

## CHAPTER XXIII

### THE AUSTRALIAN MEDICAL SERVICE IN ENGLAND, 1915

THE arrival in England during 1915 of large numbers of the sick and wounded of Australia and of the other British dominions, and of medical and nursing personnel sent to participate in their treatment and disposal, brought about problems in Imperial co-operation of considerable complexity. There was, however, quickly evolved a *modus vivendi* which permitted the exercise of dominion activities within, but in some degree independent of, the organisation built up by the War Office for dealing with casualties arriving in England from overseas. Even before the A.I.F. was transferred to France there had been laid the foundations for an Australian medical overseas base in Great Britain, and the new system of the "command dépôts," with improved classification of troops "hardening" for the front, had been established.

\*

\*

\*

The original plan for Imperial co-operation in the war would have taken the Australian and New Zealand contingents direct to England. There, like the Canadians and Newfoundlanders, they would have spent the winter of 1914-15 in the camps that grew up like mushrooms on Salisbury Plain and the outskirts of the adjoining New Forest, while training for a part on the Western Front. The cross currents of policy and strategy that drew them first to Egypt and thence to the intense, if brief, diversion of the Dardanelles, entailed a complete change in the medical situation. During this period, however, England was the scene of certain activities and developments, chiefly medical, in connection with the Australian force that were important in themselves, but more so as laying a foundation for the great organisation which was in the later years of the war to form the overseas base of the Australian infantry.

It must be stated by way of preface that this organization was evolved as an integral part of the general War Office



71. A SATISFACTORY TYPE OF LATRINE, WITH FLY-PROOF SEAT AND FALLING LID ON EACH PAIR

Photographed at the Australian camp Tel el Kbir 1910

*Aust War Memorial Collection No. C4800*



72. INCINERATION AT TEL EL KIBIR CAMP, 1910

*Aust War Memorial Collection No. A-2717*



73. SERBIAN BARREL DEFOUSERS AND THRESH DISINFECTOR NEAR FERRY POST, EGYPT

For a photograph of a railway-van disinfector, see plate No. 80

*Aust War Memorial Collection No. A-2718*

*To face p. 400.*



74. INOCULATION AGAINST CHOLERA IN EGYPT, 1915

Captain J. P. Fogarty, R.M.O., 21st Battalion, using the needle

*Taken by Capt. A. G. Bowen, 21st Bn.  
Aust. War Memorial Collection No. 4752*



75. DENTISTS AT WORK AT NO. 3 AUSTRALIAN GENERAL HOSPITAL,  
ABBASSIA, EARLY IN 1910

*Taken by Lt. Col. A. H. Sarsane, No. 3 AGH  
Aust. War Memorial Collection No. 11668*

*To face p. 491.*

procedure<sup>1</sup> for officers and men of the Regular and Territorial forces and "New Army" of Great Britain, which was modified—within limits, which receded with each successful exploitation of the possibilities of intra-Imperial reciprocity—more and more exactly to suit Australian requirements. It should be added that in its navigation of the uncharted sea on which it now embarked the Australian staff in England found in the British War Office a pilot both experienced and sympathetic.

**Dominion  
organisation  
dovetails into  
British**

During the first year of the war the military headquarters of the A.I.F. in England was housed in the office of the High Commissioner, whose position as the mouthpiece between Britain and Australia became of great importance when the sudden need arose for definition and practical trial of the Imperial ideal. His staff, in particular the military adviser and the medical officer for immigration,<sup>2</sup> became responsible for organising and directing not only the various unofficial efforts on behalf of the Australian sick and wounded in England, but also, under the War Office, the official medical arrangements.<sup>3</sup>

On his arrival in England on 15th December, 1914, in the erroneous belief that the Australian hospitals which ultimately landed in Egypt would be sent on thither, Surgeon-General Williams, as D.M.S., A.I.F., made the High Commissioner's office his headquarters. In addition to activities already noted,<sup>4</sup> he inspected, for the Director-General of the Army Medical Service, the "Australian Voluntary

**The D.M.S.,  
A.I.F., and the  
War Office**

<sup>1</sup> Each of the self-governing dominions—Canada, Australia, New Zealand, and the Union of South Africa—evolved its own system for dealing with the sick and wounded, and these systems differed in details and even in policy. A series of "War Office letters" and "Army Council instructions" laid down from time to time the procedure for the "disposal of sick and wounded soldiers transferred home from an Expeditionary Force"; and these included special instructions which embodied both the general policy prescribed by the War Office in connection with sick and wounded soldiers other than British in Great Britain, and also the special arrangements arrived at with the War Office by each dominion in regard to its own contingents.

<sup>2</sup> Respectively, Lieut.-Col. P. N. Buckley, R.A.E., and Dr. W. Perrin Norris.

<sup>3</sup> In this capacity (it must be said) his duty of exercising discrimination and initiative, ably carried out, was at times pushed by the High Commissioner to a degree that left the War Office and the Australian Department of Defence in the dark as to each other's wishes and requirements.

<sup>4</sup> See p. 66.

Hospital" at Boulogne,<sup>5</sup> and, for the Australian Government, certain places suggested as convalescent homes. An important outcome of his conversations with the D.G.A.M.S. was, as has already been mentioned, a cable from the High Commissioner intimating the "desire" of the War Office to engage 200 young Australian medical men as officers in the R.A.M.C., and, shortly afterwards, another asking for 200 nurses for service in the Q.A.I.M.N.S. The action is of interest both as an Imperial "gesture" and also as indicating the attitude of the War Office at that time on the question of the most effective form of contribution by Australia to the medical care of Empire soldiers in the war. The D.M.S., A.I.F., embarked for Egypt on January 31st, leaving arrangements to the "administrative direction" of the medical adviser to the High Commissioner.

The provision of the War Office whereby, under a very generous financial agreement, Australian sick and wounded would be treated in British hospitals, was correlated with a tacit acceptance of responsibility by the War Office for providing adequate hospital accommodation. It chanced, however, that a patriotic Australian offered his house—Harefield Park in Middlesex—with 250 acres of land, as a "convalescent home," and this determined a line of co-operation by Australia which, with occasional divergence, became a settled policy. On the recommendation of the acting D.G.M.S., Australia, that "such a home will be almost a necessity," and on its approval by the D.M.S., A.I.F., for 150 beds in the summer and 50 in the winter, the offer was accepted, as were subsequent offers of various smaller places in and about London for officers.<sup>6</sup>

At the end of March, 1915, an advance staff of five nurses with a matron of the Australian Army Nursing Service arrived from Australia, and by the middle of May had prepared eighty beds at Harefield. On April 16th the D.M.S.,

<sup>5</sup> This unit, formed by private munificence in September, 1914, and staffed on a voluntary basis by Australian medical officers and nurses visiting England, was among the first British hospitals in France. Its personnel, in common with other Australian medical men and nurses abroad at the outbreak of war, was precluded from joining up with the A.I.F. overseas by the policy laid down by the Commonwealth Government.

<sup>6</sup> No. 4 Auxiliary Hospital, Digswell Place, Welwyn (4 beds).

No. 5 Auxiliary Hospital, Digswell House, Welwyn (20 beds).

No. 6 Auxiliary Hospital, Moreton Gardens, London (40 beds).

A.I.F. (then in Egypt), being informed of the decision by Australia not to provide hospital ships, cabled through the High Commissioner for the immediate extension of convalescent homes—which would obviously be necessary if no transport was provided for invalids—to “at least 1,000.” On May 9th he came to England “to organise the extension of convalescent homes” and to arrange, if possible, for hospital ships. The extension was begun by the erection at Harefield of huts for 300, on an “auxiliary hospital” basis.<sup>8</sup>

For military administration Great Britain was divided into “commands,” independent and self-contained under the War Office, the medical service of each being controlled by a D.D.M.S. There were at this time six “commands” in England, one in Scotland, and one in Ireland. Sick and wounded soldiers arriving at one of the ports of disembarkation (of which the chief was Southampton) were distributed, without discrimination as to nationality, from a special clearing hospital at the port, and were carried by hospital trains to the several “commands” in accordance with the accommodation available there.

Early in May the D.M.S., A.I.F., drew up a scheme for Australia’s co-operation in the care of her sick and wounded which was embodied in “Standing Orders for Australian Auxiliary Hospitals in England.” This proposed two groups

<sup>7</sup> For the negotiations at this time which led to the formation of No. 3 A.G.H., see pp. 88-89.

<sup>8</sup> The military hospital system in Great Britain, which grew from 7,000 beds before the war to 364,133 at the Armistice, was based on—

1. The regular military hospitals (Netley, Aldershot, Woolwich, etc.) scattered over the United Kingdom, which were at once expanded and augmented.

2. The general hospitals of the Territorial (militia) Force organisation, each of which expanded from 250 beds “almost indefinitely” by “affiliated” hospitals.

3. Special “war hospitals” organised from Poor Law infirmaries, asylums, etc., staffed by their own and other civilian personnel with temporary military rank, augmented from the Regular services. These became of considerable importance.

4. Civil infectious hospitals and beds in public hospitals.

5. Voluntary hospitals provided under the auspices of the British Red Cross Society and the Order of St. John of Jerusalem. These formed “a very large proportion” of the beds at the Armistice. They received Government grants according to their facilities for treatment—equal to about 70 per cent of the total cost—and were organised into two classes of “auxiliaries,” “A” class being those adequately equipped and staffed to act as overflows from general hospitals, and “B” (at first called “convalescent homes”) those which were suitable only for convalescents requiring little or no hospital treatment. Both classes of auxiliaries were grouped round “central” military hospitals, from which they received cases by transfer; these cases remained on the books of the central hospital, and their movements were controlled by military inspectors in conjunction with the inspector of the voluntary body concerned.

6. “Military convalescent hospitals.”

of "auxiliary" hospitals, for officers and other ranks respectively, "within easy access of London"; they were to take secondary cases both direct from hospital ships and as transfers from British hospitals. For their administration as military hospitals under the authority of the "command" in which they would be situated a commandant (A.A.M.C.) was provided for, who would "exercise command

**An Australian system within the British**

over all Australian hospitals," acting in co-operation with the medical adviser to the High Commissioner, who was concerned chiefly with accommodation and equipment. Provision was made for a staff officer (A.A.M.C.) responsible for Red Cross funds and stores, and a demand was made upon Australia for a staff for 1,000 beds and a lieutenant-colonel of the A.A.M.C. as commandant.

At the end of May an officer and six rank and file arrived for Harefield, where on June 2nd the first eight patients were received. These were among the casualties of the Landing who had been brought to England in the middle of May by the hospital ships *Goorkha* and *Letitia* and other vessels. By the end of the month 925 such cases had arrived in England and had been dispersed throughout the United Kingdom. Some of them were now transferred to Harefield.

For the reception of Australian soldiers on discharge from hospital in the United Kingdom, "Monte Video" camp at Weymouth, in the south of England, was handed over on May 29th by the War Office as a *dépôt* for convalescents and invalids awaiting disposal and not requiring further treatment. A

staff was drawn from convalescents, and the Agent-General for Western Australia, Sir Newton Moore, was appointed commandant, "Australian and New Zealand Base *Dépôt*."



Through the support given by the High Commissioner and the deep impression created in Australia by the Landing, the D.M.S. obtained the Australian Defence Department's consent to his request for hospital ships; and on June 6th he re-embarked for Egypt *viâ* Malta, leaving an acting commandant—Major T. P. Dunhill, an invalided surgeon from Egypt—and the Medical Adviser to direct, under the High Commissioner, medical affairs in England in his absence. By this time the overflow from the Landing, augmented by invalids from Malta and Egypt, was reaching the British convalescent hospitals and was passing thence to the stage of discharge and furlough, and it was arranged with the War Office that at this stage Australian patients should become a direct responsibility of the staff of the High Commissioner, who undertook to arrange for their final disposal. Knotty problems arose in connection with each of the stages here mentioned.

By the end of June 1,500 Australian sick and wounded had arrived in England. Harefield by now held 300, and would shortly be able to take 500 more; 267 were in Weymouth; the rest were scattered through the British hospitals or on furlough. While under active treatment in the central hospitals, a sick or wounded Australian was one with the other soldiers of the Empire, dependent for his treatment on the medical and nursing professions, military and civil, of Great Britain. The stage of convalescence brought him directly within the responsibility of the High Commissioner, not only for disposal after discharge but in some respects for care and comfort. It was here that the craving for companionship and home associations was naturally great; moreover, the Australian soldier felt, much more than the British, the irksomeness of restraint and lack of pay.<sup>9</sup> From an early date, therefore, the concentration of Australians near London, so as to permit of effective oversight by the staff of the High Commissioner, became an important, though a very difficult, matter.<sup>10</sup>

<sup>9</sup> No pay was allowed while a man was in British hospitals in England.

<sup>10</sup> "We discovered Australian wounded soldiers in 82 of the 100 Auxiliary Hospitals attached to the 2nd Western General (Territorial) Hospital in Manchester—an index of what was happening all over the country." (From a report by the acting Commandant, Australian Auxiliary Hospitals.)



The medical organisation in Great Britain was then in the throes of rapid evolution under compulsion of the urgent needs of the military situation. In Great Britain, as in Australia, the principle of voluntary enlistment had the force of a religion. For that principle the British people fought to the extreme limit of safety, in spite of the compulsion of a war to the death against a conscripted enemy, and of an utterly unexpected failure of a large proportion of the population to satisfy the physical standard of "A Class" for the purposes of war. At this time, under a reorganised system of medical examination, "travelling medical boards" were raking-over and categorising the recruits in order to find sufficient effectives for the "New Army" and to fill the ancillary services. In respect also of the cognate and equally pressing problem of making good the unprecedented wastage at the front by rapid "return to duty" of recovered men, there had been a growing realisation of the fact that advance in the efficiency of the procedure depended largely on the medical service. This had led to the introduction of a new form of convalescent establishment. To fill a gap between the medical "convalescent homes" and the regimental "reserve battalions" or "dépôts" of the British military system, "military convalescent hospitals" were being formed.<sup>11</sup> These received from the military hospitals "cases likely to be well within six weeks," with the object of "fitting the convalescent for service without unnecessary delay." To meet Australian requirements in the matter of convalescence, and to promote concentration for care and control, the War Office made available a self-contained section of ten huts, with forty-eight beds in each, in one such hospital at Woodcote Park, Epsom. The Australian staff, which was cabled for, was to be under the British commanding officer. Patients were admitted on July 2nd, at first under a British staff.<sup>12</sup>

Harefield by now had reached 500 beds. The medical adviser reported that the growing requirements of secondary

<sup>11</sup> The first in April, 1915.

<sup>12</sup> These units were commanded by a medical officer who exercised "full military command" over patients as well as personnel, officers and other ranks alike, including the power of punishment.

surgery and the need for special forms of treatment had made this unit "more like a general hospital," and at his instance it was suggested to the War Office and to the Australian Defence Department that for administrative purposes it should be classed as such. Though no steps were taken at the moment, it was divided into "convalescent" and "auxiliary" sides. At the end of June arrangements were made whereby on discharge<sup>13</sup> from hospital all Australians reported to the High Commissioner for furlough, for which a special department was organised, together with a regular system of medical examination and reclassification to determine their disposal.

On July 9th the Australian D.M.S. returned from Egypt shorn of his directorship. His bitter and not unnatural chagrin at the turn of events was not decreased by the terms with which Australia confirmed his sentence. He was to perform, under the "sole direction of the High Commissioner," only duties in connection with the return to Australia of invalids who had left hospital. There being as yet few invalids, and no ships to fit up, he remained for the time idle.

This curious reconstruction had taken place on the eve of great events. By the middle of July it was generally known that the resumption of the offensive at the Dardanelles on a large scale was imminent.<sup>14</sup>

In response to information from the Australian Intermediate Base Dépôt in Egypt, the High Commissioner on July 15th cabled requesting authority for expansion from 1,000 to 2,000 beds in England and for appropriate staff. Synchronising as it did with large demands

<sup>13</sup> The system of disposal on discharge laid down at this time by the War Office was as follows.—

If fit for duty or light duty: Granted furlough of 14 days by the officer in charge of the central hospital.

If not fit for duty or light duty: Sent to convalescent home.

On discharge, fit men (after furlough) join the reserve unit (training unit), and those who are fit for light duty join the dépôt ("base dépôt" of the regiment, or, in the case of the Territorial force, "1st Line dépôt").

Responsibility after discharge rested with the "regimental" staff. A hospital board decided the various degrees of unfitness: discharge from the service and transfer to special hospitals were also arranged by the hospital authorities.

<sup>14</sup> On July 13 No. 3 A.G.H., which had arrived at the end of June, was deflected to the Levant, with its staff supplemented by the senior surgeon and radiologist from the "Australian Voluntary Hospital," which was soon after reorganised as No. 32 British Stationary Hospital, its staff for the most part becoming absorbed in the British service.

#### **and in the Australian**

#### **The search for a policy**

from Egypt for "special reinforcements," the cable brought to a climax a growing concern in Australia in regard to her contribution towards the care of her sick and wounded. "These increases (the acting D.G.M.S. reported to the Minister) are not being ordered on any system nor in proportion to any existing unit. Staff is sent as asked, but not complete as a medical unit . . . the whole arrangement is inexplicable." A cable was sent asking—with a view "not to interference or to hamper" but to "ensure harmonious working"—whether, as at first sight appeared, it was desired by the Imperial authorities that Australia should supply a complete medical service for her troops overseas. This the Government "would be pleased to do": but in such case it desired to retain control of internal administration.<sup>15</sup> The

**Complete  
service not  
desired**

reply by the War Office, which was possibly not uninfluenced by General Keogh's hesitation regarding Australian control, absolves Australia, so far as the British Government is concerned, from any possible charge of having neglected to provide her troops with their complete quota of medical units. The War Office, through the High Commissioner, intimated that it was not desired that Australia should provide a complete medical service, but welcome would be given to contributions as far as Australia was prepared to furnish. The War Office proposed a policy of attaching medical and trained nursing personnel from Australia for duty in sections of the large British hospitals "established for the general needs of the Expeditionary Forces," but in this proposal the arrangements for internal control were left somewhat indefinite. The High Commissioner informed the Defence Department of the proposal, and, in doing so, suggested, as a staff for the first 500 beds established on these lines, twelve officers and forty female nurses.<sup>16</sup> Arrangements

<sup>15</sup> Extract from cable from the Defence Department to the High Commissioner, dated 26 July, 1915: "Re provision medical services for Australians it appears desired by Imperial authorities that Australia should supply complete medical service . . . this Government pleased to do so; ascertain if this is correct, if so, then consider essential that this Government should retain some authority over and have power promote officers now on service, or transfer to other Australian units as considered proper in order to assure harmonious and satisfactory working . . . present arrangement unsatisfactory. . . ."

<sup>16</sup> Australian male nursing orderlies were found to be insufficiently trained.

were made by the War Office for the attachment of Australian personnel, as they should arrive, to two British "war hospitals," which, to suit the need for concentration, should be "near London"; in these the required proportion of beds would be set apart. In Australia, however, the staff was raised "on the basis of a 1,040-bed hospital"—the "10th Australian."

Early in August the two coastal liners *Karoola* and *Kanowna*,<sup>17</sup> selected in Australia as hospital ships, arrived with their staffs in England, where their fitting was expeditiously carried out by the Admiralty with full regard to the high standard demanded by Surgeon-General Williams. A War Office letter laid down the "procedure for invaliding to Australia by Hospital Ships and Transports." For the former the D.D.M.S., Southampton, was made invaliding officer, but was "associated" with the D.M.S., A.I.F., who issued very complete "Standing Orders for Australian Ships." The invaliding system was based on that adopted for Indian troops, a service of Australian hospital ships between Suez and Australia being correlated with a service by British ships between England and Egypt. For cases "not requiring special treatment on the voyage" invaliding by transport *viâ* The Cape was arranged, to be controlled by the High Commissioner; but, as "every available ship" was at this time in use at the Dardanelles, the adoption of this procedure was deferred. An Australian base dépôt of medical stores was established at Southampton.

At the end of the month there arrived the staff for the expansion of Woodcote and Harefield to 1,000 beds, and with it came the commandant for Australian auxiliary hospitals,<sup>18</sup> who took up his duties on September 1st. During June and July only 800 A.I.F. casualties in all had arrived. But the last week in August brought to England the invalids

<sup>17</sup> *Karoola*, 7,391 tons; *Kanowna*, 6,942 tons. The former was fitted up with cots for 44 officers, and 234 cots and 185 berths for rank and file; the latter for slightly less. The staff of each comprised 12 officers, 21 female nurses, and 117 other ranks. Officers were afterwards reduced by three, and a pharmacist and dentist were added. The cost of fitting was approximately £20,000 for each.

<sup>18</sup> Lieut.-Col. J. Froude Flashman, A.A.M.C.

cleared from Egypt and Malta in preparation for the great offensive, and at the end of that month the *Aquitania* also arrived at Southampton,<sup>19</sup> bringing the total from the A.I.F. for August to 1,500.

The "by-wash" reaches England

In September the number swelled to 4,046 for the month—a number greater than the previous total for all months since the Landing. By October 6th 7,764 sick and wounded had been received from the August operations alone.

The allotment by the War Office of beds in the London hospitals selected—No. 3 London General (T.F.) at Wandsworth and the County of London War Hospital at Epsom<sup>20</sup>—was anticipated and quickened by the rush of casualties. On September 10th 600 Australians—three trainloads—were admitted to Epsom: a week later the 3rd London General held 538. At the end of the month Australian medical officers and nurses were working in both hospitals, not in special sections but in charge of beds allotted as required.

On October 3rd there arrived from Australia in the *Morea* a commanding officer and part of a staff of "No. 10 Australian General Hospital," under instructions to take over No. 1 Auxiliary (Harefield), the staff to be completed for a 1,040-bed hospital from officers and other ranks already in England. This proposal by Australia had been communicated by the Secretary of State for the Colonies to the High Commissioner after the departure of the unit for England. A decided and definite cable in reply urged the advisability of adhering to the admirable policy proposed by the War Office, and this cable, together with the developments at Wandsworth and Epsom (which were a *fait accompli*), led to such adherence being given. After some delay the new staff was disposed of at Harefield, in various London hospitals, at Woodcote Park, and in the supervision and disposal of the considerable number of convalescents now in England who were discharged or awaiting discharge from hospital.

<sup>19</sup> Thirteen hospital trains were required to clear this huge liner "equivalent to eight hospital ships."

<sup>20</sup> *The Story of the Horton County of London War Hospital, Epsom*, by its commanding officer, Lieut.-Col. J. R. Lord, gives an excellent account of hospital work in England and incidentally an interesting appreciation of the Australians both as staff and as patients.

On October 6th the distribution of casualties was as follows:—in hospitals in or about London (including Harefield and Epsom) 3,913; in the provinces 693. There were on furlough 116 officers and 1,618 other ranks: in the Weymouth dépôt 1,424.

By a system of military and civilian visitors, control was maintained over Australians in British hospitals, and schemes were organised, under auspices both British and Australian, for benevolent intervention in convalescence and furlough. By these means the Australian soldier was shown, in entirely adequate fashion, that his welfare was not forgotten by his own country and that the welcome to the home of his ancestors was not wanting in warmth.<sup>21</sup>

At Harefield the medical staff was feeling the first pressure of a tremendous problem—the “mending of the maimed”<sup>22</sup> by reparative surgery, and the restoration to physical or mental health of the medical derelicts of war. As soon as the first stage of recovery and repair had been reached in the general and auxiliary hospitals of the British system, the “case” was forced on to the convalescent dépôt by the inexorable *vis a tergo* that compelled a constant onward movement in the column of casualties within the hospital system, or if from some special cause he was unfit for that movement, he was carried out of the main stream of recovering sick and wounded into the quiet backwaters of centres for special treatment. Here in growing numbers the various forms of breakdown from the strain of modern war, and the severe or permanent types of disablement from wounds, received special treatment on lines which in every country were by then in process of rapid evolution, directed by the masters in medical and surgical science.<sup>23</sup> All

**Harefield—a  
centre for  
special  
treatment**

<sup>21</sup> The Australian soldier sick in England unhappily became the theme of an acrimonious dispute engendered by reports, greatly exaggerated, of certain conditions which were for the most part unavoidable.

<sup>22</sup> *Menders of the Maimed*, by Sir Arthur Keith, F.R.S.

<sup>23</sup> Special centres were by this time organised for the treatment and study of traumatic neuroses, neurasthenia and mental disorder, functional cardiac disease, tropical disease, and so forth; and (in the case of the wounded) for the treatment and study of blindness and nerve injuries and for the reparative treatment of bones and joints, tendon and muscles. At “Queen Mary’s Auxiliary Hospital,” Roehampton, the fitting of limbs was being transformed from a trade to a science. At No. 3 London General there was formed a special centre where surgeons and artists co-operated in the effort to ameliorate the distress, mental and physical, of men with facial injuries.

Australian casualties of this kind went from the general hospitals to Harefield. Here neither staff nor equipment was commensurate with the requirements. The situation in September was represented to the High Commissioner by the senior surgeon:—

The large proportion of patients require further surgical aid to correct deformity, restore function, and prevent permanent grave disabilities. The surgical requirements are of a type that will tax the capacity and resource of the most experienced surgeon and . . . their importance cannot be sufficiently emphasised.

“In view of the large amount of nerve and bone surgery urgently required” a desire was expressed for a “well-equipped modern operating theatre,” reserved for “clean” cases, together with X-Ray plant, and also for pathology, massage, and physiotherapeutic departments. The expansion of the hospital to 1,000 beds, then in progress, was thereafter designed on these lines, and the staff was gradually augmented, six Australian surgeons in the R.A.M.C. being “lent” by the War Office.

The number of A.I.F. wounded arriving in England from Gallipoli in August and September had greatly exceeded expectation. In October and November the number showed little diminution, while convalescents were pouring out of the British hospitals in various stages of recovery. Invalids too ill for Weymouth were waiting, either in the British hospitals or at Harefield, for the provision of transport to Australia. On discharge, the convalescents—including, after October 26th, officers as well as other ranks<sup>24</sup>—had to report at Victoria-street, and there, in long queues, “in every manner of uniform or none,” they awaited medical examination “in a pokey little room” where a medical officer decided their destination, while an increasing staff dealt with pay, records, and clothing. The Commandant, “Australian Hospitals in England,” Lieutenant-Colonel J. Froude Flashman, a man of insight and decision, was not long in realising the involvements of the responsibility placed on the High

<sup>24</sup> The arrangements for the disposal, treatment, convalescence, and invaliding of commissioned officers of the A.I.F. were to a considerable extent special, and were carried out by a separate sub-department of the staff of the High Commissioner (later, of A.I.F. Headquarters). The differentiation was, however, much less complete than in the British Army. At this time somewhat undue facilities were apparently given to officers for prolongation of furlough.

Commissioner for the disposal of all Australians after discharge from hospital: and he built with a view to the future. The most immediate need was accommodation to permit of a larger staff and a more exact system of disposal. The staff of the High Commissioner had for some time been in search of more extensive premises, and early in October the medical departments (except that of invaliding), together with those for pay, records, and furlough, moved to the Westminster Methodist Training College, Horseferry-road—the future home of the A.I.F. abroad. Here, with ample accommodation, a large staff, medical and clerical (including a number of senior officers invalided from Egypt), directed, as examiners and reviewing boards, the disposal of the discharged convalescent. These cases, if found fit, were sent, after furlough, to Weymouth; if they required further treatment, to Woodcote Park or Harefield; if they were not thought likely to be fit for duty “within a reasonable time,” they were boarded for invaliding to Australia. After boarding they awaited—on extended furlough, or at Weymouth or Harefield—the ships which were to take them home.

During this month (October) a start was made towards clearing off the now considerable number of men “unfit for service.” In accordance with the policy noted above, the Australian hospital ships *Karoola* and *Kanowna* had left at the end of September for Egypt, taking from England only eighteen invalids. For the English clearance, at the end of September the transport *Suevic* was fitted up<sup>25</sup> with double-tier berths, which had been insisted upon by General Williams as necessary, instead of hammocks, for the transport of the type of invalids concerned; and on October 8th she left for Australia *viâ* The Cape with 489 cases and a staff of three medical officers. In November she was followed by the *Runic* with 544.

The class of case—by far the largest—for which treatment in the “military convalescent hospitals” was indicated (i.e., those “likely to be well within six weeks,” and therefore

<sup>25</sup> At a cost of £18,000. The fittings were removed in Australia to make room for troops. Only the *Karoola* and *Kanowna* were registered as hospital ships, and painted white



under order to be fitted for service) soon overtook the beds available at Woodcote, though these were increased on October 7th to 1,000. Every day saw larger numbers presenting at Horseferry-road; reports from British hospitals gave no promise of abatement. To meet the crisis, the War Office, at the request of the High Commissioner, made available as a temporary measure hutments near Woolwich for 2,000 cases. The establishment thus begun became known early in November as the "Bostal Heath Convalescent Dépôt"—an intermediate dépôt between that at Weymouth and the auxiliary convalescent hospitals. A medical staff was installed under an "S.M.O." together with military personnel for retraining.

**More  
convalescent  
accommodation**

For purposes of discipline the Commandant, Australian Hospitals, on the advice of the War Office, arranged that the Bostal Heath dépôt should be placed under combatant command. It was thereby brought into line with a new British organisation associated with the introduction of the "Derby scheme" for recruiting—a last unsuccessful effort by Great Britain to avoid "conscription" while endeavouring to keep her armies at strength. This development was in the direction of a further integration and centralisation of the functions of the regimental and territorial dépôts. On October 1st a War Office letter initiated the system of "command dépôts," which largely replaced the "military convalescent hospital," their purpose being "to ensure by suitable medical treatment that the increasing number of infantry soldiers invalided from the Expeditionary Forces may become fit as quickly as possible." Incidentally this arrangement introduced a new feature into the Australian administrative situation in England. In virtue of its semi-military character the "intermediate dépôt" (Bostal Heath) was absorbed into the command of Sir Newton Moore (the dépôt at Weymouth), which became thereby more closely associated with the medical aspects of convalescence. Already the Australian and New Zealand Base Dépôt, at Monte Video Camp, Weymouth, had been extended by an invalid section

**The  
"Command  
Depot"  
system**

("Westham Camp"), and, working under considerable difficulties, its staff had at the end of October sent off to Gallipoli nine small drafts—totalling 650.

The onset of winter was now causing a somewhat curious concern to the Australian consultant physician<sup>26</sup> and to the War Office. A conference of senior

**Winter  
arrangements**

medical officers, summoned by the High Commissioner, advised that accommodation for convalescents should be sought in the Mediterranean, in order to obviate their evacuation to England. The Medical Adviser was sent to inspect sites offered in Sicily (with the result, already noted, that the scheme was dropped in favour of increased invaliding to Australia), and on his return early in November was accompanied by the acting D.G.M.S., Australia. This officer spent a fortnight in England, where he found the medical administration in a state of much confusion, brought about (as he reported to his Government) through the non-existence of any "Australian officer solely responsible for the administration of the A.A.M.S. in England."

At the time of Colonel Fetherston's arrival, Australian medical affairs in England were being administered under three officers on the staff of the High

**Visit of  
Colonel  
Fetherston**

Commissioner, namely, the "D.M.S., A.I.F.," the Commandant, Australian Auxiliary Hospitals in England, and the "Medical Adviser" to the High Commissioner. Each of these had an independent standing, and, though their relations had been to some extent cleared by a decision of the High Commissioner making the Commandant solely responsible for general administration, the three still worked to a great extent apart. The ill-effect of this lack of unified direction on the medical situation was accentuated by an indefiniteness as to the respective responsibilities of the High Commissioner, Sir George Reid, and the Commandant of the Australian and New Zealand Base Dépôt, Sir Newton Moore, on whose "S.M.O." devolved important responsibilities in the disposal of Australian convalescents.

---

\* The senior physician to No. 1 A.G.H. (Colonel Maudsley) had at the request of the Defence Department been sent to England from Egypt as consultant physician for Australians.

With the consent of the War Office, and by virtue of his mandate from the Minister for Defence, Colonel Fetherston appointed Surgeon-General Williams "D.D.M.S., A.I.F. in England," directly under the Director-General of Army Medical Services at the War Office. He was provided with an adequate staff, from which, for non-apparent reasons, the Commandant, Australian Hospitals, Lieutenant-Colonel Flashman, was excluded.<sup>27</sup> An establishment was approved for Harefield as a general hospital. In view of the policy favoured by the Defence Department—the return to Australia of all men not immediately fit for duty—secondary treatment in England was not approved by Colonel Fetherston, who desired rather an Australian general hospital for primary treatment and recommended the immediate return to Australia of all cases unlikely to be fit "within a reasonable time." A special board of two eminent Australian surgeons,<sup>28</sup> appointed by him to decide how far such a policy could be put into effect, agreed that a large proportion of such cases as were now being held at Harefield could, if desired, be "sent at once to Australia for treatment," with the proviso that "surgical attention on ship and continued treatment by splinting, massage, electricity, etc.," must be ensured.<sup>29</sup> On the strength of this report the acting D.G.M.S. laid down as a definite policy the prompt return to Australia of all serious war injuries, exception being made in favour of the limbless, who might be fitted with artificial limbs in England. The term "reasonable time" was specifically defined as "three months": and, with the object of ensuring in Australia a more effectual control of Australian affairs abroad, it was laid down by the acting D.G.M.S. that the final decision as to fitness of officers and other ranks for service should rest

<sup>27</sup> D.D.M.S.—Surgeon-General W. D. C. Williams.

A.D.M.S.1—Colonel W. W. Giblin.

A.D.M.S.2—Tempy. Lieut.-Col. W. Perrin Norris.

O.I.C. Invaliding—Colonel J. L. Beeston.

Principal Matron—Mrs. J. McHardie White.

<sup>28</sup> Col. Sir Alexander MacCormick, R.A.M.C. (T.), and Lieut.-Col. G. A. Syme, A.A.M.C.

<sup>29</sup> Cases of chronic bone sepsis, mal- or non-union of fractures, joint injuries, injuries to nerves not requiring immediate operation, plastic and restorative work, and amputation stumps, were specified.

with the medical boards in Australia. In this way was initiated the policy which—with certain modifications, including the extension of the period to six months—held throughout the war, and which laid on Australia the responsibility for all forms of reparative treatment, surgical and medical. The involvements of this policy were inadequately appreciated.

**The "six months" policy initiated**

The visit of the acting D.G.M.S. coincided with the moment when the "by-wash" from Gallipoli, passing through the British hospitals to convalescence, was coming in large numbers under Australian control at Horseferry-road. Here the system remained as built up by the Commandant, Australian Auxiliary Hospitals; but even the large staff was unable to cope with the numbers daily presenting; the Bostal Heath hutments also became insufficient. On handing over on November 22nd, Colonel Flashman had reported to the D.D.M.S. that there were on that day "20 beds available for 200 convalescents presenting at the sick room, Horseferry-road," for whom accommodation had to be found in lodging houses, soldiers' clubs, and local British hospitals, and that from 2,000 to 3,000 were due for discharge in British hospitals. To meet the situation the D.D.M.S. authorised the taking over of a Salvation Army home immediately behind Horseferry-road. This became the "Great Peter Street Convalescent Home," and was for a time employed as a temporary lodging for the convalescents crowding through this "bottle neck."<sup>80</sup> A system of extended furlough provided a further temporary and unsatisfactory diversion to the flow.

By November the oncoming wave had reached the Australian and New Zealand Dépôt at Weymouth and made itself felt there by congesting the available accommodation, though the situation produced was less urgent than in London. On December 11th the High Commissioner for New Zealand drew the attention of the War Office to this congestion, and

<sup>80</sup> Somewhat later the Great Peter-street home was used as a venereal hospital to accommodate cases occurring among the men on furlough. Administered with understanding, some good work was done here, treatment being carried out under the technical supervision of British experts. The circumstances and surroundings were, however, unsatisfactory, and it was not long retained.

to her no little satisfaction New Zealand was allotted an independent convalescent dépôt at Hornchurch, the Australian dépôt being relieved to the extent of 1,000. On January 1st the commandant for Weymouth (Sir Newton Moore) was appointed by the War Office "General Officer Commanding Australian Forces in the United Kingdom"; but the terms of his appointment explicitly excluded "the Australian medical services, hospitals, hospital ships, or personnel in the convalescent camps, and responsibilities appertaining to the High Commissioner for Australia." The Australian D.D.M.S., Surgeon-General Williams, was placed directly under the War Office.

Gradually the British hospitals emptied, by way of what may be called the lock gates at Horseferry-road, to Harefield or special hospitals for secondary treatment, or else to military control in the dépôts at Weymouth and Bostal. During the first three months of 1916, only 157 cases arrived in England, 3,094 were sent off in drafts, and 1,439 were invalided to Australia. By this time the function and corresponding organisation of the "convalescent" and "base" dépôts, Bostal and Weymouth, had reached a high degree of complexity, gradually developed with the increase in the numbers involved and the methods of disposal. By the end of April, 1916, 3,560 men had passed to Weymouth through Bostal. This "intermediate" dépôt was organised in two sections, one medical, for men requiring active treatment, the other military, for those fit for "hardening." The S.M.O. was supported by a staff of five medical officers and by dental officers and masseurs. In the military section men were classified as "fit" or "not fit" for route marching, and as "typhoids." The base dépôt at Weymouth, which was at first required to find regular drafts for overseas with very inadequate facilities for re-training and re-equipping, was now adequately equipped and well laid out. 9,281 men had reached the dépôt, of whom 4,000 had passed out in drafts and 2,878 as invalids to Australia. An efficient staff of medical officers under a particularly able "S.M.O."<sup>21</sup> were

**A well-  
developed  
base depot**

<sup>21</sup> Major D. M. McWhae, A.A.M.C.

fully occupied in the disposal of the varied types of convalescents arriving direct or from Bostal, and in maintaining health. Camp disease was well controlled, save in two respects: venereal disease (contracted in London) was as prevalent as in Egypt, and a major problem of the Western Front was encountered in scabies.<sup>82</sup> By War Office order, every case of enteric from overseas met with from September onwards was, when convalescent, retained in the *dépôt* until three consecutive bacteriological tests had proved negative. No such case, even after recovery, was permitted to proceed again on service abroad. In April an Australian section of the Weymouth public health laboratory was formed, and during the month 2,240 examinations were made of 890 cases of enteric, of whom 600 were passed as free from infection.

Invaliding became an important part of the function of the *dépôt*, all invalids from England for Australia being embarked in transports at Portland or Plymouth. The medical staff became, however, increasingly preoccupied in differentiating—for the purpose of treatment, training, and disposal—the varied degrees and stages of fitness and unfitness in recovered casualties. Indeed, the most characteristic feature of the medical work in Great Britain at this time was the recognition, associated with the increasing call for effectives,<sup>83</sup> of the fact that between discharge from hospital and return to duty or else invaliding, there was an almost unexplored region of convalescence in which the flow through numerous channels was apt to be sluggish and great potentialities presented themselves for concerted action. Each of the various departments concerned in the "boarding" of Australian soldiers—the War Office, A.I.F. Headquarters, and the Weymouth *dépôt*—devised categories<sup>84</sup> which became more and more elaborate, and which came also to differ considerably in detail, with a corresponding confusion when put into

<sup>82</sup> Of 580 cases of infectious disease during three months, 368 were venereal, 124 scabies; the remainder were measles, mumps, and diphtheria, with an occasional case of cerebro-spinal fever.

<sup>83</sup> On 8 June, 1916, a system of conscription was introduced in Great Britain as essential to victory.

<sup>84</sup> The system of classification of the various degrees of fitness and unfitness for service by categories was first introduced by the War Office in March, 1915, in connection with the examination of recruits.

**Medical  
boarding—the  
"categories"**

operation. In respect of Australian convalescents also effective co-operation was hindered by the duplication of administrative control. After much debate between the D.D.M.S., A.I.F., in England, and the G.O.C., Australian troops in England, a provisional agreement was reached; the War Office classification into five categories, subdivided in respect of partial fitness, was accepted. Meanwhile, however, an elaborate revision of this subdivision by the War Office was in progress.

But by this time—the beginning of 1916—the Australian medical administration in England was, in respect of casualties from the East, “flogging a dead horse.” On March 18th drafts to Egypt were stopped: by the 20th the A.I.F. was arriving in France.

**The move  
to France**

At the end of the month Surgeon-General Williams, as representative of Australia, attended an “Imperial Conference” to determine the destination of A.I.F. casualties in France; at this time the destination was expected to be in Egypt. But already the invasion of England by the “Anzacs” had begun, and in the medical service a new sun was on the horizon. Earlier in the year the new D.M.S., A.I.F., had required explanation of the retention in England of certain medical officers, and the D.D.M.S. and High Commissioner, though able to offer an adequate explanation, had tacitly acknowledged his authority to make the request.

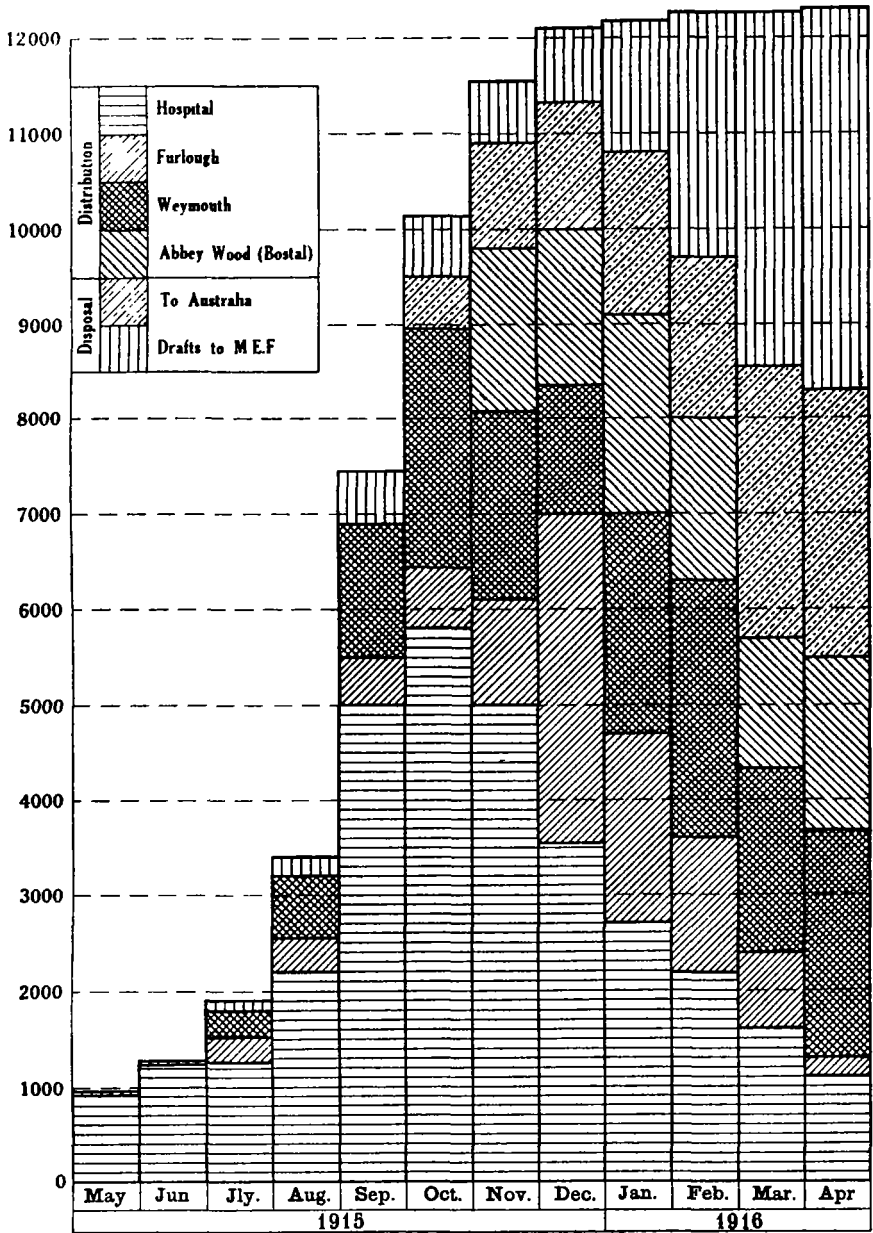
**A.I.F.  
headquarters  
comes to  
England**

At the end of April Surgeon-General Howse arrived in England with his staff, followed early in May by the headquarters of the Australian Imperial Force (formerly the Australian Intermediate Base Dépôt).

By this time the Australian medical organisation in England had reached a development fully comparable with that in Egypt. The medical officer with 6 nurses and 6 other ranks had increased to a staff of 48 medical officers, 88 nurses, and 202 other ranks, with 170 unfit combatant rank and file “attached for duty.” The eighty “convalescent” beds at Harefield had grown to a well-organised hospital for secondary treatment of all kinds, staffed by surgeons, physicians, and specialists from the highest ranks of their profession in Australia. Others took part in the care of Australian sick and wounded in British hospitals.

Graph 11

DISTRIBUTION AND FINAL DISPOSAL OF ALL A.I.F. CASUALTIES WHO ARRIVED IN ENGLAND FROM THE M.E.F., EGYPT, AND MALTA



J Lyng



A complete system for the reception, treatment, and distribution of Australian casualties had been built up to suit special Australian requirements, and, for its administration, it possessed a medical headquarters well housed and adapted to the requirements of immensely greater numbers than had hitherto been faced. It may indeed be said that, both on the military and on the medical side, there had been designed—under the direction of the British War Office, but, so far as the prime object of winning the war would permit, with a single eye to Australian interests—a mould in which might be cast, from the newly-molten metal of a self-contained Australian Imperial Force, a serviceable part of the great engine of war represented by the British Empire, which was now in throes of preparation for its most terrible stroke in this stupendous conflict.