femur cases.

²¹¹ J. Buchan, *The History of the South African Forces in France*, 322.

²¹² W. G. Macpherson, *et al.* (eds.), *History of the Great War based on Official Documents: Medical Services: Surgery of the War, Vol. II*, 349-350.

²¹³ M. G. Pearson and J. Drummond, *Fractured Femurs: Their Treatment by Calliper Extension*, 6.

²¹⁴ J. Kirkup, "Fracture care of friend and foe during World War I", *ANZ J. Surg.* 73, 2003, 457. See, W. G. Macpherson, *et al.* (eds.), *History of the Great War based on Official Documents: Medical Services: Surgery of the War, Vol. II*, 330.

²¹⁵ M. Harrison, *The Medical War: British Military Medicine in the First World War*, 65, 71.

The most casualties sustained, thirty-nine per cent, on 18 July, required No. 2 Stationary hospital to function as a CCS. The hospital also received cases from the nearby British hospital. South African casualties mounted as they partook in the battles of Bernafrey Wood, Trones Wood, Longueval and Delville Wood, to the extent that the planned pattern of medical evacuation disintegrated.²¹⁶ However, if this provided a steep learning curve, the method of casualty disposal developed during that time was so successful, that it was adopted in 1917.²¹⁷

As the war raged on, medical matters gained increasing importance, especially when new treatments, such as blood transfusion, were introduced.²¹⁸ This was partially due to concerns over the welfare of soldiers, but also to keep up the army's fighting strength. The most battle casualties for South Africa were sustained at Delville Wood, between 1 and 20 July, with 3,155 being placed out of action and later, between 9 and 19 October, suffering 1,150 losses at the Butte de Warlincourt. The table below (Figure 5.9) indicates the two most expensive months in terms of human losses.²¹⁹

	Delville Wood 1–20 July 1916	Butte de Warlincourt 9-19 Oct 1916
Killed	457	
Death assumed	186	
Died of wounds	120	
Wounded	1476	
Prisoners	297	
Total Casualties	3155	1150

Figure 5.9: 1st SAI casualties: The two most expensive months²²⁰

²¹⁶ I. van der Waag, "All splendid, but horrible: The Politics of South Africa's Second "Little Bit" and the War on the Western Front, 1915-1918", *South African Journal of Military Studies*, (40), (3), 2012, 88.

²¹⁷ M. Harrison, *The Medical War: British Military Medicine in the First World War*, 72-73.

²¹⁸ During the Somme action, the British persisted in using saline, it was only later that Canadians converted British surgeons in treating haemorrhage and shock. Although blood transfusion was a major advance of the war it came too late for most men. See, K. Pelis, "Taking Credit: The Canadian Army Medical Corps and the British Conversion to Blood Transfusion in WWI", *Journal of the History of Medicine and Allied Science*, (56), 2001, 251-254; I. R. Whitehead, *Doctors in the Great War*, 144; A. Carden-Coyne, *Politics of Wounds: Military Patients and Medical Power in the First World War*, 147; C. W. Gibb, "Blood Transfusion and the Significance of the Various Blood Groups", *South African Medical Record*, 11 August 1923, 345.

²¹⁹ I. van der Waag, "All splendid, but horrible: The Politics of South Africa's Second "Little Bit" and the War on the Western Front, 1915-1918", *South African Journal of Military Studies*, (40), (3), 2012, 91.

²²⁰ I. van der Waag, "All splendid, but horrible: The Politics of South Africa's Second "Little Bit" and the War on the Western Front, 1915-1918", *South African Journal of Military Studies*, (40), (3), 2012, 91.

Positional warfare posed numerous health risks to troops, although it was also to the benefit of the evacuation and care of the wounded. For it allowed the medical services to make use of existing networks of rail, canals and roads.²²¹ The staff of the South African hospital arrived on 15 July 1916 during the Battle of the Somme, and was established next to No. 2 Stationary Hospital in Abbeville. Amongst the earliest admissions were the wounded South Africans from Delville Wood and others directly from the Somme due to it being situated at the advanced base. The most severely wounded were transported in specially-fitted hospital barges.²²² They floated from the CCS at Corbie down the Somme to Abbeville and from there taken by motor ambulances to the hospital. The wounded who could endure the strain, were transported by train. Transporting by way of the main road was also difficult, as the underlying chalk in summer powdered to a fine dust, and with the winter rains it became a greasy form of mud.²²³

The medical staff of the South African hospital was depleted by the time of the 1918 German Spring Offensive since they were sent to replace casualties in the FA and other units operating in the forward area. Most of the nursing staff was also withdrawn due to the enemy advance and to frequent aerial bombing.²²⁴ Transportation of the wounded became ever more difficult during the ‘Hundred Days’ (8 August-11 November) in 1918 when the front advanced towards Germany. During this period, motor ambulances played a greater part and stretcher bearers became less useful since the ground to cover was too extensive.²²⁵

The problems associated with the evacuation of the wounded were not only rooted in the medical system, but were also due to the environment and severe battle conditions. The weather was another factor that the medical staff faced, as Sgt. Maj. A Knox of the No. 1 SA FA recorded, after receiving 243 cases on 24 July, “Everything made exceedingly difficult and unpleasant by appearance of drizzling rain which left everything in about 3 inches of mud.”²²⁶ During the Somme battles, S. S. Walsh, a stretcher bearer of the SAMC, told of the

²²¹ S. Western, “The Royal Army Medical Corps and the Role of the Field Ambulance on the Western Front, 1914-1918”. (MA Thesis, University of Birmingham, 2011), 49.

²²² These barges were only used until the end of 1916 when the winter set in and made the journey along the river too dangerous and in 1917 the fighting moved away from the river.

²²³ J. Buchan, *The History of the South African Forces in France*, 321.

²²⁴ J. Buchan, *The History of the South African Forces in France*, 324.

²²⁵ S. Western, “The Royal Army Medical Corps and the Role of the Field Ambulance on the Western Front, 1914-1918”. (MA Thesis, University of Birmingham, 2011), 49.

²²⁶ I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *South African Journal of Military Studies*, (40), (3), 2012, 88.

difficulties of evacuating wounded across a pockmarked terrain, "The stretcher bearing had been difficult ...It was impossible to carry from the front of the RAP [Regimental Aid Post]...At the rear was a mass of ruins, wire entanglements, garden fences, fallen and falling trees, together with every description of debris from shattered building material."²²⁷

Apart from the terrain, evacuation under battle conditions carried the threat of snipers, who did not distinguish between fighting- and medical units. Those at deadly risk included not only the wounded but also medical personnel during the evacuation process. The casualties sustained by bearers carrying the wounded to the forward dressing station at Bernafrey Wood were significant.²²⁸ "Major Power...[with the SAMC] on one occasion...was bandaging a man's head, when a fragment of shell passed between them carrying away half the man's head...Captain Gibson got a bullet through the inside of his thigh, while another nicked his ear."²²⁹

In many cases, the wounded could not be collected due to these factors. Murray at one point aired his frustration, "The great range of the guns and the fearful power of modern explosives are making the question of dealing with the wounded more and more difficult, so that warfare is becoming more and more cruel as time goes on... The result is that wounded had had [*sic*] to be left wholesale to die where they fell."²³⁰ Yet, Murray later also wrote of extraordinary cases of survival against the odds. The South African General Hospital "often...[got] cases in where men have lain...for as much as 8 days without food or water until the tide of battle passed and they were still alive to be rescued."²³¹ Similarly, Pearson told of a man with a fractured femur who lay in no-man's-land for seven weeks. One of the frustrations that weighed on medical personnel was that despite their success in evacuating the wounded, many cases arrived "in a moribund state so that no surgical skill could save them."²³² Below is a photograph of the specially designed beds for fractured femur cases; these beds were often carried outside, so that patients could undergo sun therapy (Figure 5.10). The intention

²²⁷ R. Murray (ed.), *The War Diaries of Dr Charles Molteno 'Kenah' Murray – Book 4: The Western Front-France, 19 April – 25 December 1917*, 15

²²⁸ I. van der Waag, "All splendid, but horrible: The Politics of South Africa's Second "Little Bit" and the War on the Western Front, 1915-1918", *South African Journal of Military Studies*, (40), (3), 2012, 88.

²²⁹ R. Murray (ed.), *The War Diaries of Dr Charles Molteno 'Kenah' Murray – Book 4: The Western Front-France, 19 April – 25 December 1917*, 12 - 13

²³⁰ R. Murray (ed.), *The War Diaries of Dr Charles Molteno 'Kenah' Murray – Book 4: The Western Front-France, 19 April – 25 December 1917*, 14

²³¹ R. Murray (ed.), *The War Diaries of Dr Charles Molteno 'Kenah' Murray – Book 4: The Western Front-France, 19 April – 25 December 1917*, 17

²³² M. G. Pearson and J. Drummond, *Fractured Femurs: Their Treatment by Calliper Extension*, 6-7.

was similar to that behind the treatment of East African sick invalids who were exposed to sea breezes to aid their recovery.²³³ Water therapy was also widely popular and was used on most patients at the South African Military Hospital at Richmond, see for instance figure 5.11.



FIGURE 5.10: South African General Hospital, Abbeville- Sun therapy²³⁴

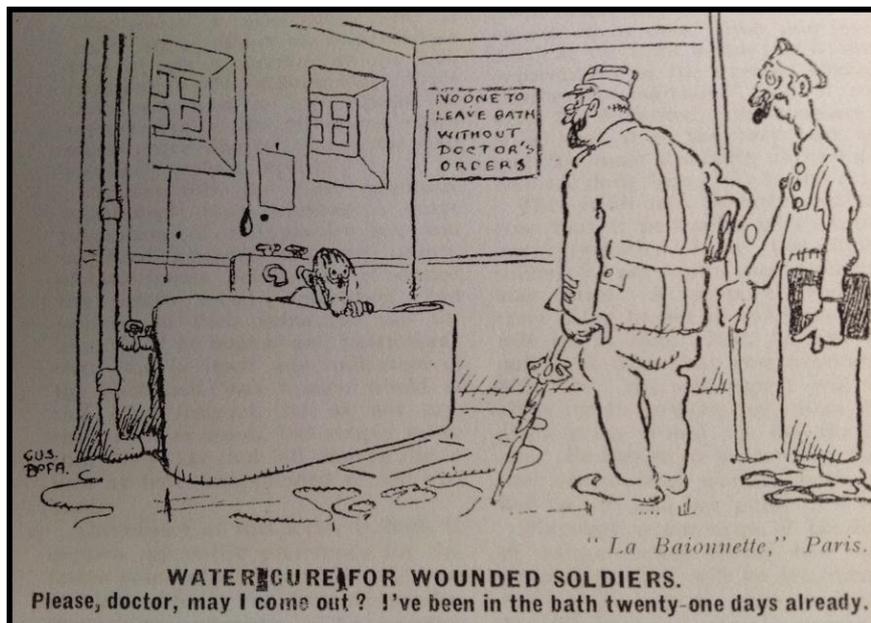


FIGURE 5.11: Water Therapy²³⁵

²³³ See chapter three.

²³⁴ NMMH, AP234/24324 No. 1 General Hospital, Abbeville

Sepsis and gas gangrene

The chain of evacuation used in the European war was based on the one developed during the South African War, yet the overseas terrain and environment was entirely different. In the South African case, it was deemed dangerous to move the wounded, especially those suffering from compound fractures.²³⁶ The African soil of the previous conflict was of a “greater cleanliness” than that of France or Belgium; there, “shell wounds preponderated”, and “men frequently had their wounds infected by the soil of agricultural lands” on the Western Front. As Pearson noted, they “were faced for the first time with all the horrors of septic wounds with attendant gas gangrene, tetanus, etc.; and to meet the situation...[they] only...[had their] pre-war knowledge with all its deficiencies...many of those operated on according to...pre-war methods died of gas infection...or...prolonged sepsis.”²³⁷ Knox, who saw two patients who died from gas gangrene following gunshot wounds, thought them the most “fearful wounds.”²³⁸ Therefore, in the European case, previous knowledge based on experience in the previous war seemed outdated, and the far higher risk of infection meant that the wounded had to be evacuated quickly.²³⁹ Thus Pearson noted that “any improvement [in medical services] must include the whole system of transport and treatment. It had to begin where the patient was picked up and end at the gymnasium in England.”²⁴⁰

The additional threat to survival, namely sepsis, saw to the development of excision methods. A member of staff at the South African hospital in France wrote two years later that the excision of wounds was one of the “biggest advance[s] in surgical treatment [that] evolved during the war.”²⁴¹ It was “responsible for saving countless lives” from “the appalling sepsis which played such havoc!”²⁴² The excision of wounds, such as lacerations which were usually infected, involved removing dead tissue, or even tissue that was likely to be infected, and then suturing it up at once. The exception was if the medical service was

²³⁵ Anon., “Water Cure for Wounded”, *Springbok Blue*, March 1917.

²³⁶ I. R. Whitehead, *Doctors in the Great War*, 154.

²³⁷ M. G. Pearson & J. Drummond, *Fractured Femurs: Their Treatment by Calliper Extension*, 6.

²³⁸ Sgt. Maj. A. Knox quoted in I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *South African Journal of Military Studies*, (40), (3), 2012, 89.

²³⁹ I. R. Whitehead, *Doctors in the Great War*, 154.

²⁴⁰ M. G. Pearson & J. Drummond, *Fractured Femurs: Their Treatment by Calliper Extension*, 6.

²⁴¹ L. Gordon, “Some Applications of War Surgery to Civil Practice”, *South African Medical Record*, 10 April 1920, 123.

²⁴² M. G. Pearson & J. Drummond, *Fractured Femurs: Their Treatment by Calliper Extension*, 6; L. Gordon, “Some Applications of War Surgery to Civil Practice”, *South African Medical Record*, 10 April 1920, 123.

doubtful of the “joining” of the wound; in such cases, wounds were treated as if cleaned and left open only to be sutured two or three days later if they remained sterile.²⁴³

Impediments to the care of the wounded

Despite wartime medical advances and the reduced actual mortality rate, many men were left permanently disabled. Amputations were performed as a final solution if the lower extremities experienced severe trauma, arterial interruption, gas gangrene, non-union, or advancing infection.²⁴⁴ “The number of surgeons was limited and could only deal adequately with a tithe of the work”...their inability to do more, “worked on the minds of the operators that the pendulum swung in the direction of early amputation for all cases with a view to saving lives.”²⁴⁵ Often, due to the lack of equipment, it was “a period of great stress, when time and appliances were equally scarce.”²⁴⁶

Similarly, “There were occasions when, all beds being full, patients on stretchers occupied the floor space around, and even under the beds.” The same applied to equipment, leaving Knox frustrated by the “unsatisfactory way patients were left to the mercy of a willing and efficient but ill equipped staff.”²⁴⁷ In other cases, the shortage of medical personnel meant overly long shifts; Murray mentioned stretcher bearers who were only relieved after twenty one days “in the midst of awful surroundings.” Over-work resulted in some having “broken down from mental strain...the wonder being that more have not succumbed in the same way.”²⁴⁸

²⁴³ M. G. Pearson & J. Drummond, *Fractured Femurs: Their Treatment by Calliper Extension*, 15.

²⁴⁴ J. Kirkup, “Fracture care of friend and foe during World War I”, *ANZ J. Surg.* 73, 2003, 458.

²⁴⁵ M. G. Pearson & J. Drummond, *Fractured Femurs: Their Treatment by Calliper Extension*, 6.

²⁴⁶ M. G. Pearson & J. Drummond, *Fractured Femurs: Their Treatment by Calliper Extension*, viii.

²⁴⁷ Sgt. Maj. A. Knox quoted in I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *South African Journal of Military Studies*, (40), (3), 2012, 89.

²⁴⁸ R. Murray (ed.), *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray – Book 4: The Western Front-France, 19 April – 25 December 1917*, 11.



FIGURE 5.12: Wounded evacuated to No. 1 South African General Hospital²⁴⁹

Mind

Morale

Horrendous sights, unimaginable in civilian life, combined with the constant proximity of death, and the lack of information of what was happening, deeply impacted morale at the front.²⁵⁰ However, this was mixed and variable between units. In March 1918, Murray, for instance, thought how “different” it was “last year. Then...[it was] all for attack and no thought of defence. Then...[they] talked about having arrived by now at the winding up stages of the war. To be on the defensive now seems the abandonment of all hope of anything conclusive from a military point of view.”²⁵¹ A month later, he noted how “really awful” it was “to think our men have fallen so low in morale.”²⁵² It was during this final German offensive phase of the war, with the Allied shift from offensive to defensive tactics, that

²⁴⁹ NLSA, World War 1: Convoy of wounded waiting for evacuation, n.d.

²⁵⁰ L. van Bergen, *Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, 205.

²⁵¹ C. M. Murray, *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray - Book 5: The Western Front, France and Belgium 1 January 1918 – 28 December 1918*, 2.

²⁵² C. M. Murray, *The War Diaries of Dr Charles Molteno ‘Kenah’ Murray - Book 5: The Western Front, France and Belgium 1 January 1918 – 28 December 1918*, 9.

uncertainty arose amongst the ranks over which side would emerge the final victor. Then, and earlier, soldiering consciousness and preparedness signified the strength or otherwise of morale. In July 1916, as the “fellow[s]...[were] still holin [*sic*] Delville Wood.” Pte. W. H. Smith, wrote his brother and sister a “few lines” to notify them that he “made every thing [*sic*.] out to...them if anything should happen to...[him] in France.” Not long thereafter, on 15 October, he died of wounds.²⁵³

In sustaining spirits in bad times, army service exposed soldiers to a variety of ‘vices’, as discussed earlier. On the other hand, YMCA or Red Cross huts and battalion canteens at camps and *estaminets* provided men with both entertainment and comforts.²⁵⁴ Lt. G. G. J. Lawrence sentimentally referred to the “Happy days” behind the front line, visiting such “homely” if “very small” establishments.²⁵⁵ Leisure activities, some of which the public saw as immoral, served not only as a means of temporarily shutting out the worst of the war, but also to create bonds amongst men. Morale could be boosted by cultivating an *esprit de corps*, a sense of community, and spiritual reassurance that God was on their side and not the enemy’s.²⁵⁶ As Col. H. Boustead asserted, “No other endurance except great danger...could bring about the same link of comradeship...[They] were bound to one another, men on the same rope.”²⁵⁷

Perhaps even greater psychological comfort could be found in communicating with family and friends at home, than was to be found in food and drink or recreation. It provided an essential link with pre-war reality and civilian sanity. Much of soldiers’ time was occupied with either reading, re-reading or writing letters, no matter how mundane their contents. Overseas postal services were also fairly reliable, even up to the front. Many ordinary soldiers were only functionally literate, and thus letters were often at best rudimentary. Moreover, the noticeable lack of emotional depth in personal letters and postcards was also due to soldiers’ inner urge to try to conceal the harsh reality of war so as not to alarm loved ones.²⁵⁸ One characteristic letter, from Pte. J. Ferguson, written “somewhere in France”, was cheery, “just

²⁵³ NAB Archives, MSCE 0, 1096/1916, Smith, William Henry, 1916-1919.

²⁵⁴ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 132.

²⁵⁵ G. G. J. Lawrence, “Echoes of War (Part 2)”, *South African Journal of Military Studies*, (8), (2), 1978, 42.

²⁵⁶ J. D. Keene, *World War I*, 57

²⁵⁷ H. Boustead, *The wind of morning: the autobiography of Hugh Boustead*, 31.

²⁵⁸ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 138-139.

a few lines to let you know...[he is] still in the land of the living”, commenting on the weather, “jolly cold”, and providing other trivial details.²⁵⁹

Naturally, another reason for the tone of communication was censorship. Requiring less, postcards were more common than letters.²⁶⁰ For instance, William McIlwane Robinson, regularly sent his wife, Florence, postcards from France and Flanders with one-line sentences such as “with love.” Letters would open with “My dear little girl...” and mostly be concerned with asking about the children, household and financial matters. The bits of information concerned with life at the front made it sound as if he was on holiday, having a “ripping time”, “Yes!...[He] won the army championships without a fight all the officers who entered backed out when...[he] turned with so [*sic*] that a “walk-over”, not very satisfying was it?”²⁶¹ This same style can be seen in Wade’s letters to his mother, where he talked of shared acquaintances and declared that he had not much to “tell [her] although things are busy enough...Hope you [she] are well.”²⁶² Reaching out to the trivial routine of life back home, however banal, provided some personal stability.²⁶³ Reassurance about coping similarly filled letters published in home town newspapers, which assured family members: “It will be cheery news to many mothers, sisters and sweethearts to know what some of the South Africans write...The kitchens are only about 20 minutes back from the line, and the stuff is cooked there and put into huge Thermos flasks.”²⁶⁴

Parcels from home or issued by the South African Hospitals and Comforts Fund also helped to boost morale, as in previous campaigns. These tended to include items such as tobacco and cigarettes, socks, muffers, handkerchiefs, woollen waistcoats, mitts, matches, dried fruit, sweets, and other articles. Responsibility for the shipping of monthly supplies was allocated between different provincial Fund branches.²⁶⁵ In Wade’s letters to his Irish cousin,

²⁵⁹ NAB Archives, MSCE 0, 34971919, Ferguson, James, 1919.

²⁶⁰ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 139

²⁶¹ KAB Archives, CSC 2/1/1/863, Illiquid case, 1919.

²⁶² B. Wade, *Peace, War and Afterwards: 1914 to 1919 - A Young Man's Letters Written Chiefly to His Mother*, 44.

²⁶³ J. Ellis, *Eye Deep in Hell: Trench Warfare in World War I*, 140.

²⁶⁴ Anon., “Notes and Comments”, *Mossel Bay Advertiser*, 10 July 1917, 4.

²⁶⁵ J. G. W. Leipoldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 222-223.

he expressed his appreciation, “Many thanks...[he] also received a parcel some days ago...The cake was very much enjoyed – It makes such a change...”²⁶⁶

War Neurosis

Although most wounds resulted from weapons fire, there were also extensive mental wounds. Variants of war neurosis often related to the constant noise produced by such weaponry, combined with horrific images, and the loss of comrades. After the capture of a section of the Hindenberg line in May 1917, “relics of the recent battle lay” on both sides, and “out in no-man’s-land were withered corpses that could not be fetched in...In some places there were notice boards stuck on the parapet: ‘Don’t dig here; dead bodies,’ ‘Dead Germans; no digging,’ ‘Unknown British dead,’ etc.”²⁶⁷ On 20 March 1918, on “an eerily quiet, cloudless, sunny day”, General Tanner “looked in on his way down the line”, and instructed Deneys Reitz to “point out the dead bodies still lying there from previous fighting and have them buried.”²⁶⁸

For some, these experiences only affected individual morale, while for others it festered into a burdening form of war neurosis. The condition was often displayed by stretcher bearers responsible for evacuating field casualties. Thus, in July 1916, Pte. A. E. B Moller spent two months in hospital after being under heavy fire. On 14 October 1917, he attended the wounded at Hook House (Pill Box) when it was struck by a shell. As he came out with a stretcher, another “shell burst close by blowing it up [*sic.*] Partly Burying” him. He was then helped to a Dressing station and spent two months in hospital. When admitted, he was “in fair condition. Pupils dilated. Equal reacting. Tremor of hands. No injury. Voice normal. Complains of pain in back, of neck legs & across back.” The reason for his shaky condition was attributed to continuous exposure to heavy shell fire. On 2 November 1917, his medical record classified him as “Wound. Shell Shock” and he was placed on disposal duty.²⁶⁹

Numerous such cases can be found, of infantrymen as well. Due to the treatment and stigma attached to such psychological afflictions, camaraderie in the lines could translate into soldiers and officers developing informal ways of managing shell shock. Some soldiers who

²⁶⁶ B. Wade, *Peace, War and Afterwards: 1914 to 1919 - A Young Man's Letters Written Chiefly to His Mother (1914-1919)*, 44.

²⁶⁷ D. Reitz, *Adrift Upon the Open Veld: The Anglo-Boer War and its Aftermath, 1899-1943*, 270.

²⁶⁸ D. Reitz, *Adrift Upon the Open Veld: The Anglo-Boer War and its Aftermath, 1899-1943*, 287.

²⁶⁹ DOD Archives, WO1 5, Nominal Roll 1 SAI Bde, 1917-1919.

had grown accustomed to the signs of imminent mental collapse tried to avoid dispatching their comrades to the official treatment system.²⁷⁰ Together with members of his battalion, Reitz was ordered to report to divisional headquarters, a “weary journey.” To add to their “troubles, young White’s nerves had given way. He was a brave boy”, but by then, “on the verge of collapse. Every time a shell howled over... he flung himself to the ground and covered his head with his trench coat. Then he would rise shamefaced and trembling.” Reitz “pretended at first not to notice”, but later the boy confessed that “his nerves had gone.” For him to get by, there was the “possibility of being taken out of the line to help train American units.” He assured Reitz that he would “recover himself” if he could do “this for a few weeks.”²⁷¹

Amid increasing signs and symptoms of shell shock among fresh troops, there were also cases defined as malingering.²⁷² One such case was of a soldier named Mickey, whose contortions exhibited themselves over the course of several months. Initially, he would address men individually, sometimes a man in another unit with whom he was not acquainted, and ask: “Excuse me, do you see anything wrong about my [his] face? As a matter of fact, I’ve [he] had my [his] back teeth out, and my [his] cheeks are sinking in, and I am [he is] beginning to get a look of the dog about me [him].” Sometimes, he would “exclaim this madly”, when no one was looking at him. Eventually, fellow-soldiers “got together and seriously decided that...[they should] put the whole history of the case before...[their] medical officer”. Yet, one man, Jock Inglis, volunteered to determine “whether he’s mad”, which, when it turned out that he was not, the story later came to form part of the unit’s humorous folklore.²⁷³

Conclusion

South African troops were deployed in an environment entirely foreign to the South African way of war.²⁷⁴ In early 1918, Reitz was at Fort Mathilda, to put new recruits through drill, in which they had to stand all day “in the sodden fields, with six inches of snow underfoot, and a cold drizzle or rain that never ceased. Truly an awful climate to a South

²⁷⁰ F. Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914-1930*, 5.

²⁷¹ D. Reitz, *Adrift Upon the Open Veld: The Anglo-Boer War and its Aftermath, 1899-1943*, 293-294.

²⁷² A. Richards, *Report of the War Office Committee of Enquiry Into “Shell-Shock”: Featuring a New Historical Essay on Shell-Shock*, 32.

²⁷³ A. W. Wells, “Army Humour as I Remember It”, *The Home Front*, November 1928, 9-11.

²⁷⁴ I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *South African Journal of Military Studies*, (40), (3), 2012, 74.

African accustomed to eternal sunshine.”²⁷⁵ Apart from the contrasting climate, men were exposed to other sapping elements, with poor nutrition and sanitation taking a toll of mind and body. Then there was the extent and severity of wounds attributed to modern industrial warfare.

The great number of the wounded and of types of wounds of the Western Front led to surgical and other medical advances which gradually reduced amputation rates by 1917. Yet for more disabled Springboks this came too late. With the end of hostilities, they were among all other conditions of men repatriated back to the Union, with priority of return given to those who had been on active service the longest.²⁷⁶ Even then, the cessation of hostilities did not see the end of threats associated with the war, as numbers of returning men contracted the feared Spanish Influenza. Assuming epidemic proportions, the ‘flu transferred the end of the global war to the Union, where huge numbers of civilians succumbed to the disease.

Some of the country’s soldiers emerged from the war with unseen emotional scars. Other human damage was more visible. The instability of shell-shock, and wounds such as femoral fractures, amputations, blindness, and facial disfigurement, all required extended treatment at ‘the end’ of the chain of evacuation. The nature of these wounds saw a change in the status of men from wartime soldier-patient, to mere patient, and later to ex-servicemen. For some, the nature of their afflictions permanently robbed them of their ability to ever be soldiers again. That aside, in time, the ex-servicemen’s body and mind all became the responsibility of the commissioner of pensions, and of the offices associated with the title. The bodies of ex-servicemen had to be made ‘fit’ enough to be moved off those logs, eventually to be recorded in a Union labour force census as a common member of the white civilian population.²⁷⁷

²⁷⁵ D. Reitz, *Adrift Upon the Open Veld: The Anglo-Boer War and its Aftermath, 1899-1943*, 280.

²⁷⁶ DOD Archives, WW1 ISD, 32, Demobilisation 715, 1919; WW1 ISD 33, Possibilities of Dispersal Camp at Durban, 1919.

²⁷⁷ This was not the case for all men evacuated to England, some men received treatment and convalesced for extensive periods until they recovered enough to return to the Front as previously mentioned.

Chapter Five: ‘Stumbling on Civvy Street’: The re-adjustment of combatant South African war veterans to life in post-war society, 1918-1928

Introduction

After demobilisation, returning soldiers were hailed by cheering crowds. A euphoric festivity of peace celebrations enveloped the world, and in 1919 local Committees were appointed to organise these events.¹ The Administrator of the Province of the Cape of Good Hope, N. F. de Waal, wrote a message to ex-South African servicemen congratulating them for doing their duty and the righteousness of it. The pomp and pageantry echoed as he declared: “You [ex-servicemen], our Heroes, have seen eye to eye with us in realising the danger to Humanity, to our Country, to the World; you have manfully donned your armour and met the enemy in the gate; you return to us as Conquerors.”²

However, this outpouring of mass pride and gratitude to those who had fought for “King and Country”, soon began to dissipate as life gradually took on its civilian routine in the early 1920s, and a different battle for ex-servicemen began to unfold. “The battle of life...[was] often far harder than anything the Western Front could throw up”.³ The aim of this chapter is to explore to what extent men who survived the war were able to reintegrate into post-war society. As noted in the first chapter, those who volunteered for service were drawn from all geographical locations, economic and social classes. The majority of Afrikaans speakers fought in the East African campaign, whilst the forces of Europe were primarily drawn from the English ranks of the Union. As argued, these men were volunteers drawn from civil society, yet they assumed a new identity after training and fighting in three different campaigns. Yet, in the post war period, men strove to reclaim their previous identity as a member of the general population. However, in many respects, as this chapter will seek to show, men’s bodies and minds assumed a new identity, that of an ‘ex-servicemen,’ ‘returned soldier,’ ‘ex-combatant,’ or even ‘victim’ and not that of a mere civilian as they were in pre-war society, as S. Hynes, D. Cohen, and S. Koven have argued.⁴ Firstly, it would be

¹ TBD Archives, 3/DBN, 4/1/2/824, 180C, Peace Celebrations – Minutes of Committee, 1919.

² Anon., *The Celebrations of Peace: Official Programme and Souvenir Booklet*. Cape Town: Cape Town Peace Celebrations Committee, 1919, 45.

³ Anon., “Hats off to Ian Fraser”, *The Home Front*, October 1928, 3.

⁴ S. Hynes, *A War Imagined: The First World War and English Culture*, 215; D. Cohen, *The War Come Home: Disabled Veterans in Britain and Germany 1914-1939*, 127; S. Koven, “Remembering and dismemberment: crippled children, wounded soldiers and the Great War”, *American Historical Review*, (99), (4), 1167-1168.

necessary to redefine who these men were, for many of their bodies were altered. Many were diseased, suffering from shell-shock, scarred and physically disabled. Various individuals and institutions aimed to restore men's bodies to their former state.⁵ In order to determine whether ex-servicemen were able to readjust to civil life, various factors need to be considered, namely financial compensation in the form of pensions and that awarded by the Governor-General's Fund, the value of vocational and employment schemes and socio-economic factors. This will include factors such as the 1922 Rand Strike as a practical example, family life, remembrance, and veteran's association such as the Memorable Order of Tin Hats (MOTH's).

Demobilisation (1914-1919)

To identify the 'average' ex-serviceman is a near impossible task. Many ex-servicemen united under a common banner, such as the MOTHs, British Commonwealth Ex-services League South Africa (BESL) and The Comrades of the Great War. Even so, they proved to be a weakly-united camp since the same divisions that plagued the country applied to this group. Furthermore, the Union was only able to mobilise approximately ten per cent of its white male population, whereas New Zealand offered up forty-two percent for war service.⁶ Thus, the presence of veterans associations was naturally less felt in South Africa than in other Dominions, such as the Anzac remembrance culture of Australia and New Zealand.⁷ With the cessation of hostilities, steps were immediately taken to organise an efficient system to demobilise returning troops from the various theatres of war.⁸ However, this was only men who were still considered to be soldiers at the time of armistice in 1918. As can be seen from figure 6.1 the number of returned soldiers was much higher. As discussed, many of the soldiers who served in German South West Africa volunteered for service in Europe and East Africa. The exact figure of ex-servicemen, or the number of men who volunteered for further service in 1915 is unclear. However, when the number of fatalities are deducted from the overall unit strength of the forces in various campaigns, it can be roughly estimated. Roughly 26,000 men returned from Europe, a little more than 40,000 from East and Central Africa, and 67,000 from German South West between 1914 and 1919.

⁵ A. Carden-Coyne, *Reconstructing the Body: Classism, Modernism and the First World War*, 2.

⁶ Union Office of Census and Statistics, *Official Yearbook of the Union, No. 5-1921*, 399; B. Nasson, "Delville Wood and South African Great War Commemoration", *The English Historical Review*, (119), (480), February 2004, 203.

⁷ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 203.

⁸ J. G. W. Leipoldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 219-220.

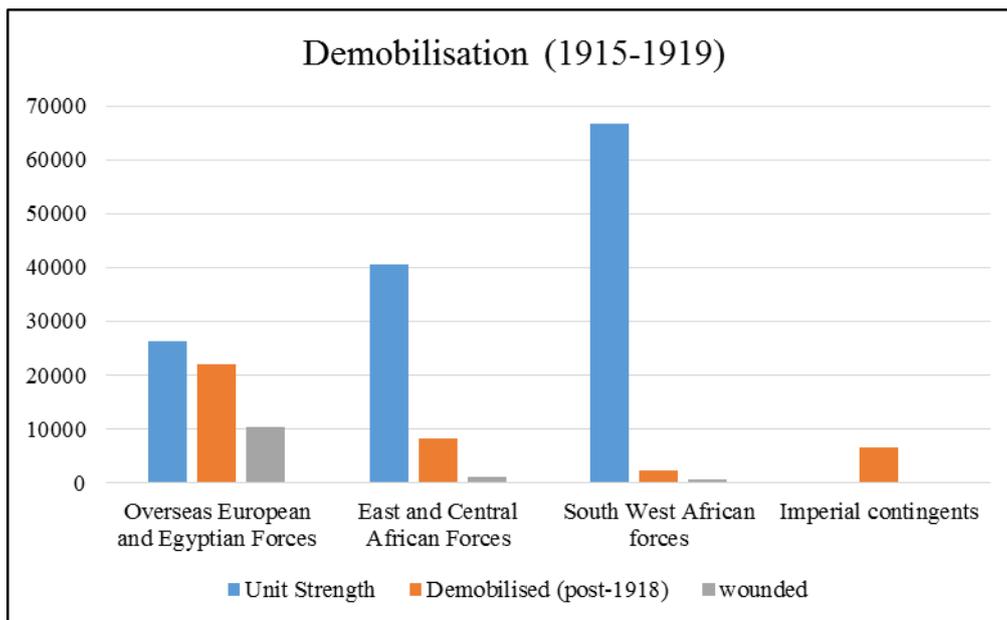


Figure 6.1: The number of wounded and demobilised soldiers⁹

After armistice, 22,000 were demobilised from Europe, 8,200 from East and Central Africa, 560 of the garrison in German South West, and 6,500 South Africans who had fought with Imperial contingents. Thus, the majority of troops who fought in Europe returned after armistice, whilst in the case of East and Central Africa the majority returned whilst the war was still raging on. As discussed in chapter three, a significant proportion of men were invalided to the Union suffering from disease in 1916, yet some of these men regained their health enough to do further service in Europe. Naturally, the majority of troops fighting in German South West were demobilised at the completion of the campaign in mid-1915, yet many did further service in the other theatres. Furthermore, before the decision was made to raise an expeditionary force, many South Africans volunteered for duty in Imperial contingents. Many ex-servicemen, even though the exact figure is unknown, also returned after demobilisation camps were closed. Some studied at Universities in Europe after the war, and others, as will be discussed, had to receive medical treatment and vocational training in England before returning to South Africa.

A Demobilisation Board, under the presidency of the Chief of General Staff, was formed at Defence Headquarters. The purpose of this board was to settle the details of demobilisation, which had been underway before hostilities ended, together with the Imperial

⁹ Union Office of Census and Statistics, *Official Yearbook of the Union, No. 5-1921*, 399; J. G. W. Leipoldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 220.

system and against the backdrop of local conditions. Under the supervision of the Board, regulations were drawn up not only for the process of demobilisation, but also to bridge the gap between the termination of soldiers' military statutes and their return to society and civil employment. Extensive logistical planning was necessary since Springboks were scattered across various theatres of war and were returning in different states of health and ability. The plan concentrated on the expeditious release of soldiers; swift transport home or to some other destination; an opportunity for every soldier to avail himself of the administrative machinery devised to help him resettle into civil life; and to see to the needs of those soldier's wives, children or other dependents who may have had to be repatriated to South Africa.¹⁰

Some of the first 1919 arrivals were large numbers of troops from Europe. This Union-Imperial service contingent was sent to the dispersal camp at Maitland in Cape Town along with soldiers of the same contingent who were in Cape Town at the time.¹¹ Repatriation of Springboks who served in Europe reached its height in April, and the bulk of this contingent was disposed of by August 1919. Its lengthy repatriation was due partly to the fact that Imperial Authorities were requested to return troops in clusters of 2,000 men at a minimum of one week intervals to prevent overcrowding and delays. As a result, the numbers to be accommodated would not have exceeded 4,000 men.¹²

The second contingent consisted of those arriving from East Africa, Egypt and elsewhere overseas by the East Coast route, and those belonging to the contingent in Durban. The last two categories included soldiers returning from Central Africa who were dispersed at Roberts Heights in Pretoria and those troops of the Union-Imperial service contingent stationed or serving at Potchefstroom at the time of demobilisation. Soldiers demobilised from Central Africa arrived at the end of February 1919 and those from East Africa and Egypt in mid-July 1919.¹³

Usually, medical inspections were carried out upon arrival at the port of disembarkation, otherwise at the dispersal camp by a board of two medical officers. The rest of the passage

¹⁰ J. G. W. Leipoldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 219-220.

¹¹ Defence Headquarters, *Demobilisation Regulations*, 5.

¹² Defence Headquarters, *Demobilisation Regulations*, 7.

¹³ J. G. W. Leipoldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918, 1914-1918*

through dispersal camps involved the handing in of arms and equipment, except for greatcoats, blankets and ‘necessaries’ such as kit bags and combs, as well as complete forms and documents for the termination of service and return to civil life. Pay accounts also had to be settled: soldiers received twenty-eight-days paid leave or furlough after demobilisation, a war gratuity, as well as a £4 clothing allowance to purchase civilian clothes.¹⁴ Some soldiers who were designated as unwell or unfit earlier in the demobilisation process were already medically boarded prior to arriving at dispersal camps. However, staff officers asked each soldier who passed through the dispersal camps whether they were considered physically incapacitated due to service. If a soldier was not medically boarded before, this served as a second opportunity to receive treatment. Such soldiers’ dispersal was suspended and after being brought before a Medical Board were not discharged unless they were considered to be “fit”. Soldiers with artificial limbs were also checked before being dispersed. At the end of this process, soldiers were issued with pamphlets which offered some guidance on re-entering civil life.¹⁵ Thereafter, ex-servicemen were entrained back to their homes with transport and meal tickets.¹⁶

Identifying the ex-serviceman

Facially Disfigured

The ex-servicemen referred to in this chapter can be divided into six categories: the facially disfigured, the physically disabled, the neurotics, the ill, the blind and those who carried the usual emotional scars of war. The number of facially maimed ex-soldiers in the Union has never been precisely documented; an old list of the Gillies archive that has only been recently moved to the Royal College of Surgeons only referenced eight men from the infantry brigades in Europe and East Africa. Yet, perhaps even if pure conjecture, leaflets found at the National History Museum of Military History might indicate that there were more such men.¹⁷ Men wounded in this way have, until only relatively recently, been considered a ‘hidden history’ of the war.

¹⁴ Defence Headquarters, *Demobilisation Regulations*, 15.

¹⁵ DOD Archives, OC 292, N/N File 2, Demobilisation and Repatriation (South Africans), December 1917-June 1919; WWI ISD 32, 732, Discharge of Overseas Details, December 1918-July 1919.

¹⁶ DOD Archives, WWI ISD 26, 658, Meals and Trains, August 1918-September 1918; WWI ISD 26, 709, Disembarkation, 1919.

¹⁷ T. Goodenough, “Incredible pictures reveal the pioneering plastic surgery carried out on First World War facial gunshot victim by leading British surgeon”, *Mail Online*, 13 July 2012. [Accessed: August 2014].

In general terms, it has been estimated that fifty per cent of facial wounds were fatal, while many survivors were left permanently disfigured by damage caused by flamethrowers, shrapnel, or shell fragments. Such wounds were so severe that it could be said that they have 'lost their face'.¹⁸ Pte S. Carey of the 1st SAI was admitted to Queen Mary's hospital on 27 July 1916 after sustaining a gunshot wound to his chin and lip, (see figure 6.2) was finally considered strong enough to have surgery in October, performed by the well-known surgeon, Harold Delf Gillies, and was only released almost exactly a year later. Facial reconstruction involved the excision of scar tissue, reproduced as flaps, a central chin flap was also elongated through incisions that were used to form the central part of the new lip, as well as flaps from each side made of mucous membrane.¹⁹



FIGURE 6.2: Pre- and Post- operation photos (Carey)²⁰

Such procedures were not restricted to Europe, for there were also cases in East Africa. Victims were transferred to England, where they could receive treatment and recuperate. For instance, Pte. D. Beattie, who served in the 8th SAI regiment,²¹ part of the 2nd SAI, first

¹⁸ R. A. Gabriel & K. S. Metz, *A History of Military Medicine*, 322.

¹⁹ Royal College of Surgeons Archives (hereafter RCS Archives), Gillies Collection, 322, Carey S., 1916.

²⁰ RCS Archives, Gillies Collection, 322, Carey, S., 1916.

²¹ The majority of whose members were recruited from SA Railways and Harbours, mainly in the Transvaal (commanded by Lt. Col. A. J. Taylor).

transferred to Devonport Military Hospital in England and then transferred to Queen Mary's Hospital on 9 October 1919. Pte. D. Beattie, refer to figure 6.3, sustained a gunshot wound to his left cheek that also caused a fracture in his chin and jaw, resulting in the loss of some bone. When admitted to hospital he was in a weak mental and emotional state and did not want to have anything done to repair his face for two months. Thus, he only underwent surgery on 15 January 1920 and was transferred several months later, in May to the South African Hospital in Richmond Park in Surrey.²²



FIGURE 6.3: Post-operation photos (Beattie)²³

Therapy for facial wounds was aimed at making the face as whole as possible and required months, if not years of treatment, since it was not unusual for a patient to undergo twenty different operations. Despite these, the facially disfigured soldier-patients often still looked

²² RCS Archives, Gillies Collection, 124, Beattie D., 1920.

²³ RCS Archives, Gillies Collection, 124, Beattie D., 1920.

like ‘Frankenstein’s monsters’ or gargoyles, as soldiers often referred to themselves.²⁴ Again, Pte. B. Miller of the 2nd South Africa Infantry regiment in France, was admitted to Queen Mary’s in March 1918 for gunshot wounds to his left cheek and fractured facial bones, and underwent five surgeries until he was finally transferred to the South African Hospital at Richmond in October 1919. The outcome, see comparative images (figure 6.4), was considered to be “satisfactory”; reconstruction also involved excisions and production of numerous flaps, bone grafts and the fitting of dentures.

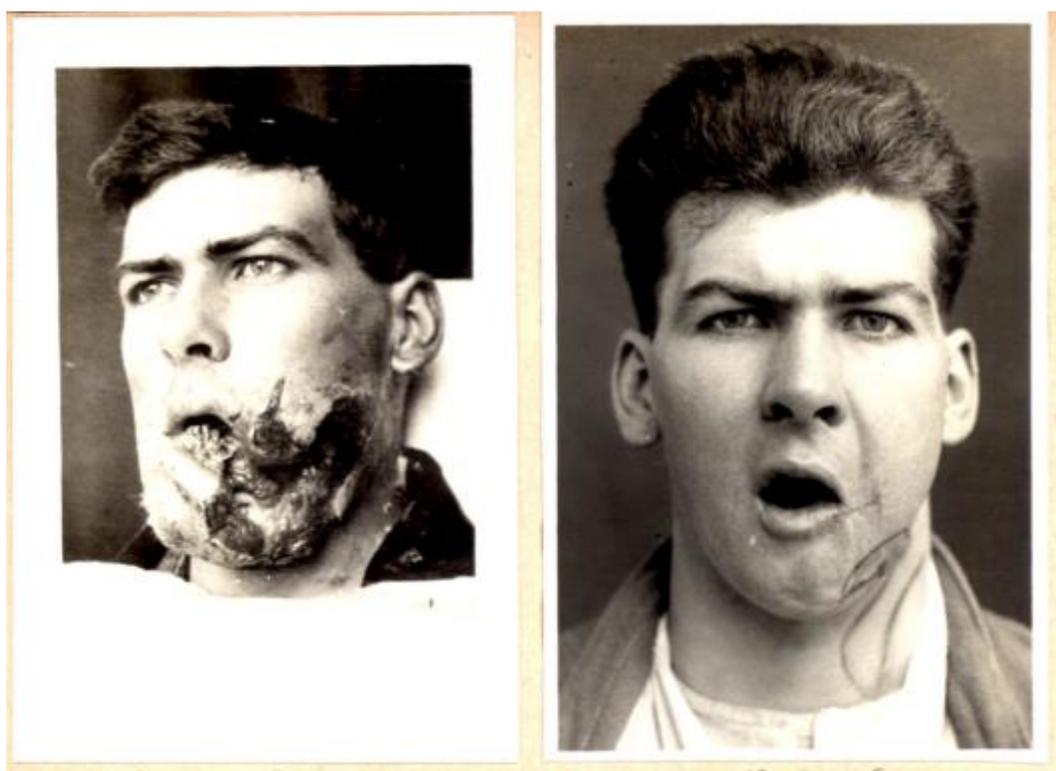


FIGURE 6.4: Pre- and Post-operation photos (Miller)²⁵

It was not considered possible to give these men a proper place in society, since the sight of them “often turned ones stomach”. Doctors and nurses who dealt with such cases were also affected, as F. Albee observed, “the psychological effect on a man who must go through the object of horror to himself as well as to others, is beyond description...It is a fairly common experience for the maladjusted person to feel like a stranger to his world. It must be unimagined hell to feel like a stranger to yourself.”²⁶ And as Guyatt has argued, the facially

²⁴ L. van Bergen, “For soldier and state: dual loyalty and World War One”, *Medicine, Conflict and Survival*, (28), (4), October-December 2012, 322.

²⁵ RCS Archives, Gillies Collection, Miller, B., 1426, 1919.

²⁶ F. H. Albee, *A Surgeon’s Fight to Rebuild Men: An Autobiography*, 110.

disfigured were never celebrated as ‘war heroes’, as was the case with physically disabled ex-servicemen.²⁷ By and large, these men worked ‘inside’ as housekeepers, gardeners, and cooks, while ‘outside’ society hardly knew of their existence.²⁸

Physically Disabled

The exact number of physically disabled is unclear, however it can be suggested that there was a significant portion. As figure 6.1 indicates, the number of wounded in the European campaign was over 10,000 men, which stands in stark contrast to the East African campaign with 1,000 wounded, and the German South West African campaign with less than 600. It is not to say that being wounded automatically implied physical disablement, but also taking into account the establishment of vocational training programmes, coupled with schedules in the War Special Pensions Act according to the “level of disability”, there must have been a fair number of ex-servicemen with disabilities. Much was done in England, but also in South Africa, for the physical reconstruction of limbless servicemen.

The Victorian work ethic that still influenced society was integral to the concept of rehabilitation, especially since a powerful association existed between working-class masculinity and the ‘decency,’ of skilled labour.²⁹ After the war, affected ex-servicemen were in receipt of artificial limbs, mobility aids or other surgical appliances, as prosthetics became a distinctive kind of war-related material culture, to create a perception of not only completeness, but also normality.³⁰ In May 1918, an inter-Allied conference was held in London to compare different approaches to address the issue of the vocation of disabled soldiers.³¹ It was emphasised that the intention behind the newly established schemes at the South African hospital at Richmond was to awaken men, whilst still recovering, to an interest in their productive future. Recovering soldiers, who were well enough, could undertake extensive training courses at classrooms nearby. The primary purpose was to prepare them for a civil career upon their discharge from the army, whilst simultaneously being restored to

²⁷ M. Guyatt, “Better Legs: Artificial Limbs for British Veterans of the First World War”, *Journal of History Design Magazine*, (14), 307-308.

²⁸ L. van Bergen, “For soldier and state: dual loyalty and World War One”, *Medicine, Conflict and Survival*, (28), (4), October-December 2012, 323.

²⁹ S. Koven, “Remembering and dismemberment: crippled children, wounded soldiers and the Great War”, *American Historical Review*, (99), (4), 1994, 1191.

³⁰ J. S. Reznick, “Prostheses and Propaganda: Materiality and the human body in the Great War.” In N. J. Saunders, *Matters of Conflict: Material Culture, Memory and the First World War*, 57.

³¹ Anon., “Indaba”, *The Springbok Blue*, June 1918, 10.

the best physical condition through hospital treatment. This would enable them to become self-supporting members of the community, notwithstanding their otherwise impaired physical state.³² Figure 6.5 shows some typical patients who attended the training program.³³



FIGURE 6.5: Learner-patients at the South African Military Hospital, Richmond Park³⁴

This event also served as propaganda to back the last phase of the war effort. A significant display was presented of a variety of prostheses, together with photographs and films of disabled men undergoing treatment and retraining. The exhibition advertised “the best artificial substitutes known to science”, technology working in conjunction with the hospital workshop, to “afford the veteran healthy occupation while in hospital” as well as to help him gain a “definite future in civilian life”.³⁵ Through this, artificial limbs were presented as the very *materiel* of effective wartime rehabilitation, promoting the medical-material reconstruction of man, and articulating the mission of rehabilitation schemes: helping disabled ex-servicemen to reclaim their proper role as “able-bodied workers and

³² Anon., “The Inter-Allied Conference and Exhibition on Disablement”, *The Springbok Blue*, June 1918. 57-58.

³³ NMMH, South African Military Hospital (World War One), AP1515/2011, 4, n.d.

³⁴ NMMH, A5345/34, Richmond Park Hospital, n.d.

³⁵ J. S. Reznick, “Prostheses and Propaganda: Materiality and the human body in the Great War.” In N. J. Saunders, *Matters of Conflict: Material Culture, Memory and the First World War*, 57.

breadwinners. Thus, with the use of artificial limbs, “physical agility and manliness” were reinscribed into the prosthetically remade body.”³⁶



Figure 6.6: Prosthetic Limb Adverts³⁷

The Union did not have the necessary facilities for the manufacturing of modern artificial limbs or facial masks. In wartime, resources were urgently required in Europe, and cases affecting the Union were also few.³⁸ Adverts for British prosthetic limb makers were placed in the *Springbok Blue* Magazine associated with the Richmond Hospital (see Figure 6.6). However, after 1918, the return of amputees to the Union led to the local repair and adjustment of artificial limbs. Replacements required the moulding of a plaster cast of the stump that was then sent to London.³⁹ Aid and other contributions for the wounded originated from a myriad and even unlikely places. For instance, African Chief in Natal had produced

³⁶ S. Biernoff, “The Rhetoric of Disfigurement in First World War Britain”, *Social History of Medicine*, (27), (3), 2011, 188.

³⁷ *Springbok Blue*, February 1917, 13.

³⁸ Due to the small number of facial disfigured cases in the Union, masks used to cover faces that could not be sufficiently repaired were not discussed, albeit a very interesting area of research. An abundance of literature is available on this topic. See, S. Biernoff, “The Rhetoric of Disfigurement in First World War Britain”, *Social History of Medicine*, (27), (3), 2011, 199; S. Biernoff, “Shame, disgust and the historiography of war.” In Pajaczkowska and I. Ward, *Shame and Sexuality: Psychoanalysis and Visual Culture*, 217; S. Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery*. Princeton: Princeton University Press, 1999. See in particular Chapter 5, “Noses at war: fixing shattered faces,” 157-185; C. Alexander, “Faces of War”, *Smithsonian Magazine*, 2007; S. Romm and J. Zacher, “Anna Coleman Ladd: Maker of Masks for the Facially Wounded”, *Plastic and Reconstructive Surgery*, (70), (1), 1982.

³⁹ SAB Archives, GG 733, 9/325/1, Repairs and adjustment in South Africa of artificial limbs, 1919.

almost 9,000 walking sticks for wounded soldiers by 1917. These were handed to the Patriotic League and Red Cross Society for distribution.⁴⁰

In early 1916, shortly after the Richmond South African Hospital was opened, the question was raised over dealing with permanently disabled men of the Imperial Union Contingent. Negotiations with the War Office followed, in which the Committee of the South African Hospital and Comforts Fund played a significant role.⁴¹ The result was the establishment of a Vocational Training School in Richmond in February 1917. Disabled Springboks from both the European and East African campaigns were admitted there for treatment and possible vocational training. This, in effect, helped to bring these broken men to the notice of South African authorities at an early stage of convalescence.⁴²



FIGURE 6.7 (Above): Workshop at South African Hospital, Richmond Park



FIGURE 6.8 (Right): Woodwork Class

A number of vocational training programmes were offered to returned, and especially disabled, soldiers after demobilisation. The primary aim of these programmes was to give ex-servicemen the means to re-enter the labour market and thus to obtain financial independence. Such Vocational schools were established at Maitland in Cape Town, Durban and Roberts Heights, and were well attended after demobilisation. These vocational training

⁴⁰ NAB Archives, CNC 236, 1916/569, Miscellaneous: Walking sticks for wounded soldiers suggested that Native Chiefs be invited to assist in obtaining, 1916-1917; 1/PMB 3/1/1/2/12, 1E/16, Pietermaritzburg, Magistrate. Sticks for use by wounded soldiers. 1916.

⁴¹ J. G. W. Leipoldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 205.

⁴² E. N. Thornton, *The Training of the Disabled Soldier and its Lesson*, 4.

programmes were financed primarily by the Governor-General's Fund and supplemented by the government. Disabled soldiers were encouraged to enrol by the offer of the highest rate of disablement pension while training.⁴³ Those awaiting repatriation were also granted special permission to enrol in business houses and colleges as preparation for civilian life, instead of following the routine of camp life.⁴⁴

The costs were carried jointly by the South African Hospital and Comforts Fund and the Governor-General's Fund. The Union government relieved the Imperial Government of all financial responsibility by bearing the cost of allowances and pay while men underwent training.⁴⁵ Disabled soldiers underwent training in workshops in an assortment of trades, including becoming proficient as metal turners and fitters, tool makers, brass finishers, dynamo and switchboard attendants, cabinet makers, clerks and cinematograph operators.⁴⁶ Figures 6.7 and 6.8 are examples of one of the workshops at Richmond Park.⁴⁷ In *The Springbok Blue*, a special section on "How to become a Ventriloquist", even appeared.⁴⁸ Classes were taught by professional instructors and workshops were registered with the City Guilds and periodically inspected by experts.⁴⁹ In total, 274 officers and 9,142 other ranks of which



FIGURE 6.9: Students taking a break from training in a Workshop at the South African Hospital, Richmond Park

⁴³ "First Report of the Select Committee on Provision for South African Forces". In *Union of South Africa: House of Assembly-Reports of Select Committees (Third Session-Second Parliament)* 3, Cape Town: Government Printers, 1918, xiv-xv.

⁴⁴ DOD Archives, OC 292, 38/127/Vol. 2, Demobilisation and Repatriation (South Africans) 23 January 1919 – 28 May 1919.

⁴⁵ J. G. W. Leopoldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 205.

⁴⁶ Anon., "Educational Section", *The Springbok Blue*, May 1917, 40; National Register of Audio-Visual Material Archives (hereafter NAROM Archives), FA1154, First World War. South African Military Hospital, 1914-1918, 1914-1918.

⁴⁷ Anon., *Views of South African Hospital, Richmond Park*. London: SA Hospital and Comforts Fund, 1917, 28.

⁴⁸ G. Gillson. "How to become a Ventriloquist", *The Springbok Blue*, December 1917, 53-54, 56.

⁴⁹ Anon., *The Inter-Allied Conference on the After-Care of Disabled Men: Reports Presented to the Conference*, 166.

7,085 belonged to South African contingents, were treated at the hospital and 393 were trained there from 1917 until the hospital closed in 1921.⁵⁰ Vocational training programmes were also launched by businessmen such as Bernard Oppenheimer of the mine magnate family. In July 1917, he initiated a scheme to train disabled soldiers in diamond cutting in Brighton, which led to the opening of the Bernard Oppenheimer Diamond Works on 1 April 1918.⁵¹

With absorption into vocational training programmes, the act of trying to overcome a war disability might have shown that a man had bravely done his duty, but this did not automatically award him the identity of a “hero”, as may have been the case earlier in the conflict. In order to assume this identity, “he also had to do everything he could to be whole again,” to be a man, and an economically independent man taking care of his family.⁵²

The sick and neurotic

The difference between ‘sick’ and ‘wounded’ was important to the ex-servicemen in assuming a changed and new identity. The changed definition stipulated that one was either sick or wounded *not* as a result of fighting, and ‘wounded’ meant one was either sick or wounded *for sure* due to service. Sympathies towards a ‘sick’ body were less, because one could get ‘sick’ without there being a causal link between this affliction and war. As a result, ‘sick’ printed on medical documents’ did not merit a special pension, since it was not considered a disability.⁵³

Naturally, lingering diseases had a marked effect not only on men’s bodies and minds and pensions, but also on their economic prospects. An ex-soldier who contracted trench fever in 1918 was in hospital for over a month and then served as a member of staff at army headquarters. In September 1919, he was pronounced medically fit and discharged. After demobilisation, he secured mine employment on condition that he passed the Phthisis Board, but he was unsuccessful and was instead declared permanently unfit. Upon applying for

⁵⁰ A. Samson, “Mining Magnates and World War One”. Seminar at Brenthurst Library and Boksburg Historical Association, November 2012, 8.

⁵¹ E. Jessup. *Ernest Oppenheimer: A study in Power*, 91-92; Anon., *The Bernard Oppenheimer Diamond Works*, 32-34.

⁵² L. van Bergen, “For Soldier and state: dual loyalty and World War One”, *Medicine, Conflict and Survival*, (28), (4), 324.

⁵³ L. van Bergen, “For soldier and state: dual loyalty and World War One”, *Medicine, Conflict and Survival* 28/4, October-December 2012, 327.

numerous other jobs he was denied a position as he was “five years behind the times”, the time he spent serving in the war. After these struggles, the disgruntled ex-soldier wrote to *The Star*, stating, “I [he] wonder[‘s] if those of your [the] readers of John Buchan’s articles⁵⁴ realise that men who took part in those scenes which he [Buchan] so ably describes, are walking about looking for work... Patriotism has brought to me [him] the following benefits... (3) The pleasure of seeing my [his] wife going out to earn a living”.⁵⁵ His sense of male pride as a breadwinner had been crushed.

Different wounds and illnesses were not only treated differently, in medical terms, but also morally. ‘Pity’ was unequally divided, for the wounded were regarded with more understanding than the diseased. In response to the sarcastic comment in *The Star*, its unsympathetic editor asked if he had contacted any of the returned soldiers’ organisations, whose wounded men represented valour and sacrifice as opposed to the sick and the mentally ill.⁵⁶ The permanently diseased struggled to be recognised as war invalids.⁵⁷ When a malarial Shackleton was invalided to South Africa from East Africa, he visited the beach front at Durban in “civvies,” while still weak from the “blinkin fever.” There, he ran into his old comrade, ‘Somers’, who was also invalided. On their stroll they were stopped by a woman, who exclaimed, “You two young men ought to be jolly well ashamed of yourselves.” They “gaped at her”, and Shackleton looked at Somers, and replied, “Well I’ll be damned.”⁵⁸

As discussed in chapter three, the majority of soldiers fighting in East Africa were invalided to the Union for being sick before 1918. As one soldier noted, “It is hard that those of us who have served should not have something to distinguish us from slackers and rebels”. As in England, white feathers were given to men not in uniform by women.⁵⁹ As a result, invalided ex-servicemen were issued with silver war badges or King’s badges ‘for services

⁵⁴ A series of articles in *The Star* on life on the front. See, J. Buchan, “Story of Delville Wood”, *The Star*, 1 January 1920, 7.

⁵⁵ Anon., “Does patriotism pay?”, *The Star*, 6 January 1920, 6.

⁵⁶ J. Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War*, 59.

⁵⁷ L. van Bergen: “For soldier and state: dual loyalty and World War One”, *Medicine, Conflict and Survival* 28/4, October-December 2012, 317-318.

⁵⁸ C. W. Shackleton, *East African Experiences, 1916. From the diary of a South African Infantryman in the German East African campaign*, 122-123.

⁵⁹ DOD Archives, CSO 79, 175, Application for Silver Badges awarded to invalided soldiers, January 1916-April 1917. See, N. R. Storey & M. Housego, *Women in the First World War*, 6.

rendered'. The intention was that these were to be worn on the right breast in civilian clothes to prevent any patriotic civilians mistaking men for not doing their duty.⁶⁰

As already noted, the pre-war significance of chest ailments on the Witwatersrand mines such as tuberculosis (TB) were recognised, with TB an "occupational disease."⁶¹ After the end of hostilities, there were a significant number of sick ex-servicemen, suffering from ailments such as Bronchial Catarrh, who had to undergo further treatment.⁶² The Union was required to institute special measures to care for ex-soldiers suffering from tuberculosis, in 1919 there were an estimated 30,000 of these cases.⁶³ Here, there was clear government recognition of the need of these diseased ex-servicemen in particular, perhaps given the industrial background.

The issue of psychological damage was highly complex. There was also difficulty identifying between hysteria, shell-shock-sickness, neurasthenia, or one of many other classifications. Diagnosis of mental trauma varied, and was even influenced by rank, with soldiers of lower rank often identified as suffering from hysteria, whilst an officer coming from the same social class as the physician was more likely to be diagnosed with neurasthenia, believed to have resulted from the stress of war. As a result, every neurotic was seen as 'sick' and not wounded, and often war was seen as the trigger for already-present weak nerves.⁶⁴

South African ex-servicemen suffering from war neurosis have not been well documented. It was common practice to place these men in existing mental hospitals which may have provided inadequate treatment since staff would have had no previous experience of war - related mental trauma. Although the exact number of men is not known, some of their stories can be found in their estate papers. One such ex-soldier was Pte A. J. H. Rohland, who was admitted to a mental hospital in Pietermaritzburg in September 1918. He was paid a pension of 15/- per week as well as a hospital allowance. There were other cases where wives had their husbands committed under the Mental Disorders Act, 1916. In April

⁶⁰ KAB, 1/COF, 9/1/11, Casualties amongst SA Overseas and East African Expeditionary Forces, 1917.

⁶¹ J. McCulloch, *South Africa's Gold Mines and the Politics of Silicosis*, 16-17.

⁶² DOD Archives, WW1 ISD 33, 776, Discharges from Bloemfontein, 1919.

⁶³ Anon., "Consumptive Soldiers", *The Daily Telegraph*, 18 March 1919, 3.

⁶⁴ L. van Bergen: "For soldier and state: dual loyalty and World War One", *Medicine, Conflict and Survival* (28), (4), October-December 2012, 326-327.

1919, as the wife of Lt. E. J. E. Sherrell, explained in her application, her husband went “about in a state of undress, fires a revolver through the window...destroys clothing. Spends money recklessly and foolishly. Urinates from the veranda, in view of the public. Abstracted butter from a box in the possession of a hawker and ran away with some.” The physician also believed that it was the best course of action to have her husband committed, since he went “about the house in a semi-nude state...is getting weaker...only speaks when spoken to...retention of wine” and when he was taken away by the ambulance he did not make the connection that he was going to hospital, but rather for a “joy ride”. Although none of the court proceedings stipulated that he was suffering from shell-shock or other such injury, yet the connection was made that his state had altered since he returned home.⁶⁵ For each serviceman, the re-emergence into post-war society held its own particular hurdles.

Blind ex-servicemen

Vocational training programs were geared towards restoring men with lost limbs, but not at restoring those with missing sight. Those ex-soldiers who were blinded were sent for training at St. Dunstan’s Hostel for Blinded Soldiers and Sailors. The aim was for men to receive medical treatment and thereafter to undergo preliminary and occupational training. Some were not only blind, but also maimed. For instance, someone with artificial hands was taught to become a telephone operator. Interest in hobbies, such as gardening, was also encouraged.⁶⁶

After St. Dunstan’s, men underwent further treatment in the Union, since it was felt that it would help them with the re-adjustment process to be with their families, as well as saving funds. Cases connected to the Governor-General’s Fund were dealt with by the “After Care Committee” and often equipped with a poultry farm and furnished house.⁶⁷ Apart from receiving proceeds from other Funds, such as the Ex-Service Fund, inaugurated by Captain Sir Beachcroft Towse, St. Dunstan’s Blinded South African Soldiers also raised their own funds by selling hand woven articles such as baskets.⁶⁸ However, such training was a racial

⁶⁵ NAB Archives, MSCE 0, 3993/1919, Sherrell, Ernest Joseph Earle (Spouse Ina Jane) Not deceased, 1919. See, MSCE 0, 2655/1918, Hatton, Charles Earnest. Not deceased received as a mental patient, 1918-1923; MSCE 0, 3802/1919, Grant, William. Not deceased received as a mental patient 20/2/1919, 1919.

⁶⁶ C. Paul. “Helping Blinded Servicemen to live”, *The Nongqai*, July 1947. 866-867.

⁶⁷ Anon., *Governor General’s Fund: Report on Work and Position of the Fund (1914-1920)*, 5; DOD Archives, WW1 ISD, 33, 779, Accommodation for blind soldiers, 1919.

⁶⁸ NMMH Archives. St. Dunstan A.4778(42) “St. Dunstan’s Blinded South African Soldiers’ Work”; DOD Archives, AG(3) 103, 319/18, Service Appeal for Blind ex-servicemen, 1923 -1934.

and a gender issue for the Union's social context, since this was usually a job confined to African women and girls.⁶⁹

The intention behind all training was that blinded ex-servicemen would emerge without “indulgences of self-pity, but as animated by an aggressive determination to show the world that he can hold his own in the vocation he has chosen.”⁷⁰ There were some remarkable cases of recovery from what the war had done. Sgt. R. W. Bowens, who was wounded and blinded in the Third Battle of Ypres was one such remarkable exception. His face was remarkably reconstructed through numerous surgeries until 1921, but his sight could not be repaired, thus he was sent to St. Dunstan's for rehabilitation and training.⁷¹ After learning Braille, he studied law at Cambridge and returned to South Africa where he opened a practice as an advocate in 1922. Thereafter, he pursued a career in public life as a Member of the Legislative Assembly for the Cape Province, was a founding member of the South African National Council for the Blind, and was awarded the Churchill Travelling Fellowship amongst a myriad of other accomplishments.⁷²

Economic

War Pensions

The end of the war saw a change in the nature and scale of responsibilities borne by government, which in turn led to a significant expansion in the scope of support offered to ex-servicemen by the state. This can be broadly categorised into three main areas, namely the return of ex-servicemen into the workforce and poverty relief for those who could not be assimilated; compensation and assistance to the war disabled, and lastly support for the dependants of those men.⁷³ In order to expand support offered by the state, an increase in administrative government bodies was necessary. One such institution was the Information Bureau in October 1914, which was responsible for investigating claims for gratuities and pensions.⁷⁴

⁶⁹ A. D. Dodd, *Native Vocational Training: A Study of Conditions in South Africa*, 55. Interestingly there was a venture in the late 1800s and early 1900s in teaching convicts to weave baskets. See, KAB Archives, CO 729, Watson, SW. Application for employment as basket making instructor to convicts, 1899.

⁷⁰ Anon., “Hats off to Ian Fraser”, *The Home Front*, October 1928, 3.

⁷¹ H. D. Gillies and R. D. Millard, *The Principles and Art of Plastic Surgery*, 194.

⁷² H. F. Marlow, *The legal Career of R. W. Bowen*. Winston Churchill Memorial Trust Report. 2006.

⁷³ A. Gregory. *The Silence of Memory: Armistice Day, 1919-1946 (The Legacy of the Great War)*, 96.

⁷⁴ “South African Defence Act (No.13 of 1912)”. *Government Gazette* vi/246. 14 June 1912. xlvii.

The notion of financial compensation for ex-servicemen and dependants on such a scale, and in such a variety of circumstances, was a new concept in the early twentieth century, despite the Defence Act of 1912 making some provision for financial relief in the case of death, injury or disease while a soldier was on active service.⁷⁵ These initial pensions pertained to soldiers fighting in the German South West Africa campaign.⁷⁶ However, as late as March 1915, the Defence Department had not yet decided on the amount to be awarded, thus ex-servicemen were only finally discharged as unfit after the amount was decided on.⁷⁷ The result was that the government decided on the amount to be paid on a discretionary rather than a statutory basis until March 1915.⁷⁸ Finally, it was decided that a widow's grant of £70 and £16 for each child would be paid through the Treasury.⁷⁹

Financial support given by the state varied between the different campaigns due to legal and financial complications, linked to terms of deployment and Imperial or Dominion financial responsibilities and Army Orders.⁸⁰ The outcome was that claims from members of the South African Imperial contingents were dealt with by both the War Office and Chelsea Commissioners in London and by the Record Office in the Union.⁸¹ As administrative difficulties arose in determining troops' pensions, a War Special Pensions Act dedicated to soldiers in all theatres of war was passed in 1916.⁸²

However, owing to the need to expedite cases, the office of the Commissioner of Pensions Board and the Military Pensions Board in Pretoria were approved in January 1916 to deal with Union 'Imperial servants'. Both boards worked jointly on claims and consisted of both

⁷⁵ "South African Defence Act (No.13 of 1912)". *Government Gazette* vi/246. 14 June 1912. xlvii.

⁷⁶ DOD Archive, WWI GIB 7, 468, Instructions re the disposal of men incapacitated through servicemen April 1915.

⁷⁷ Anon., *Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times* (20 November – 25 June 1923) 3, 30 March 1915, 759.

⁷⁸ DOD Archives, WWI GIB 1, B1, Rolls D.E.O.R., Bothas Army and Recruiting, October 1914; GIB 1, B64, Relief of distressed dependents of members of the UDF on active service, October 1914.

⁷⁹ Anon., *Debates of the House of Assembly of the Union of South Africa as reported in the Cape Times* (20 November – 25 June 1923) 3, 30 March 1915, 756,

⁸⁰ "First Report of the Select Committee on Provision for South African Forces". In *Union of South Africa: House of Assembly-Reports of Select Committees (Third Session-Second Parliament)* 3, 4-6.

⁸¹ DOD Archives, CSO 63, 104/16, Arrangements for settling pension claims of members of our contingents, October 1917.

⁸² "War Special Pensions Act (No. 29 of 1916)". *Government Gazette* xxiv/741, 15 June 1916, vi-ix; *Official Year Book of the Union of South Africa (1910-1920)* 4, 414.

Imperial and Union representatives who decided on a first Imperial- and second Union supplementary award.⁸³

The 1917 Royal Warrant significantly altered the manner in which pensions were assessed by introducing them as compensation for specific types of physical impairment. This policy reflected the belief that men had value to the state as units of labour, with the primary aim to increase industrial capacity by encouraging men to work to their fullest physical capability.⁸⁴ In various 1917 amendments to the Union War Special Pensions Act, the Nationalists were opposed to what they saw as the burden of Union payments. As a result, it was decided that disability pensions were to be used to encourage men to work to support themselves, rather than to rely on government funds. To this end, disability pensions were based on set schedules of disability, with the consequence that the government no longer awarded pensions on a discretionary, but on a statutory basis.⁸⁵

The state appointed medical pensions boards in the main urban centres which had to examine ex-servicemen to determine their degree of disability. This was followed by re-examinations to see if a man's health had improved enough to place him on a lower scale of disability pension. Men who had to travel to these Board centres were given a subsistence allowance by the Military Pensions Commissioner.⁸⁶

The 1919 Act was the high point of state generosity towards First World War pensioners.⁸⁷ In the light of the public cost of post-war reconstruction, and of competition for employment, the balance was further tipped against ex-servicemen dependant on the state for their livelihood. Pressure from the Treasury and other sources, such as the Nationalists, to reduce government spending forcing many to look to other organisations, such as the

⁸³ DOD Archives, CSO 63, 104/3 Birth and marriage certificates, 25 March 1916; CSO 63, 104/11, Imperial Representatives on the Board, March 1916; CSO 64, 104/2/Vol.1, Funds to be supplied by Command Paymaster, 14 July 1916. The first financial payment was made by the Imperial government and was further supplemented by a second payment made by the Union government.

⁸⁴ J. M. Winter. *The Great War and the British people*, 50-53; J. Meyer. *Men of War: Masculinity and the First World War in Britain*, 100.

⁸⁵ "War Special Pensions Act (No. 43 of 1917)". *Government Gazette* xxix/829, 21 July 1917, 12.

⁸⁶ DOD Archives, WW1 ISD 33, 760, Subsistence allowance to Imperial pensioners during medical re-examination, 1919.

⁸⁷ Anon., *Official Year Book of the Union of South Africa (1910-1920)* No. 5-1921, 398; "War Special Pensions Act (No. 43 of 1919)". *Government Gazette* xxvii/982, 3 July 1919, xxiv-l; Anon., *War Special Pensions Act, 1919 – Explanatory Memorandum*, 3.

Governor-General's Fund for financial assistance.⁸⁸ Town magistrates took up cases, often appealing to the Commissioner of Pensions or the Commissioner of Returned Soldiers. Thus, the magistrate of Carnarvon wrote on 24 July 1928 to appeal for aid for the orphaned children of the late Lt. E. B. Walton, pleading, "God alone knows what is to become of them".⁸⁹

Other examples illustrating dissatisfaction included an article written by a veteran about 'Titus', a slacker, and a girl who gave 'Titus' a white feather for not participating in the war. She had later married a soldier, who was killed, and had to "rear a child on a pittance (called a war pension)," insufficient to cover living costs.⁹⁰ Newspaper articles also appeared occasionally complaining of late or insufficient payment of pensions to ex-soldiers and dependants.⁹¹

Furthermore, ex-servicemen of the German South West African campaign complained that they received less for serving in the war than those who had served in the expeditionary forces. This difference was due to differential amounts for different campaigners as indicated in the Defence Act and the War Special Pensions Act. One South West Africa campaigner claimed in 1920 that, according to the Financial Secretary, the Imperial Government had spent £1,000,000 sterling, "who were the recipients? Returned soldiers got none of it! There was no war gratuity for G.S.W.[German South West] Africa. Why Not? Honours and decorations galore to Generals and Officers, sympathy and thanks from General Smuts to privates!"⁹²

A common thread that emerged from all accounts was the commonly held perception by ex-servicemen that both society and the government did not do enough financially to support them. Many grievances were lodged against the Information Bureau and Military Paymaster based on insufficient funds or of payments being late.⁹³ Yet, no less predictably, there were

⁸⁸ KAB Archives, Magistrate of Carnarvon (hereafter 1/CAR) 5/1/5, 9/2/4, Returned Soldiers Governor-General's Fund, 1923-1930.

⁸⁹ KAB Archives, 1/CAR, 5/1/5, 9/2/2, Military pensions, 1927-1930.

⁹⁰ Anon., "What has become of the Slackers? Investigations of a social historian", *The Home Front*, September 1928, 11.

⁹¹ Anon., "Belated Pensions for Soldiers – Johannesburg indignities", *Diamond Fields Advertiser*, 12 November 1919, 3; Anon., "Delays in Payment to Soldiers' Dependents", *Transvaal Leader*, 15 March 1915, 3.

⁹² Anon., "Soldiers and Electors", *The Star*, 2 February 1920, 11.

⁹³ NCA Archives, First World War: Miscellaneous, 1914-1918.

men who chanced their hand at getting compensation on dubious grounds, claiming for conditions which medical boards found were not attributable to active service.⁹⁴

The Governor-General's Fund

The limitations of state support saw the founding of benevolent organisations that existed independently, yet worked alongside the state and other institutions, to look after the welfare of the returned soldier and his dependants. The most influential of these was the Governor-General's Fund. In August 1914, Annie F. B. Botha, wife of the Prime Minister, and the acting Governor-General, Lord John H. de Villiers, proposed that a fund should be inaugurated in the Union to relieve distress caused by the war.⁹⁵ The new Governor-General, Lord Sydney C. Buxton, offered his full support and served on the executive committee.⁹⁶

It was intended as a national war fund. Approximately 120 local administrative committees in various towns and districts of the Union headed by mayors or magistrates, were raised under central financial supervision.⁹⁷ The executive committee also had a close association with the BESL to which the fund paid out a monthly grant that the association could dispose of in the interests of ex-servicemen.⁹⁸

These local committees included the Mayors' Fund, Patriotic Funds, Widows and Orphans Fund and the War Relief Fund. Subscriptions raised and donations made to local funds were advertised in newspapers.⁹⁹ Local subscriptions and organised fundraising events took the form of musical concerts, dances, the selling of bouquets, charity flags and even a children's book with Goblins as Recruiting Officers, "for the fatherless children of the fallen South African Soldiers and Sailors".¹⁰⁰

⁹⁴ Many men, yet not all, suffered from visual impairment, especially amongst South West African veterans. The cause of this affliction was largely attributed to the reflection of the sun off the sand.

⁹⁵ Anon., *Official Year Book of the Union of South Africa (1910-1918) No. 3-1919*, 361.

⁹⁶ A. Samson: *Britain, South Africa and the East African Campaign, 1914-1918: The Union comes of Age*, 78.

⁹⁷ Anon., *Official Year Book of the Union of South Africa (1910-1917) No. 2-1918*, 362.

⁹⁸ Anon., *Annual Report: Governor-General's Fund (Great War 1914-1918). Executive Committee*, 6.

⁹⁹ Anon., "Governor-General's Fund", *The Cape Times*, 21 August 1914, 4; Anon., "Appeal for patriotic funds", *The Cape Times*, 5 September 1914, 7.

¹⁰⁰ Anon., "The War Relief Fund", *The Cape Times*, 31 August 1914, 5; Anon., *A history of the Governor-General's Fund (The Great War 1914-1918)*, 24-25: TBD Archives, 1/MTU 3/4/2/3, Contributions by Natal Native Congress to War Relief Fund, 1916.

The Fund offered different forms of relief since the raising of the first overseas Union contingent in 1915. These included a guaranteed minimum allowance, supplementary military allowance and fixed allowance to dependants in especially needy circumstances. In such cases, grants were still awarded to ensure an adequate means of livelihood, even if it meant an improvement in living standards from before the war. Special needs grants were also awarded, for instance medical and maternity services, clothing, funeral charges, and insurance premiums and to cover necessities lost with the sinking of the “Galway Castle”.¹⁰¹ Grants for the dependants of fallen soldiers were geared towards assisting single mothers who had to support a family. Such payments included housing and education for children at the Buxton– and Louis Botha Hostels’, outfits for children, courses of instruction in dressmaking, nursing and other business pursuits.¹⁰² Special grants to non-disabled ex-servicemen were usually geared towards settling them in employment, such as purchasing farms, stock and implements, electrical businesses and coffee stalls.¹⁰³

By the end of hostilities, the Union housed all kinds of committees, associations and organisations in both the governmental and public sphere with overlapping aims, all concerned with the welfare of returned soldiers and their families, and the re-absorption of ex-servicemen into civilian life. In consequence, many initiatives were not officially run by the government or the Governor-General’s Fund, but in a shared effort.

As noted, many ex-servicemen felt that the authorities were not doing enough. Equally, it was arguably far from being all doom and gloom at the beginning as can be seen from figure 6.10 which indicates the various categories of pensions paid by the government between 1917 and 1920 after the implementation of the Pensions Act in 1916. Between 1917 and 1918, there was a gradual increase in the amount of pension money paid to ex-servicemen and dependants, yet not significantly more than to civil servants. However, after 1918 there was a considerable increase. By 1920 the Treasury was disbursing more than £700,000 for war pensions, which was nearly half more than all the civil servant pensions combined. The Governor-General’s Fund also reached its highest level of generosity in 1919 when it offered

¹⁰¹ Anon., *Governor General’s Fund: Report on Work and Position of the Fund (1914-1920)*, 3-4; Anon., “The Story of the Disaster: Pitiable Scenes”, *The North-Western Advocate and the Ermu Bay Times*, 17 September 1918, 1.

¹⁰² Anon., *A history of the Governor-General’s Fund (The Great War 1914-1918)*, 24-25; Anon., *The Governor-General’s Fund: What it is doing for South African soldiers and their dependants*, 11-12.

¹⁰³ Anon., *Governor General’s Fund: Report on Work and Position of the Fund (1914-1920)*, 4-5.

more financial assistance than the state. Ultimately, though, this was short lived as financial assistance declined rather rapidly thereafter; by 1928, the expenditure of the Fund stood at £71,452.¹⁰⁴

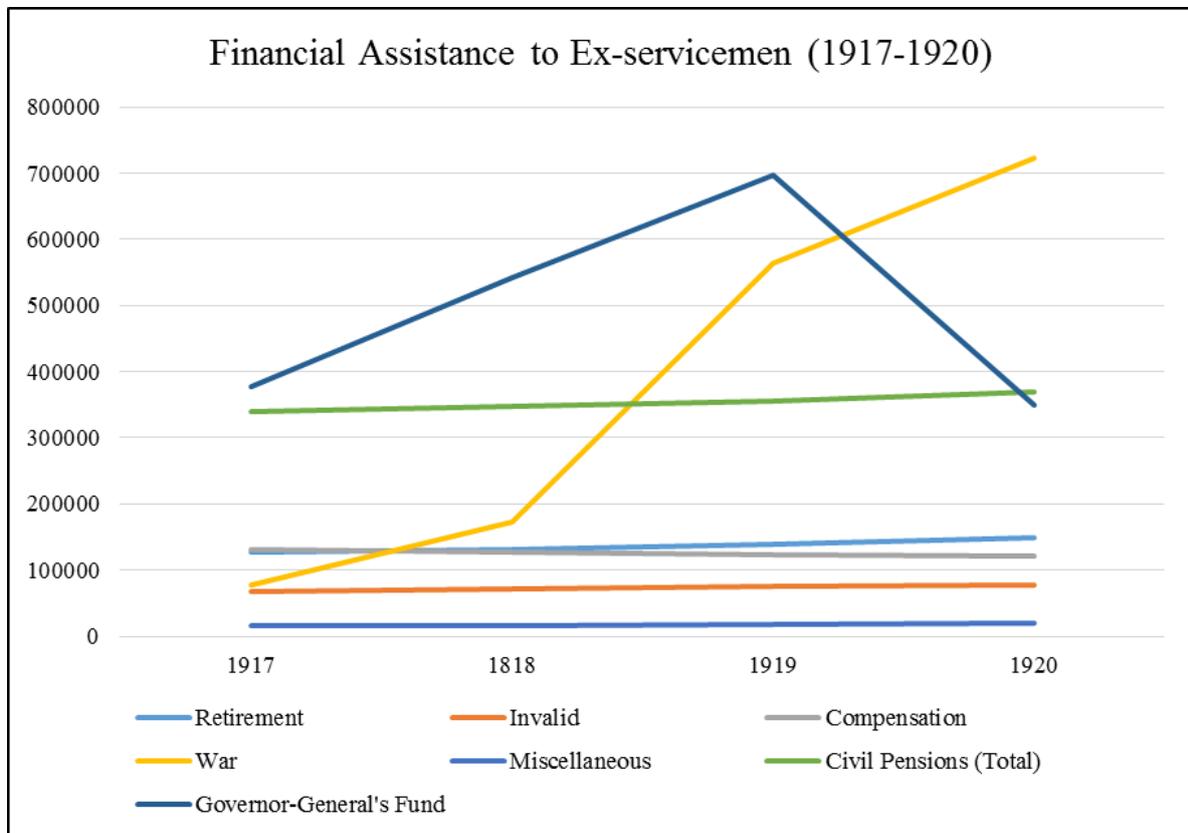


FIGURE 6.10: Government pensions and Governor-General's Fund Financial assistance¹⁰⁵

Employment Schemes

In August 1918, a government conference was held to consider how best to deal with returned soldiers.¹⁰⁶ Its aim was the planning of a central control to ensure co-ordination between numerous relief bodies. This led to the founding of the department and office of the Commissioner for Returned soldiers on 1 September 1918. By then, it was expected that “the difficult problem of the returned soldiers” would be of “grave public concern.”¹⁰⁷

¹⁰⁴ The period under discussion stretches from 1914 to 1928, however conclusive data after 1920 could not be obtained.

¹⁰⁵ Anon., *Union of South Africa Schedule of Pensions Awards and Cessations*, 4; Anon., *Governor-General's Fund: Report on Work and Position of the Fund, 1914 to 1920*, Appendix “B”, 15.

¹⁰⁶ *Official history: Union of South Africa and the Great War, 1914-1918*, 221.

¹⁰⁷ DOD Archives, World War 1 Imperial Service Details (hereafter WW1 ISD) 26, 671, Returned Soldiers (generally, including commissioner), 15-19 September 1918.

In November and December of that year, Returned Soldiers' Advisory Boards were appointed in the main Union centres, an amalgamation of representatives from local organisations and public bodies, including the then redundant war recruiting committees, local Chief Magistrates, and District Staff officers.¹⁰⁸ These Boards were further divided to deal with employment and to handle pension grievances. In total, fifty-four Returned Soldiers Employment Committees were set up in larger towns, the majority of which operated on a voluntary basis, since only fourteen were funded by the government. Elsewhere, magistrates and post offices stepped in to fill the gap.¹⁰⁹

A number of other steps were taken to aid in resettlement. One was the creation of training farms at Vlaktefontein, Riversdale, Oakdale, Indwe, Hatbeespoort and Beginsel. In addition, returned soldiers were admitted to various agricultural colleges at government expense; these included Cedara, Elsenburg, Glen, Grootfontein, and Potchefstroom.¹¹⁰ At Elsenburg, the war years saw a marked decrease in the number of diploma students with fewer than 10 from 1915-1917, while in 1920 there was a significant increase due to returned students who enrolled.¹¹¹

Government assistance was also extended to men who had served a term of apprenticeship prior to active service, or those who enlisted immediately after school.¹¹² Returned soldiers under this category were paid an allowance from public funds to increase their earnings. Furthermore, money was voted to enable those whose studies were interrupted by enlistment to obtain a higher education. Other arrangements for re-settlement involved apprenticeships on private farms and other practical trades. Firms and farmers in turn received benefits if they took in returned soldiers.¹¹³ Other avenues included the opening of the Eastern Vlei returned soldiers Relief Works, as well as the Umgeni Relief Works in

¹⁰⁸ DOD Archives, WW1 ISD, 26, 671, Returned Soldiers (generally, including commissioner), 15-19 September 1918; Anon., *What Every Ex-Soldier should know*, 5.

¹⁰⁹ J. G. W. Leipoldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 221; Anon., *Union of South Africa: Demobilisation Regulations*, 6, 9, 29; Anon., "The Governor-General's Fund – An appeal by the Mayor", *The Cape Times*, 16 October 1916, 7.

¹¹⁰ J. G. W. Leipoldt *et al.*, *Official History of the Union of South Africa and the Great War, 1914-1918*, 222.

¹¹¹ B. Erasmus. "Elsenburg-opleiding: 'n glorieryke eeu", *Elsenburg journal: Commemorative Edition*, 1998. 45.

¹¹² Anon., *Official Year Book of the Union of South Africa (1910-1920) No. 5-1921*, 398.

¹¹³ KAB Archives, Magistrate of Molteno (hereafter 1/MTO), 81/33, 9/1/20/4, soldiers apprentices. Munro, C. Caldecott, WR. Darke, FC. 1921-1922.

Durban.¹¹⁴ Furthermore, advertisers in the magazine for the MOTHs, *The Home Front*, employed numerous returned soldiers.

A Land Settlement scheme included not merely the Union, but also other Empire countries and newly acquired territories after the signing of the Treaty of Versailles.¹¹⁵ In an address before armistice, the Governor of British East Africa called upon men to settle in the former German East Africa region, not only for the sake of the “simple natives”, but also for British explorers, so that those who had made the “enormous sacrifice and blood and treasure... ought not count for nothing.”¹¹⁶ Yet some fraudulent schemes also crept in, and some South African ex-servicemen who acquired farms suffered, to the extent that warnings were printed in newspapers.¹¹⁷

Government assistance in farm training and apprenticeships ended with the last new admissions at the end of December 1920. The office of the Commissioner for Returned Soldiers, was dissolved late in 1921 and all Local Returned Soldiers Employment Committees by 1930.¹¹⁸ Yet, thereafter, there were still struggling ex-servicemen, having to rely on pensions or handouts from bodies which were increasingly stringent by the late 1920s.

The 1922 Rand Strike

Throughout the war years, ex-servicemen trickled back into unemployment from the front. A war recruiting committee noted in June 1917 that, “that they must try and prevent the returned soldier from having a grievance, because if he had, he ceased to be a recruiting agent.”¹¹⁹ By that time, an Employment Committee already existed in Johannesburg due to

¹¹⁴ TBD Archives, 3/DBN, 4/1/2/486, Employment of returned soldiers – Umgeni Relief Works, 1919-1920; Anon., “Relief Works Inaugurated. Employment for Returned Soldiers”, *Natal Mercury*, 6 June 1919; Anon., “Work for returned soldiers”, *Natal Mercury*, 4 June 1919; Anon., “Southern Vlei Works. Continuance of Relief”, *Natal Mercury*, 14 June 1920, 2.

¹¹⁵ Anon., “Farms in South-West Africa. An Early Allotment. Position of Returned Soldiers”, *Diamond Fields Advertiser*, 20 November 1919, 7; SAB Archives, BNS, 1/2/16, A538, Admission to South Africa of ex-soldiers and sailors whose health has been impaired while on active service, 1916-1918; Anon., *Land Settlement in the Union. Future of Returned Soldiers*, 4.

¹¹⁶ E. Northey, “East African Campaign”, *Journal of Royal African Society*, (18), (70), January 1919, 86-87.

¹¹⁷ Anon., “Burned Fingers”, *The Star*, 8 January 1920, 11; Anon., “Land Settlement for Soldiers”, *Diamond Fields Advertiser*, 31 December 1919, 6; SAB Archives, Department of Mines and Industries (hereafter MNW) 463, 1554/19, Prospecting in Central and German East Africa. Enquiries by returned soldiers, 1919-1920.

¹¹⁸ KAB Archives, 1/MTO, 81/33, 9/1/20/4, soldiers apprentices. Munro, C. Caldecott, WR. Darke, FC. 1921-1922.

¹¹⁹ KAB, 1/COF, 9/1/11, Casualties amongst SA Overseas and East African Expeditionary Forces, 1917.

the significant unemployment rate amongst ex-servicemen. It had already registered 1,260 unemployed ex-soldiers, forty per cent of them “farm hands pure and simple...thirty-five per cent were unemployable.”¹²⁰ One group, who called themselves “The Chestnuts” since they were all chest wound cases, found themselves at the declaration of armistice, all “miserable. The awful truth smote...[them]...[they] mattered not at all. The war was over...[they] were out of everything. Shortly... [they] would be out of work.”¹²¹

In December 1918, the Commissioner for Returned Soldiers stated optimistically, “I [he] assume that generally the larger employer of labour will have kept open places for their men”.¹²² But, in wartime, conditions on the mines had altered significantly. Mine owners had tried to dilute costly white labour with cheaper black workers. And the proportion of Afrikaans mine workers had increased substantially, due to many loyal English speakers volunteering for active service, thereby creating a shortage of white mine workers. Yet, at the end of hostilities, many of these English, as well as some Afrikaans speakers, returned to the Witwatersrand and to a gold mining industry enduring a profits crisis.¹²³

Against the backdrop of a global depression in 1921 and the sliding gold price, the key issue of the 1922 Rand Strike was the attempt by white workers to prevent employers from replacing some of them with cheaper African labour, thus competing black workers were singled out as the enemy.¹²⁴ Their uprising that took place on the Witwatersrand, with Johannesburg as its centre, began in January and lasted until March.¹²⁵

The revolt took on a violent quasi-military character, with many aspects of the strikers’ organisational conduct reminiscent of warfare, while the state responded with ground and air power that was perhaps usually only seen in wartime. From the manner of those who waged the Rand Strike, it can be deduced that a significant number were post-1918 ex-servicemen. There was a Returned Soldiers’ Commando, and memorials to the war dead were found at numerous mines. According to one striker, Bertie Lang, “ex-servicemen were everywhere in the movement of 1922.” Of the approximately 20,000 strikers, one policeman estimated that

¹²⁰ KAB, 1/COF, 9/1/11, Casualties amongst SA Overseas and East African Expeditionary Forces, 1917.

¹²¹ Anon., “Reveries at Armistice”, *The Home Front*, November 1928, 3.

¹²² KAB, 1/COF, 28/126/1918, Treatment of Returned soldiers and sailors on leave, 1918.

¹²³ W. P. Visser, *Van MWU tot Solidariteit: Geskiedenis van die Mynwerkersunie, 1902-2002*, 9, 13-14.

¹²⁴ O. Potgieter, “In ‘n Staat van Oorlog”, *Die Burger*, 22 September 2012, 4-5.

¹²⁵ J. Krikler, *The Rand Revolt: The 1922 insurrection and racial killing in South Africa*, xi-xii, 50.

between 10,000 and 15,000 were organised into commandos. It was estimated that of the men participating in the mines uprising, some ninety per cent had seen service. They included ex-servicemen from Britain who had also made their way to the Rand in search of gainful employment, or who had immigrated to South Africa “for the restoration of their health.”¹²⁶ As the trade union leader at City Deep Mine, Belthazar van Zyl, noted, “a lot of...[them] fought in the Great War...[and] distinguished themselves...“men who did their duty in Flanders and German East...[they] had men with military crosses, and other honours”.¹²⁷

The significance of these commandos was that the “experience and legacy of war cut across the ethnic divide in surprising ways.” Furthermore, it indicated the enormous influence of the war on men who “returned to a society which fêted them and an economy which bore down upon them.”¹²⁸ As one miner and ex-soldier justified the actions, they “...credited the Union with...[their] lives every life to the mothers, fathers and wives worth the wealth of the world to those who lost them, surely it isn’t too much to ask that our [their] means of livelihood should remain undefiled”.¹²⁹ For many men, in a way, their bodies were still that of a soldier despite the signing of armistice three years previously. While society perceived their bodies as those of ‘ex-servicemen,’ many still saw themselves as soldiers.

Social

Leading a normal life after the war did not only depend on obtaining financial security. Ex-servicemen also struggled with more personal issues such as building a family. Some returning soldiers found happiness at home, whilst others returned with a war bride by their side.¹³⁰ However, those with missing limbs saw themselves as only half a man, in a sense feminized, and thus gave up hope of a family of their own. The mutilated no longer corresponded to the muscular and virile image of the ‘Victorian man’.¹³¹ The war, as Carden-Coyne and Bourke have argued, changed the perception and view of the male body. However, as L. van Bergen has further argued, this changed identity in certain respects also meant the loss in feeling coupled to the mind. Until the emergence of a post-war society and

¹²⁶ J. Krikler, *The Rand Revolt: The 1922 insurrection and racial killing in South Africa*, 10-11, 56-58.

¹²⁷ B. van Zyl quoted in J. Krikler, *The Rand Revolt: The 1922 insurrection and racial killing in South Africa*, 59-60.

¹²⁸ J. Krikler, *The Rand Revolt: The 1922 insurrection and racial killing in South Africa*, 72-73.

¹²⁹ J. Krikler, *The Rand Revolt: The 1922 insurrection and racial killing in South Africa*, 74.

¹³⁰ B. Wade. *Peace, War and Afterwards (1914-1918): A young man’s letters written chiefly to his mother*, 46, 71.

¹³¹ J. Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War*, 12-13, 74.

the struggle with ideals of masculinity, emotions and feelings were seen as ‘feminine.’ However, with the loss of one or two hands, men were also robbed of such emotions, since this was felt and expressed through touch.¹³² One ex-servicemen who lost a leg expressed his emotions in a poem, wishing for the feeling of icy cold water in a morning tub.¹³³

Furthermore, it was still widely believed, including even by Louis Botha, that the offspring of a maimed ex-serviceman would be born minus a limb.¹³⁴ The shared view between limbless patients was “despondent” and almost “bitterly pessimistic” on the topic of matrimony. The argument was, what “self-respecting man” with only one leg, would propose when the girl might “well marry a man with two”, it would be “an impertinence thus to ask a sacrifice of one who expected an offer of happiness”.¹³⁵

For married men, the situation was not necessarily always much better. A lengthy four year absence could distance and estrange them from their families.¹³⁶ Other kinds of estrangement included some who suffered from disabilities in the form of neurasthenia or disfigurement which caused men to become alienated from their loved ones.¹³⁷ Financial hardship as a result of disability and the reliance on ‘charity’ challenged ex-servicemen’s masculinity and also their role as a good father, husband and ultimately breadwinner which precipitated feelings of alienation. In some cases, the distancing of men suffering from war neuroses from their families was deliberate, according to the Weir-Mitchell Treatment method. It was thought that men would recuperate better if they were not surrounded by their families.¹³⁸

Frustration and also the humiliation of having to rely on financial aid or emotional support grew from role reversals which challenged the ideal of the independent man. Medical, financial and emotional dependence on others such as wives and parents placed ex-

¹³² L. van Bergen: “For soldier and state: dual loyalty and World War One”, *Medicine, Conflict and Survival* (28), (4), October-December 2012, 323

¹³³ G. Riddler, “Moth Songs”, *The Home Front*, October 1928, 26.

¹³⁴ See, S. Swart, *Riding High: Horses, Humans and History in South Africa*, 72

¹³⁵ Anon., “Correspondence”, *The Springbok Blue*, April 1917, 14.

¹³⁶ A. Gregory, *The Silence of Memory: Armistice Day, 1919-1946 (The Legacy of the Great War)*, 83.

¹³⁷ J. M. Winter. “Remembrance and Redemption: A social interpretation of War Memorials”, *Harvard Design Magazine* 9, 1999, 71.

¹³⁸ A. J. Brock, “The War Neurasthenic: A Note on Methods of reintegrating him with his Environment”, *The Lancet*, 1918, 436.

servicemen in a position akin to that of a child.¹³⁹ Women's frustrations could be seen in a comment placed in *The Star* by the wife of a returned soldier from German East Africa:

...[she] know[s] what sacrifice is. Patriotism does not pay in hard cash and never will. To be patriotic is to sacrifice everything to a great ideal. Suffer for the same cause...[she] also had to work for...[her] husband as the results of fever prevented him from doing so, Christ had a great ideal and it nailed him to the cross.¹⁴⁰

It was not uncommon for women to break down emotionally and physically from the strains of this new life.¹⁴¹ This could possibly explain the statistics for the dissolution of marriages from the mid-war period until after its conclusion. Unfortunately, statistics do not distinguish between figures for ex-servicemen and civilians, yet the increases at significant war dates can indicate some correlation. As can be seen from figure 6.11 divorce figures increased by more than 250 per cent from 1915 to 1916 and by about 280 per cent from 1918 to 1919: this could indicate that some marriages with returned ex-servicemen could not be saved. Divorces peaked from 1920 to 1921, and dropped after that. Overall, looking at the total dissolution of marriages, it is clear that there was a drastic increase in divorce from 1916 – the mid war period, but reaching its high-point during 1919 to 1921, the end of demobilisation and the start of the re-adjustment period.

The nullification of marriages also peaked in 1919; this was the most significant peak as far as the data stretches to 1958. None of the other years saw such a surge. While the nullification of marriages was granted under five conditions, two of those could possibly explain this quick increase in a single year. Under the Dissolution of Marriages Act, marriages could be nullified if a wife fell pregnant and her husband was not the father. This was a concern for soldiers, as a typical letter home asserted, “You seem to be having a good time....I know you will be careful in the selection of your make [*sic.*] friends as there are a good many men who think that a soldiers wife is fair game.”¹⁴² The other condition that could explain this increase was in the case of “insanity,” under which shell shock would fall.¹⁴³

¹³⁹ J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War*, 72, 75.

¹⁴⁰ Anon., “Does patriotism Pay?”, *The Star*, 8 January 1920, 11.

¹⁴¹ J. Meyer, *Men of War: Masculinity and the First World War in Britain*, 120.

¹⁴² KAB Archives, CSC 2/1/1/863, 313, Illiquid case. Judicial Separation. Florence Evelyn Robinson, Born Button, Versus William Mcilwane Robinson, 1919.

¹⁴³ R. W. Lee, *An Introduction to Roman-Dutch Law*, vi-vii, 99-100.

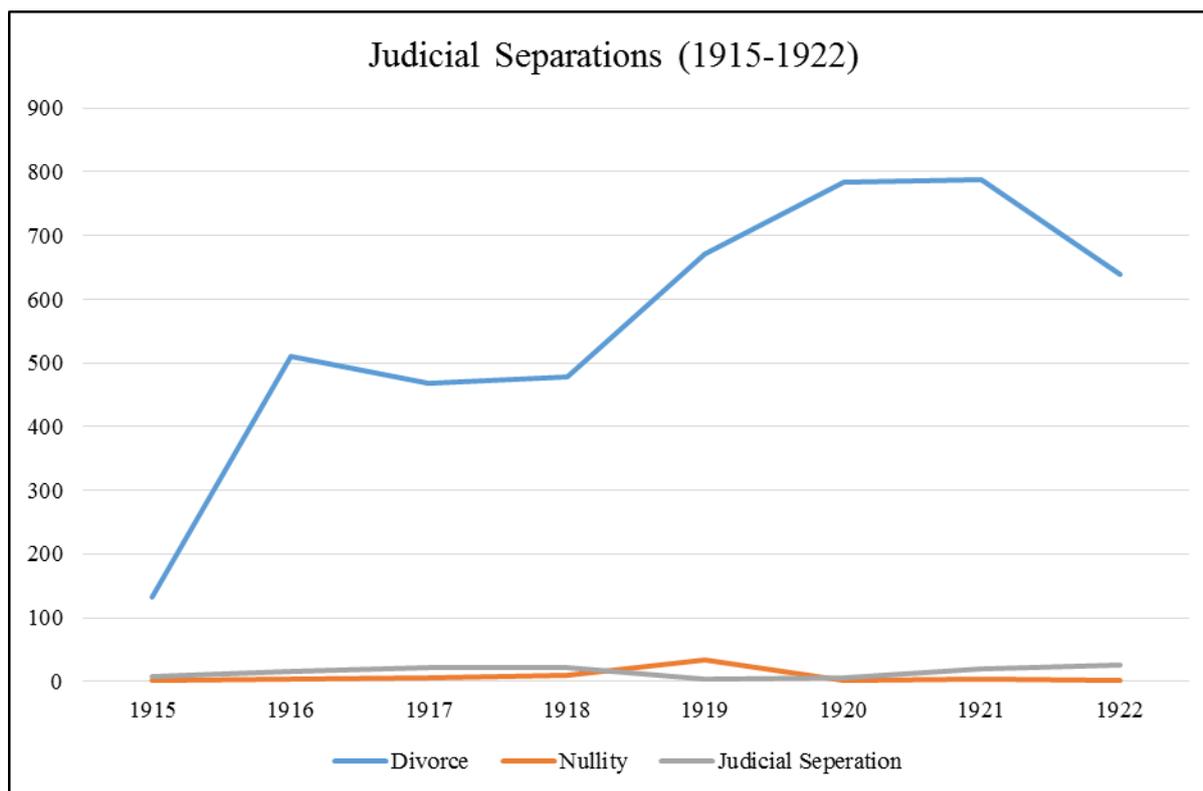


Figure 6.11: Judicial Separations (1915-1922)¹⁴⁴

Looking at divorce cases in the records of the Supreme Court can certainly be suggestive of divorces associated with the war. One case, that of Bertha Bussio (nèe Menthey) Vs Francois Bussio (married since 1903) can serve as an example. “On his return after...peace...his drinking habits, violent language and threats caused...[her]great unhappiness.”¹⁴⁵ Similar was the case of Florence Evelyn Robinson Vs William McIlwane Robinson (married in 1908). The ex-servicemen was an engineer of the South African Railways, and left for service in Flanders in January 1917, returning in July 1919. In August 1917, Evelyn received a cable from France stating that he was “mentally ill”, while during this period she received a “number of affectionate letters.” Yet, when he returned, “he drank a bottle a day...Some of the bottles...[she] threw away as...[she] was ashamed for them to be seen.” Furthermore he often proved violent, “after [he] left he also came at night and took the children out of bed.” One night he got home “and she pretended to be asleep...he dragged...

¹⁴⁴ Anon., *Union Statistics for fifty years-Jubilee Issue, 1910-1960*, B-46.

¹⁴⁵ KAB Archives, CSC, 2/1/1/1067, Illiquid Case. Restitution of Conjugal Rights. Bertha Bussio (Born Manthey) Versus Francois Bussio, 1925.

[her] out of the child's bed by [her] hair and said "Get into your bed you bitch"...that night...[her] husband was very violent and abusive."¹⁴⁶

Alienation and Dissociation from Communities

Even the communities to which ex-combatants once belonged had been permanently altered as a result of many who would never return and left their own scars and gaps in a civilian society. Particularly in patriotic Natal where a significant proportion of civil servants volunteered, as one employer wrote over the loss of one of his employees, it left "a sense of personal loss."¹⁴⁷ Moreover, some men's bodies were never located and it was only after the cessation of hostilities that men were declared as either "killed in action or died of wounds", with their place of burial being indicated as "somewhere in France" as was the case with W. D. Brook. The wife of Pte J. Rodgers wrote to the Advisory Board for Returned soldiers "begging" in 1920 that her husband's account be settled since she and her three children were "starved."¹⁴⁸ Such estranged sentiment could actually be exacerbated by the patterns of remembrance which developed through the memorial movement and Armistice Day.¹⁴⁹ These tended to pay tribute to the honourable dead, and gave comfort principally to mourners, rather than former soldiers from their community, as in Botha's 1919 message not to "forget the heroic fortitude of the noble dead."¹⁵⁰ However compelling, such speeches were concerned with the veneration of the "glorious dead", rather than the crippled living.

It appears as if there existed more than one form of remembrance, that of the various sectors of the home front, and that observed by veterans, which caused some ex-servicemen to feel more distanced from host communities. As 'Old Bill Evenden', founder of the MOTH movement stated, "This Armistice remembrance takes place only once a year, but to the great body of Moths remembrance is always – while life lasts."¹⁵¹ Although few first-hand accounts exist on what the war and the loss of comrades meant to surviving soldiers, for many veterans the emotions associated with loss stayed fresh even decades later, whereas for

¹⁴⁶ KAB Archives, CSC 2/1/1/863, 313, Illiquid case. Judicial Separation. Florence Evelyn Robinson, Born Button, Versus William Mcilwane Robinson, 1919.

¹⁴⁷ NAB Archives, NC 213, 1052/195, Application of Messrs. Kent and Pringle for permission to join the SA Overseas Contingent, 1917.

¹⁴⁸ NAB Archives, MSCE 0, 3838/1918, Brook, Walter Douglas. (Previously reported "missing" on active service. Death Now "presumed"). 1919; MSCE, 3839/1919, Roger, James (Previously reported "missing" on active service. Death Now "presumed"). 1920.

¹⁴⁹ J. Meyer, *Men of War: Masculinity and the First World War in Britain*, 97-98.

¹⁵⁰ Anon., *The Celebrations of Peace: Official Programme and Souvenir Booklet*, 20.

¹⁵¹ B. Evenden, "On to Armistice!", *The Home Front*, August 1928, 5.

others it was only remembered with Armistice Day. In an account of “One Day During the War”, an ex-serviceman wrote:

[...]many of the best friends we had are gone and, since it was with them that we always promised ourselves we should sit down and talk, it is now necessary to think some new tale[...]bereft of all reference to the intimacies of far off days[...]when one comes to do that one is assailed by a sense of how “so and so” would have appreciated that point or laughed at this. But then “so and so” is dead[...].¹⁵²

Noel McAllister Pollock, headmaster of Pretoria Boys High School in 1950-1955, who fought and was wounded in German East Africa, wrote on the fiftieth Anniversary of the armistice: “The war took an entirely undue toll of the gentle and sincere, the able and the kindly and the generation which suffered, lost much more in talent and worth than was reflected in the mere numbers of the fallen.”¹⁵³ It is evident how this commemorative speech by an ex-serviceman contrasts with those of others; it was a reminder not only of the dead, but also of the sacrifice of the living.

Not only was there a difference in remembrance, but also in how others remembered the fallen and the war. Some ex-servicemen considered ‘community remembrance’ as a form of ‘accusation’ and associated it with a sense of survivor’s guilt. Ex-servicemen felt that like the fallen, they had also paid the price of body and mind. They thus wanted to feel accepted by the civilian population and to be celebrated as a survivor and hero. This led to many ex-servicemen feeling a sense of “otherness.”¹⁵⁴ As a returned soldier wrote to *The Star*, “We soldiers do not want charity, but practical appreciation of what we have done”.¹⁵⁵ Charity was

¹⁵² Anon., “One Day During the War”, *The Home Front*, August 1928, 14.

¹⁵³ J. Illsley. *Pretoria Boys High: The Story of a South African School, 1901-2001*, 49.

¹⁵⁴ D. Todman. *The Great War: Myth and Memory*, 53-56. The idea of ‘Survivor guilt’ after the First World War has not been addressed specifically, but has been identified and explored after the Second World War amongst holocaust survivors. Yet this phenomenon after a war or tragic disaster seems to be a common attribute of human nature, as depicted in literature and film such as Hemmingway’s *A Farewell to Arms* (1929), *Apocalypse Now* (1979), *The Killing Fields* (1984) and *We are Marshall* (2006). See, N. Sherman, “The Moral Logic of Survivor Guilt”, *The New York Times*. [Accessed: 3 July 2013]; K.R. Henning & C. Freuh, “Combat Guilt and its relationship to PTSD Symptoms”, *The Journal of Clinical Psychology* (54), (8), 1997. 801-808. This is also a theme in Pat Barker’s *Regeneration* trilogy, and the film adaptation *Behind the lines*, as Billy Prior says goodbye to Dr Rivers he said: “Everybody who survives feels guilty. Don’t let it spoil everything”. See, P. Barker, *Regeneration Trilogy*, 157.

¹⁵⁵ Anon., “Soldiers and Electors”, *The Star*, 2 February 1920, 11.

instinctively associated with the lower classes and poor whites, and thus seemed beneath the patriots of the Somme. As another veteran wrote at another level, “You would never think of the 1 000 000 brave dead as “ordinary,”...you can’t call...war veterans – “ordinary” because he is a “walking fluke.” It is a fluke he is alive...that he returned.”¹⁵⁶

It is difficult to discern the patterns of sentiment amongst South African war veterans due to the fissiparous nature of the Union, with its highly stratified population. What we have are glimpses, as when one soldier wrote, “But those of us who have lost friends know well that much of the richness and beauty of life passed with them for ever from our lives.”¹⁵⁷ In a sense, ex-servicemen remembering comrades was a private affair, only shared and talked about with other veterans who would understand. This can be highlighted by contrast with the grandiose legacy of remembrance of the Battle of Delville Wood which can be termed a shared ‘commemoration battle’ between the different Union factions.¹⁵⁸ For survivors of the Delville onslaught, the earth marked an unfathomable private place. Clusters of these veterans made pilgrimages for fallen comrades, starting in 1917 and in 1918.¹⁵⁹ A discontinuous tradition evolved over the years as veterans returned to this wooded enclave.¹⁶⁰ It was not unusual to find photos in personal albums of the graves of comrades from various fronts.¹⁶¹

As Capt. A. J. Molley wrote in the war years, “God help the Mothers, Wives and sisters and sweethearts that have got to listen to some of the G.E.A. [German East Africa] warriors on their return home.”¹⁶² For many could not understand the war as ex-servicemen did, and numerous civilians wanted simply to forget the war. Ex-servicemen also felt distanced from communities by more than merely some forms of remembrance. For some ex-combatants returned with both physical and psychological scars of the war, a legacy for decades thereafter. These effects could be seen at old boys’ cricket matches at Pretoria Boys High School. Amputee Batsmen required runners, as well as overreacting to loud sounds as a

¹⁵⁶ Anon., “To Moths’ Womenfolk”, *The Home Front*, October 1928, 29.

¹⁵⁷ Anon., “Reveries at Armistice”, *The Home Front*, November 1928, 3.

¹⁵⁸ B. Nasson, “Delville Wood and South African Great War Commemoration”, *The English Historical Review* 119/ 480, February 2004. 58-59.

¹⁵⁹ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 231. See, *Finding the Fallen*. London: Yap Productions, 2005.

¹⁶⁰ I. Uys. *Delville Wood*, 259, 273.

¹⁶¹ NCA Archives, Harte Collection, Vere Harte personal album, n.d.

¹⁶² DOC Archives, Pamphlet 18, Letters of Capt A.J. Molley from German East Africa, WW1, n.d.

consequence of shellshock. Students who attended the school did not understand these effects, and would drop a desk lid in order to trigger a nervous reaction from a veteran teacher in class for their own amusement.¹⁶³

According to the wife of a returned soldier, in a speech given at Selborne Hall by the anti-war socialist, Colin Wade, he had asserted “that soldiers in uniform wore a hang-dog look; anyway, all he had seen had a hang-dog look as though from shame for the part they had taken in the late war.” In response, she wrote: “I [she] protest against Mr. Wade’s insulting remarks- a man who slept safely o’ nights whilst real men were fighting his battles making great sacrifices and suffering untold hardships. They have proved their manhood. Has Mr Wade proved his?”¹⁶⁴ A veteran expressed a similar sentiment: “I [he] have heard it said in my [his] presence...” “Why all this fuss; this should all be forgotten.” I [he] have at times found it hard to keep my [his] tongue still and my [his] temper down”.¹⁶⁵ Another ex-serviceman told of an experience on an overfull tramcar in Durban when one female passenger commented to another about the ill-manners of a “tired looking-fellow” who wore a MOTH badge and occupied a seat whilst she had to stand. Upon hearing the “buxom woman’s” remarks he got up and offered her his seat. She took the seat and the man “hobbled over”, declaring, “Bit thick...’aving [*sic.*] to stand up on half a leg!”¹⁶⁶ The root of this problem, according to one veteran, was “...a matter of discrimination and *understanding*”.¹⁶⁷ The lack of understanding, economic and emotional support gave rise to disgruntled sentiments by ex-servicemen since many felt that “Unflinching and unrepining [*sic.*], they offered their heritage of full and splendid life, and trod the dark way of death without dismay.”¹⁶⁸

‘Commonwealth commonalities:’ Veterans Associations

A post-war associational culture of South African ex-servicemen emerged, yet not on the same scale as in New Zealand and Australia. The mushrooming of associations and clubs throughout the Empire-Commonwealth led to a Commonwealth Conference of delegates and in the founding of the BESL in 1921. The chief concern was to protect the interests of the

¹⁶³ J. Illsley, *Pretoria Boys High: The Story of a South African School, 1901-2001*, 49.

¹⁶⁴ Anon., “Mr. Wade and the Soldiers”, *The Star*, 30 January 1920, 11.

¹⁶⁵ Anon., “Moths and the business men”, *The Home Front*, December 1928, 36.

¹⁶⁶ Anon., “Open Letter from Old Bill Evo”, *The Home Front*, November 1928, 29.

¹⁶⁷ Anon., “Open Letter from Old Bill Evo”, *The Home Front*, November 1928, 29.

¹⁶⁸ Anon., “Reveries at Armistice”, *The Home Front*, November 1928, 3.

war-disabled, securing pension rights, and the welfare of dependants of the fallen.¹⁶⁹ To some of those in government, such organisations were being “used...for the purpose of exploiting their [soldiers] alleged grievances”, while others saw these “Leagues...which sprung into existence” as valuable, since it was “much more desirable to deal with such institutions than that the soldier should go to legal firms”.¹⁷⁰

One such association, based on the United Kingdom model, was the MOTHs, founded in 1927 by the then cartoonist of the *Natal Mercury*, Charles Evenden, better known as Moth “O” or plain Evo. The vision behind the order was “remembrance” instead of forgetfulness in a time when such memories began to dim. The order was to be a body of ex-servicemen holding up the ideals of ‘Sound memory, True Comradeship and Mutual help’. The order consisted of Units (shellholes), grouped under District Dugout control, and these in turn under Provincial Dugouts under Headquarters situated in Durban.¹⁷¹ According to the founder, the Order was “avowedly apolitical” and could cross ‘racial’ barriers, implying English- and Afrikaans speakers.¹⁷²

The MOTHs were joined by comradeship and a mutual understanding of “what it was like”. According to Neil Roos, the politics of MOTH membership were fostered in response to a post-war society which neither understood nor acknowledged ex-servicemen’s experiences.¹⁷³ In an account of the musical concert at the Selborne Hall, attended by the Transvaal MOTHs, its author noted: “We [they] had recovered the old spirit of the trenches, and all social and class barriers were blown to smithereens before the *esprit de corps* that united us [them].”¹⁷⁴ This camaraderie further conjured up the “good ole’

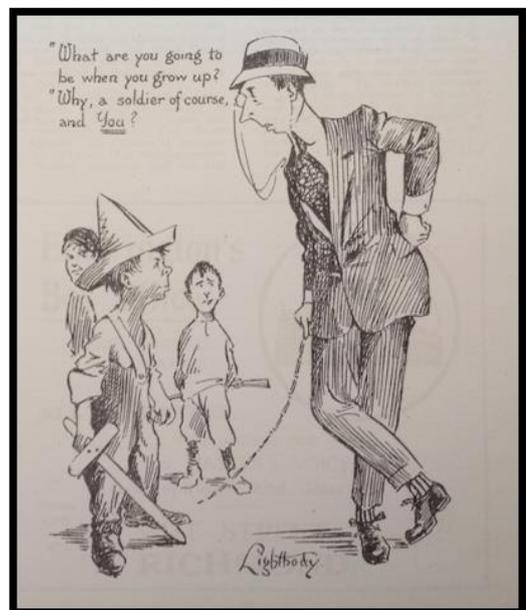


FIGURE 6.12: A Slacker

¹⁶⁹ Anon., “South African men at arms, 1910-1960”, 8.

¹⁷⁰ DOD Archives, WW1 ISD, 32, 739, Status “Comrades Great War”. 9 January-18 February 1919.

¹⁷¹ Anon., *Fifty years of the Memorable Order of Tin Hats, 1927-1977*, 2.

¹⁷² C. A. Evenden. *Old Soldiers never die: The story of Moth O*, 175. See, C. A. Evenden, *Like a Little Candle*. Knox Printing, Durban, 1959.

¹⁷³ N. Roos. *Ordinary Springboks: White Servicemen and Social Justice in South Africa, 1939-1961*, 180.

¹⁷⁴ Anon., “Moths get busy with all kinds of music – massed vocal attack at the Selborne Hall”, *The Home Front*, August 1928, 11.

times” in that terrible war by using familiar army terminology, “shell holes”, “dugouts”; adverts or summations of MOTH events would read ““Fall in” at 20.00 hours”, “to be followed by “gunfire””, “go over the top”.¹⁷⁵ The choice of familiar shared words helped to further unify the MOTHs. Ironically, such associations kept the ideal of military service and patriotism alive, which tended to glorify war experiences and cultivated an image of masculinity which so many felt had been lost with their reintegration into society. It was these ideals, albeit more hushed than in World War 1, which were used to encourage enlistment in 1939.¹⁷⁶ The MOTH represented a specific reaction of local servicemen to a society that ‘did not understand.’ It was more distant from the establishment than, say the BESL, and its rituals were aimed specifically to re-cast and re-emphasise bonds formed in a place beyond words. Hence its heavy emphasis on symbolism – the candle, the upturned rifles, the dimming of the lights, the MOTH salute. But, as important, the MOTH provided a cross-class network which helped youngish men find their way in a seemingly uncaring civilian world.

Another unifying factor was a common suspicion of the state which had failed to care for them as promised, and the position of “slackers” in a post-war society that forgot them.¹⁷⁷ The “slackers”, were usually young, healthy men who did not enlist for war service or participate in the war effort and usually gained financially from remaining on the home front. The rivalry with the “slackers” had been a continuous theme throughout the war. Figure 6.12, illustrates this sentiment towards this group of men.¹⁷⁸ A speech made to returned soldiers by T. G. Jones, an ex-sergeant, was presumably misunderstood for stating that the Police Force was “a refuge for slackers”. In response, a short paragraph appeared on “A Slander?”, and thus this to-and-fro battle continued. Such grievances were amplified after the war, as in one article, “a Social Historian” and veteran, questioned what had become of those “dear fellows who did *not* go to war, just because they did not want to go?”. He continued that, “the slackers are alive and prosperous” and as far as he could discover “not one is doing badly.”¹⁷⁹ He continued to draw on the dissimilarities in the post-war chronicles between the slackers

¹⁷⁵ Anon., “Vryheid”, *The Home Front*, August 1928, 20.

¹⁷⁶ J. Lambert. “‘Their Finest Hour?’ English-speaking South Africans and World War II”, *South African Historical Journal*, (60), 2008, 71

¹⁷⁷ N. Roos, *Ordinary Springboks: White Servicemen and Social Justice in South Africa, 1939-1961*, 181.

¹⁷⁸ Anon., “News of the Month”, *The Springbok Blue*, July 1918, 53.

¹⁷⁹ Anon., “What has become of the Slackers? Investigations of a social historian”, *The Home Front*, September 1928, 11.

and the soldiers, since that was the “only” two camps that existed. The first difference was that the slackers had:

no wounds, no nerve affections, no wasted years, no opportunities of promotion lost, and no violent deaths...There are...no such stains as suicide, unfortunate marriages, unemployment or poverty....In 1914 he was poor; in 1918 he was not. In 1914 he ordered about only an office boy: in 1918 he had the power to give ex-soldiers the sack.¹⁸⁰

In response, the MOTHS preached mutual help as a form of remembrance. This took root in the erection of MOTH cottage schemes providing accommodation throughout the Union for needy or aged ex-servicemen *gratis* or at a low cost. Financial aid was also given in a variety of other forms, including educational bursaries to the children of fallen servicemen.¹⁸¹ The MOTHS also offered discounts for household goods, advertised in the *Moths' Shopping Guide* in *The Home Front*. Others who could not be lured by weekend kinship were attracted by phrases such as a “joy night” for the Vryheid Dugout where “Posh rations will be dished out”.¹⁸² Despite such marketing schemes, other ex-servicemen preferred to live independently of this fictional ‘comradeship’ in peacetime and thought it best to forget this period and rather to try to carry on as before the war, in a state of enforced amnesia. One such case was that of Joe Samuels, the last South African survivor of the Battle of Delville Wood, who survived into the late-1990s. As Nasson has written, “Sammy’s tale was that of an unusually isolated war veteran”, he had no desire to reconnect with other ex-servicemen; rather, an “infernal horror” of his experience had kept him from joining a veterans association and he had little desire to read literary reconstructions of that time. Instead, he wished to keep those experiences “locked up”.¹⁸³ A few months of war, a brief moment compared to a lifespan, later came to shape these men’s entire lives more than any other of their experiences.

Conclusion

The criteria for being an able-bodied man differed between the state and ex-servicemen. According to the state, the dismembered body could be repaired to restore male self-confidence and pride. However, ex-servicemen held a contrasting view of themselves, a

¹⁸⁰ Anon., “What has become of the Slackers? Investigations of a social historian”, *The Home Front*, September 1928, 11.

¹⁸¹ Anon., *Fifty years of the Memorable Order of Tin Hats, 1927-1977*, 5, 15-18; Anon., “A MOTH Chelsea Home. Transvaal Old Bill explains Scheme in Open Letter”, *The Home Front*, December 1928, 16.

¹⁸² Anon., “Vryheid”. *The Home Front*, August 1928, 20.

¹⁸³ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 202.

frustration that became further entrenched as society began to forget. The Springboks who had been praised as valiant patriots came to be distanced from the rest of the Union, and felt themselves having become mere shadows of their former selves. With the cessation of hostilities, the belief in returning to a better civilian life than before the war proved false. Some men once again battled with a claim to a masculine identity, even more so for those who suffered disfigurement. This was coupled with remembrance patterns that saw to the emergence of war memorials across the Union that served the ‘cult of heroes’ whereby only the venerated dead were enveloped.¹⁸⁴

With the outbreak of the Second World War, some of those who lived through the Great War, and knew its cruelties, felt like as if it was a case of *déjà vu* – they had seen it all before. Those who had had a personal connection with the previous world conflict remembered the wrecks that came home – gassed, mutilated, blind, shell-shocked, limbless, or otherwise damaged. With this came a reminder of inadequate welfare provision and the slow struggle to recover from a warped national life.¹⁸⁵

The end of the First World War saw the unveiling of a plaque to the fallen members of the Mountain Club of South Africa on Table Mountain in 1923, several monuments of the Somme commander, General Lukin, the Delville Wood Memorial garden in the Cape Town Company’s Gardens, the war memorial on ‘Frog Rock’ in Mosselbay, the inception of the Comrades Marathon,¹⁸⁶ and many other such reminders.¹⁸⁷ Yet there is not one known, permanent public monument in South Africa today acknowledging the sacrifices endured by its *survivors* of the Great War, a memorial to the living, who had also given the essence of their lives. Today, internationally, popular fiction such as that of Pat Barker, and film have pushed the “cause” of the returned World War soldier into public consciousness and discussion.

¹⁸⁴ See, K. Hagermann, “German heroes: the cult of the death for the fatherland in nineteenth-century Germany”. In S. Dudink, K. Iagemann and J. Tosh (eds.), *Masculinities in Politics and War: Gendering Modern History*, 128; T. Carlyle, *On Heroes, Hero-Worship, and the Heroic in History*, 34.

¹⁸⁵ Anon., *Holding their heads high: The Work of the National War Fund*, 4.

¹⁸⁶ See, J. Cameron-Dow, *Comrades Marathon: The Ultimate Human Race*. Johannesburg: Penguin Books, 2011; M. Alexander. *The Comrades Marathon Story*. Cape Town: Juta & Company Ltd., 1976.

¹⁸⁷ Anon., “Annual Service of Remembrance at the Memorial Dial”, *The Mountain Club of South Africa*. 27 February 1955. See, NAROM Archives, FA462, General JC Smuts, “Soldier, Statesman, Mountaineer”, 1945.

Yet, in the early twentieth century, the plight of often broken men was poorly understood. In many respects, as this chapter has tried to show, reintegration into post-war society with altered bodies and minds and the assumption of a new identity, was another kind of war. For those alienated ex-servicemen, the war continued beyond the dates, 1914-1918, emblazoned on war memorial plaques. The ex-soldier neither won this war nor did he endure it in the same way as he had done on the actual battlefield.

Postscript: The War Today

The year 2015 marks one hundred years since the conclusion of the German South West African campaign. South Africa, one hundred years on, remembers the war. Yet commemoration here stands in contrast to that of Britain, France and Commonwealth states such as Australia where it is a momentous occasion, spanning across different societal and governmental spheres. Within the British government, various Departments including Culture, Media and Sport as well as research and archival institutions such as the British Broadcasting Corporation (BBC), Heritage Lottery Fund and the Arts Council of England, have all been mobilised to commemorate this milestone in world history.¹ Entire nations have been drawn into paying tribute to those who sacrificed their lives during the First World War, as could be seen in August 2014 when lights across Britain were turned off for an hour.² It has even been feared that memorabilia from the war owned by collectors and inheritors have been underinsured as the value of such items have increased with the centenary.³ In South Africa, this centenary milestone has been reflected primarily in television programmes for the middle to upper-upper classes, owning DSTV and in newspapers such as *Die Burger*, *Rapport*, *Cape Times* and other online news agencies such as *Media24*.⁴ Such articles have also largely been restricted by only coinciding with significant dates, such as the outbreak of the war and the assassination of Archduke Franz Ferdinand on 28 June 1914.⁵

As stated in the general introduction, for the majority of South Africans pre-1994, the battle of Delville Wood in July 1916 is considered to be the only meaningful battle South African soldiers took part in during World War One. As Digby wrote in the early 1990s, “it appears that this is the only action to have penetrated the national consciousness.”⁶ This tradition commenced as early as 18 July 1917, when the first Delville Wood Day was

¹ Anon., “First World War Centenary”, *Government UK*, January 2014.

² T. Little, “Britain goes dark for WW1 tribute”, *Cape Times*, 5 August 2014.

³ R. Murray-West, “Centenary Sparks WW1 price war”, *Cape Times*, 21 July 2014.

⁴ Anon., “DSTV Highlights”, *Tonight*, 22 July 2014; Anon., “World War One From Above offers unique perspective on the First World War”, *Media News*, 21 October 2014.

⁵ A. Pretorius, “Twee skote eis uiteindelik 65 miljoen lewens”, *By*, 28 June 2014; L. Scholtz, “Twee skote en toe oorlog”, *Die Burger*, 28 June 2014; L. Scholtz, “Groot Oorlog 100 jaar later: Stert swaai politieke hond”, *Netwerk24*, 27 Julie 2014.

⁶ P. K. A. Digby: *Pyramids and Poppies: The 1st SA Infantry Brigade in Libya, France and Flanders 1915-1919*, ix-xi.

commemorated by a large crowd in front of the Town Hall in Cape Town.⁷ The Somme, and more specifically Delville Wood, was considered a sacred place for South Africans where white Anglo-Afrikaners not only stood united, but also with the larger British Empire world, and together fought back against German militarism. The prime importance of this pattern of understanding has been assumed by both soldiers and by military historians, pushing it into a large part of twentieth century South African military history, whilst simultaneously slanting the historical record.⁸ Articles on South African participation in the Great War have thus tended to continue to focus on this one battle.⁹ The famous battle was used by politicians and nation-builders in pre-1994 white South Africa, and it has reappeared thereafter as one of the ‘seven battles that shaped South Africa’ in 2006.¹⁰ Yet, with the turn of the century, Delville Day remembrance has gradually been slipping away with the passing of its veterans.¹¹ Similarly, some journal publications have considered significant smaller battles in other campaigns, thereby extending interest beyond Delville Wood, yet again at the expense of considering rather more general social aspects of the South African experience of the war.¹²

Alongside all this, the campaigns in German South West Africa and East Africa are often still forgotten or merely seen as footnotes to the greater history of the Great War. In February 2015, Dr Daniel Steinbach, from King’s College at the University of London, gave a seminar at the University of Pretoria, questioning “What remains of the First World War in East Africa?”.¹³ Even with the limited commemoration of the war on the African continent, it seems to be more concerned with the impact of the war on the domestic front than with the experiences of ordinary soldiers. Such themes are highlighted in commemorative newspaper

⁷ I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *Scientia Militaria*, (40), (3), 2012, 72.

⁸ See, I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *Scientia Militaria*, (40), (3), 2012, 73.

⁹ See, G. Genis, “Delville Wood: Eighty years July 1916-July 1996”, *South African Journal of Military Studies*, (26), (1), 1996, 4-18; R. Cornwell, “The South Africans in France, April-July 1916”, *South African Journal of Military Studies*, (7), (2), 1977; J. A. Lawson, *Memories of Delville Wood, South Africa’s Greatest Battle*. Cape Town: T. Maskew Miller, 1918.

¹⁰ See, G. Mills & D. Williams, *Seven Battles that Shaped South Africa*. Cape Town: Tafelberg, 2006; I. van der Waag, “All splendid, but horrible: The Politics of South Africa’s Second “Little Bit” and the War on the Western Front, 1915-1918”, *Scientia Militaria*, (40), (3), 2012, 73.

¹¹ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 247.

¹² See, R. C. Warwick, “The Battle of Sandfontein: The Role and Legacy of Major-General Sir Henry Timson Lukin”, *South African Journal of Military Studies*, (34), (2), 2006, 65-92; I. Van der Waag, “The battle of Sandfontein, 26 September 1914: South African military reform and the German South-West Africa campaign, 1914-1915”, *First World War Studies*, (4), (2), 2013, 141-165.

¹³ D. Steinbach, Paper “Heia Safari & The African Queen:’ What remains of the First World War in East Africa?”. Seminar at the University of Pretoria, February 2015.

articles that marked the centenary of the war last year.¹⁴ Post-1994, this tradition of remembrance has been altered under the guise of the new governing party, the African National Congress (ANC) and the democracy that gave voice to the majority black population. Thus, what remains of Great War remembrance are a few local stumps of First World War memory that have taken the form of dual remembrance. Emphasis on remembrance falls rather on more recent political history since present majority rule nationalism requires observance of more recent sacrifices to add to liberation struggle mythologies.¹⁵

While the South African government has recognised the historic 1914-18 event, this has, however, been limited largely to a few government officials attending events organised by other institutions, for instance, the commemoration of the Battle of Sandfontein held at Warmbad cemetery in September 2014. Cyril Ramaphosa and Nathi Mthethwa also travelled to France for the commemoration of the battle of Delville Wood in July 2014. Yet, this visit was more concerned with observing the re-interment of the mortal remains of one of the first South Africans to die in the war, namely Pte. Myengwa Beleza of the African Native Labour Corps.¹⁶ Remembrance Day was also acknowledged by A. T. Lovemore in the National Assembly on 11 November 2014 and, more specifically, in relation to the lives lost of those men on the SS Mendi.¹⁷

As with Delville Wood in earlier decades, the legacy of the war has, thus, become somewhat restricted in focus, with the centenary of the sinking of the SS Mendi in February 1917, or with minor battles that were associated with the sacrifice of Coloured infantrymen, such as the Battle of Square Hill fought by the Cape Corps on 20 September 1918 in Palestine. The sinking of the SS Mendi is commemorated annually with a wreath-laying ceremony at the Gamothakga Recreational Resort at Attridgeville, west of Pretoria.¹⁸ According to the MOTHS', this will also be the main government-sponsored event for the four year centenary to be held in February 2017, and might even include a visit by the Navy's SAS Mendi to the United Kingdom. Annual commemorative events connected to the SS

¹⁴ B. Nasson, "Vorentoe vir die verlede", *Netwerk 24 - Stemme*, 28 Desember 2014.

¹⁵ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 246.

¹⁶ Anon., "Ramaphose in France for WWI commemoration", *News24*, 5 July 2014; Anon., "Ramaphosa, Mthethwa to attend WWI commemoration", *News24*, 4 July 2014. [Accessed: 17 February 2015].

¹⁷ Anon., *Republic of South Africa-Minutes of Proceedings of National Assembly*, 11 November 2014, 2936.

¹⁸ K. Tsogang, "Annual SS Mendi Commemoration", *Department of Defence*, n.d. [Accessed: 18 February 2015].

Mendi from 2014-2018 will also be held in areas such as Soweto, Pretoria, Cape Town and Port Elizabeth as well as events remembering the Battle of Square Hill.¹⁹ The Department of Military Veterans and the University of Cape Town also held a memorial rededication and remembrance service to mark South Africa's Mendi heritage on 19 October 2014 on the campus of the University of Cape Town.²⁰

The republic of South Africa has continued to pay some tribute to the war dead through minor public participation in Remembrance Day events, with those attending bearing the traditional red poppy on lapels. The annual commemoration in Johannesburg, consisting of a Sunday Service to fallen soldiers held at the Cenotaph in Harrison Street, is the largest in South Africa and is also linked to Remembrance Day. Significantly, though, this event, along with others of its kind, do not focus on the First World War alone, but now rather, "honours all South Africans who made the supreme sacrifice for their country in all wars and conflicts, including the struggle for democracy". Through this, it supports the overall message of the current political agenda of "Unification and Nation-Building."²¹ The South African Post Office also issued a set of six ten-cent stamps and a commemorative envelope featuring war artwork by Hein Botha.²² Wider afield, individual citizens in their own capacity undertook pilgrimages to battlefield sites, such as that by D. Hoole, the National Chairman of the Gunners' Association of South Africa, who visited Sandfontein koppie in September 2014.²³ Meanwhile, at home, most efforts to commemorate the war have been undertaken by the MoTHs association, that not only include Remembrance Day events, but also the erection of visitors' information panels at cemeteries in both South Africa and in Namibia, and organising exhibitions with local institutions such as the Commonwealth War Graves Commission in South Africa and the National Museum of Military History.²⁴

Since the historical legacy of the war has generally taken the form of skewed remembrance, where it has been largely ignored by the government or has taken on one or

¹⁹ Anon., "SA Commemoration of WW1", *Moths*, 23 October 2013.

²⁰ Anon., "UCT to rededicate memorial to SS Mendi", *University of Cape Town*, n.d. [Accessed: 18 February 2015].

²¹ N. Modingoane, "30/10/2014: War centenary to be commemorated at the Joburg Parade", *City of Johannesburg*, n.d. [Accessed: 17 February 2015].

²² Anon., "Stamp Programme 2014", *South African Post Office*, n.d. [Accessed: 17 February 2015].

²³ D. Hoole, "Centenary Pilgrimage of the Battle of Sandfontein", *Department of Defence Reserves*, 26 September 2014. [Accessed: 18 February 2015].

²⁴ Anon., "SA Commemoration of WW1", *Moths*, 23 October 2013. [Accessed 19 February 2015]; B. Wiltshire, "Lest We Forget....", *District Mail*, 13 November 2014.

other form of dual remembrance, today it remains rather with veteran associations, such as the MOTHS, to still burn the torch for their past comrades. As Nasson has argued, it is possible to come to the conclusion that as armed hostilities and heavy loss of life never made an overwhelming impact on the history of South Africa in the Great War, by extension this can be seen to have affected the scale of remembrance.²⁵ Consequently, what remains of the legacy of the Great War in South Africa, are “a few rapidly vanishing gossamer threads”, despite, as this thesis has set out to demonstrate, everything that the South African Springboks endured one hundred years previously.²⁶ Trying to understand the impact of that war on the individual lives of those who made up the Union of South Africa’s main fighting force is part of a remembrance that is historical, rather than one which is political or part of a constructed national symbolism.

²⁵ B. Nasson, “Vorentoe vir die verlede”, *Netwerk 24 - Stemme*, 28 Desember 2014. [Accessed: 20 February 2015].

²⁶ B. Nasson, *Springboks on the Somme: South Africa in the Great War 1914-1918*, 247.

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(1/PMB) Magistrate Office Pietermaritzburg, Natal

(CNC) Commissioner of Native Affairs

(MSCE) Master of the Supreme Court

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(BAL) Agent for the Union of South Africa, Lourenço Marques (1910 - 1936)

(BNS) Secretary of Home Affairs (1899 - 1973)

(GG) Office of the Governor-General of South Africa

(MNW) Secretary of the Department of Mines and Industries (1902 - 1950)

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- (OC) Officer of the High Commissioner for the Union of South Africa
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- (WOI) South African Infantry Brigade
- (WW1 ISD) World War 1 Imperial Service Details
- (WWI GEA) World War One – German East Africa
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