

CHAPTER XI

JUNE AND JULY: THE FRONT AND LINES OF COMMUNICATION

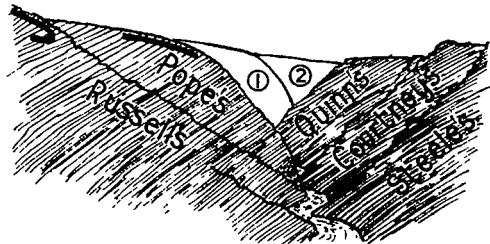
IN the second phase of the campaign—during June and July—the evacuation of casualties was completely systematised as far as the Beach. As would be expected, it was on the maritime lines of communication that difficulties arose. To meet the military demand for a quick return to duty by slightly sick or wounded men a new scheme was introduced of retaining all these at Lemnos, but soon broke down chiefly through lack of foresight in developing the port of Mudros. In like manner clearance to the Base of severe cases fell short through inadequate provision of hospital ships and small craft. The War Office and Admiralty, stirred by earlier difficulties, provided a more co-ordinated control, and authorised the provision of a fleet of hospital ships, but by then the preparations for a second great offensive rendered another plan necessary.

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With the failure of the British offensive at Krithia and of the great Turkish counter-attack on May 19th at Anzac, the first phase of the campaign came to an end. Till the British offensive in August no attempt on a large scale was made by either side to break through. Nevertheless the interval—some three months—was one full of importance and anxiety from the medical point of view. At Anzac the tactical situation brought about a keen struggle for dominance, resulting in intense trench-warfare. Shelling was less severe than in France, and was chiefly confined to the throwing of shrapnel; but at no time in its history did the Australian Imperial Force see such tense trench-warfare as the mining, bombing, and sniping whereby in Monash Valley the Turkish dominance was reversed. Never did it occupy more elaborate trenches than those on the 400 Plateau. The right flank was transformed by sapping and hard trench-fighting. The casualties in these, and in the many raids and "demonstrations," were severe. The front was linked up

**Siege
conditions**

with the Beach by "saps" and roads. These labours, and heavy fatigue work on supplies, were carried out during a hot and rainless summer in a dusty and waterless area of half-a-square mile holding 25,000 troops, few parts of that area being free from rifle and shell fire.



MONASH VALLEY

Anzac positions shaded. Turkish - white.
1 Dead Man's Ridge 2 Bloody Angle

The force meanwhile suffered from an absence of relief and a precariousness of supplies commonly associated with a siege.

Such circumstances in themselves created medical problems of great complexity. In particular, the conditions were those which in the history of war have commonly been associated with serious outbreaks of disease. A rapid deterioration in health, which was to play an important—possibly a determining—part in the campaign was the outstanding medical feature of this period; in all arms throughout June and July the wastage from sickness was in excess of the replacements by reinforcements and recovered "casualties." The circumstances of this outbreak call for notice in a special chapter: the present describes only the general progress of the medical arrangements for the treatment and evacuation of sick and wounded, whereby the immediate requirements of the force were met and the foundations laid for the great effort of August.

During these months there was but slight change in the disposition of military formations and units at Anzac already described, the chief development being that on May 21st the 2nd and 3rd Light Horse Field Ambulances landed and were placed, the 2nd on the right flank, where the bearers co-operated with those of the 1st Field Ambulance, and the 3rd on the left flank, clearing from the outposts and Walker's Ridge under the A.D.M.S., N.Z. & A. Division. The administrative isolation of Anzac from the rest of the

Mediterranean Expeditionary Force still persisted. During the brief period of his administration at Anzac the A.D.M.S., Lines of Communication, exercised his authority chiefly in the roadstead. The position of "acting D.D.M.S.," A. & N.Z. Army Corps, held for a time after the Landing by Colonel Manders, was not confirmed, and, though questions were at times referred to that officer as senior A.D.M.S., in a general way the D.A. & Q.M.G. continued to act, on corps headquarters, as the responsible authority in "medical and sanitary matters"; the two divisions worked, for the most part, independently of each other and of the corps. No other instructions having been issued, the 1st Australian Casualty Clearing Station remained under the A.D.M.S., 1st Australian Division.¹ Developments in connection with the evacuation and treatment of sick and wounded were governed by the military circumstances described above: both matters, and also replenishment of medical supplies, continued to be subject to many of those difficulties of the Landing which have been enumerated.

The regimental medical officers became increasingly engrossed in their sick parades and the preservation of health.²

**Work of
regimental
personnel**

The collecting of wounded from and in front of the trenches became recognised as primarily the duty of the regimental bearers, from whom the ambulance bearers took over at the regimental aid-posts, which were commonly at a distance of not more than eighty or a hundred yards in rear of the front trench. The work was not heavy, but the casualties among both regimental and ambulance bearers were considerable, and the high standard of duty maintained was at times—as in raids or demonstrations—severely tested.³

¹ The administrative developments in sanitation are described in Chap. xii.

² At Anzac (as later in France) probably the most laborious regimental work was that of the medical officer attached to each artillery brigade. In the 3rd A.F.A. Brigade, for example, the regimental medical officer, with personnel reduced to a corporal and two privates, had ten camps, with some 700 men, scattered over the right flank in the most inaccessible positions. "To visit all these camps and spend time at each, inspecting, was more than could be done on one day, if there was any shelling." (Diary of R.M.O., 3rd A.F.A. Brigade.)

³ In a daylight "demonstration" carried out on June 28 by two companies of a battalion on the right flank as a "holding operation" to assist a local offensive at Helles, Private G. E. Latimer of the 2nd Field Ambulance, before he was himself killed, carried to safety four wounded men from the open hillside with a gallantry which fully merited the highest reward. This "demonstration," (selected at random), cost almost 30 per cent of casualties.

The most difficult problem lay in carrying the seriously wounded along the precipitous hillsides, especially those of Monash Valley and among the bends in the narrow traversed saps and trenches on the right.⁴

Clearance from the various sectors of the front was systematised by *liaison* between field ambulances and regimental establishments and by the development of a system of relays to the clearing station. No vehicles except mule-carts could be landed, and transport of wounded was by hand-carry and a few donkeys. An endeavour by the 4th Field Ambulance to utilise mule-carts "returning empty" after carrying supplies up Shrapnel Gully proved ineffective. From the outposts on the open left flank and from Russell's Top wounded were taken, *via* an advanced dressing station, to the New Zealand Field Ambulance embarkation-station at the cove.

When at the Landing at Anzac, through the failure to advance, the field hospitals were eliminated, their tent divisions were left free to work in the transports and so "save the situation" on the lines of communication. Various circumstances, however, quickly led to their employment, though in a limited measure, on shore. The driving away of the transport fleet by submarines, and the shortage of hospital ships, made the retention of cases on the Peninsula sometimes inevitable. It was also soon found that if men were evacuated for slight causes, they were often long in returning—indeed almost lost sight of. The most cogent reason, however, was the startling increase in sick wastage that began after the end of May. During June and July there were formed at Anzac "rest stations," where from thirty to forty minor cases could be held in "puzzies" or "dugouts." Arrangements were also made for isolating on shore specially contagious diseases; for example, special provision—fortunately not required—was made for cholera, a "cholera-station" being

⁴ It is recorded that under these circumstances the best means of transportation, when obtainable, was the short naval stretcher, which could be "up-ended." An ingenious chair, carried on the back, was devised and used with some success for the trenches, where, however, for the most part there was employed the convenient but cruel method of carrying wounded in a "ground sheet" or blanket.

Diagram No. 4

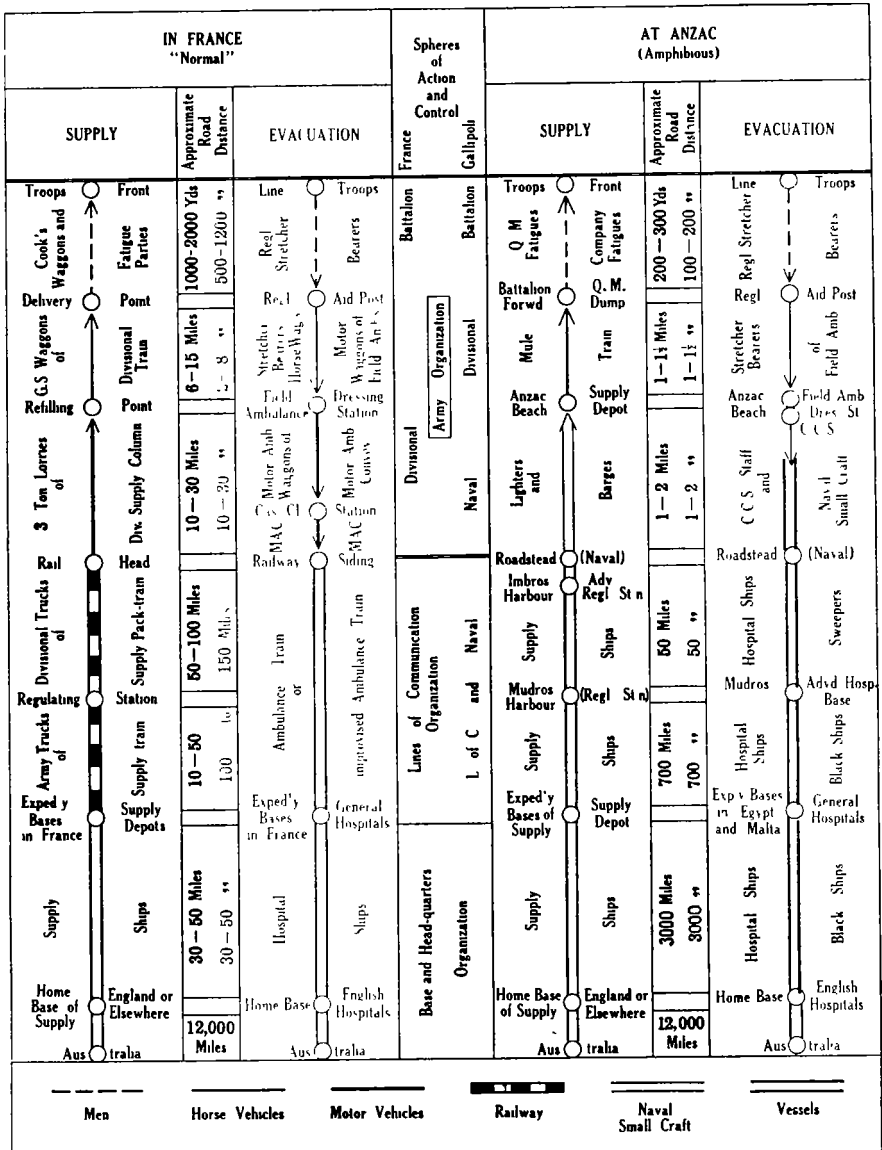


DIAGRAM ILLUSTRATING SUPPLY AND EVACUATION IN RELATION TO MILITARY FORMATIONS AND ADMINISTRATIVE AREAS: COMPARING "NORMAL" CONDITIONS WITH THOSE OF ANZAC

The figures in red relate to evacuation, figures in black to supply.

formed by the 4th Field Ambulance in "Rest Gully." The 3rd Field Ambulance had "dug in" at the mouth of White's Valley, and received patients from the right centre.

During June (its diary records) the bearer division has cleared down Shrapnel Gully; "C" Section tent sub-division is still on the sweeper *Newmarket*; other "details" on ships. "Details" under two sergeants report daily for sanitary duty under the D.A.D.M.S. The men of "A" and "B" tent divisions carry on hospital for light cases. Number treated 365, average daily 36.3, duration 3 days. Discharged to duty 97, to C.C.S. 237. 6.4 per cent of unit daily sick, 14 evacuated sick, and 10 wounded.

Early in June the tent division of the 2nd Field Ambulance landed and held a few cases in dugouts in Victoria Gully. The 1st Field Ambulance tent division remained employed on the lines of communication.

The 4th Field Ambulance tent division was fully occupied in serving Monash Valley. Rest stations were operated by it in "Rest Gully" (one of the safest spots on Anzac), on the Beach, and in "Headquarters Gully"; in the last-named 1,702 cases were treated under distinctly risky conditions, thirty-nine patients and members of the medical personnel being killed or wounded. It is evident that the contention of the A.D.M.S., 1st Australian Division, that during this period Anzac was unsuitable for tent-division work, was on the whole justified. The two light horse field ambulances were, in fact, returned on June 26th to Mudros to save water. As will be related elsewhere, however, there grew up in the battalions on the 400 Plateau and right flank a system of treatment in the lines—the safest place; and at a later time this method of preventing wastage was much exploited.

The great majority of cases were evacuated direct to the Beach. Here a remarkable situation had developed.

Clearing Stations The administrative headquarters of the corps and of the two divisions were established in Headquarters Gully. The cove itself was the centre of activity of all the services of maintenance—practically corresponding to a railhead in ordinary land warfare. On its narrow Beach were landed at night the supplies and reinforcements for 25,000 troops, and here also were assembled for clearance all the casualties in men and material. By all military principles Anzac Cove, like Monash Valley, was "untenable": but, also like the latter, it still was held,

though this was made possible only by the fact that the weather remained fine and that the shelling was not concentrated and ceased at night, when the whole sea-front was a crowded throng of men and mules. Even as it was, the cove was among the most dangerous places on Anzac, and the casualty rate among those working there was heavy.

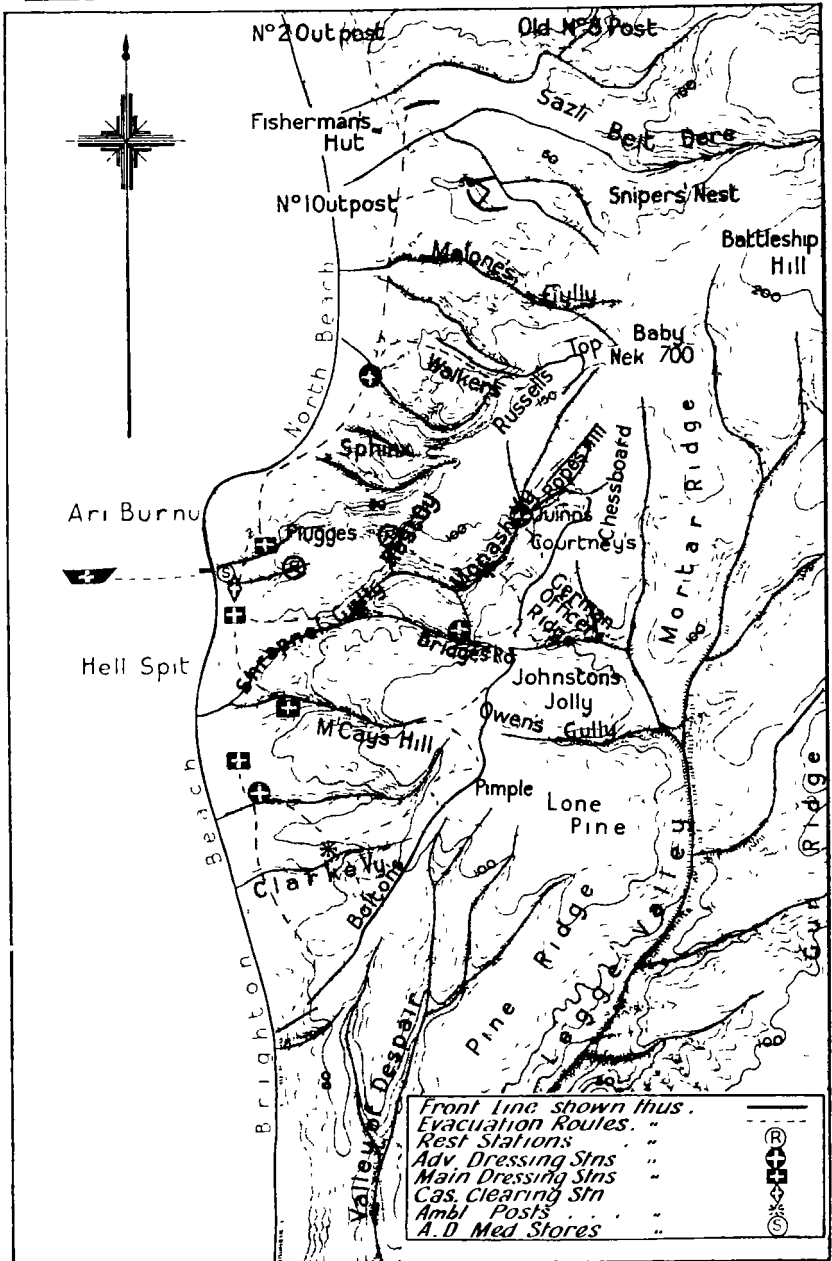
Three medical units worked on the Beach, crowding in for safety close to the low cliff and under the protection of the huge dumps of stores. The 1st Australian Casualty Clearing Station, at its original site, worked in conjunction with "A" tent sub-division of the 4th Field Ambulance, both units receiving during the day, but the two agreeing to alternate at night. The New Zealand Field Ambulance also carried on in the safe station taken over from the Royal Marine Field Ambulance. On May 30th the detached personnel of the clearing station rejoined, bringing the bulk of its equipment, which was "badly needed." On this unit fell most of the work on the Beach, where the chief duty was still that of clearance to the roadstead, though at times considerable numbers accumulated and had to be disposed of temporarily on shore in terraced ledges in the cliff or such other shelter as could be found. The position occupied by the clearing station was very dangerous, and, in spite of sand-bagging and a shelter for walking cases, the work was done at great risk. No attempt could be made to protect the medical units on the Beach by Red Cross flag. On June 16th, for example, an officer of the clearing station notes in his diary, as the culmination of a series of "perfectly hideous days"—

After dinner they began to shell us again from both sides—a furore of bursting shells pitched over and around the hospital . . . one burst over our living room and riddled a chair with shrapnel. In all about 100 shells were fired, mostly landing within 50 yards of the hospital. If they had been high explosives, we should have been wiped out.

A considerable number of casualties occurred among patients and staff; but it was not till June that a better site was obtained for the clearing station through the transference of the New Zealand Field Ambulance to an advanced dressing station on Walker's Ridge. The advantageous position held on the Beach by this unit was improved by the engineers, who dug

**C.C.S. moves
to better site**

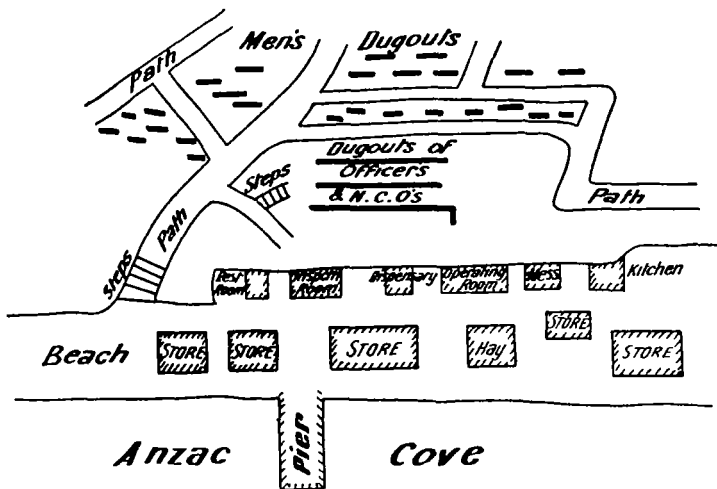
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ANZAC AT THE END OF JULY, 1915, SHOWING ROUTES OF EVACUATION FROM THE FRONT LINE TO THE ROADSTEAD

Height contours, 10 metres

terraces in the hillside and built a new pier (known as "Watson's Pier"); and on July 4th it was occupied by the clearing station and the 4th Field Ambulance. Here the work became more systematic: "gradually getting things ship-shape and the unit tuned up, after their long 'go as you please,'" is the note of an officer of 1st Australian Casualty Clearing Station in July.



Plan of site of 1st A.C.C.S. from 4th July to 18th October, 1915. (From Diary of Colonel W. W. Giblin.)

The presence of the hospital ship a mile off the shore, offering, as it did, excellent opportunity for prompt and effective treatment, made the detention of severe cases in most circumstances a grave injustice. Though this was acutely realised by the medical officers, there were times when such cases had to be held and treated. Trephinations, amputations, and occasionally "abdominals" were performed, and fractures were splinted from the field fracture box. The "Thomas" thigh-splint was not available, and an officer notes in his diary: "dressing these compound fractures of the thigh is a hopeless procedure, and they must be amputated." Anti-tetanic serum was at first given in very few cases, but on June 4th the D.M.S., M.E.F., ordered that it should be used "for all cases of soiled

wounds": on July 7th it became obligatory for all wounds. No. 4 Advanced Dépôt of Medical Stores was established on the Beach during June: hitherto units had drawn on the clearing station.

During this time a regular system of disposal from the Beach had developed, controlled until June by the A.D.M.S., Lines of Communication. Before the arrival of the submarines the custom in evacuation had been to send all cases at any hour to ships in the roadstead. It will be remembered that the presence of submarines caused a move of the temporary hospital ships to Mudros Harbour, and the establishment of a local ferry service of "sweepers." Thereafter, though clearance to hospital ship, when one was present, could still take place at any hour when naval small craft were available, the sweeper discharged her military freight only at night, and clearance of cases to her could not begin till the early hours of the morning. With the great increase of sick in June it became necessary to issue precise instructions so as to avoid congesting the Beach and the hospital ship. As summarised by the A.D.M.S. of the 1st Australian Division these were:—

The Naval task—in roadstead

Severely wounded and medical cases requiring immediate hospital treatment are sent to hospital ship at all hours, and remain there. All other cases are sent to Mudros by the fleet-sweeper which leaves Anzac at 10.30 a.m. daily. Cases for Mudros should be at the C.C.S. by 9 a.m., otherwise will probably be returned to their unit. If a Mudros case cannot be at the C.C.S. by 9 a.m., he must be kept within his unit or at the field ambulance till next day.

For the difficult and heavy work of clearing from the Beach station to the piers the casualty clearing station was made responsible; there and in the boats responsibility was taken over by naval ratings. Embarkation was controlled by the naval "landing officers."⁵ On June 9th a slight swell held up evacuation for a short time. On June 29th a thunderstorm, followed during two days by wind from the sea, showed how precarious was the position, the pier being wrecked and many boats beached, including the "medical" pinnace and a lighter; the latter, with sixty wounded on

⁵ One of whom, Lieut.-Commander E. H. Cater, R.N., achieved a distinguished reputation for disregard of danger in the service of the wounded, and was killed in the course of those duties.

board, broke adrift from the pier and went ashore near "Hell Spit," fortunately without serious mishap to the cases.

Transportation to hospital ship or sweeper continued to be unsatisfactory: "still (at the beginning of June) in a chaotic condition, no better than the day we landed." In June one horse-boat and a pinnace were floored over so as to receive stretchers, and were then fitted with awnings and marked with a Red Cross: the enemy, it should be recorded, was punctilious in permitting the transfer of wounded when the nature of the proceeding was obvious. In July it was still agreed, both at Anzac and Helles, that, except for a better service of hospital ships, evacuation from the beach had improved little, if at all. Urgent request for motor craft to be used exclusively for this purpose was made to Surgeon-General Babbie, the newly appointed "Principal Director of Medical Services," who visited Anzac at the end of June, but, though he was sympathetic, nothing resulted. While the fact must be recognised that the navy was hard-pressed for small craft, and that sick and wounded were a secondary concern, other influences are evident. In the navy (to whom the roadstead belonged) the evacuation of sick and wounded was before the Great War organised on very simple lines; special transport had little place, and the consideration that the conditions associated with "combined operations" might be indefinitely prolonged had none at all. At the same time, in the pre-war British Army that link in the chain of evacuation on land which corresponded broadly to the roadstead at Gallipoli—namely, the link between "army" and "line-of-communication" medical units—was not provided with special transport, reliance being placed on "returning empty" supply waggons or improvised vehicles.⁶ Consequently the representations of medical officers on Gallipoli were not reinforced by analogy of army organisation, and were only half-heartedly backed by the higher medical administration of the M.E.F.

The D.M.S., M.E.F., was faced at every stage of evacuation with the difficulty that, even for "normal" clearance,

⁶ The motor ambulance convoy was created early in the war to fill this gap.

except for two hospital ships he had for some time to rely on non-medical, and therefore uncertain and unreliable, means of transport. It must be acknowledged, however, that the evidence of any self-help in this respect is not striking.

On the lines of communication to the expeditionary base the problem of evacuation in the Gallipoli campaign was, even more manifestly than usual, a double one, involving the disposal of light and serious cases respectively. In the question of light cases there was concerned the military matter of "return to duty," and here the problem was taken in hand at once: the question of the seriously wounded, being more difficult and militarily less important, was longer in being faced.

The military advantage of sending light cases to some place near at hand from which men would quickly return when they became fit, was daily impressing itself upon the Anzac command. Accordingly on May 21st the D.A. & Q.M.G., A. & N.Z. Army Corps, accompanied unofficially by officers of the 1st Field Ambulance, inspected Imbros with a view to establishing a convalescent dépôt, and a very suitable site was found. On the same day he represented the medical interests of Anzac at a conference of the administrative staff of M.E.F. Imbros was, however, rejected by G.H.Q., as it was decided to centralise treatment at Mudros for "light sick and wounded and infectious cases" from both Helles and Anzac. This was to be effected by means of the "sweeper service," working in conjunction with the hospital ships. The latter, when present, would lie off the beaches, take in severe cases, and, "when full," sail for the base. As the available hospital ships would be insufficient to accommodate all serious cases, a ferry service of black ships, plying between Lemnos and the expeditionary base, would assist. Assistant-directors of medical services were instructed by the D.M.S., M.E.F., to treat in field ambulances on the Peninsula all "light cases likely to be well in 7 days"; "21 day cases" were to be treated at Mudros; "serious cases" to go to Alexandria.

Pending the effective establishment of the sweeper service, evacuation from the Beach was for a time profoundly disorganised. The temporary hospital ships did ferry work between the Peninsula and Lemnos; at times, in the absence of the hospital ship, they remained, though at serious risk, off the beaches. The master of the troopship *Dunluce Castle* painted a red cross on her black sides, but she narrowly escaped being torpedoed behind the incomplete boom at Kephalos (Imbros). The *Neuralia* lay off Helles as a black ship, but flying a Red Cross flag. The transport *Galeka* on return from her first trip, without being able to replenish stores, but crowded with Australian medical personnel, began on May 17th to receive wounded of all degrees of severity, and moved between Anzac, Imbros, and Mudros, obtaining supplies with great difficulty; it was not till May 28th that, after a vigorous protest by the "S.M.O." at delay, she reached Egypt with 478 cases. The circumstances of the voyage were unsatisfactory.

On May 25th H.M.S. *Triumph*, and on the 27th H.M.S. *Majestic* were torpedoed (survivors being nursed by the Australian Army Nursing Service sisters in the *Neuralia*); and on the 30th orders were issued by G.H.Q., M.E.F., that only "regular hospital ships" were to lie off the beaches, and that in their absence both seriously and lightly wounded were to be conveyed by sweepers to Mudros.

This short ferry service of "sweepers" was a novel and interesting development. It corresponded to the service which in land warfare would have been rendered either by motor-ambulance convoy or by "Army" transport, and was an important link in the chain of connected activities whereby casualties were passed back for repair and disposal, and reinforcements and the recovered were brought up to make good the constant wastage. The vessels so employed were of a size from 500 to 1,000 tons; they were taken from those used by the navy in mine-sweeping, and were handy, and difficult to torpedo.⁷ At Gallipoli mine-sweepers were

⁷ Eight railway steam packets were commissioned by the Admiralty as "fleet mine-sweepers." Five at least of these were used for medical purposes at Gallipoli. The organisation of the British Navy includes provision for taking

improvised from two types of vessel—packet boats, which were well fitted for evacuation, and North Sea trawlers, which were not. No special medical vessels were allotted, but the ships employed were partly fitted for medical purposes and were equipped by direction of army headquarters, medical personnel being found by both navy and army. For normal evacuation the service was very satisfactory. It was only during the heavier rushes that it was necessary to use trawlers which were unprepared and hastily staffed, and on which the seriously wounded suffered greatly.

For Anzac a team of two medical officers, one sergeant, and five men (one a cook), equipped with palliasses, blankets, and medical stores, was detailed by No. 1 Australian Stationary Hospital to the fleet sweeper *Clacton* (820 tons). This team was increased later to fifteen, with a sergeant clerk for keeping records. The *Newmarket* (833 tons), *Hythe* (509), and others were also from time to time staffed from Australian field ambulances, and during May, June, and July worked from Anzac and Helles. For others, British clearing station personnel was used. In the *Clacton* the holds were cleared, lights put in, a sloping companion-way built, and special arrangements made for cooking. Her first trip was made on May 21st, and thereafter her journeys were regularly made once in every twenty-four hours, supplies and troops being brought up at night and

after discharging, barges in charge of a "middy" would range alongside: the stretchers were taken in by hand—very awkward at night or if the sea were rough. Light cases were taken from the hospital ship. First instructions were for 150 lightly wounded, but soon all classes of case were sent and frequently over 300 carried.

The hospital ship lying in the roadstead and the nightly sweeper were important links with the outside world, and were a feature of life at Anzac. As the murrain of sickness increased in the troops, the work performed in the sweepers in the way of treatment and classification of cases for distribution became very heavy. The success of the service depended greatly on the ship's company, usually North Sea fishermen. "Nothing" (says an Australian medical officer,

over, in case of war, a sufficiency of such vessels—commonly "drifters" or "trawlers" of from 200 to 300 tons burden—together with their crews. Besides general duties in connection with the fleet, they are used to serve in the evacuation of wounded between battleships and hospital ships or carriers.

of the *Clacton*) "that I could write could express my sense of gratitude for the courtesy and kindness of the officers and crew."

As with the "black ships," administration of this service was divided between the navy and the "Q" branch and medical department of the army, the latter being represented by the D.D.M.S. Lines of Communication. Co-ordination of responsibility was far from exact, and distribution of cases was often haphazard. Similar confusion existed in respect of equipment; for example, the *Clacton* was at first ordered by the D.D.M.S., Lines of Communication, to replenish medical stores from "the Beach at Anzac"—where, as yet, no dépôt of medical stores existed and where units could replenish only by stores brought from Lemnos by the sweeper itself.

The accommodation required at Mudros by the new scheme was provided partly afloat, partly ashore. On May 24th the "dépôt ship" *Alaunia* left Mudros for Egypt with 479 patients, and was replaced by the 18,000-ton *Franconia* (called "floating hospital"), on which were now No. 2 Australian and Nos. 15 and 16 British Stationary Hospitals. The necessity for re-establishing hospitals ashore was also now recognised. No. 1 Australian Stationary Hospital, which landed on May 19th to re-erect on the old site at East Mudros the hospital previously dismantled with such reluctance, found scarcely better facilities than before, but the unit was greatly helped by the loan of French mule-carts for the transport of equipment and carting of water and stores. On the 21st, "before half the tents were up," and without warning, 271 patients arrived, including scarlet fever and measles. Thereafter admissions kept pace with the opening up of tents, till there were 400 beds, and a splendid hospital was again built up, though worked by a staff designed for only 200. Owing to the shortage of water and to the absence of a constructive policy with regard to Lemnos, No. 19 British General Hospital, which on May 24th arrived from England *viâ* Alexandria to open there, was sent back to Egypt as "useless at Mudros."

**Lemnos
Advanced
Base—hospitals
afloat and
ashore**

As the advanced base, Mudros would be the head of the Lines of Communication of the M.E.F., but no lines of communication headquarters at first existed.

**L. of C.
Headquarters
forms there**

By May 12th Mudros Harbour had been made the naval administrative base; the headquarters of the Principal Naval Transport Officer—who, under the Admiralty direct, controlled all the chartered vessels—being established in the transport *Aragon*, permanently anchored.⁸ By irregular accretions an assorted military staff accumulated round this naval nucleus. All vessels, coming and going, were directed by G.H.Q., M.E.F., to call at Mudros, and on May 24th the D.D.M.S., Lines of Communication (Colonel Maher), was transferred there from Helles and the A.D.M.S. (Colonel Thom) from Anzac. The duties of the D.D.M.S., Lines of Communication, were important. He was responsible for the working of the temporary hospital ships and the sweepers, and, in conjunction with the Deputy-Adjutant-General and the D.Q.M.G., M.E.F., also for the return of recovered men to the front, for sending up medical supplies and reinforcements to the Peninsula, and for the general medical administration of Lemnos as an advanced base. At the end of May General Headquarters of the Mediterranean Expeditionary Force established itself at Imbros, and with it there were naturally located the heads of the great administrative departments, including the Director of Medical Services. It was not till June 7th that an "Inspector-General of Communications" was appointed and established with his staff in the *Aragon* at Lemnos. Though a member of this staff, the D.D.M.S., Lines of Communication, was also under the orders of the D.M.S., M.E.F., and between the navy, the M.E.F. command, the inspector-general's command, and those in Egypt and Malta, the medical situation was very involved, and its operations in consequence confused.

At the end of May a dépôt camp for surplus medical personnel was formed at East Mudros, and on the 27th it included ten officers and 105 men of the Australian Army Medical Corps, who were thence drawn upon for transport

⁸ Admiral Wemyss, who administered the island from the political standpoint, was also stationed in the *Aragon*.

duty. The supply ships of all kinds—ordnance, army service corps, engineering—lay scattered in the harbour. Nos. 4 and 5 Advanced Dépôts of Medical Stores were assembled on the dépôt ship *Alaunia*, the Base Dépôt of Medical Stores being still retained in Egypt.

The working of the "ferry service" of hospital ships and black ships to the expeditionary bases must now be followed.

Larger ferries to base In consequence of General Maxwell's letter⁹ of May 8th hospital ships had been reduced to two (*Sicilia* and *Gascon*) and the systematic use of black ships had been accepted by G.H.Q., M.E.F., though under protest from Surgeon-General Birrell. The conditions in these vessels have been described. It had been promised that five transports should be reserved for medical use, and a board in Egypt inspected various ships. Action taken in connection with these had interesting developments. When the hospital ship *Guldford Castle* was taken off, the nursing staff (A.A.N.S.) was, by order of the D.M.S. for the Force in Egypt, "sent to join H.M.T. *Neuralia*, a finer vessel but not fitted out for hospital work. A number of bunks were hastily put in, and with Red Cross flag we went to Lemnos."¹⁰ Other vessels were selected, and fitting commenced. On May 24th the D.M.S., M.E.F., instructed the A.D.M.S., M.E.F. Base, to use his nurses for this ("black") transport service; at the same time, however, repeating, in a cable to the War Office, his plaint: "I am still of the opinion that four hospital ships are required."

The scheme¹¹ devised by G.H.Q., M.E.F., to meet the new conditions in connection with the evacuation and disposal of casualties, slight and severe, had hardly been established before its inadequacy became evident. For slight cases, treatment on shore at Gallipoli was found unsatisfactory. On May 27th the A.D.M.S., 1st Australian Division, pointed out to the A.D.M.S., Lines of Communication, its "impossibility owing to the fact that no tent sub-division was on shore, nor place where it could be put on Anzac, the C.C.S. acting as

⁹ See p. 177.

¹⁰ From the diary of an Australian nursing sister.

¹¹ See p. 214.

dressing station and clearing station.”¹² Even at Helles, large numbers could not be held. At Mudros the cases included in the “seven to twenty-one days” period exceeded the accommodation. Though the number of wounded decreased, there had begun the flood of sick, which was destined again to confound the calculations of G.H.Q., M.E.F.

Meanwhile from the formations, particularly at Anzac, there had come a complaint that men evacuated for slight causes had failed to return to duty. By the middle of May such complaints had been numerous; in June they became insistent and were taken up by the A. & N.Z. Army Corps with G.H.Q., M.E.F.; thence they travelled to the Inspector-General of Communications and Egypt. Nevertheless the matter remained for months a subject of unsatisfactory and even bitter debate. At the base the chief avoidable cause of delay is to be found in certain defects of the base dépôt, the nature of which will appear later; but at the front also there was failure to meet the requirements by developing Lemnos as an intermediate base for holding light cases within the sphere of operations. In connection, however, with this problem of return to duty, it is necessary to note that, while defects undoubtedly existed, there was at the same time a certain impatience on the part of units at the front with regard to the return of individuals—an attitude born of inexperience of the working of the army as a machine, and of the fact that the personal and direct methods to which they had become accustomed in Egypt were no longer possible.

To relieve the pressure on hospitals at Lemnos, the time limit for treatment at the advanced base was now reduced to fourteen days. The “dépôt ship” system for sick and wounded, which had proved far from satisfactory, was dropped, and during the first week in June the three stationary hospitals in the *Franconia* were established ashore at Mudros beside No. 1 Australian, together with an Indian field ambulance. Neither convalescent nor reinforcement dépôts were, however, established till later. The transfer of cases both in the harbour and to the shore was tedious and

**Requests for
return to duty**

**Scheme
altered—
all hospitals
ashore**

¹² From the war diary of the A.D.M.S., 1st Aust. Division.

irregular owing to shortage of small craft and of port facilities: the obtaining of medical supplies from the scattered store-ships was difficult and uncertain. In short, the organisation of the Mediterranean Expeditionary Force for service of supply and maintenance was in June below the requirements.

Lemnos had by July become in its purpose an intermediate base for the expedition rather than "advanced"; but this development had been brought about by force of events rather than by deliberate prescience; even the history of the next two months gives little evidence of any resolute pursuance of a clear policy in this respect. The delay, for example, in grappling with the problem of water (on which an urgent report had been made by No. 2 Australian Stationary Hospital on landing), and in commencing engineering work on shore, is difficult to understand in view not only of the immediate requirements for the maintenance of the force, but of the huge military effort now being planned. That delay was particularly prejudicial to the medical service throughout this period. There was manifestly an undue preponderance in the Mediterranean Expeditionary Force of the "operations" branch as against the administrative services, and very secondary importance was, (it would seem), assigned by the general staff to problems of maintenance.

Though by the steps taken the numbers evacuated to the base increased, the pressure at Lemnos was only partly relieved. At the same time, moreover, it was reported from Egypt that the accommodation at the bases was becoming overcrowded—"almost at breaking point, owing to the number of slightly sick and wounded cases."

While military interests in regard to the rapid return of slight cases to duty were thus being inadequately served, the treatment and disposal of serious cases were even more unsatisfactory. Things were brought to a climax in this respect by operations at Helles on June 6th, when no hospital ship was available to transport to the expeditionary bases nearly 2,000 wounded, who were evacuated in the transports *Francoma* and *Ascanius* (the latter staffed by the tent subdivision of the 1st Australian

**Serious cases—
twelve
hospital ships
demanded**

Field Ambulance). As a result of this experience and of criticism of the use of unprotected ships, and particularly in view of the news that five new British divisions were to arrive, the D.M.S., M.E.F., on June 9th obtained Sir Ian Hamilton's approval for a policy of providing twelve hospital ships—fifteen were first asked for—between the Dardanelles and Egypt.¹³ Accordingly six vessels were partly equipped at once, and, with the permission of the D.M.S. for the force in Egypt, were temporarily staffed from No. 21 British General Hospital, which had just arrived there; 4 medical officers, 8 nurses, and 20 privates were allotted for each. But these vessels were sent out as black ships, unprotected and also liable to be taken off for combatant use. A number were, in fact, sent with cases direct to England, where they were to be available for bringing out the new divisions.

The question of providing more special hospital ships thus became acute. A hospital ship is such in virtue, first, of being painted white with a red cross, and of being, for protection, notified as such to the enemy; and secondly, in virtue of its equipment with suitable fittings and medical staff adequate for full hospital treatment of sick and wounded. The first requirement was subject to strict regulation under the terms of The Hague adaptation of the Geneva Convention. As regards the second, the fitting up of a vessel to act as a "hospital afloat" was a long and costly business, involving at least six weeks' work in England, or much longer in Egypt. In the navy, however, there was a recognised provision for meeting urgent requirements by using an "inferior sort of hospital ship" known technically as "hospital carrier." For this purpose merchant vessels would be fitted as well as time would permit, painted as hospital ships, and registered under the Geneva Convention. These were improved from time to time, and ultimately either fully fitted or returned to the merchant service. The Dardanelles problem was now dealt with on these lines. The transport *Neuralia*, before her next trip, was painted white and improved, becoming the first

"Hospital carriers" provided

¹³ "Temporary hospital ships not considered safe" (diary of D.M.S., M.E.F., June 9). See *Appendix No. 3*.

hospital carrier.¹⁴ Gradually more vessels were selected in Egypt by a committee representing the Admiralty, the M.E.F., and Egypt, and were partly fitted by the department of the Admiralty in Egypt, and staffed from a reserve of medical officers, nursing sisters, and orderlies, British and Australian. Field equipment and stores—medical, ordnance, army service corps, and Red Cross—were put on board by the A.D.M.S. of the M.E.F. Base. They were often used in the first place as Black Ships, being painted as hospital ships later, as opportunity presented.

At this stage there were made, in two directions, changes of great importance, the result of an effort by the authorities in Great Britain to grapple with the medical difficulties of the campaign. First, the system of control was modified. During May, in addition to the effect of popular clamour, grave anxiety had been caused to the Admiralty and the War Office by reports received concerning the wounded. It was not at first recognised that the fundamental defect had been the shortage of hospital ships and of medical small-craft for serious cases, and a solution of the problem was sought in new administrative appointments. To co-ordinate the interests of Egypt and the M.E.F., and generally to direct medical activities in the Levant on broader lines, the War Office created a new position, that of "Principal Director of Medical Services" ("P.D.M.S.") for the East. To this post Surgeon-General Babbie was appointed. On its part, the Admiralty held that the trouble on sea was due to lack of co-ordination between navy and army, and the War Office agreed (though doubtfully) to the creation by the navy of a "Principal Hospital Transport Officer" ("P.H.T.O.") to control the movements of wounded on the lines of communication. To this office Sir James Porter (who had been Medical Director-General, R.N.) was appointed. General Babbie arrived in the East on June 15th, Sir James Porter not till the end of July. The P.D.M.S. was without local executive authority, no corresponding military command having been created. With the authority of the War Office

**Two important measures—
(1) P.D.M.S. and P.H.T.O. appointed**

¹⁴ This term was not at first taken into general use, all vessels, black or white, which were set aside permanently for evacuating sick and wounded, were, in a very confused way, called "hospital ships."

behind him, however, he exercised considerable influence on local arrangements as well as on general policy, and controlled the disposal of the consultants, medical and surgical, and of the "experts" who were now being selected and sent to the East to meet the special circumstances of the campaign.

Second, in the middle of June it was decided in England to organise the whole system of hospital ships for the Mediterranean jointly between the Admiralty and the War Office. Local efforts at the seat of war were linked up with action in England in a scheme intended as a radical solution of the medical sea-transport problem. The provision of twenty-seven hospital ships (to include naval) was approved, the distribution being—local 12, to England 9 (5 direct from Lemnos), to India 3, to Australia 2, to New Zealand 1. The Australian Government (on June 2nd) agreed to find its two; the New Zealand hospital ship *Maheno* was already on her way to England.

Locally, this larger policy had good results and was opportune to meet the flood of sickness in the Dardanelles.

It helped somewhat to "clear the decks" for the impending operations. But its development was slow. Departure to a time-table, as desired by the P.D.M.S., was impossible without a reserve of vessels which never materialised. Some selected ships were found wholly unsuitable, and were afterwards condemned. On one of the two occasions before the August offensive when heavy casualties occurred—namely, in the fighting at Helles and Anzac at the end of June—the old error was repeated of over-estimating the capacity of vessels and under-estimating the difficulties of classification. Some 1,800 wounded, brought to Mudros by sweepers and trawlers, were put in the unprepared troopship *Saturnia*, and for some hours suffered through neglect: or they were crowded into the filthy transport *Seang Bee*. The tent sub-division of the 1st Field Ambulance which was staffing the latter ship protested at the numbers sent, but, on being ordered to fill the ship or else get off it, they made the trip—their last—with 364 cases. Heavier casualties from Helles on July 8th were, however, dealt with without any serious hitch.

(2) Twenty-seven hospital ships promised

Scheme develops slowly

The "home" part of the new policy matured even more slowly than the local. The whole scheme was, indeed, quite incomplete when it became merged into the vast events of August (for which by July 13th the tactical plan was being prepared) and of its aftermath in September. Then, partly through the sheer magnitude and complexity of the problem of sea-transport, but in great measure also through delay in putting into effect the policy for local development—namely, that of an intermediate base and systematic clearance of the expeditionary bases—new and drastic action became necessary.

It remains briefly to narrate the developments that occurred during June and July on the island which formed so crucial a centre on the lines of communication and of all the schemes concerning them. The two Australian stationary hospitals at Lemnos had played an important part in the work of the base that was gradually formed ashore. No. 1 had somewhat the better opportunities, and by July 31st had admitted 3,951 cases; No. 2 had admitted 2,396. Inspecting No. 1 on June 26th, the P.D.M.S. noted with commendation:—

**Occurrences
at Lemnos**

the operating room in Australian pattern hut: electric light from their own plant. X-ray apparatus working for all hospitals near: small bacteriological laboratory. They have an autoclave for the dressings. They join three double-fly marquees and make a ward for 36 men.

Even nurses from the *Neuralia* approved the "general tidiness of the tents and the well-cared-for appearance of the patients." During June thirty-six X-Ray plates and 310 screenings were made, No. 1 being till August the only unit with apparatus. Dental work was performed by a qualified dentist "so long as supplies lasted." A boat was bought locally for obtaining stores, and with the help of Rear-Admiral Wemyss—a good friend of the hospitals—a petrol engine was installed. This example of self-help might well have been followed in higher quarters. Both units were seriously crippled by reduction of staff through sickness and by the non-arrival of their reinforcements, which were retained in Egypt.

Toward the end of June British casualty clearing stations formed two "rest" hospitals at Mudros, where also the 3rd Light Horse Field Ambulance was established and by July

accommodated 200 cases. In June, moreover, a base dépôt of medical stores was brought up, and the British Red Cross Society established a dépôt which supplied Australian as well as British units at Lemnos. The Australian Branch of the British Red Cross Society had as yet no personnel of its own outside Australia, and was at this time part of the organisation of No. 1 General Hospital in Egypt: supplies from this source were therefore necessarily casual and irregular.

At this stage there occurred a further complication affecting the scheme of the D.M.S., M.E.F. The newly appointed P.D.M.S. favoured the use of Lemnos for a very different purpose than that of merely catching the light cases on their way to the base. He urged the development of the island for the treatment of serious cases near the front, and, in pursuance of this policy, at his request G.H.Q. asked the War Office on June 30th for a "hatted hospital" of 1,040 beds. This (the P.D.M.S. wrote) should be "a real good hospital"—the huts to come with it from England. For this purpose the new Australian general hospital, No. 3, which arrived in England on June 28th, was selected by the War Office. Movement orders were received by its commanding officer (Colonel T. H. Fiaschi) on July 1st, and on the 12th the unit left for Lemnos *viâ* Alexandria on the troopship *Simla*. Its equipment was put in another transport—with disastrous results.

On the military side the opposite policy was being pressed, namely, the development of Lemnos for light cases. The object was to promote their more prompt return to duty—now a burning question. At a conference held at General Headquarters, M.E.F., on July 8th on the subject of "getting sick and wounded sent back to their units at the first opportunity," it was agreed to adopt, among others, the following measures:—

That Mudros be developed for the reception of from 6,000 to 12,000 "light cases," *i.e.*, those likely to return to the front within a period of 21 days; and that the D.D.M.S., L. of C., should exercise such control of cases arriving at Mudros as effectually to stop at Mudros all sick and wounded except those unlikely to recover within 21 days

**A
complication—
rival policies**

**Important
conferences**

That officers commanding hospitals in Cairo, Alexandria, and Malta be instructed that, at the earliest date possible during convalescence, cases should be re-transferred to the more salubrious and cooler climate of Mudros. All convalescents in Egypt and Malta to be sent at once to Mudros. No invaliding to take place from Mudros.

A general routine order, issued by Sir Ian Hamilton, laid down in detail the system to be adopted for the disposal of casualties discharged from hospitals at the intermediate and expeditionary bases. These instructions reflected, besides the special requirements of the expedition, certain developments now taking place in England in connection with the summoning of national resources in man-power (like the runner's "second wind") for the long-distance race to which it was now evident the warring nations were committed. The account of the medical involvements of this important development is deferred till a later chapter.

At the beginning of July the hospitals at Lemnos could accommodate some 2,500 cases, chiefly slight and infectious.

**Lemnos
inadequately
developed** Very little developmental work had, however, been done on shore. When leaving for Egypt on July 7th, the Principal Director of Medical Services drew the attention of the War Office to the serious hindrance to effective evacuation caused by the lack of piers and other facilities for transshipment, and of sweepers, barges, and (in particular) launches for medical purposes. For three months the D.M.S., M.E.F., and the D.D.M.S., Lines of Communication, had been seriously handicapped by these deficiencies.¹⁵

The arrival of new British divisions, however, brought things to a head, and from mid-July great efforts were made to develop the intermediate base in time to meet the requirements of the huge operations now imminent. The military situation in connection with these was gravely complicated by a rapidly rising flood of sick evacuated from the Peninsula, where an outbreak of intestinal disease had reached serious dimensions. The course of this trouble must now be followed.

¹⁵ Early in June the Chief Commissioner of the British Red Cross Society, who arrived to open the Red Cross store at Lemnos, wrote: "To distribute our stores . . . it is absolutely essential we should have motor boats . . . I arranged to either hire or buy a small motor boat for the use of the D.M.S., and authorised the expenditure of £100 for this purpose . . . That shows . . . the very urgent need for motor boats, even for the D.M.S., who could not get about."