

WAR-TIME HOMŒOPATHIC EXPERIENCES IN THE AIRBORNE CORPS

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This is an account of some of my experiences, both medical and military, during the spring and summer of 1944, the year of the invasion of France. Throughout these months I frequently prescribed homœopathic medicines. In this paper some cases are described and, at the same time, an outline has been sketched of the circumstances in which I found myself.

In March of that year I completed my parachute training and immediately afterwards reported in Scotland to the 1st Special Air Service Regiment. Trained to operate, in uniform, behind the enemy lines they already had a long and colourful record of achievements in the desert, Sicily and Italy. When I joined them the 1st S.A.S. was under the command of that brilliant Irishman Colonel R. B. Mayne, who had both organized and led some of the most daring raids carried out during the North African campaign. By the end of the war he had been awarded the D.S.O. and three bars.

Although during the ensuing six months, usually enjoying the comparative safety of an operational base, I was not to experience the extreme hazards of the officers and men, I did share in some of their risks. A foretaste of these had been the parachute training; this had proved, as anticipated, to be both exhilarating and frightening. I had found myself at a secret training school for men and women agents; on my parachute course there were about a dozen of us of different nationalities. During the first few days we were taught the elements of jumping. We became familiar with parachute harness, as it is called, learning how to put it on correctly and how to release it quickly. There was a full-scale model of an aeroplane floor and we practised sitting on the edge of the big circular opening, our feet hanging into what looked like a huge bucket, except that it had no bottom. On the word of command we would jump through the hole, attempting to assume the correct position, standing momentarily to attention, before landing on

the thick gymnasium carpets placed a few feet below. Having mastered this, we repeated it from a platform some twenty feet higher but this time in harness and attached to a rope controlled by a windbrake which effectively softened our landing. Even jumping like this demanded some self-control. When a friend of mine had been doing the same thing, some time previously, the rope had snapped as he was coming down—he spent several months in plaster.

Having gained some confidence in these gymnastics and learnt how to do a roll-fall we were taken to an aerodrome to make our first proper descent from a Whitley. Although this was worrying enough there was something worse to come—the balloon jumps. As you rise slowly in the small, open, railed cabin—called “the cage”—under the belly of the balloon, moored by a cable to the control-car on the ground, the impression of increasing height is unpleasantly vivid; and then from a stationary start the time taken in falling for the canopy to open is appreciably longer. Finally, there is no guarantee that it will open at all. The standard joke, of course, is that if it doesn't you can always take it back to the makers!

As four of us trainees went up by balloon for the first time, our instructor, who was to lead us down, asked the “despatcher”—the man who gives the orders—whether he would be jumping too: “Yes”, he replied, “I shall. This will be my 450th descent and”, he added with a wry smile, “I still don't like it.”

My first Medical Inspection room was in a small house in the village of Darvel, near Kilmarnock. A sick parade took place every morning during the course of which one usually saw a variety of minor complaints the majority of which could be dealt with by prescribing the ordinary medicines provided by the Army, by short periods of rest or a combination of both. At first I confined my homœopathic treatment to those cases which had not responded to ordinary methods, even after being referred to specialists.

One morning, early in May, a trooper came to see me about his sprained knee. Whilst examining the joint my attention was arrested by the ulcers upon the backs of both his

hands. The soldier seemed reluctant to discuss this condition but, by persisting, I learnt that whilst in North Africa he had developed what were known as "desert sores". He had been much troubled by this complaint during the previous twelve months and had had various prolonged treatments under specialist dermatologists. It was understandable that he was not enthusiastic now to start a course which, he thought, would involve numerous fruitless attendances at my sick parades. It was with some difficulty, therefore, that he was persuaded to take away a small box of tablets of *Hepar sulphuris* 6; I prescribed one to be taken morning and evening. During the course of a busy morning there had been no time to obtain more than the most superficial picture of this condition but the fact that, in this case, every little injury to the back of the hands was liable to suppurate, pointed to this remedy.

When next I saw this man, a fortnight later, it was not in the formal atmosphere of a sick parade. We found ourselves sitting on a bank one night taking part in an exercise the main object of which was to get past the guards on an aerodrome and place objects representing time-bombs on the wings of air-craft. This type of operation had, in North Africa, become a speciality with men of the S.A.S.; small groups in Jeeps would penetrate deeply into the desert, arrive at night on the outskirts of an enemy aerodrome hundreds of miles behind the main fighting, and then proceed quietly to unload fused explosives down several lines of aircraft; this was often done without arousing the suspicions of the guards. It was Bill Fraser, later to command "A" Squadron, who held the highest score in this game. One night he planted explosives on the wings of thirty-eight machines, and later, from a distance, he was able to see them all explode in flames.

But returning to the trooper with the "desert sores", whilst discussing his complaint that evening he told me quite frankly that with his earlier experiences in mind he had almost thrown the box away; since most of his previous treatments had involved elaborate daily dressings, he couldn't see what a few tablets were likely to achieve alone. He had, therefore, been all the more surprised when, within a few days of starting the

course, the ulcers began to look more healthy. He now found that, after two weeks, his hands were better than they had been for months. He continued taking the medicine for a further fortnight after our discussion and at the end of this period every ulcer had healed.

Later that month one of the officers came in to consult me. He complained of a sharp pain on inspiration over the diaphragm. Although the physical signs were negligible I found that he had a slight temperature and advised him to return to the mess where he could be kept under observation. He preceded me back to the house and, on the way, had such a severe attack of pain and vertigo that he all but collapsed on his motor-bicycle. Later in the day his temperature rose to 103° and, on examination, he exhibited signs of a dry diaphragmatic pleurisy. This picture with heat, a dry mouth, thirst and pain worse for movement suggested *Bryonia* and I therefore gave him six doses in the 30th potency, one to be taken three-hourly. The following morning the temperature had fallen to normal and by the evening he had no further signs or symptoms. I made him rest for two more days and then took him over to a hospital for X-rays. But nothing abnormal was found and both the chest specialist and the radiologist seemed to be rather mystified by the clinical history. I did not tell them what sort of medicine the patient had been given.

It was during May, whilst we were still in Scotland, that the major commanding the Headquarters Squadron asked me if anything could be done for his sergeant-major. This man had contracted benign tertian malaria in Sicily fourteen months previously. He had continuously been under treatment since then culminating in a visit, earlier in the year, to a hospital specializing in tropical diseases. Whilst there, he had been given two intensive three-week courses of the most recent anti-malarial drugs. Despite this he had made no progress whatsoever; indeed his general condition appeared to have deteriorated as a result of the toxic side-effects of the medicines. It was then decided that it would be best for him to wait some time before a third course were prescribed. He was therefore temporarily discharged and given a large bottle of quinine

tablets with which to meet the rigors which plagued him regularly every three weeks.

When I first saw this soldier it was immediately apparent that he should not have been returned to the regiment. But the sergeant had a fine record and he had come back at the express wish of the colonel. A quiet sedentary job had been allotted to him and this was as much as he could do. His complexion was sallow, he had neither appetite nor energy and he had continuous pain in his enlarged spleen. Until the time of his illness he had always enjoyed exceptionally robust health. A keen athlete, he had gained a considerable reputation in the Brigade of Guards as a heavy-weight boxer. But for some months now he had found that short walks lasting not more than twenty minutes were all he could manage; if he went further he had bouts of nausea. He had an idea that if, as he said, he could only "sweat it out" he would feel much better. It was for this reason that, two days before I first examined him, he had attempted to play football; but this had soon ended in complete failure; within five minutes he was forced to retire due to a severe bout of vomiting.

The three-weekly rigors, which usually came on at about 1 o'clock on five consecutive days, could, he had found, be mitigated to some extent by taking quinine. On the other hand he was convinced that this medicine was to blame for the increasing malaise he suffered between bouts.

After carefully considering various medicines I finally chose *Natrum muriaticum* because of the patient's weakness and weariness, the general depression, the sallow complexion and the painful and enlarged spleen. This choice was also confirmed by the knowledge that this remedy had often been found helpful in cases of malaria which had previously been given much quinine. I prescribed six tablets of the 200th centesimal potency, one to be taken morning and evening for three days. In order to avoid any psychological boost, which would inevitably have been followed by a period of depression, I made a special point, whilst talking to the man, of minimizing the possible effects of the new medicines and nothing was said to suggest that there was anything unusual about them. I explained

to him that if at the end of a month there were any general signs of improvement, however small, this would be encouraging. When, therefore, some four days after finishing the tablets the sergeant-major came to report that the pain in his spleen had gone I was rather annoyed with him; it seemed utterly absurd to expect such an effect in so short a time. I concluded that, despite my cautious prognosis, the unfortunate man had invested the tablets with some magical properties. I therefore told him that what he was experiencing was only a normal fluctuation in his illness and that the pain would doubtless return. He left me looking rather crestfallen.

A week later he attended a medical parade for T.A.B. injections. When his turn came he took the opportunity to inform me that the pain had not returned and that he was feeling a little better in himself. The man was obviously incorrigible.

About ten days after this a message came to say that the sergeant-major had gone to bed with a rigor. Upon visiting him in a village house I was worried to see how ill he was. Running a temperature, he was perspiring profusely and had been vomiting; he was very restless and answering my few questions seemed to demand considerable effort. He expected the bout to last five hours. Another sergeant, a close friend of his, was there; this man had looked after him during numerous previous attacks and he was able to furnish me with additional details. He said that the rigor was more likely to last six hours, that the patient wanted to sip cold water and that if he took some quinine at this stage it usually diminished the violence of the attack. So far no medicine had been taken.

The situation with which I was now faced caused me no inconsiderable anxiety. The man was much worse than I had anticipated. By giving him quinine it was clear that the rigor would be controlled and this was after all the recognized treatment. If, whilst taking the homœopathic medicines, his condition were to deteriorate I might have to face grave charges of negligence. After some moments of hesitation I decided to disregard the large blue bottle of quinine on the mantelpiece and prescribe *Arsenicum album* 200. I gave him one tablet at once

and left instructions that a further two doses should be given to him at half-hourly intervals.

In retrospect I don't recollect worrying over the case during the next few hours. But we were at that time undergoing exceptionally intensive training in preparation for D-Day and, doubtless, one worry blotted out another. Walking through the village late in the afternoon I met the second sergeant. Upon my enquiring about his friend he said: "That medicine you prescribed to-day, sir, must have been very strong!" It transpired that about two hours after my departure the rigor had stopped and the sergeant assured me that he had never seen so short a bout.

This was the last attack the sergeant-major ever had. Within a few weeks, and without further medicines, he had completely recovered. He has had no recurrence of symptoms during the past ten years. Only a few days ago, meeting him at a regimental reunion, I had the opportunity of confirming this.

The period of military operations began for me on the night of June 21st. Being now attached to "A" Squadron I had moved down south a week before to a transit camp situated beside an aerodrome in Oxfordshire. The atmosphere here was tense as, weather permitting, parties from different squadrons would leave by night to be dropped into various regions of German-occupied France. Our own advance party had already landed and, favourable reports having been received by wireless from them, we had to wait several days for suitable weather conditions. Four nights before we left one of the planes carrying sixteen men of another squadron, in addition to the R.A.F. crew, had completely disappeared; two nights later another plane left but, somewhere over the coast of Normandy, it was hit by an anti-aircraft shell which so severely damaged one engine that it had to turn back and only just managed to cross the Channel again.

But on the night our plane left we were more fortunate. Airborne shortly before 11.30 we avoided the route taken by the damaged machine and, as a result, it was not until after 2.15 that the ground flares were sighted, some 70 miles west of Dijon. Parachuting had proved to be a nerve-wracking expe-

rience and it was not a thing to which I usually looked forward. But on this occasion the circumstances were quite different. The long, uncomfortable and bumpy journey made most of us feel rather sick and there was, we knew, the possibility that we might offer an easy target for any night-fighter that got on to our tail. It was therefore almost with relief that I heard the orders to stand by for jumping. A long trap-door was opened near the rear of the machine; No. I was ready beside it awaiting the signal and the rest of us stood in a line behind him. "Action stations! Go!" As the man at the head of the column jumped the next one took his place, the rest of us moving forwards. I came ninth and I remember standing for a moment on the edge of what looked like a bottomless black coffin. Then I jumped. Immediately there was a tempestuous rush of air mingled momentarily with the roar of the engines from which, in the body of the machine, we had been protected. I turned head over heels in mid-air; then my parachute opened and I found myself gliding peacefully down in the stillness of a starry night. At once I set about freeing the heavy bag which was tied with thongs to my right leg. This needed care as the bag had to be released first and then lowered slowly on the 20 ft. rope, the other end of which was tied to my belt. If this were done too rapidly the rope would snap. Mine weighed 80 lb., having been packed to hold as much as possible, there being no certainty when fresh supplies might reach us. As well as clothing and enough concentrated food for a week we also carried escape kit; I had in addition some surgical equipment, two dozen homœopathic remedies, Clarke's *Prescriber* and Bœricke's *Materia Medica*. "Pointers to the Common Remedies", by Tyler and Borland, were packed separately in a wicker medical pannier and were dropped for me, with other equipment, elsewhere that night. Whilst letting the rope out I was attempting to see whether the misty shapes below were fields, water or trees. After a few more seconds two things happened in quick succession. First, I realized that the rope was no longer taut and this made me think that the bag had gone; a split second later I hit the ground with a thud and rolled over. Not having assumed the correct landing posi-

tion I was much relieved to discover I had not suffered so much as a bruise or sprain. I stood up and undid my parachute harness. No one was in sight but after walking a short distance, a .45 Colt in my hand, I found five of the party. It was not for some hours that I discovered that out of sixteen men one had sprained his ankle severely, another, landing on a cottage roof, had rolled off hurting his back ; and the third, having failed to release his bag in mid-air, had landed heavily with it still stuck to his leg and had fractured both bones beneath the knee.

At dawn, after carefully hiding the parachutes, we made our way as prearranged to a small hamlet and from there were taken to our first forest camp, near the village of Vieux Dun. On the way I learnt of the unfortunate man who had broken his leg but my anxiety as to how to deal with him, my first major problem, was considerably allayed by learning from the chef of the local maquis that, not far away through the woods, on the edge of a clearing there was a large country house, the Château de Vermot, which had a dozen beds and a few women ready to nurse any casualties. I was particularly relieved to hear that a young Parsian surgeon was working for the local maquis camps and would be prepared to help me. I therefore asked that a message be sent to him at once to meet me at the country house to which the three injured men were then taken. Later that afternoon I assisted the surgeon, M. Martel—this was his *nom de guerre*—to set the leg ; this he did most skilfully without the confirmation of X-rays. When he and another doctor stressed the constant difficulties they had to surmount without such apparatus I decided to see what would happen if, in my first report back to England by wireless, I raised the subject of having a machine dropped. Some while later when opening the first medical pannier containing fresh supplies I found a terse note from the Senior Medical Officer in England which said : "I would remind you that the equipment for a small field hospital weighs over 600 tons." But it was I who had the last laugh because, soon after this, he heard that the Americans had made some X-ray machines so designed that they could be landed by parachute. He made every effort to obtain one but could not do so in time,

But we were not to enjoy the amenities of the château for long. Whilst the house stood on the edge of a fair-sized clearing in the forest, the nearby maquis camp lay hidden some half a mile to the north behind it. An attack by the Germans had been expected and it came a few days after our arrival. I had been over to see the injured men one morning and had stayed on to lunch. Sitting out on the terrace afterwards talking to a Frenchman and a British agent I had speculated upon what would have happened had a party of Germans appeared on the road winding towards us across the clearing. I was told that there were outposts guarding this approach. Soon after this I left for our camp about a mile away. An hour later the first of some 900 Germans appeared on the road south of the château. One of our injured men later told me that the first he knew of this was when machine-gun bullets smashed the windows and spattered the ceiling. The small staff of two men and three women were just able to evacuate the wounded into the woods at the rear of the château before the first mortars fell. Fighting went on for some hours during which time the enemy attempted unsuccessfully to penetrate the forest in order to drive out the 300 French. Although we only numbered about 40 at that time we were asked to help. One of our small parties was particularly successful in ambushing and wiping out a column of 50 Germans. At the end of the day none of our own men had been killed. I recollect attempting after dark, and assisted by Fraser McLuskey, our doughty padre, who held the torch, to locate a bullet lodged in one man's neck.

After dusk, not being sure whether our whereabouts were known to the enemy, we moved camp. The following night we moved on again to within a short distance of the village of Mazignen. For some days we lived in considerable discomfort. As it was expedient to lie low following the battle near Vermot no contact was made with the peasants though their food would have been most welcome. The weather precluded air supplies and we lived on our emergency rations; these consisted mostly of biscuits, tea and chocolate. This simple fare made us feel very depressed and the fact that it rained

almost continuously made sleep both damp and unrefreshing. Many of us developed boils.

On July 5th we had our first supplies by air. I shall never forget that calm, clear moonlit night. It was not possible to see the aircraft, as they showed no lights, though the drone of the engines indicated roughly where they were. Then suddenly four brilliant white spots appeared high above us which seemed to open up like flowers : they were huge parachutes. Clustered together, they floated down gracefully supporting what at first looked like small black boxes. It was the first time many of us had seen Jeeps in mid-air.

Well into the night we worked collecting the supplies. Not infrequently a parachute would come down over a tree and it was essential that it be removed—if necessary by cutting down the entire tree—to avoid leaving any suspicious signs by day. The heavy "containers", as they were called, were taken away on carts drawn by sturdy oxen.

(To be Continued)

—The British Homœopathic Journal, Jan., '56

The wisdom of the Gospel words becomes manifest which addresses the men who are to be the teachers and spiritual helpers of humanity :

"Ye are the salt of the earth."

—*Health & You, Sept., '56*

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The next day, having slept for about an hour, a small convoy of three Jeeps set off to our second camp, close to that of the Maquis Bernard, 20 miles away. I went with them to examine their medical problems. Provided we kept to the smaller roads the journey was considered reasonably safe ; also, on that day, we had reports that no German patrols were around. Unfortunately, nearing our destination, the driver of the Jeep in which I was miscalculated a corner, the car skidded sideways and completely overturned. Momentarily dazed I came round to find myself lying by the road close to the third man, who was in considerable pain. My fears that he had ruptured his bladder were later confirmed. The man was carried carefully into the nearby woods to the Maquis Bernard where he was kept under observation. This accident could hardly have been more ill-timed. We no longer enjoyed the simple but effective facilities of the Château de Vermot and the

Maquis Bernard were expecting an attack from the Germans. Were these to come in any force it might have proved impossible to evacuate the stretcher cases. The consequences of capture were so hideous that the French discussed whether, if the camp were broken up, it would not be better to shoot these men. But the night passed uneventfully and the next day Martel and I were able to move our cases to the Maquis Jean's new camp, near the village of Le Meix de Chalot. A small cottage had been cleared for the wounded and, upon arrival, in the most primitive circumstances, we operated on the trooper with ruptured bladder.

A week later we, too, moved our base-camp nearer to Le Meix de Chalot, separated from the Maquis Jean by the ridge of a long hill. The next day a tent was sent out to me from England. This was a very great improvement on the improvised shelter I had recently used consisting mostly of some branches standing against a rock.

For some time everything went smoothly at our camp; the weather remained good and a night we often had supply drops. Every day I would walk over the hill behind us and visit the troopers who were being well cared for by a handful of women some of whom, newly arrived, had had proper training as nurses. Among our own men we had a mild epidemic of diarrhoea which responded either to *Arsenicum album* or *China officinalis*. One trooper had an infected finger which had to be incised and drained.

On July 20th I went over again in a small three-Jeep convoy to our second camp near the Maquis Bernard to make arrangements for some wounded men who were being attended by a maquis doctor. We spent the night there. Our return trip next morning was planned to begin immediately after an early breakfast. The officer in charge became impatient when my final discussion with the Frenchman detained us by half an hour. Our delayed return by even so short a time would have caused anxiety at the base-camp; for it was known that German patrols had been active since two supply planes had collided some nights before crashing in flames close to our main "DZ", the dropping zone. Travelling by car was not made

more enjoyable by the knowledge that we might run into a road-block. I can still recall that particular trip most vividly. It was a beautiful fresh summer's morning and the brilliant colours and refreshing scents made it a keen pleasure to be on the move so soon after dawn. On the other hand the twisting road and wooded hills made one apprehensive as to what might lie round every corner. At the back of the leading Jeep, I was responsible for the rear Vickers machine-gun. The officer in charge of our small convoy, sitting beside the driver, had both hands on a double Vickers, his fingers on the triggers. This very lethal weapon moved on a pivot and he swung it round to cover each approaching corner.

It was only when we had got into the centre of the village of Mazignen that we realized the street was completely deserted. When we drew up a peasant came out of a house. He told us that we had been most fortunate. Only some 15 minutes previously a patrol of 50 Germans had moved out in lorries after staying one hour to cross-question several people. During this time they had posted road-blocks with Spandau machine-guns covering the approaches. It was agreed that but for the fortunate unpunctuality of the doctor the convoy would have run into a most unfriendly reception.

That evening our high spirits were dashed by the news that a Jeep, which had left the previous day to make a reconnaissance for a site suitable for a third camp, had run into an ambush. The officer and a trooper had been killed but, though the engine stopped, two of the men had managed, due to great skill and audacity, to escape.

Three days later we were much heartened when a small party on bicycles successfully derailed two engines and ten trucks.

Before being dropped into France I had not visualized myself building up a small country practice but this, in a limited way, I soon found myself doing; and with a fair degree of safety. It is true that once was much safer in the woods, but nevertheless we soon learnt to sense danger when approaching a village on foot. The Germans sent out mobile patrols but at the first sign of one the villagers would quickly get their

children and smaller animals indoors. A silence would thus descend upon the place and it could be felt some distance away.

Towards the end of July a young Frenchman came to our camp, having heard that there was an English doctor there. He asked me if I would accompany him back to a hamlet a short distance away in order to see his wife whose baby had been born seventeen days previously.

On reaching the house I found a young woman looking pale and exhausted. She was clearly developing two mammary abscesses, one in each breast; but though the swellings were the size of an egg and the overlying skin was discoloured I could elicit no definite signs of fluctuation. The unfortunate woman had been in considerable discomfort for four days and nights, throughout which time she had had no sleep. On both sides it was the axillary lymph glands which were the main seat of pain. Though an incision seemed premature I decided to attempt drainage on the right side, if only for psychological reasons. This minor operation was carried out successfully with a local injection despite the fact that the patient's sister, who had offered to assist me, collapsed in the middle. A little pus had formed in the centre of the mass. Having left a drain *in situ* I dressed the wound. In my surgical haversack I had included a few homœopathic remedies and from amongst them chose *Hepar sulphuris* 6, one tablet to be taken every two hours. It was my hope that this medicine might promote supuration so that an incision could be made on the left side the following day.

Some six hours later I returned to see the patient. Her general condition appeared to have improved and she complained of less pain. The following day I went over again prepared to make the second incision. Examining the right side it was pleasing to find that a considerable amount of pus had come away. But what was very surprising was that the pain had almost disappeared from the left side, too, the side which had not been opened. The lump here was still very hard and the skin discoloration pronounced, but the patient assured me that the severe pain in the left arm-pit had started to subside within a few hours of my first visit. In the circumstances it seemed

wise to postpone the second incision for a further day or two. In the meanwhile she was to continue taking the tablets.

During the next few days the right side went on draining satisfactorily. But at the same time an unexpected thing happened: the mass in the left, unopened breast began to diminish in size and it was not long before it had returned to normal, the skin regaining its natural colour.

On one of my subsequent visits to the hamlet the young husband gave me a present. The things he offered sound modest enough now, but in occupied France in the summer of 1944 they were much sought after: a small bottle of brandy and three fresh eggs.

Soon after dawn, on August 3rd, one of our outposts gave the alarm that a German patrol was about 500 yards away coming along the stream which passed through the camp. I remember dressing at great speed and deciding that if there was not enough time to get everything on I would at least make sure of my trousers and boots. In almost no time Bren-gun teams were posted, hidden by the trees and foliage, facing the direction from which the patrol was expected. Plans were instantly made for an emergency evacuation through the woods behind us. But again we were fortunate. A few hundred yards down the stream the Germans turned off and climbed the hill behind us which separated us from the 300-strong Maquis Jean camp. A battalion had been sent to force the French out of the neighbouring valley. Most of that day we lay low not knowing from which direction to expect an attack ourselves. During this time some hard fighting was taking place over the hill.

Although they held their position, the French decided the following morning to move the wounded to our camp. Those who could not walk had to be carried on stretchers. All arrived looking exhausted and bedraggled. Among them was a young German prisoner of nineteen who had been shot through the chest. I was surprised that he had managed to make the climb. In view of his serious condition I put him in my tent where he lay on a simple bed composed of crumpled parachutes. His lung had collapsed and with the now even more restricted facilities at my disposal I did not think he would live.

For a few days the French doctors, the nurses and I tended the wounded under improvised shelters. Once the German threat of any further attack had passed it was possible for the injured to be moved by road out of the danger zone to a quieter place near the Lac de Settons. But having during this time looked after the German boy, Rolf Brinkmann, I asked the French if I might keep him, the fate of prisoners on either side being very uncertain. My request was granted.

Shortly after this it became clear that the stretcher cases could not be adequately cared for in the new house to which they had been moved. The man whose bladder had been ruptured in the Jeep accident was making steady if slow progress, but he was still in need of constant attention. A plan was therefore set afoot to arrange, if possible, for a night evacuation by air of some half-dozen serious cases. The R.A.F. needed special reports upon suitable landing sites and, as he had taken the necessary course of instruction, my brother Robert—also in the S.A.S.—was dropped a few nights later. But though a good site was found, conforming to the requisite standards, the whole plan had later to be abandoned. The project could only have been carried out on a clear moonlit night in the absence of German patrols. But either the area was clear of Germans and the sky was clouded, or the moon was out and so were the patrols.

During the rest of August everything went smoothly at our base-camp. With the successful sweep of the allied armies across Northern France the position of the German forces further south, where we were, was becoming increasingly insecure. At first we had avoided the main highways, keeping to the country lanes; it was now the Germans who used the smaller roads.

Although my own men had been evacuated with the French wounded from the cottage in the next valley I continued to make frequent trips on foot to the Maquis Jean either acting as interpreter or carrying messages between the two camps. I must confess that I welcomed my visits there not only to see the French, with many of whom we had become close friends, but also to enjoy the meals which were always most hospitably

proffered. We depended to some extent upon airborne food supplies, but as they lived exclusively off the land and captured enemy convoys, the standard of their cooking and the variety of the food varied directly according to the success of local hostilities.

This quieter period enabled me to devote more time to Rolf. For some days his condition was critical. I can clearly remember aspirating a considerable quantity of fluid from his chest one day, grateful for the assistance of my brother; for throughout this operation my medical orderlies were elsewhere. We learnt later that one of them had been captured with a party of some thirty men: all were shot.

On the 25th a Frenchman, a motor-mechanic by trade, sought shelter with us. He had just escaped for the second time from a local German prison. After being captured following his first attempt he was warned that next time he would be shot. Upon escaping again he hid for some hours in a water-logged ditch. As a result, when he was first brought to me, he had a severe headache and a temperature of 103° . Since he was definitely worse for movement, and in anticipation of the development of pulmonary complications, I gave him a few doses of *Bryonia* 30. A simple bed was constructed for him similar to that made for Rolf, consisting of a framework of young saplings, the intervening space cross-hatched with parachute rigging-lines. Though the following day his headache had gone, he was still feverish and by the evening had developed a severe quinsy; the tonsils were covered by a white integument and his neck was both very painful and swollen. Whilst deciding upon a suitable remedy I observed that even to put one hand outside the blanket made him feel generally worse. For this reason I chose *Hepar sulphuris* and gave him a tablet of the 200th centesimal potency; during the night he took a second one. On waking the following morning I was displeased to see the man up and dressed. Rather brusquely I asked him just exactly what he thought he was doing. "But", he explained, "I feel perfectly fit!" On examining him I was more than surprised to find that his temperature was subnormal and that the white exudate on his tonsils had completely disappear-

ed. The mechanic was as amazed as I was. He told me that he was prone to throat infections of this kind and that usually the severe phase lasted five or six days. Expecting a rise of temperature in the evening I made him spend the rest of the day quietly. But he made an uninterrupted recovery.

By the end of August our plans to evacuate the more severely wounded back to England by air had to be abandoned. But I was becoming increasingly anxious about these men at, at the Lac de Settons, the nursing facilities were less satisfactory than they had been before. But the military position continued to improve and another solution presented itself. The advancing allied armies had swept south and east from Normandy; Paris had been liberated and we heard that there were Americans less than a hundred miles to the north of us. It was not therefore impracticable to consider moving the wounded by road to allied held territory. The officer commanding "A" Squadron agreed to this plan and on September 2nd four of us set off in a requisitioned civilian car on a reconnaissance. Moving out from our district presented certain difficulties but it was becoming daily easier as the Germans were increasingly preoccupied with their retreat before the armies coming up from the south cut off the route through Dijon. We motored north without incident and on the second day found a field hospital about 50 miles south of Paris where they immediately agreed to accept the wounded. Once these arrangements had been completed we motored back across the lines.

Three days later I collected the men from the Lac de Settons and, in a small convoy of three civilian cars with an armed Jeep for protection, moved north again. I drove the worst case myself and was thus able to gauge how fast he could comfortably travel on roads which were often far from smooth. We reached the hospital safely on the second day and, having left the wounded there, the rest of us went on to Paris for the night. Having been liberated only a fortnight before the people were still in the midst of celebrations despite every kind of shortage. Supplies of electricity were so low that the lights in the hotels only went on faintly for half an hour round 10 o'clock.

The following day we set off south once more. Before leaving the American zone we stopped in the village of Chablis and were not allowed to proceed until we had adequately sampled the excellent wines. We then crossed the lines, this time more cautiously than before, as we had had several warnings of German road-blocks protecting the east-bound convoys. I must confess that it was with considerable relief that I got back in the evening to our camp in the woods.

The last few weeks had been particularly pleasant. A field telephone had been installed in my tent and this considerably increased our security as our patrols on reconnaissance could ring up from the local towns or villages and give up-to-the-minute reports on enemy troop movements. Rolf had made so much progress that where before I had devoted much time to looking after him it was he now who attended to my comfort. It was a paradoxical thing to have a German batman working for one in an English camp in German-occupied France.

The operation was now drawing to a close. Soon after my return from evacuating the wounded we all moved west to Cosne on the Loire. A week later I found myself spending a few enjoyable days in Paris. It was here that I learnt that it was not permissible for one to keep a private prisoner. I therefore reluctantly gave him over to the proper authorities. Not long after the end of the war I received a very grateful letter from him with warm greetings from his parents.

In October I was back in England on leave.

The PRESIDENT said he had seldom seen an audience look so engrossed and fascinated as they listened to an address. It was a compliment to Dr. McCready. He then invited questions from the audience.

DISCUSSION

Dr. LAWRENCE asked whether Dr. McCready had managed to get fresh supplies of homœopathic medicines sent out to him, or had he been compelled to make do with the supply he took with him.

Dr. MCCREADY replied that he had not thought it advisable to inform the Army authorities what he was doing in re-

gard to homœopathic treatment. He had therefore made an arrangement with his brother to send him supplies.

Dr. J. C. MACKILLOP said he envied Dr. McCready being able to use homœopathic remedies in his Army career—he himself had not been so fortunate.

One or two points of general interest occurred to him with regard to the North African campaign. One was the use made of sulphonamides on application to wounds. That illustrated a point which became very clear there—that no matter how drugs were tested out in the ordinary way at home the reaction when they were administered to large bodies of men under active service conditions might be very different from the reactions which had been reported by research chemists and in the research hospitals. Sulphonamides were a case in point. When used as a powder for dressing wounds it was soon obvious that large numbers of the men had the most violent reactions. So much so, that the use of sulphonamides in powder form for dusting wounds was largely given up.

Another example of a similar type was the use of mepacrine as a prophylactic. When that was first started in the First Army in North Africa there developed the most alarming epidemic resembling gastro-enteritis. That result had only been recorded in sporadic cases when the drug had been tested out at home, and in stations abroad, but when it was administered under the conditions existing in North Africa to large bodies of men most alarming reactions had occurred. So much so that at one stage in the British North African Campaign over 82 per cent. of the Army were either in bed or on their backs. Fortunately the enemy did not know what the situation was at that time. The reactions did not last very long, but they were most alarming while they did.

Another interesting point which occurred was in the treatment of Bilharzia infection where nobody knew very much about the treatment for tropical diseases. As a matter of interest there were two text-books used and one of them gave a percentage of dilution of antimony-sodium tartrate for intravenous injection of 1 in 10. Another book gave a percentage of 1 in $2\frac{1}{2}$. One hospital adopted the 1 in $2\frac{1}{2}$. As a result of

that the most violent reactions of instantaneous thrombosis occurred in the veins into which it was injected. It was then decided to increase the dilution to 1 in 10 after which no further reaction occurred.

Another interesting point was that even in a healthy and fit population, as in the army with young healthy men, it was amazing the wide variety of medical cases that occurred. He wished to conclude by saying once more how fascinated he had been by Dr. McCready's paper.

Sir JOHN WEIR said it was a paper for admiration rather than discussion. He had been delighted by the paper, which he had thoroughly enjoyed.

The PRESIDENT agreed with Sir John Weir that it was a paper for admiration rather than for discussion. He had himself had some experience of medical treatment in the army, as a registrar in the emergency military hospital, and, as Dr. Mac-Killop had said, it was very difficult to introduce homœopathic treatment or any unusual treatment there. After that he had been attached to administrative positions, and there he had had free action and it was a great pleasure to be using Homœopathy with gratifying results. That was the way of life. The more one had to do with officialdom, and the more one had to deal with experts, the less one seemed to advance. That night they had had to deal with the most unusual kind of expert—a very brave man—and he asked him to accept their warmest thanks.

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