

CHAPTER VI

PREPARATIONS FOR THE SECOND OFFENSIVE.

HEALTH DURING 1917

AFTER the second failure at Gaza a long pause in the main operations supervened. Under a new commander-in-chief, the force was reorganised in three corps of which one comprised the great part of the mounted troops. Preparations for the use of this corps in extended cavalry operations necessitated, on the medical side, the organisation of a receiving station under corps control. Other important innovations were made. During this time the health of the troops was excellent, but the strain of service had to be met by the establishment of "rest camps"; and the occurrence of cases of malaria gave presage of the most serious medical problem of the whole campaign.

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As the result of the battles of Gaza the Turks were greatly strengthened in both force and morale, and General Murray informed the War Cabinet that for an advance he would require two more divisions. Influenced by the failure of the French offensive in Champagne, by the Turkish concentration for the capture of Baghdad (made possible by the collapse of Russia), and by the desire to get all the troops they could away from the unpromising Macedonian campaign, the War Cabinet decided to provide these reinforcements. Two divisions were brought from Salonica, another was formed in Egypt. Immediately after the

**Arrival of
Allenby and
new divisions** Second Battle of Gaza Lieutenant-General Sir P. Chetwode took over command of the Eastern Force from Lieutenant-General Dobell; Major-General Chauvel (A.I.F.) was given command of the Desert Column, Major-General E. W. C. Chaytor (N.Z.E.F.) replacing him in the Anzac Mounted Division. On June 27th Sir Edmund Allenby succeeded Sir Archibald Murray as Commander-in-Chief of the Egyptian Expeditionary Force. His personality and forcefulness, which were made apparent to the troops by his frequent visits to

the forward areas, quickly produced an astonishing change in the morale of the British troops. In place of the old feeling that the troops in this theatre were to a great extent forgotten and neglected, there arose the certainty that, with the arrival of new British troops, guns, and, above all, up-to-date aeroplanes, victory lay before them.

Murray's achievement in securing the safety of Egypt made it possible for the new commander-in-chief to make his headquarters in the field. After reconnoitring the Palestine

**The Force
reorganised**

front, Allenby moved the headquarters of the E.E.F. from Cairo to the vicinity of Rafa, and proceeded to reorganise his command. The "Eastern Force" was abolished, and the troops east of the Canal were formed into the Desert Mounted Corps, XX Corps, XXI Corps, and Palestine Lines of Communications. Important changes were made at the base also. Kantara replaced Alexandria as the base for reception and distribution. quays for ocean steamers were built along the Suez Canal, and immense dépôts of stores and accumulations of remounts grew up there. The duplication of the strategic railway and pipe-line, already begun, was pushed forward, and large quantities of mechanical transport were assembled.

After the above reorganisation the composition of the field force of the E.E.F. became as follows: Desert Mounted Corps (Anzac, Australian, and Yeomanry Mounted Divisions, with three brigades in each); XX Corps (10th, 53rd, 60th, and 74th Infantry Divisions); XXI Corps (52nd, 54th, and 75th Infantry Divisions); the Imperial Camel Corps Brigade, 7th Mounted (Yeomanry) Brigade, Imperial Service Cavalry Brigade, and 20th (Indian) Infantry Brigade under G.H.Q., as "Army Troops." The total fighting strength was 100,189. Within the mounted divisions themselves considerable changes

**The
"Australian
Mounted
Division"**

also took place. Each now consisted of three brigades. The Imperial Mounted Division—3rd and 4th Light Horse and 5th (British) Mounted Brigades¹—became known as the Australian Mounted Division. The 22nd (British) Mounted

¹ The formation of a "5th L.H. Bde." had been suggested by General Murray to Australia in June, 1917, in order to make the Australian Mounted Division wholly Australian, but owing to the failure of recruiting no action could be taken by the Defence Department at this time.

Brigade left the Anzac Mounted Division, and, with the 6th and 8th, formed the Yeomanry Mounted Division. These three divisions constituted the Desert Mounted Corps. Lieutenant-Colonel G. P. Dixon, A.A.M.C., from the 1st Light Horse Field Ambulance, was appointed A.D.M.S., Australian Mounted Division. A few weeks later Lieutenant-Colonel D. G. Croll, A.A.M.C., from the 2nd Light Horse Field Ambulance, was appointed A.D.M.S., Anzac Mounted Division, replacing Colonel R. M. Downes, A.A.M.C., who became D.D.M.S., Desert Mounted Corps.

A sanitary section was required for the Australian Mounted Division, and this was formed, as No. 8, by taking from No. 7 Sanitary Section and other medical units N.C.O's who trained rank and file from general reinforcements from the Training Dépôt. To its command, owing to the shortage of medical officers, there was appointed, with the rank of lieutenant, a warrant officer of the 3rd Light Horse Field Ambulance who in civil life was an architect. This departure from Australian (though not from British) establishments and practice—which decreed a medical commander for these units—proved a successful experiment.

On 20th June there arrived from Australia the rank and file for the new and unique medical unit, the Australian Camel Field Ambulance.² Officers and non-commissioned officers were appointed in Egypt, the former being selected from medical units or reinforcements, the latter promoted from the light horse field ambulances. The composition of this unit was specially designed to meet the conditions of its service: in particular every man, with the exception of drivers, was mounted on a riding-camel, and all equipment was carried on baggage-camels. The unit replaced the Scottish Horse Mounted Field Ambulance of the Imperial Camel Corps Brigade. Effect was also given to the already accepted principle of improving the mobility of mounted field ambulances, the personnel of one of the

² The Australian Government had been approached direct by the Egyptian Command, through A.I.F. Headquarters in Egypt, to provide the personnel for this unit.

immobile tent sub-divisions being mounted on camels, and that of the other on donkeys. The addition of twelve horses to the transport of each sanitary section increased its mobility and enabled that number of personnel to accompany its division in any advance.

Certain changes in transport were made to meet the altered nature of the soil. The sledges unfortunately cut the ground signal-lines, and their use was prohibited. Motor ambulance waggons, even of light pattern, were found too heavy for regular use and were reserved for special circumstances. Sandcarts remained the stand-by for wounded, though camel cacolets were retained. For a time Egyptian natives replaced a proportion of the drivers.

The period that followed the two failures against Gaza (April to November, 1917), though one of comparative inactivity, was of great importance to the course of the campaign. For the first few weeks the troops were engaged in digging and wiring to make the line secure against enemy attack, which appeared not unlikely. When this was achieved, preparations were begun and pursued with steadily increasing vigour for a further attempt to drive the Turks out of Gaza. The country which at first, clothed in green crops and grass brightened by frequent patches of wild flowers, afforded an easy passage for wheeled transport, soon became a colourless brown area of powdery soil. Into this the vehicles quickly cut deep tracks, while they raised clouds of a fine dust which was a source of great discomfort. So light was the dust that the mild breezes that blew daily kept any area occupied by troops in an almost continuous fog, which penetrated and covered everything. To increase the discomfort, the weather became much hotter.

The effect of these two physical conditions on the Anzac troops, who had borne the hardships of the previous summer in the Sinai Desert and were now working with little respite, was a considerable lowering of their vitality. The conditions under which they lived were dreary and dull; the digging and wiring that began this period were strenuous; the frequent

**Interval of
preparation**

**Heavy toils
and lowered
vitality**



88. ADVANCED DRESSING STATION OF A LIGHT HORSE FIELD AMBULANCE
IN THE SINAI DESERT, 1910

Aust War Memorial Official Photo No B1639



89. A RAPID TRANSITION ONE-HORSE AMBULANCE WAGON

*Taken by Sgt C L Barrett, Aust Camel Fld Aml
Aust War Memorial Collection No H14067*

To face p 630



90. BEARERS OF THE AUSTRALIAN CAMEL FIELD AMBULANCE AT
ABBASSIA, 1917

*Lent by Sgt R Bloomhall No. 1146H
Aust War Memorial Collection No B2453.*



91. CAMEL CACOLITS OF A LIGHT HORSE FIELD AMBULANCE OUTSIDE
ES SALT, APRIL 1918

Aust War Memorial Official Photo No B72

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reconnaissances that followed, though less dull, were exhausting, while the days of so-called "rest" in bivouac were occupied in watering the horses, a task which often involved a ride of several miles two or three times a day, in grooming, in patrols, and in numerous fatigues carried out in a continuous atmosphere of dust. Leave was rare, facilities for recreation few, and at first the future contained little to invite anticipation.

Apart from the reconnaissances and the unpleasant excitement of some severe bombings,³ the life of the medical units, though monotonous, was exacting. The work of an ambulance goes on whether active operations are proceeding or not. The corps front was held by one division, with another in "reserve" and the third in "rest." Though there was little fighting, reconnaissances and demonstrations against the enemy were frequent in the vast No-Man's Land that intervened between the right of the line, here drawn back along the Wady Ghuzze to El Gamli, and the enemy's left covering Beersheba. For these operations, full preparations were always necessary, since a reconnaissance might involve serious fighting. When the mobile sections moved out with their regiments, sufficient motor ambulance waggons were sent up to the forward immobile section stationed at the Shellal railway junction, in readiness to be sent out to the mobile sections if required. From Shellal the ambulance train travelled daily to the casualty clearing station at Rafa.

Into all this routine there gradually crept a note of preparation for greater events. In the medical service it became necessary to take stock not only of the details but of the whole system in the mounted divisions for the evacuation of wounded. There was no precedent or experience, save that of the campaign itself, to serve as a guide to the most efficient method of employment of the medical units of a cavalry

**Preparation for
new offensive**

³After the Second Battle of Gaza the immobile sections of the five field ambulances returned to Deir el Belah and camped in the vicinity of the casualty clearing stations. At 10 p.m. on May 5 enemy aircraft, flying low in brilliant moonlight, heavily bombed the medical units. In the casualty clearing stations the casualties were in the region of 100 in the 3rd L.H. Fld. Amb. 6 were killed and 9 wounded; in the 2nd one patient was killed and 4 orderlies wounded. The bombs were followed by machine-gunning. The medical units were marked with Red Cross ground sheets, and their position was unimpeachable. The bombing was repeated on the following night, causing 13 casualties.

corps in action.⁴ In the early long-distance desert operations camel convoys had been provided from the infantry divisions, and the wounded had been handed over to infantry field ambulances, casualty clearing stations being non-existent even as far forward as railhead. In the First Battle of Gaza the medical arrangements for the two mounted divisions concerned were independent and lacked either camel or motor ambulance convoy. In the Second Battle of Gaza the evacuation from the two divisions was for the first time co-ordinated by the provision of a motor ambulance convoy, under control of the D.D.M.S., for evacuation from field ambulances to casualty clearing station.

For the future the prospect was changed. There were now three divisions, and it was certain that, under a cavalry officer as commander-in-chief, the Desert Mounted Corps would take up its proper rôle—which in the past it had not always filled—and be used as cavalry. Indeed, preliminary orders for the coming offensive made it apparent that the corps must be prepared at times to rely for some days on its own medical service, supplemented—as the D.D.M.S. was informed by the D.M.S., E.E.F.—by the addition of a single section of a heavy motor ambulance convoy (eighteen cars) from the one convoy⁵ available for the three corps which constituted the field force. Satisfactory evacuation under such circumstances would evidently involve an additional system of units in echelon behind the normal divisional medical stations,⁶ so that cases could be relayed back from the front line to some point from which evacuation to the casualty clearing stations could be carried out. A solution of the problem presented itself in the “divisional receiving stations,” which at this time were actually working in echelon at Shellal Junction

⁴ The teaching of the textbooks before this campaign provided two plans for the collection of wounded in mounted warfare, one with detached cavalry formations or in operations involving dispersion, another in operations involving concentration. In the former, light horse ambulance waggons were to be attached to regiments, and, under the orders of the regimental medical officer, were to bring back wounded to the collecting post formed by field ambulances; in the latter it was laid down that ambulance waggons would not usually be distributed to regiments, but that field ambulances would move up to positions where wounded had been collected by the regimental personnel.

⁵ No. 35 Motor Ambulance Convoy (50 cars) arrived from England at the end of March, 1917.

⁶ The advanced dressing-station and divisional collecting station.

(division in the line), El Fukhari (division in reserve), and Khan Yunus (division in rest). A scheme on these lines was devised and the necessary organisation to put it into practice effected. The working out of the

**Combined
divl. receiving
station
organised**

scheme was again an effort of improvisation. At a conference of the D.D.M.S., Desert Mounted Corps, with the A.D'sM.S. of the three divisions and the commanding officer

of the Camel Field Ambulance it was decided that the three immobile sections of the field ambulances of each division should amalgamate to form a divisional receiving station, and that these combined divisional receiving stations would act in echelon for the corps. Their administration would, it was evident, necessitate direct control and co-ordination by the D.D.M.S. of the corps. Though such an arrangement naturally met with some opposition from the A.D'sM.S. of divisions, who objected to losing part of their command, it was a necessary one, and no reason was afterwards found for altering it. After some debate it was agreed that divisional collecting stations would, when required, be formed from tent division personnel of the mobile sections.

The receiving station was thus made the pivot of evacuation for the corps instead of the casualty clearing station.

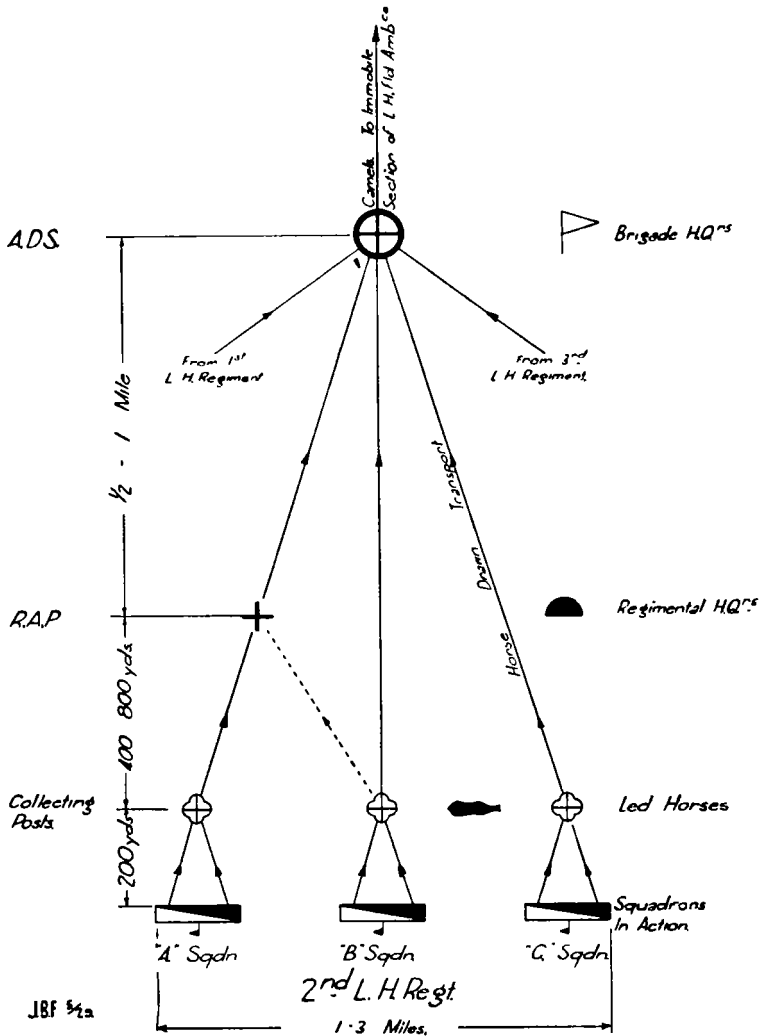
**Its role and
composition**

A specially selected officer was placed in command of each divisional receiving station, and was charged with the difficult task of

organising into a working machine the somewhat unwieldy unit, which carried an excess of senior non-commissioned officers and an insufficiency of transport. In the past the immobile sections had been transported by railway train or borrowed transport: under the new arrangement they must in future depend on the transport of the ambulances of which they formed part. The transport of each mounted ambulance for stores and equipment, baggage, and one day's rations for men and animals, consisted of two general service waggons, two limbered waggons, and the Maltese cart. The two general service waggons were allocated to each immobile section (that is six to each divisional receiving station), and a scale of equipment was drawn up that would come within their capacity of 1,600 lb. each. Though this had to be cut down to

Diagram No. 7

— SCHEME OF COLLECTION —
— From a —
— LIGHT HORSE REGIMENT —



— SCHEME OF EVACUATION —

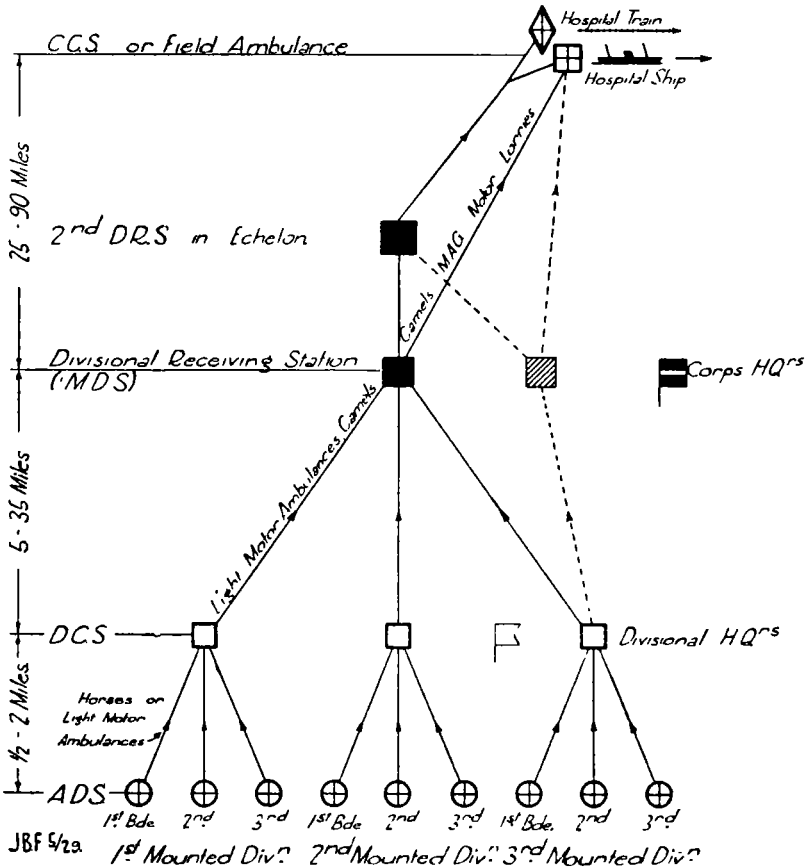
— From the Advanced Dressing Stations —

— of —

— LIGHT HORSE FIELD AMBULANCES —

— In the —

— DESERT MOUNTED CORPS —



the absolute minimum, it included tents, blankets, ground-sheets, medical and surgical stores, stretchers, firewood, lamps, and medical comforts. The total strength of a combined "receiving station" was six officers and ninety-nine other ranks, all of whom, except officers, marched on foot.

Another unit which proved of immense value to the medical services of the mounted formations was attached to the Desert Mounted Corps at this time.

Operating unit

It was an operating unit. In moving warfare the distance from the casualty clearing stations made early operation impossible. Even in the stationary warfare of this period, at least twenty-four hours and a terrible journey must intervene between the sustaining of an abdominal wound, for example, and facilities for surgical operation. The developments in this connection which were so important a feature in the surgical evolution on the French front were slow in reaching Palestine.⁷ To meet the requirements, immediate and prospective, in this direction, and particularly in view of the comparative immobility of the casualty clearing stations and their usual remoteness from the operations of the mounted troops, an operating centre was improvised not long after the Gaza operations in the Anzac Mounted Division. A tent was provided in the divisional receiving station at Shellal; surgical instruments and other equipment were obtained through the Australian Red Cross; orderlies were specially trained in operating theatre work; and ambulance officers who were surgeons in civil life were allotted for duty when required.⁸ In August, when the Desert Mounted Corps was formed, a special unit, the "Desert Mounted Corps Operating Unit," was established and replaced the improvised divisional establishment. To it was attached the motor operating car belonging to the Scottish Horse Field Ambulance which, designed by Colonel H. Wade in 1914, was used in Gallipoli

⁷ British consulting surgeons were attached specially to the casualty clearing station at Khan Yunus for the First Battle of Gaza in March, 1917, and at Deir el Belah for the Second Battle of Gaza. "Operating units" were not, however, made independent by a special establishment of personnel and equipment. See Vol. II

⁸ Soon after the operating centre became ready for work, two troopers sustained abdominal wounds and were successfully operated on within four hours of wounding.

at Suvla, in the Libyan Desert, and at Kantara.⁹ An Australian surgeon was brought from Cairo and placed in command, and orderlies were drawn from each of the three divisions and trained for surgical work. Included in the equipment of the car was wire netting to be put under the wheels in sandy country, together with rope and axes for getting out of difficulties. Trial runs with the operating car proved that, with care, it could cross the Wady Ghuzze. Extra transport required to carry the tentage, surgical equipment, and personnel was obtained fortuitously.

Another medical unit that appeared in the corps at this time was the improvised Anzac Field Laboratory, already mentioned in connection with the cholera outbreak at Romani. For some months this unit had been employed in exacting routine work at different railheads under the orders of the D.D.M.S., Desert Column. In June, 1917, it was attached to the Anzac Mounted Division, enlarged both in equipment and personnel, and organised to permit of division into a heavy section, stationed with the cholera hospital at El Fukhari, and a light section which could be more easily moved, attached to the divisional receiving station at Shellal Junction. In October, 1917, authority was given for the full establishment of a Mobile Field Laboratory.¹⁰

In spite of the general lowering of vitality already referred to, the general health of the mounted troops during this period of stationary warfare on the borders of Palestine was appreciably better than it had been during the more strenuous period of the Sinai campaign. Food and feeding, rest, and facilities for the prevention of transmissible diseases were under more

⁹ This car was built on a Wolseley chassis and contained operating table, sterilisers, a full kit of instruments and other surgical equipment, and electric lighting. It was designed for operations to be performed inside it, but the space was found too small and the heat too great to allow of this. Its equipment, however, was invaluable.

¹⁰ During 1916 investigation and diagnosis of infectious diseases were undertaken by improvised laboratories, their staffs being assisted by the Egyptian Public Health Department. In Feb., 1917, six military laboratories were formed in Egypt and distributed along the lines of communication. These were supplied with special bacteriological equipment and trained personnel from the Military Bacteriological Laboratory (formerly the Central Bacteriological Laboratory) then stationed at Kantara.

control than had been possible in the desert. The figures shown in the table given below may be compared with those of the earlier and later stages of the campaign. It is also of much interest to compare them with those of Gallipoli.

1917.	ANZAC MOUNTED DIVISION.		AUSTRALIAN MOUNTED DIVISION.	
	Average weekly sick rate %.		Average weekly sick rate %.	
	Adm. to Fld. Ambs.	Evac. from Fld. Ambs.	Adm. to Fld. Ambs.	Evac. from Fld. Ambs.
January ..	1.33	.89		
February ..	1.09	.71		
March ..	.78	.62		
April ..	1.99	1.70		
May ..	1.79	1.53	2.58	1.69
June ..	1.69	.98	2.54	1.08
July ..	1.71	1.51	2.93	1.54
August ..	1.31	1.30	1.69	1.14
September ..	1.18	.96	1.23	.80
October ..	.98	.84	1.13	.69

The influence of climate and season is shown by the fact that for the first three months of 1917 the highest rate of admissions to field ambulance in the mounted divisions was 1.4 per cent of the troops per week, and the lowest .6 per cent.

While thus in itself as uneventful in respect of health as of warlike happenings, this period is of interest as prelude to developments that were to become of great importance. Though very successful, the prevention of infectious disease required constant efforts on the part of the medical service. Indeed, to the sanitary sections this period of reorganisation and development was a very important one. During the Sinai campaign and the first halt on the border of Palestine, No. 7 Australian (the Anzac) Sanitary Section had made medical history by working out both the proper place of a sanitary section in a mounted division and also the most effective equipment and methods whereby the various sanitary measures might be made possible in this most difficult military formation. The position of this new technical medical unit in a mounted division had been assured, and during 1917 the

experience of the past twelve months of movement was translated into purposeful, sustained, and effective intervention in the life of the regiments.¹¹

¹¹ The following extracts from notes by the commanding officer of an Australian sanitary section illuminate the evolution of sanitary discipline and of sanitary methods in the Australian light horse formations:—

"The first difficulty was that the Anzac Mounted Division, being a mobile unit, was not provided with a 'park'; although we had engineers, they did not assemble material and form a park, as in an infantry division, but used to indent on the Field Company R.E. of the nearest division. This looked all right on paper, but in practice was often very unsatisfactory, since in a shortage of supplies the light horse sanitary sections fared badly, with the result that often we could get material only by threatening to pinch it. In this Sinai campaign everything had to be returned that could possibly be used again (biscuit tins, sacking, and so forth). With virtually nothing but sand and 'camel weed' and some burnt tins, the chance of improvising was badly hampered; there were the bands of iron used for the compressed hay or tiffin: these we wove into basket incinerators, which were very effective. There was not a stone, no earth; hence sandbags were essential for everything that required pits. After experiments, we showed the regiments how to reduce the number of sandbags required to build a safe deep-pit latrine from 500 to 120, and later got wood from Egypt and built the sides of wood in the form of a box, with top and bottom knocked out, pushed into the sand by hammering the ends while a man inside shovelled out the sand beneath. This reduced the cost per regiment from about £80 to £6 or £7.

We found at first the regiments sick to death with 'strafes' for lacking sanitary appliances which they could not get hold of. Realising their difficulty, we found out what the requirements were in actual material, and obtained it for them, they providing transport and working parties to install appliances. A sanitary inspector would attend to give expert advice on how to build latrine pits, incinerators, grease-traps, etc., with the result that regiments that were willing were soon in proper condition, and those who were lazy or incorrigible could be 'strafed' the more vigorously and with the general approval of the division.

What made matters worse for the light horse was the fact that the Anzac Mounted Division during the desert warfare acted as the spear-point of the expeditionary force; that is to say, they would spread out as a fringe in contact with the enemy, at times 20, 30, or 40 miles ahead of the main infantry units. In other words, whenever a new camp was to be established, the mounted division had to move out and establish a camp there, the infantry following on behind and taking over their old camp site plus its equipment. For the regiments, or even brigades, or even, one might say, the (mounted) divisions to attempt to carry out sanitary work was impracticable, their requisitions simply falling by the wayside. In the desert sandbags and, later, boxes were used for the pit latrines, burnt tins, and old sacking, old biscuit-tins, etc., for urine pits; boxes, biscuit-tins, and hessian for grease-traps; and incinerators were chiefly of two kinds, the basket made from tiffin bands, and the V incinerator, two perforated pieces of galvanised iron set up on two cross pieces of iron—really iron standards used in barbed-wire entanglements. The Lelean incinerator, made of galvanised iron which folded up, was quite useful for smaller units.

The battle of Rafa was very soon followed by an advance to a line, which included Well Sheikh Nuran, on the Wady Ghuzze, when we got into earth country, and pits could readily be dug and stones were occasionally available. A large variety of equipment was then used, some of the old favourites being retained. Occasionally a big earth incinerator would be dug, as in France. By this time, too, the old five-seater latrine and pit had given way to the portable buckets with flyproof automatic tops, pivot-hinged, which were universally used, all wastes, human or otherwise, being incinerated.

We were keen to carry things whenever we could. First of all equipment had to be got out to units five miles or more, through heavy sand, from the railheads. Then some of the things like incinerators, latrine buckets, and seats could be made portable, and, where we could take things on with us, of course we did. In some cases outlying camps made by the Anzacs were so far on the flank that either the equipment would have to be abandoned or carried on. The camp would not be occupied again by infantry. As the phrase went: 'Three moves are as good as a fire,' and so the portable equipment, to be of use at all, had to stand the wear and tear of transport."

As usual after heavy fighting, sanitation after the Second Battle of Gaza was very lax and required to be tightened up; in particular there was amply demonstrated the need of means of transport for portable sanitary material in the regiments, to be available immediately after an advance. The situation in this respect improved as time went on, and this was without doubt an important factor in the prevention of disease among the increasing number of troops in the forward area. It especially promoted the incineration of all organic refuse (including fæces), a system which, after the initial difficulties had been overcome by experiment, was carried out, except for brief periods of rapid movement, throughout the rest of the campaign.

Gastro-intestinal infections Gastro-intestinal infections were inconspicuous during this period. Out of 144 deaths in the E.E.F. from dysentery during 1917 (1 in 1,429), 3 were from the Anzac Mounted Division (1 in 6,333).

Naso-pharyngeal and inspiratory Sporadic cases of diphtheria continued to occur; otherwise diseases of this type were negligible.

With the exception of a few cases contracted at Kantara, malaria had been almost non-existent in the field force.

Specific insect-borne diseases—malaria Sporadic cases now occurred, and the conditions encountered brought home the fact that, with an advance into Palestine, intensely malarial country would be entered.

The Wady Ghuzze, in summer for the most part a chain of pools, offered ideal conditions for the breeding of anopheles mosquitoes. Under the guidance of Major E. E. Austin a vast amount of labour was expended on anti-mosquito measures by the division in the forward area, and this was of the utmost value as a preparation for the more important problems which arose later in this connection. Few medical officers had had previous personal experience in malaria. To remedy this deficiency, an officer was appointed in each division to give instruction on the different clinical forms

of this disease and the means to correct diagnosis and treatment.¹²

Septic sores—or “Barcoo” as they were commonly called by the Australian troops¹³—which had been so prevalent in Gallipoli and had reappeared to some extent in 1916, again became prevalent in the summer of 1917, and affected a considerable proportion of the mounted troops. The exact incidence is uncertain: a census taken in the Anzac Mounted Division in July showed twenty-two per cent affected, the proportion being markedly greater among men with over six months’ service. The incidence of the disease was still greater in the following month. The condition—which occurred most frequently on the hands—was characterised by superficial ulceration affecting the epidermis, and followed commonly on some slight injury. The sores were painful and very resistant to treatment. The pathology of the condition was investigated at No. 3 Australian General Hospital in 1916 by Lieutenant-Colonel Martin, and was ascribed by him to a septic infection of low virulence in the hair follicles; and he obtained rapid cures by epilation of the ulcer and surrounding skin and by subsequent use of anti-septics. This treatment was, however, hardly practicable in the field. In June of 1917 Lieutenant-Colonel C. B. Blackburn investigated the condition within the Anzac Mounted Division, his opinion being that food deficiencies were primarily responsible—a view which subsequent experience appeared to validate.¹⁴

In addition to the debility among the troops due to the specific cause noted above it was becoming increasingly evident that the health of the original members of the regiments had been detrimentally affected by the conditions of the campaign.

General war debility

¹² A development of great importance in the promotion of scientific morale and keenness was the formation of the Desert Mounted Corps Medical Society, at which lectures were given by officers who had had special experience in various directions. Besides those on malaria, lectures and discussions were held on bilharziasis; surgery in the front line, expedient surgery in the field; duties of an R.M.O.; and water control.

¹³ From a tract of country in the interior of Australia where (it is of interest to note) the conditions of climate and communication make fresh fruit and vegetables a rarity.

¹⁴ The condition rapidly disappeared at the end of 1917 after the troops had entered the Jaffa-Ramleh region, where the supply of oranges was unlimited.

Physicians at No. 14 Australian General Hospital were able to distinguish the men who had left Australia with their regiments from the more recent reinforcements by their general enfeeblement and slow reaction to treatment. This fact was reported to General Chauvel, G.O.C., A.I.F. in Egypt, with a strong recommendation as to the necessity for rest and leave. It was fortunately possible at this time to take action which proved very effective. Geographical position and shortage of transport prevented anything in the way of leave out of the country; but local measures were taken which, though apparently trifling, proved of great benefit to health. The most valuable of these was the establishment of "rest camps" on the sea beach, one for each division being opened at Tel el Marakeb, on the cliffs just to the north of Khan Yunus, and staffed by an immobile section of an ambulance. These camps catered for those men who, while still able to carry on their duties, were considered to be run down and likely to benefit by a change. The conditions under which they here lived were made as different as possible from their life in the regiments: there were no parades, and their only duty was to keep their beds tidy. Stretchers were provided, but the majority preferred to lie on the sand. Long wards, which were airy and cool, were made by lashing "E.P.I.P." tents together. As much as possible was done to supplement the ordinary rations, and a piano, library, and numerous games, as well as a barber, were provided by the Australian Branch of the Red Cross Society. The band of the New Zealand Mounted Rifles Brigade frequently played to them. These rest camps provided one of the greatest opportunities that fell to the Australian Red Cross Society, and the value of its efforts was great. Everything that was possible was done by its commissioners. Most of the day-time was spent by the patients in bathing and sleeping. It was found that a period of a fortnight of "loafing" with nothing to worry them and a greater variety of diet was much appreciated by the men and effected a notable improvement in their health. The camps remained in use until the offensive was resumed at the end of October,

**Rest camps
established**

1917. In addition there was an Army Rest Camp at El Arish, of which, however, little use was made by the Anzac troops.

In July, 1917, a more ambitious rest camp was formed at Port Said and administered by A.I.F. Headquarters for all troops of the Desert Mounted Corps. It served as a place to which men could be sent on leave from the regiments. It was not in any way for men who were ill, and was not administered by the medical services, though some medical personnel were attached to the staff to treat minor ailments and to supervise sanitation. Tents were utilised for accommodation, with matting huts for mess and recreation rooms. Much help was given by the Australian Comforts Fund and Y.M.C.A., and a number of Australian ladies did a great deal for the recreation of the men. On August 1st the first batch of 700 men arrived. By November, 1917, 221 officers and 8,462 other ranks had passed through this rest camp, making a weekly average of 510.