

only received their cipher training as operations proceeded. This involved a great strain on all the trained cipher personnel who worked tirelessly for very long hours under difficult conditions throughout the operations.

128. The fact that communications functioned even as well as they did is a tribute not only to the endless work of the experienced officers and N.C.Os. but also to all ranks, who worked hard during real and active operations to bring themselves up to the standard which they eventually reached.

#### 129. *Medical.*

A remarkable feature of the campaign was the very low incidence of sickness of both white and native personnel, having regard to the terrain over which the operations took place. In the pre-war Kenya Military Report the following passage occurs:—

Chapter VI., para. 1 (4th Sub-para.).

#### *Active Service Conditions.*

“ One of the outstanding lessons of the last campaign in East Africa was the unsuitability of other than native troops for employment on active service in East Africa. British, South African and Indian troops alike had a very high sick rate and were generally unable to adapt themselves to local conditions.”

Yet one South African Brigade, many other South African technical units, and Imperial white personnel were continuously in the hot, low-lying Northern Frontier District of Kenya from August, through the “ little ” rains, until the advance started, and fought on throughout it. Their sick rate was never abnormal.

130. The following figures are given as an indication of the health of the force, up to 5th April, 1941:—

(a) Admission rate all diseases. 500 per thousand per annum. (This figure was 2,200 per thousand in the 1916-1918 E.A. Campaign.

(b) Death rate from all diseases. Per thousand per annum: Europeans 1.8, Non-Europeans 3.8. From malaria only .28 and .26. (The similar figure for E.A. Campaign 1916-1918 was 42 per thousand per annum.)

No one measure adopted to protect the health of the troops can be given pride of place. It was appreciated that under active service conditions a high degree of efficiency is not attainable by any one means; reliance was therefore placed not so much on perfecting any single means as on bringing to bear as many protective measures as could be reasonably applied.

131. The lessons of the E.A. Campaign 1916-1918 on both sides showed the necessity of ample and balanced diet during operations of long duration. Although, therefore, except on the few occasions when there was time to buy and butcher fresh meat, during the advance the staple bully beef and biscuit formed the basis of the ration, yet throughout the whole period the hard scale was supplemented by other items both more appetising and health producing.

The usual anti-malarial and anti-dysentery protective measures, and the necessity of disease prevention generally, were stressed. Credit must be given to the various medical officers, on the staff and with units, in that they were able to bring home to individuals the importance of preventive measures, and the C.Os.

for their efficient co-operation in seeing that they were adopted.

132. The evacuation of sick and wounded from a force continuously advancing with great rapidity is in any country a source of difficulty. In country such as East Africa it is not only a source of difficulty, but one of great anxiety, since apart from geographical conditions, climatic conditions have also to be contended with.

In the first stages, evacuation was only possible by air for a limited number of the more serious cases. The remainder had to go by Motor Ambulance Convoys for hundreds of miles. Later evacuation by Motor Ambulance Convoys was only necessary as far as the ports of Chisimaio, Mogadiscio and Berbera, whence it was effected by Hospital Ship.

Throughout the operations there was no hitch in the attention to, and the care and evacuation of, the sick and wounded.

It will be clear that at all stages of the operations, for most casualties long and trying evacuation by bad tracks was unavoidable. I had continually stressed the need of air ambulances for this particular campaign, but the demand on production for fighting aircraft precluded their supply. Had the casualties not been low, the lack of air ambulances would have caused great suffering.

133. I wish to bring to notice the high standard of work and unfailing devotion to duty of all the Medical staff and personnel of the force, and I feel that the very satisfactory medical situation owed much to the great experience and practical knowledge of Brigadier A. J. Orenstein, C.M.G., LL.D., M.D., M.R.C.P. the D.M.S. of East Africa Force.

#### 134. *Transport.*

Right up to the time of the occupation of Addis Abeba it was necessary to keep open the whole length of the 1,900 mile road L of C to the base at Nairobi for use by motorised units and M.T. convoys who had to move on all or any part of it.

It will be apparent that with the enormous distance of road L of C involved, an immense amount of work was demanded from the M.T. Companies of the Force. Long and continuous driving over indifferent roads and sand tracks in high temperatures must have been a considerable strain. It was borne by South African, East African and West African drivers alike with a willing and cheerful devotion to duty that is beyond praise.

135. To the mobile and static workshops that repaired and kept the M.T. vehicles on the road, praise is no less due. Their work was never ending and often had to be carried out under very trying conditions.

#### PART IV.—CONCLUSION.

136. The campaign up to the capture of Addis Abeba resulted in the occupation or re-occupation of 360,000 square miles of territory, the freeing of British Somaliland, and the capture of the enemy's capital. Forty thousand prisoners were left in our hands, and many more are still coming in. Reliable information showed that including desertion and other causes, at least 75,000 of the enemy's armed forces had been rendered non-effective. For this result I must pay tribute to the Commanders and Staffs for their skilful planning