



# DESPATCHES

NEWSLETTER OF THE QUEEN'S REDOUBT TRUST

ISSN 2324-5271

## SERIES ON BRITISH UNITS AT QUEEN'S REDOUBT

### ARMY AND NAVY MEDICAL SERVICES IN NEW ZEALAND DURING THE 1860'S

Medical services in the British armed forces date from the Restoration of Charles II in 1660. This was the first time a career was provided for a Medical Officer (MO), both in peacetime and in war. For the next two hundred years, army medical provision was mostly arranged on a regimental basis, each battalion arranging its own hospital facilities and medical supplies. In 1793 an Army Medical Board was formed, which promoted a more centralised approach and drew on civilian healthcare practices. The Board established five General Military Hospitals, four of which were naval. These hospitals received so many sick and injured soldiers from the French Revolutionary Wars, that by 1799 three further General Military Hospitals were built. However the Board was criticised for high expenditure and poor management and by the end of the 18th century had been disestablished.

In 1815 the office of Director-General of the Medical Department was instituted and the army's medical services placed on a more formal footing; although the regimental basis of appointment for MO's continued until 1873, when a co-ordinated army medical service was set up. A doctor needed to be qualified, single, and aged at least 21, and then undergo further training in physiology, surgery, medicine, zoology, botany and physical geography including meteorology. Medical officers did not have military rank but did have "advantages corresponding to relative military rank" (eg, choice of quarters, rates of lodging money, servants, fuel and light, allowances for injuries received in action, and pensions and allowances to widows and families.

However the discrimination against surgeons, which apparently placed them on the same pay scale as junior subalterns, was a constant source of disaffection for military surgeons and was not put right until the Royal Army Medical Corps was formed in 1898. The reason why they

were treated in this way is probably because they were regarded as non-combatants.

Despite this they did sometimes fight. In one engagement, Surgeon Mackinnon reportedly took charge of a detachment when the other officers were out of action and led the men to victory. (Wright-St Clair) [But see Mackinnon story this issue]

In the middle of the 19th century, when the Army was in New Zealand, the regimental system was still in force. The names of most surgeons and their regiments are known, with those present in New Zealand being obtained from Hart's Army list and cross checked against records from Papers Past, which normally recorded the names



Surgeon's Amputation Knife (19th century)

of officers and medical staff arriving in the country in the Colonial newspapers. Most regiments had a surgeon and one or more assistant surgeons.

Royal Artillery surgeons are more difficult to track down, but seven have been identified. In addition, because the RA used horses to move their guns, two Veterinary Surgeons were present in New Zealand.

The Royal Navy, whose details are found in the list of those awarded the NZ Medal (Stowers), usually had either a Surgeon or Assistant surgeon on each vessel, although both ranks were recorded for HMS Harrier. All told about 33 of both ranks have been found for infantry units, 7 for the Royal Artillery and 14 for the Royal Navy. The most senior of these was Surgeon James Mouat VC. Deputy Inspector General of the Medical Corps, who soon after his return to England was promoted to Inspector General. He seems to have spent all of his time in New Zealand on the staffs of General Pratt

and later Lt General Cameron. He is responsible for many of the New Zealand sections of the Statistical Sanitary and Medical Reports written at that time. Fortunately, we have access to these annual reports over the main years that the war was fought (1860 - 1867), including the Sanitary Report by Assistant Surgeon Mackinnon, who also rose to the top rank of Inspector General in later years. (see separate article) This report was a very full one and covered a wide range of issues.

A very useful article, by Dr R E Wright-St Clair, about medical services in the Waikato war was published in 1983. In it he pointed out that following the shambles of the Crimean War (1853 -1856) where Florence Nightingale had publicised the poor and disorganized medical services provided, many changes had been instituted. But, while the British Army did have an improved system in place, the New Zealand Government seemed to be still operating in the pre-Crimea era. Wright-St Clair commented that colonial militia records were "less well documented"; which is probably an understatement, since they appear to be either non-existent or very sketchy! He did confirm that Colonial Regiments had a surgeon and an assistant surgeon, usually a Doctor who practised in the regiment's area. They were gazetted and gave services as required, occasionally going with them into the field. But the care of wounded or sick militia men seemed to be ignored. In February 1864, New Zealander drew attention to some of the deficiencies, particularly as they applied to hospital buildings.

*At Drury, where many of our Auckland Militia are stationed, there is a wooden building which is the hospital of the military (photo -Otahuhu). Part of the duty of the Auckland men was to maintain his hospital, and to keep it*

supplied with water. Yet these very men were not allowed in case of sickness to become inmates of this hospital. For the Waikato Militia a hospital tent was provided, but there was none for the Auckland Militia. (New Zealander 25/ 2 1864)

The same issue of the New Zealander covered the death, from dysentery, of an Auckland Militiaman. This was due entirely to there being neither hospital nor treatment available for his condition.

It was undoubtedly the situation relating to the medical care of militiamen which caused a flurry of letters between the army authorities and the Colonial Government, with the Army's principal Medical Officer, Surgeon Mouat, telling the Colonial authorities that they must stop sending Colonial soldiers to the Military Hospital because there was no room for them. (Arch NZ R24087988)

It is perhaps not widely realized that sickness was a larger problem than injury in battle. Analysis of cause of death in the British Regiments from 1860 to 1867 shows there were 374 (62%) deaths from various diseases and 229 (38%) from wounds received in battle. Only at the peaks of the conflict in 1860 (3%) and 1863 (2.2%) were there more deaths in battle than from sickness. Deaths, as a percentage of the number of British service men serving in NZ in other years, averaged about 1%. (Mouat J 1860 to 1867)

Ten years after the Crimean War the care of sick and wounded in the British Army was considerably improved. In addition to having James Mouat in overall charge, the appointment of a Sanitary Officer, attached to the Staff was an important change. In New Zealand this was Surgeon W A Mackinnon of the 57<sup>th</sup> Regiment whose report on the army sanitary conditions was very full. (Mackinnon, 1867) It is interesting to note that the volume containing this report is held in the George Grey Collection at the Auckland Library and it was not surprising to find that this had been sent to Grey by Florence Nightingale, along with an inscription from her, commending the article to him.

The main military hospital in Auckland, built after the Northern Wars of 1845, was located within the Albert Barracks. It was a single story building and constructed of the same stone used in the wall of the barracks. (DSC 13/4/1864) It had six wards which could accommodate 50 patients with overflows being accommodated in wooden buildings elsewhere within the fort. This was needed following the invasion of the Waikato, when all military hospitals were paced under considerable strain. A report from Queen's Redoubt tells us that a number of wounded men were expected from the Front but that there were already a large number of sick and wounded in the hospital, and a large number of these were being accommodated in marquees pitched in front of the



Village Hospital at Otahuhu in August 1863, with members of the 12th and 40th Regiments

Redoubt. (DSC 26/2/64) It was not until 137 invalids and wounded soldiers were returned to Britain on the clipper ship 'Light Brigade', which left Auckland on 4 April 1864, that the military hospitals had sufficient space. (DSC 4/4/64)

Although there were Military hospitals at the Albert Barracks and Queen's Redoubt, there were also several others, mostly houses adapted for the purpose. So far these have been located at Otahuhu (photo) and Drury.

It must be remembered that the 1860's were before Lister's discovery of sepsis as the cause of much loss of life from wounds. (The NZ Wars were actually the last fought by the British before antiseptics) Despite this, sanitary conditions in the army were extremely good; they had obviously learnt the lessons of the Crimea! Wright-St Clair wrote that Condry's disinfectant was widely used and both medical officers and orderlies washed their hands frequently. The other factor which helped wounds to heal was fresh air. In the Crimea the hospital huts allowed 260 cubic feet of air per patient but the hospital at Queen's Redoubt was constructed to give each wounded man 670 cubic feet of air. Another example was the procedure followed by Surgeon Henry Slade of HMS Miranda, put in place following the battle at Gate Pa, where the Naval Brigade suffered more than a third of the British casualties. Slade caused the lower deck of the Miranda, used as a hospital, to be connected to the upper deck by several open hatchways which, with air from open scuttles (portholes) on the hospital deck, ensured plentiful fresh air.

Interestingly, there was one place where the wounded did not do well; this was in a comfortable house in Tauranga with plastered walls and ceilings which impeded ventilation. When the men were removed from here, their recovery was immediately enhanced. New treatments were also being tried. Until this time a

shoulder wound was cause for amputation of the arm. Surgeon Mackinnon and his colleagues treated these wounds by excising the head of the humerus. Six of these operations were performed at the Queen's Redoubt hospital on men wounded at the battle at Rangiriri. All survived and did quite well, and although this operation apparently did not restore the arm function completely it was considerably better than amputation. This type of operation was also being done elsewhere, with considerable success as reports from the American Civil war show (Hawk).

Ian Barton

**REFERENCES:** (Both medical articles)

Anon 6 Nov 1897 Mackinnon's Obituary in *The Lancet*, page 1224  
 Anon 6 Nov 1897 Mackinnon's Obituary in *The British Medical Journal*, page 1376  
 Arch NZ. R24087988  
 Barton I 2020 (In prep) The soldiers cemetery at Helenslee Road, Pokeno.  
 Daily Southern Cross: 26/2; 4/4 & 13/4/1864  
 NZ Spectator & Cook's Straight Guardian 11/6/64  
 Hawk A J et al 2018 *ArtiFacts: Private John Reardon's right arm. In Clinical Orthopaedics and Related Research*  
 New Zealander 25/ 2/ 1864  
 Mackinnon W A 1867 A brief narrative of the war in New Zealand, during the years 1863, 64 and 65, embracing the Sanitary history of the Force. In the *Annual statistical sanitary and medical reports for the year 1865* Vol VII. Geo Grey Colln. 610.G78  
 Mouat J. The New Zealand war of 1863, 64 and 65, Special report on wounds and injuries received in battle. Published in the, Vol VII 1865".  
 Mouat J 1860 to 1867. Army Medical Dept, *Annual statistical sanitary and medical reports*.  
 Mouat, J. (1897). The Late Sir W. Mackinnon, K.C.B. *The British Medical Journal*, 2(1924), 1458-1459  
 Prickett, N 2004 Maori casualties at Pukehinahna (Gate Pa), 29 April 1864. *Rec. Auckland Museum*. 41: 36-52.  
 Taranaki Herald 21/5/1864  
 Stowers R 2010 *Blue Devils*. Richard Stowers  
 Wright-St Clair R E 1983 Medical services in the Waikato War. *Auckland-Waikato Historical Jnl*. No. 43 pp 28-35

# Friends of Queen's Redoubt

Early in 2013 the Trust resolved to formally set up a group to be known as the "Friends of Queen's Redoubt". A membership database has been set up and anyone with an interest in the work of the Trust is invited to join.

Current membership fees are \$25 for individuals, \$35 for families, \$40 for Historical organizations and \$60 for Commercial organizations; all inclusive of GST.

Please post a completed application form with a cheque or deposit the amount in our bank account:- **12 3022 0397102** + Your Surname

**I Barton, 40 Isabella Drive, Pukekohe 2120**

### **MEMBERSHIP APPLICATION FORM**

Given Name:

Surname:

Address:

Telephone:

Email address

**Membership Category:**

Individual \$25

Family \$35

Historic Organization \$40

Commercial Organization \$60





## Surgeon General William Alexander Mackinnon

27 June 1830– 28 Oct 1897

William Alexander Mackinnon was born on 27 June 1830 at Strath on the Isle of Skye, the son of the Rev. J. Mackinnon who was Minister of the Parish of Strath. He studied medicine in Glasgow and Edinburgh and entered the army as Assistant Surgeon in the 42nd Highlanders in 1853.

His first major conflict was the Crimean war where he served throughout 1854 and 1855 at the battles of Alma, Balaclava and Sebastopol, in medical charge of the regiment. He was awarded the Crimea medal with three clasps and the Turkish Medal and in 1856 was made a Knight of the French Legion of Honour.

In October 1857 he was Staff Assistant Surgeon on the personal staff of Sir Colin Campbell (Lord Clyde). From April 1858 until 1859 he was Surgeon on the personal Staff of Lord Clyde in India and was present during the Indian Mutiny from

April 1858 till the end of the war. On 25 March 1859 he was reappointed Assistant Surgeon 42nd Royal Highland Regiment of Foot.

Mackinnon was in the New Zealand from 1863 to 1866, serving in the campaigns in the Waikato, Tauranga, and Wanganui districts. He was appointed Sanitary Officer to the New Zealand Force in November 1863, attached to the Quartermaster-General's Department on the headquarters staff of Sir Duncan Cameron., and held the appointment till April 1866, when field operations ceased. On 14 Sept 1866 he was promoted Surgeon-Major 57th Regiment for his ability and zeal displayed during operations in New Zealand.

Returning to Britain he was promoted Staff Surgeon-Major, after completing almost 14 years' service. Then

he was stationed at the Army Medical School Netley, as Assistant Professor of Military Surgery. He served in the Ashanti War, (1873 -74) where he was mentioned in despatches. On 1 April 1874 Mackinnon was appointed Deputy Surgeon-General at Aldershot. On the 4 May 1889 he was appointed Director General of the Army Medical Department, the highest medical rank in the British Army, retiring on the 7 May 1896 after 43 years' service.

Sir William died at his residence, Evelyn Gardens, London on 28 Oct 1897, of pulmonary congestion. He had never married. He was cremated, with his ashes being returned to the Mackinnon family burying ground at Strath, on the Isle of Skye.

From his very full obituaries we learn that :-

*"he was, full of enthusiasm for his work, and most especially for that part of it belonging to operative surgery, in which he always took the keenest interest. He always deplored being taken away from active professional work to be immersed in administrative detail. His was a singularly lovable character, transparent in its honesty and ingenuousness. He was always enthusiastic about anything which interested him, had the temperament of his Celtic nationality and was quick in his ardour for achieving what he considered right, and as prompt and also severe in denouncing that which seemed to him wrong. It was from his obituaries that we learn of the incident in New Zealand when, during the assault on a Pah, with the combatant officers all being disabled he took command himself and captured the position. After the fight he treated as a surgeon several of those he had himself wounded in the earlier part of the day."* (British Medical Jnl, Lancet,)



**Ruins of Strath church (Skye) -where the ashes of W A Mackinnon are buried**

## CONTACT DETAILS

**Chairman:** Dr Neville Ritchie  
27b Carey Street  
Hamilton

**Teleph.** 027 5366 921

**Email.** nevritchie@outlook.co.nz

## Sec/Treasurer & Newsletter

**Editor :** Ian Barton  
40 Isabella Drive  
PUKEKOHE 2120

**Teleph.** 09 239 2049

**Email.** ibtrees81@gmail.com

## PURPOSE OF THE TRUST

The Queen's Redoubt Trust was established in February 1999 with the intention of acquiring this nationally significant historic place and ensuring its protection; with the long term vision to restore and develop the site into a nationally recognised visitor attraction and education centre. In February 2001 the Trust completed the first major phase of the project, raising the funds to acquire the property in Pokeno which contains much of the site of the Queen's Redoubt.

## OBJECTIVES of the TRUST

1. To acquire the Queen's Redoubt site at Pokeno to preserve it for future generations.
2. To make Queen's Redoubt accessible to the public by development and interpretation of the site as appropriate.
3. To restore the massive earthwork 'ditch and bank' walls of the fort (they were leveled after the war) as a key interpretive feature.
4. To promote education about the Queen's Redoubt and all the New Zealand Wars between Maori and European.
5. To establish a premier visitor and educational facility on the Queen's Redoubt site. This will be carried out in conjunction with an archaeological excavation programme to maximize knowledge of the site for future exhibition and interpretation purposes, and to promote public participation in the project. At the same time, historical research will continue into Queen's Redoubt itself, the Pokeno District, the Waikato Campaign of 1863-64 and the New Zealand Wars as a whole.

It seems that this incident, ascribed by Wright-St Clair as having occurred in Taranaki, actually took place at Gate Pa and was inaccurately described in both of Mackinnon's obituaries. It was reported in the Taranaki Herald (but written by a correspondent of the Daily Southern Cross -an Auckland paper) on 21 May 1864, which stated that Mackinnon, noticing a wounded soldier, retiring from Gate Pa, being pursued by one of the defenders, "snatched a soldier's rifle, leveled it and fired at the pursuer hitting him in the leg." The Maori defender shot by Mackinnon was the Chief Rawiti who, despite attempts by Mackinnon, who operated on his leg, died soon after. (1) The only other newspaper report was in a Wellington paper-"The New Zealand Spectator and Cook's Straight Guardian" of 11 June 1964, which gave more or less the same information.

It is very likely that the information came from a single reporter who worked for another newspaper,

(1) As the list of killed and wounded Maori at Gate Pa does not include a chief called Rawiti, this was probably Reweti Manotini. He was reported as being the private secretary and agent of Wiremu Tamihana Tarapipipi, who was wounded in several places and had a leg amputated. Reweti died early on Sunday 8 May. (Prickett, 2004)

## OPENING TIMES

Every Sunday 10 am until 2 pm.

OR by arrangement

-telephone Ian Barton

09 239 2049

ibtrees81@gmail.com

not well noted for its veracity. It's a good story, but its repetition, by both of Mackinnon's obituaries, may also have been from the same source. Following publication of the obituary, Mackinnon's superior in 1864, Surgeon Major Mouat, published the correct version (Mouat, 1897). Mouat was quoted as saying.

*"I feel constrained to correct some singular inaccuracies in the latter portion of your obituary notice of my distinguished friend Sir William Mackinnon. For instance, at the Gate Pa you state, 'The combatant officers having one by one been disabled, he took command himself and captured the position'. This is so absurd and ridiculous an assertion that it scarcely needs contradiction: but as I was present on the occasion referred to, and Dr Mackinnon was serving under my orders, I had better state what actually occurred. Dr Mackinnon and myself, accompanied the troops into action, taking up a position in rear of the supports. When the attacking party and the supports who rushed in with them, were driven out of the Pah, we found ourselves and a number of wounded men isolated and absolutely unprotected, a panic having seized the retreating troops. At that moment a body of natives emerged from the Pah and were making direct for us. .... and I directed the two men who so manfully stood by us to fire. Mackinnon, hastily snatching a rifle from one of the fugitives, also fired and wounded the leading chief in the heel....."*

This account of Mouat's should be accepted as correct, since he was present and had no need to 'gild the lily'. Given this it may be better to discount the newspaper reports and the obituaries.



**SURGEON W A MACKINNON**

This example of the occasional lack of veracity in newspaper reports does suggest that we should carefully check such reports before quoting them!

Ian Barton

**The formal opening of the Visitor Centre will not be held until all the displays are in place. Because we still have to complete the Ngati Tamaoho's section of the work, it is anticipated that this will not be until later in 2020. You will be advised when more information is available.**