

**THE DEVELOPING  
POLITICS OF DYING**

BY

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FROM HIS BOOK

**IN SOUTH AFRICA WITH BULLER**

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# THE DEVELOPING POLITICS OF DYING

*The dust and heat of South Africa do not inspire literary style, and chapters written on horseback, after hours in the saddle, lack the polish bestowed by writers reclining in comfort and clean linen. I had planned to write a personal story, after the prevailing fashion, but finding that peerless artists were preparing word pictures of the campaign, I concluded that a plain account of the war and some of its less publicised nuances, based on personal experience and investigation, would supply the wants of an interested readership within my limitations. Hence, these observations from the field ...*

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**AS THE ARMY OF DELIVERANCE** advanced to the front a line of pain moved from up-country hospitals to make room for fresh casualties. It was pitiful to witness the difference between the stalwart men "going up", eager for the fray, and the shattered wrecks who had borne the brunt of early battles. But the examples of war raised desire for reprisal rather than fear in the hearts of the new-comers, many of whom were destined ere long to be stark on the veldt.

If war has increased in its horrors so have the means of mitigating its sufferings correspondingly progressed. A peep into the base-hospital at Wynberg, a high suburb of Cape Town, showed what might be accomplished in a short time. Some of the buildings sprang up or were improvised in a night, equipment was supplied with a generous hand, and Colonel Anthonisz, RAMC, had the finest military hospital that war history records. Then there were hospitals at Durban, Maritzburg, and Eastcourt, besides the efficient field hospitals with the columns, various hospital ships and several convalescent homes.

I do not wish to make invidious comparisons between American and British wars under modern conditions. But in care and commissariat the British soldier is a pampered epicure compared with the American, and when one sees the egregious blunders of the British leaders and the faults of their system, the thought will arise, "what would Shafter's army have done under such conditions?" Spain's disabilities saved disaster in Cuba; but if another war should come, which God forbid, this nation should not again be found unprepared.

Think of the mere handful of surgeons that landed in Cuba, and the frightful absence of equipment or common appliances; and then consider that with Buller's army in its original form were: 282 medical officers, 68 contract surgeons, 56 nursing sisters, 28 RAMC quartermasters and 2,650 hospital orderlies. This staff has been proportionately increased with the rapid growth of the South African field force.

Surgical science, indeed, is triumphing. With Rontgen rays in the field hospital, painful probing is obviated; shell splinters and certain bullets are extracted by magnetic contact; anaesthetics are administered for all painful

operations, and antiseptic treatment reduces the risk of gangrenous complications to a minimum. Ice can now be supplied at the front, even in Natal's inferno. Hospital trains fitted on the American sleeping-car principle, carry the patients gently down to the base, and hospital ships with electric punkah wallahs and many a delicacy, now take the invalid home.

At the opposite end of the life-death spectrum that is modern day war, as the fortunate recipient of three Mauser bullets I can testify to the merciful qualities of the modern rifle. The penetration and clean qualities of the nickel-plated bullets are well enough known, perhaps, to need no recapitulation. When Edward Marshall, a valiant war correspondent with whom I was billeted at San Juan Hill, was shot in the spine, such wounds were precedentedly fatal, but he survived. A number of soldiers here have surprised the British surgeons with similar recoveries and even men shot through the brain have recovered.

Unfortunately, though, the Boers soon discovered that the disablement caused by the wounds that they inflicted was but temporary, and they speedily remedied this defect. Prisoner after prisoner has been found with his ammunition doctored by an incised cross on the nose of the bullet, which makes it spread far more terribly than the Dum-Dum. Some, also, have been found with their bullets plastered with verdigris. Individual British soldiers have retaliated by filing the tips of their bullets, after the Dum-Dum pattern, until detected and the men severely punished.

But pause in your denunciations, good people. Your horror of Boer barbarism may be mitigated by the knowledge that the evil of poisoned bullets is greatly reduced by the heat generated in discharge and the rapid flight through the air. The incised bullet contravenes civilised warfare, but the Boer individually knows not of the Geneva conventions. As to the British Dum-Dum, while I can state that, to my knowledge, it has not been issued in South Africa, it is certainly less inhumane than the leaden bullets of the Springfield used in Cuba, or those of any other rifle used in war before the recent adoption of coated pellets.



*Cross sectional views of the Dum-Dum Bullet*

The factory at Dum-Dum, Calcutta, turns out several kinds of ammunition for Indian use, and the cases marked Dum-Dum found by the Boers at Dundee contained regulation cartridges made there, not Dum-Dum bullets. That offensive Boer sympathiser, Mr. Webster Davis, is triumphantly

exhibiting split bullets of English make, and claiming that they are 'therefore used by Buller's forces.' In point of fact, though, these bullets are nosed sporting bullets made by Eley of London, many tons of which have been shipped to the Boers for hunting. I have seen several cases of them captured after various battles and I can say with certainty that they cannot be used in the Lee Metford rifle. Moreover, the fact of their imprint by a private London firm negates rather than proves the charge that they are used by the British soldier.

At this point, in addition, it is perhaps worth a brief analysis of the British Government's official position following the Hague Peace Conference at which the matter of ammunition was discussed at great length. On July 29th 1899 the wording adopted by the full conference, drawn up largely by Russia, Romania and France despite the objections of Great Britain and the United States, stated that:

*'The Contracting Parties agree to abstain from the use of bullets which expand or flatten easily in the human body, such as bullets with a hard envelope which does not entirely cover the core, or is pierced with incisions. The present Declaration is only binding for the Contracting Powers in the case of a war between two or more of them. It shall cease to be binding from the time when, in a war between the Contracting Parties, one of the belligerents is joined by a non-Contracting Power.'*

In October 1898 George Wyndham, under-Secretary of State for War was asked in the House of Commons 'whether he will consent to lay upon the Table of the House accounts of the surgical experiments as to the effects of the Mark IV missile, on the basis of which experiments the bullet is now being served out to British soldiers sent on service to South Africa; and if he can state whether the reported condemnation of the Dum-Dum bullet by the Peace Conference at the Hague has been officially brought under the notice of the War Office authorities'.

Wyndham replied that: 'The Mark IV has been the service bullet for the British Army since February 1898 and, as such, has been issued to our troops in South Africa'. When asked: 'Is it not a fact that this bullet has been constructed with a view to expand on striking like the Dum-Dum bullets?' Wyndham replied with what has since come to be regarded as a classic of its kind: 'The bullet has been constructed to achieve a number of objects, one of which is that its calibre should be greater later on than when it leaves the muzzle of the rifle'.

With all the uproar over 'Dum-Dum bullets' still hanging in the air, caused not least by Great Britain's refusal to accept the Declaration, the British government realised that the Boers would be handed a propaganda gift if it left the Mark V in use. After much discussion and soul searching it bowed to the inevitable and reluctantly withdrew it.

Wyndham was then asked whether 'either explosive or expanding bullets have been sent to South Africa for the use of the troops there or for any other purpose?' He replied: 'The bullet in use in South Africa for the rifle is the Mark II solid bullet. Mark V bullets were recalled, and have never been

used by the troops. Neither have any Dum-Dum bullets been used by the troops'. This last statement was perhaps a little naive because the Mark II was susceptible to improvised modification and each side was by now regularly accusing the other of using Dum-Dum bullets at one time or another during the war

Despite these advances in the politics and the practice of weaponry and surgery, and notwithstanding the relatively healthy reputation of South Africa, it still - and will always - remain the case that troops cannot sleep and march and fight for days, without shelter and often without food, in alternate pouring rain, blistering sun, and chilling wind. The strongest constitution will be broken under the strain. Enteric fever, dysentery and typhoid ensue, and, despite all precautions, the life and death decisions of our generals will ensure that these killers outnumber bullets in their deadly claim for victim numbers.

