

CHAPTER VII

BASE ORGANISATION AND ADMINISTRATION

THE internal affairs of the Australian medical service in Palestine were administered by an Australian officer with powers delegated from the Director of Medical Services, A.I.F. In connection with this administration there arose at first misunderstandings with the Imperial authorities similar, in a small scale, to those which preceded the recognition of the autonomy of the A.A.M.C. They were as smoothly and satisfactorily settled. More serious was an estrangement between the Australian Director in London and his own representative in Egypt. The misunderstanding in this case was due, in the first place to an unfortunate lack of definition in the arrangements made for maintaining central control; and in the second to defective appreciation in London of the conditions at the Eastern seat of war, where not only the needs of the light horse in the field, but the problems at the base, in connection with treatment, convalescence, invaliding, and return to duty, called for understanding and sympathetic assistance from higher medical authority representing the Australian Commonwealth.

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The narrative of events at the fighting front here finds a natural check in the strategic halt between the two major phases of the campaign. Advantage may be taken of this pause to examine the situation that developed, during the period hitherto treated, in regard to the interior administration of the Australian Army Medical Corps serving with the Australian force in Egypt; to follow the work of the Australian medical units and administrative departments on the lines of communication and at the base; and in general to review the progression of the sick and wounded of the Australian light horse through the medical organisation at that point. As part also of the purpose of this history, it is opportune here to follow in this eastern theatre of war the evolution of the military *modus vivendi* between Great Britain

and Australia, which, while it postulated the complete absorption of the Australian force in the British Army for service, at the same time permitted a high degree of autonomy in its internal affairs. This problem, already far from simple, was in Egypt greatly confused by the fact that the relations between the Australian force in Egypt and the headquarters of the A.I.F. in Europe were even less defined than those between British and Australian administrations.

Upon General Birdwood's departure with the I Anzac Corps, the powers vested in him by the Australian Government as G.O.C., A.I.F., were delegated by **Internal control of A.I.F. in Egypt** him, in respect of the troops remaining in Egypt, to Lieutenant-General Sir A. J. Godley, who, on the departure of the II Anzac Corps on June 6th, re-delegated to Major-General Chauvel. This officer now assumed responsibility for the administration of all A.I.F. troops in Egypt, in addition to that of his divisional command, subject to the provision made by Birdwood that all decisions affecting interior economy, including posting and promotion, must be referred for final approval to him as G.O.C., A.I.F.

On the departure of the Australian Administrative Headquarters for London, there was left in Cairo an Egyptian Section, which was re-organised into its **Clearing up after Gallipoli** original sub-sections. Its medical sub-section was confronted with two distinct sets of problems; first, those which concerned the force still remaining in Egypt, and second those (which were at first by far the greater) concerning the disposal of invalids from the Gallipoli campaign and, *pari passu*, the closing of the auxiliary and convalescent hospitals and the despatch of the Australian general and stationary hospitals to Europe as they were released. The administration of this sub-section was placed in the hands of an officer of the staff of the D.M.S., A.I.F., with the title of A.D.M.S., A.I.F., who communicated direct with, and reported weekly to, the office in London. Surgeon-General Howse had intended and expected "to withdraw all the Australian lines of communication and base medical units from Egypt" and presumed "that the Imperial hospitals should provide for the necessary medical attention

of the troops of the Anzac Mounted Division."¹ At the end of May, 1916, there remained in hospitals in and around Cairo some 5,000 Australian sick and wounded, of whom 1,500 awaited transport for return to Australia. The flow from the Sinai front was at this time insignificant, and was now chiefly to Port Said. Under pressure from the D.M.S., A.I.F., clearance proceeded apace, and the departure of the II Anzac Corps in June left the derelicts only to be dealt with. On July 21st only 1,238 remained in hospital, but the repeated requests of the D.M.S., A.I.F. (Surgeon-General Howse) for the release of the Australian hospitals² could not be met by the D.M.S., E.E.F. (Surgeon-General Maher), who declined to sanction their departure unless they were replaced. At this juncture, under circumstances elsewhere described,³ Australia offered a new single general hospital of 520 beds (No. 14 Australian General). In this unit was found a key to the problem. With the consent of the Australian

**14th A.G.H.
for Egypt**

Government it was arranged that it should be diverted to Egypt and thus set free No. 3 Australian General Hospital (1,040 beds) for service in England. During August No. 1 Australian Stationary Hospital left for England, No. 2 being reserved for the Australian mounted troops and moved to Port Said; the staff of the auxiliary hospitals and convalescent dépôt, Ras el Tin, embarked for England; the Dermatological Hospital was relieved by the formation of a venereal section at No. 3 General, and the A.D.M.S., A.I.F., was advised that "as soon as it is thought Australian medical work in Egypt no longer requires an Australian A.D.M.S. the D.M.S. (A.I.F.) will arrange (his) transfer." In September No. 14 Australian General arrived, and, shortly before, the A.D.M.S., A.I.F., left for England, the order for his departure emanating, however, not from the D.M.S., A.I.F., but from the "G.O.C. administering A.I.F. in Egypt,"⁴ who disapproved

¹ It was thought at this time that the Australian mounted troops as well as the infantry would ultimately go to France.

² Urgently required to meet the tremendous demands of the Somme offensive, and pressed on these grounds through the Director-General of Army Medical Services. See Vol. II.

³ Vol. II.

⁴ Confirmation from Australia in Aug., 1917, of Gen. Godley's delegation to Gen. Chauvel took the form of the appointment of the "G.O.C. Anzac Mounted Division" as the officer charged with the "administration of all Australian troops in Egypt."

of certain actions taken by this officer without his cognisance. The episode coincided with the assumption by General Chauvel of full control of the Australian base in Egypt in addition to his command of the Anzac Mounted Division. On his instructions Colonel Downes, A.A.M.C. (then A.D.M.S. of the Anzac Mounted Division), took up the duties of the A.D.M.S., A.I.F., in addition to those of An "A.D.M.S., A.I.F." for Egypt A.D.M.S. of the division. In advising the D.M.S., A.I.F., of his appointment as "acting A.D.M.S., A.I.F. in Egypt," Colonel Downes "anticipated" that for the time "all matters may be arranged from Romani by letter or telegram." He found practically no instructions defining his relations to the D.M.S., A.I.F., and to this fact must in large measure be ascribed certain subsequent misunderstandings. The one definite instruction was that no requests or reports should be sent to Australia direct, except by the desire of the Imperial authorities or of the Australian Defence Department itself. It was indeed at this time assumed that, as part of the A.A.M.C., A.I.F., the A.A.M.C. in Egypt could be effectively administered by the D.M.S., A.I.F., in London. In November of this year, on the recommendation of the D.M.S., A.I.F., a D.A.D.M.S., A.I.F. in Egypt, was appointed to assist Colonel Downes in these special duties. In April, 1917, on his appointment to command the Desert Column, General Chauvel was given the personal appointment of "General Officer administering A.I.F. in Egypt," an A.A.G., A.I.F., being appointed to form an A.I.F. headquarters (Egyptian Section) in the field. On his transfer to the Desert Mounted Corps in August, 1917, Colonel Downes retained his appointment as "A.D.M.S., A.I.F."

Though routine medical administration could be carried out by the D.A.D.M.S., the circumstances of the A.I.F. in Egypt brought special problems in Base administration which in their way were no less difficult, and more confusing, than those involved in the tactical employment of the medical service in the field. These necessitated repeated and at times prolonged visits by the A.D.M.S., A.I.F., to A.I.F.

Difficulties of distance and divided command

Headquarters in Cairo. By reason of the unique administrative position of the Australian force, the A.A.M.C. in Egypt was the concern of two directors of medical services—the D.M.S., E.E.F., in respect of service and efficiency, and the D.M.S., A.I.F., in matters of interior economy. The A.D.M.S., A.I.F. in Egypt, sometimes found himself involved in a conflict of interests and occasionally at variance with both of his official chiefs. Most of the difficulties were, however, caused by the problem of giving practical effect to the idea of unified control of the A.A.M.C., A.I.F., by the Australian Director in London. The chief factor in these were distance and the German submarines, with the accessory one that the two sections of the A.I.F. were of different arms—infantry in the west, light horse in the east. On the other hand it must be said that differences between the A.D.M.S., A.I.F. (and through him the G.O.C. administering A.I.F. in Egypt), and his administrative chief, the D.M.S., A.I.F. in London (with the G.O.C., A.I.F., behind him), were in some instances concerned with important matters of medical policy in which, in the interests of the service, the views of the D.M.S. had to prevail. Moreover the circumstances of the initial relations between the D.M.S., A.I.F., and the new A.D.M.S., A.I.F. in Egypt, were unpropitious. But though the administrative differences (resulting in a considerable severance between these two administrations) may in some measure have been due to personal factors and a consequent lack of accord, they also illustrate, and forcibly, the difficulties entailed by centralised administration.

While space does not permit of giving point to these general statements by a narration of the occurrences on which they are based, it is desirable to give some indication, by particular instance, of the nature of the administrative problems that caused most difficulty. Reports were rendered fortnightly to Surgeon-General Howse under the signature of the A.D.M.S., A.I.F. in Egypt, or of his deputy, concerning the general problems connected with Australian sick and wounded in Egypt, and concerning events of the campaign, particularly with regard

**The D.M.S.,
A.I.F., and the
light horse**

to the situation in respect of medical, nursing, and dental personnel and units. These reports were sent direct to Australian Administrative Headquarters in London⁵ and at first were acknowledged with appropriate comment: but after a time these acknowledgments ceased, and the two administrations gradually drifted apart. One of the first questions on which disagreement arose illustrates the general administrative situation in Egypt. On the 15th of January, 1917, the D.M.S., E.E.F., on his own initiative and without the knowledge of Australian administration in Egypt, represented to the War Office that the establishment of No. 14 Australian General Hospital, in which all Australian sick and wounded evacuated to the base were received, was insufficient for the number of cases it was required to treat, and asked that its establishment should be increased. On the matter being referred by the War Office to the D.M.S., A.I.F., the latter refused to sanction the increase, as he considered that "the additional personnel required to effect this are more urgently needed in France and this country than in Egypt."⁶ As a matter of fact, the request had been made in view of the expected battle on the Palestine front (the attacks on Gaza). Being unaware of this refusal, the Australian administration in Egypt, on being approached by the D.M.S., E.E.F., readily acceded to his desire that a

⁵ In Sept., 1916, the D.M.S., E.E.F., who had hitherto been unaware that such reports were sent direct to the D.M.S., A.I.F., instructed that they should be sent through himself, since they dealt with matters which concerned his administration and emanated from an officer who was his own subordinate, and in Feb., 1917, learning that no other Australian services rendered similar reports, he decided that they should be discontinued. On its being pointed out by the A.D.M.S., A.I.F., that promotion of A.A.M.C. officers was made from the Australian Army Medical Corps as a whole, that reinforcements in medical officers and nurses were sent from Australia to Egypt only on demand from headquarters in London, and that the information was therefore necessary, this decision was rescinded.

⁶ The following is an extract from the communication which the D.M.S., E.E.F. (Surg.-Gen. Maher), sent to the War Office regarding the expansion of No. 14 A.G.H. to 1,040 beds —

"This expansion is rendered necessary by the fact that, in addition to the treatment of sick of the Australian and New Zealand Division, the unit has to retain such men as have been invalided to Australia and are awaiting passage by the infrequent hospital ships plying to Australia and New Zealand. Often more than 300 such men are retained awaiting passage."

In reference to this the D.M.S., A.I.F., on Feb. 21, wrote to the War Office:—

"It is considered that the additional personnel required to effect this are more urgently required in France and in this country than in Egypt. I would suggest that a large portion of the Australian invalids who are awaiting return to Australia should not be retained in a General Hospital, but should be held in an Auxiliary Hospital or Convalescent Dépôt, and so free the beds of the General Hospital for more serious cases. This was the practice in force in dealing with Australian invalids in Egypt in 1915 and 1916, and is also now being carried out in England."

request for increase of establishment should be made direct to the Australian Government. A.I.F. Headquarters, London, when informed of this action, immediately cancelled the demand, with an expression of displeasure that it had been made, though, having been made at the request of the Imperial authorities, technically it had not transgressed the order of the G.O.C., A.I.F. The matter was cleared up in June—as it should have been before—when a senior administrative officer from A.I.F. Headquarters, passing through Egypt on his way to Australia, inspected the hospital and reported to the D.M.S., A.I.F., that the increase in establishment was necessary. The required authority was promptly given. The impression was left that the A.A.M.C. in Egypt and its work were considered at A.I.F. Headquarters in London to be secondary to the A.A.M.C. in France, and that little sympathy or help in its difficulties could be expected.

A further cause of debate concerned the promotion of officers. When the light horse became a separate formation, there appeared no reason why promotion within the Australian Army Medical Corps, and in the dental and nursing services, should not be made from single gradation lists. But, with the increase in the number of field medical units and staff appointments in Egypt, vacancies for senior appointments occurred at a considerably faster rate than in France, and consequently officers, if given substantive rank of their positions, would take precedence of their seniors in France. An exchange of officers would have obviated the difficulty, and in one or two instances this was carried out, but for many reasons it was not feasible as a general solution. It was ultimately arranged that officers in Egypt promoted to senior positions should hold them with temporary rank until such time as they should become due for substantive promotion in the A.A.M.C. A similar difficulty as regards substantive promotions (which at first were made by the D.M.S., A.I.F., without reference to the authorities in Egypt) was settled by a compromise whereby the D.M.S., A.I.F., made promotions in Egypt only after consideration of reports on their suitability, these being furnished periodically from Egypt.

Differences as to promotion

The granting by the G.O.C. administering the A.I.F. in Egypt—on the advice of his A.D.M.S.—of provisional commissioned rank and command of medical units to individuals other than medical officers occasioned a debate which had more important involvements. In one instance, on account of lack of suitable medical officers, command of No. 8 Sanitary Section was given to a warrant officer who was held to be, and indeed proved himself, well qualified for the position, though not holding a medical qualification. The other appointment concerned the command of the improvised "Anzac Field Laboratory," for which no establishment existed, and which, after the departure of Lieutenant-Colonel Martin, and a brief period of direction by a British officer, carried out its work under the very capable supervision of the warrant officer, a trained bacteriologist but not a medical man.

In each of these cases the commands were eventually confirmed by the G.O.C., A.I.F., the question of rank being solved by appointment as "Quartermaster and Honorary Lieutenant."⁷ Ultimately a trained bacteriologist was sent from England for the mobile laboratory.

With British medical administration in Egypt the questions that required mutual adjustment arose chiefly in connection with administrative positions in the field, with the movement of Australian base units, and with certain special features of the treatment and disposal of Australian sick and wounded. It was not questioned by the British administrators that matters affecting personnel, such as pay, posting to Australian units,⁸ promotion, and the provision of reinforcements, were matters of purely Australian concern. But, while command of Australian medical units was always filled by Australians, a somewhat delicate position arose in regard to the important positions of Deputy, Assistant, and Deputy-Assistant Directors of medical formations in the field. In formations which were partly British and partly Australian, and whose composition was constantly changing, it was

**Differences
with British
authorities**

⁷ After sterling service the officer appointed to the Mobile Laboratory died of malaria contracted in the course of his duties

⁸ On one occasion only were the wishes of the A.D.M.S., A.I.F., in this matter disregarded

hardly possible to adjust the appointments so that administrative control always accorded with their composition at the moment. Though these circumstances sometimes gave rise to situations which caused some personal discontent, it will have been evident that the Australian medical service was treated fairly, indeed generously. Minor problems arose in connection with the medical service in the field, but these were readily solved by conference between the A.D.M.S., A.I.F., and the British director or his deputies.

Question and debate as to the disposal and work of the Australian base medical units, which became a prominent

**Disposal of
Australian
units**

feature in the conversations and correspondence between the A.D.M.S., A.I.F., and the D.M.S., E.E.F., or his subordinate officers, were closely related to a factor in medical administration that went deeper than even the requirements of efficiency. Before the war no one had realised how strong is the clannishness of the Australian. Especially when he is sick or wounded does this manifest itself in an intense desire to be in the company of, and to be nursed and treated by, men and women of his own country. Neither the intensity of the feeling nor the advisability of gratifying it was at first appreciated by the British authorities. No such policy was in existence when the main body of the A.I.F. left Egypt. The D.M.S., A.I.F., considered that all the base hospital accommodation should be provided by British units and Australian hospitals taken to England or France. The A.D.M.S., A.I.F. in Egypt, on the contrary, from the beginning of his administration made this policy one of his prime objectives. The provision by Australia of full medical establishment for Australian field formations had ensured the treatment of Australians in their own divisional units. But behind the divisional area, on the lines of communication and until the base was reached, Australians were treated and transported entirely in British units. There were no Australian or New Zealand casualty clearing stations on the long stage from the battlefield to the base: nor was there any motor ambulance convoy or hospital train other than British.

For a time No. 2 Australian Stationary Hospital—throughout the campaign at the disposal of British headquarters—was used on the lines of communication. This was transferred from Port Said to Mahemdia near Romani—where for four months it had little to do—and in March, 1917, was moved to El Arish, where the unit acted as the principal clearing centre for all formations in the First and Second Battles of Gaza.⁹ Thereafter, for reasons relating chiefly to the requirements of Australian sick at the base, but entailing personal involvements that caused considerable feeling at the time, the unit was moved to Moascar, the Australian Training Centre, where it served as the Camp Hospital.

All casualties from the Sinai and Palestine fronts, when evacuated to the base, passed through stationary hospital or casualty clearing stations at Kantara, and thence by ferry across the Canal for entrainment to Port Said, Cairo, or Alexandria, the three chief hospital centres in Egypt. After October, 1916, No. 31 British General Hospital¹⁰ at Port Said took the majority of infectious cases, Australian and British, from the Sinai front, and till October No. 2 Australian Stationary Hospital also had been stationed there. No. 14 Australian General Hospital, on its arrival in Egypt and establishment at Abbassia Barracks, Cairo, at first received all other Australian sick

**The case of
No. 14 A.G.H.**

⁹ "The turnover of patients was enormous." On April 21st, 1,265 patients were admitted and 799 evacuated. The staff was under strength, and 2 R.A.M.C. officers and 25 other ranks R.A.M.C. were sent to assist; the attached dental unit ceased its ordinary work and was of great assistance. In Aug. its establishment was reduced to 400 beds, and on the 16th all patients were evacuated. The following summary of admissions is of interest:—

1917.	Australian Sick Wounded.		New Zealand Sick. Wounded.		British Sick. Wounded.		B.W I Sick.	Total
March ..	81	6	11	—	734	493	2	1,327
April ..	261	326	59	46	2,151	2,738	55	5,636
May ..	304	25	51	19	1,318	261	37	2,015
June ..	436	2	103	5	2,461	120	37	3,164
July ..	667	16	139	12	3,451	154	25	4,464
August ..	348	2	61	—	2,753	102	18	3,284
Total ..	2,097	377	424	82	12,868	3,868	174	19,890

¹⁰ This hospital arrived in Egypt from England in Dec., 1915, and opened at Port Said to serve the forces on the Canal.

and wounded, its 520 beds for a time proving sufficient. With the increasing wastage and accumulated chronic cases as the campaign advanced, its accommodation became inadequate. The increase in establishment to 1,040 beds, authorised in June, 1917, arrived in October, the overplus of Australian casualties being meanwhile treated in various British hospitals, At No. 14 A.G.H. the average number of beds occupied during the first six months of 1917 was 610, during the second 915. Of these cases, 31.68 per cent were discharged to convalescent dépôts; 51.7 per cent "to duty" (i.e. direct to the Australian Training Dépôt, Moascar); 11.89 per cent. as invalids to Australia; 0.1 per cent for "change" to England. This hospital occupied a peculiarly advantageous position with regard to treatment (which undoubtedly had its effect on the troops), in that all cases, sick or wounded, returned to it when again disabled.

In the internal working of this unit there was felt the influence of the extraordinary relations between Great Britain and her dominions which have since crystallised into the beneficent ideal of a British Commonwealth of Nations. The practical difficulties of realising that ideal are at once a warning and an incentive. For administration as regards efficiency the unit was under the control of the British A.D.M.S., Cairo District, a most capable and tactful officer, but it was also, particularly as regards its staff, a responsibility of the A.D.M.S., A.I.F. The right, however, of the A.D.M.S., A.I.F., to exercise any supervision was at first questioned by the D.M.S., E.E.F.; and its commanding officer, who was appointed in Australia and had had no experience in the management of military hospitals, sought guidance only from the experienced British officer over him. When it was pointed out that the Australian Government would hold its own administrative officer, and not the British administration, responsible for any possible defects in treatment, the A.D.M.S., A.I.F., was given the right of inspection, of enquiry into the welfare and treatment of cases, and of providing extra equipment. Certain changes were made in the staff, and no further friction of any sort occurred.

The working of this unit as a general hospital, however, was made difficult by the fact that, though no Australian



92. SENIOR AUSTRALIAN MEDICAL ADMINISTRATIVE OFFICERS WHO SERVED WITH THE EGYPTIAN EXPEDITIONARY FORCE

Top left Colonel D. G. Croll ADMS Anzac Mounted Div. from August 1917 to March 1919. *Top right* Colonel G. P. Dixon ADMS Aust Mounted Div. from July 1917 to July 1918. *Centre* Colonel R. M. Downes DDM S Desert Mounted Corps and DDM S AIF in Egypt. *Bottom left* Colonel R. Fowler, ADMS Aust Mounted Div. from July 1918 to May 1919. *Bottom right* Lieut-Colonel A. J. Dawson ADMS AIF in Egypt from April 1918 to March 1919.



93. HOSPITAL FERRY USED BETWEEN KANTARA AND PORT SAID

Lent by *Air Mechanic R. L. Sillett, No. 1 Squ., A.F.C.*
Aust. War Memorial Collection No. J2620



94. AN OPERATING CAR ATTACHED TO THE DESERT MOUNTED CORPS
OPERATING UNIT, AT SHELLAL, OCTOBER 1917

Lent by *Lieut.-Colonel J. C. Storey, A.A.M.C.*
Aust. War Memorial Collection No. A2844

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convalescent dépôt or hospital had been provided by Australia to replace the system built up during the Gallipoli campaign, it was still desired by the Australian authorities—and urged in season and out of season by the Australian Red Cross Society and kindred organisations—that Australians should convalesce under the laxer régime¹¹ permitted in Australian units; in consequence patients were apt to be retained in this hospital when past the stage of active treatment. Until the end of 1916 Australian soldiers completed medical convalescence in the fine convalescent home at Montazah near Alexandria maintained conjointly by the British and Australian Red Cross Societies. At the end of the year the Australian Red Cross dropped out of this partnership, and in May, 1917, the D.M.S., E.E.F., was asked to provide a special convalescent dépôt for Australians. After some demur¹² he gave his consent, provided that the Australian Red Cross Society would pay for the building. A search for a suitable building proved unavailing, and the project was dropped. Australian convalescents continued to go to Montazah or, either direct or by transfer, to the British convalescent dépôts. In August a project—emanating through the Australian Government from the Australian Red Cross Society—was put in hand to take over the Grand Hotel at Helouan; but before completion of arrangements this proposal also was dropped in view of the impending concentration of Australian medical activities in the Canal zone.¹³

Recovered or crippled Australian light horsemen were disposed of on the one hand by return to the front by way of the Australian and New Zealand Training Dépôt at Moascar, on the other by invaliding to Australia. Temporary alternatives were convalescence in England, or classification as “temporarily” or “partly” unfit and allocation for “B”

**Classification—
a standing
board**

¹¹ The greater amount of money which he had to spend, together doubtless with a greater inherent desire for personal liberty of action engendered by conditions of life in Australia, made the Australian convalescent soldier more desirous of leave—one of the chief motives of discontent—than his British comrade.

¹² On the ground that ample convalescent accommodation was available in British dépôts and that “to charge the Imperial Government for a separate establishment for Australians” would be “uneconomical.”

¹³ For sick nurses a British convalescent home at Bulkeley, just outside Alexandria, maintained by the British and contributed to by the Australian Red Cross Society, provided excellent facilities for convalescence.

class duties. For some time the machinery for classifying convalescents into their appropriate categories was far from satisfactory. Medical boards at first considered only the question of "return to Australia," and were formed as required from the hospital staff, their decisions being subject to review by the A.D.M.S., A.I.F., or his deputy. After a period of this unsatisfactory plan the senior physician and senior surgeon of No. 14 Australian General Hospital were appointed a "standing board" to determine the state of fitness of all recovered "unfits" and to categorise them accordingly. Before taking up duty, these officers were given a short tour with the Anzac Mounted Division, to acquaint them with the conditions involved in "return to the front." Systematic categorising into "A," "B," and "C" classes, with periodical reclassification of "B" class men, was initiated, and was eventually carried out entirely by this standing medical board, which paid periodical visits to the Moascar training centre. The work of this board,¹⁴ carried out by its two members in addition to their hospital duties, was of great value in promoting the most efficient use of man power.

The procedure at first adopted of sending to England for convalescence men who were expected to be fit for duty within six months was soon dropped in favour of convalescence in Egypt. All convalescents boarded as unlikely to be fit within six months were invalided to Australia. With the formation of the 4th Light Horse Brigade, the economy in man-power necessitated thereby, and by the increasing wear and tear of the campaign, made it necessary to utilise the "B" class wherever possible; at the base to a considerable extent they replaced "A" class men. In the case of the medical service the two hospitals could absorb more A.A.M.C. "B" class men than were available. Failure attended an attempt to employ "B" class men in the field as clerks and batmen.

The Moascar training camp was organised to deal with reinforcements and recovered patients. On transfer thereto,

¹⁴ The board consisted, from its inception till Feb., 1919, of Lieut.-Col. A. J. H. Saw (surgical) and Lieut.-Col. C. B. Blackburn (medical).

"A" class men were drafted into training regiments, each of which bore a number corresponding to that of the brigade to which the men belonged. In these they underwent a course of retraining, alongside the reinforcements from Australia, until they were included in a draft for the field.

In the early part of the campaign a medical officer was attached to each of these regiments and had a small hospital in which men slightly ill were kept under observation. In July, 1917, these were replaced by an A.A.M.C. training cadre with a 20-bed hospital. At this centre all sick parades were held and reinforcements and recovered men made medically and dentally fit for the front. Six-monthly re-inoculation against enteric and three-monthly against cholera were carried out and entered in the paybook, as were also any further courses of quinine recommended for malarial cases on discharge from hospital. The training cadre was placed under the command of one of the two permanent A.A.M.C. quartermasters in Egypt and, in addition to the above-named function, acted as the training centre for A.A.M.C. reinforcements, many of whom,

**A.A.M.C.
training centre**

having been transferred from other branches of the army, required complete instruction.

Such transfers were made necessary by the fact that the normal A.A.M.C. reinforcements of 3 per cent per month were insufficient. Besides the ordinary medical work, the training comprised instruction in the care of horses, equitation and drill, four-in-hand driving, farriery, and signalling. The last became in this campaign an important matter for the medical service, and medical units were provided with complete means of signalling communication—heliographs, lamps, field telephones, and semaphore flags—and themselves trained their own operators. When the tactical situation permitted, schools of instruction were held in the cadre for medical personnel, commissioned and non-commissioned, from the field units; the former included also British medical officers from the Desert Mounted Corps.

The medical supervision of the whole training centre (Moascar Training Camp) was carried out by a Senior Medical Officer specially selected for the post and rarely

changed. In addition to the medical oversight of the centre, this officer had important responsibilities in connection with the control of infectious disease, whether of local origin or from the transports, and with the prevention of their spread from the base to the troops in the field. On arrival, reinforcements for mounted formations entered a Central Training Dépôt half-a-mile from the main camp. On advice from the Senior Medical Officer at Suez that there was infectious disease on a transport—the most common being measles and mumps—the arriving reinforcements were isolated for the necessary period of six weeks, during which inoculation was carried out and necessary dental treatment instituted. From the Central Training Dépôt reinforcements were transferred to the training regiments.¹⁵

The means whereby invalids were returned to Australia were varied and somewhat fortuitous. For the whole A.I.F. only two fully equipped Australian hospital ships had been provided, and it was only occasionally that space was available on these for invalids from Egypt. The type of transport available in place of hospital ship for return of invalids to Australia was not always suitable, and their equipping was for a time haphazard. The plan ultimately adopted was that the D.A.D.M.S., A.I.F. in Egypt, informed the British Embarkation Medical Officer at Suez as to the equipment required for the complement on each transport. The latter then arranged for its supply—chiefly from surplus stocks from transports from Australia—while the Australian Red Cross Society added extras for the voyage. During the period from September, 1916, until the opening of the second Palestine offensive at the end of October, 1917, one Australian hospital ship and seven prepared transports took to Australia 1,587 invalids, of whom some 1,100 were invalided through sickness.

¹⁵ The British organisation corresponding to the medical organisation of the Moascar Training Centre was the so-called "Reception Station" at Kantara. This formation was peculiar to Egypt, its functions being:—to take local sick parades: to examine drafts of reinforcements and men discharged from hospital, to ensure freedom from infection to eliminate obvious unfits and present doubtful cases to the medical board: to examine outgoing drafts and carry out inoculations where necessary.

Up till the end of 1917 the Dental Service in Egypt consisted of eight dental units, one being allotted to each of the five field ambulances, the two hospitals, and the training dépôt. Two dental units, for the 4th Light Horse and Camel Field Ambulances, were formed locally. Up to this date only urgent dental treatment could be carried out in the field and at the base: circumstances did not yet permit of routine examination for early detection of defects.

**Dental and
Nursing
services**

Till the middle of 1917 the Australian Nursing Service in the east was comprised within the staff of No. 14 General Hospital, whose matron, Miss Creal, acted as Principal Matron. Early in 1917, at the instance of the Director-General at the War Office, Australia was asked to send nurses to staff four British general hospitals at Salonica. On July, 19th three "nursing units,"¹⁶ each comprising ninety-one nurses, arrived at Suez in charge of Matron McHardie White, and went direct to Alexandria for transshipment to Salonica. Twenty-nine nurses selected from the staff of No. 14 General Hospital were exchanged with junior nurses from these units for promotion. Of the 4th Unit, thirty went from Bombay, and on October 6th sixty-one arrived from Australia to complete it, but by orders of the D.M.S., E.E.F., they were distributed to British hospitals in Egypt owing to the imminence of fighting on a large scale in Palestine.

¹⁶ That is the nursing staff for a double general hospital of 1,040 beds