

CHAPTER VIII

THE SECOND PALESTINE OFFENSIVE

AT the end of October, 1917, General Allenby struck the Gaza-Beersheba line, employing his mounted troops in a typical cavalry movement, a wide semicircular descent upon the enemy's left and rear, which was ultimately followed by the capture of Jerusalem. The medical service, being faced with the problem of keeping pace, relied upon divisional receiving stations in echelon controlled by corps to play the rôle proper to the casualty clearing stations, which were immobile. Much interest attaches to their experience, since it must largely influence the method of employment of a post-war innovation—the "mobile section" of casualty clearing stations—by which the need will be met in future operations. It was found that the difficulty of communication during the swift passage of the mounted corps from one line of communications to another caused some dislocation of the scheme. The health of the troops during this period remained extraordinarily good, but preparations were made for malaria, which was anticipated for the hot season.

* * *

The situation in Europe at the end of the summer of 1917, brought about by the failure of the French summer offensive and the success of the German submarine campaign, made the British Cabinet desirous of some spectacular success in the East. Political considerations coincided with the strategic requirements of the situation in that theatre of war: both

Plan for Third Battle of Gaza

could be met by an offensive on a large scale in Palestine. By October the preparations for this were complete, and the plan of campaign worked out by Allenby and his general staff was as follows:—

1. A week's bombardment of Gaza; secret concentration of two mounted and four infantry divisions opposite the Turkish left at Beersheba.
2. Capture of Beersheba and its water-supply by a swift and overwhelming attack by the Desert Mounted Corps and XX Corps.

3. Fixation of enemy's attention on Gaza by an attack by the XXI Corps in preparation for—
4. Assault by XX Corps on Turkish left flank and on Hareira and Sheria with the object of rolling up his line towards Gaza: cavalry to push forward for water on the Wady Hesi and by flanking movement to threaten the Turkish line of retreat.

The fighting strength of the three corps on the eve of the operations was 100,189, namely—

Desert Mounted Corps	..	745 officers, 17,935 others.
XX Corps	..	1,435 officers, 44,171 others.
XXI Corps	..	1,154 officers, 34,759 others.

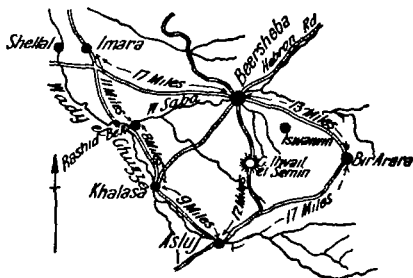
The enemy held a line which stretched for thirty miles from the sea near Gaza to Beersheba. East of Gaza, this line was a chain of strong earthworks on dominating positions ending at Beersheba. From Sheikh Abbas the British line diverged from the enemy, along the Wady Ghuzze: opposite Beersheba "No-Man's Land" was many miles in depth.

For a substantial success it was imperative that Beersheba should be captured on the first day, so as to effect a tactical surprise and reach water. To this end every effort had been made to hide the vast preparations on the Shellal flank which were necessary to allow a force of four infantry and two cavalry divisions to attack a strongly held position after a long march in country so waterless and heavy that, according to the Turkish appreciation, it would not permit the approach of a force greater than one cavalry and one infantry division. For the attack on Beersheba the four divisions of the XX Corps were to advance from the south and south-west, while the Anzac and Australian Mounted Divisions, after a long détour, would attack from the north-east and south-east, close to the main road to Hebron. The Yeomanry Mounted Division, with the Imperial Camel Corps Brigade, was to remain in reserve in the Shellal region. From Shellal to Beersheba in a direct line is twenty miles; by the route to be followed by the mounted troops it was fifty-four. It was therefore arranged that the Anzac Mounted Division should begin its final approach march from Asluj, twenty-five miles from Beersheba; the Australian Mounted Division would follow in its rear. The 7th British Mounted Brigade, attached to the Desert Mounted Corps, was to move up on the right of the infantry.

On October 22nd Allenby's operation orders were issued. They included, in the medical arrangements, provision for three casualty clearing stations at Imara (to which ran a tactical branch railway line from Rafa) and two at Deir el Belah (now railhead on the main strategic railway). The former

**Oct. 22—orders
for attack on
Beersheba**

were to be sited beforehand, but no tents were to be erected until sunset on the first day of operations. Medical arrangements by the D.D.M.S., Desert Mounted Corps, were designed to meet the situation that would arise not only if the operations should be carried out according to plan, but also if Beersheba should not be captured on the first day, in which case at least a portion of the mounted troops must return for water, and with them would go the wounded. Evacuation to Imara in the latter case would occupy ten hours by motor ambulance waggon, at least twenty-four by camel convoy. It was therefore arranged that casualties should be held in the mobile sections of field ambulances pending the capture of Beersheba; thence in the event of success they would go by the direct route to El Imara (seventeen miles), the corps transport being supplemented by that of the infantry. The alternative route to Imara in the event of failure or for urgent operation cases was arranged back along the long flank approach, *viâ* Asluj and Rashid Bek, where would be stationed divisional receiving stations under the D.D.M.S., Desert



Mounted Corps together with the operating unit. The eighteen heavy ambulance waggons from the motor ambulance convoy would be used on the last stage to Imara; light cars of the field ambulances—of which cars there were now forty-eight, half of them to be controlled by the D.D.M.S., Desert Mounted Corps—would work according to circumstances on the two stages in advance.

The concentration and approach marches over the difficult and waterless country occupied ten days and involved great strain on the medical service, chiefly because of the extreme secrecy demanded and the absence of roads fit for the ambulance waggons. The operating car was brought to Asluj, but with great difficulty.¹ The day of the offensive dawned, however, with the medical situation in satisfactory accordance with the original plan, namely, Nos. 35, 65, and 75 Casualty Clearing Stations at Imara; the cars of the Motor Ambulance Convoy attached to the Desert Mounted Corps running between them and the Anzac Mounted Division receiving station at Rashid Bek; the Australian Mounted Division receiving station and Operating Unit, with some of the light-motor ambulance waggons, at Asluj; mobile sections of field ambulances with their brigades; cacolet camels following in rear of the divisions: the remaining light-motor ambulance waggons following on by the steep and winding eastern road from Asluj. Moving out from their starting points on the evening of October 30th, the mounted divisions successfully accomplished their final approach march over rough and unknown country in good time to join the infantry in the attack on Beersheba on the morning of October 31st. The XX Corps, attacking south and south-west, rapidly carried out its part. The light horse was held up, but by hard fighting, culminating in the historic charge of the 4th Light Horse Brigade, the town was taken by dusk.

**Oct. 31—
Nov. 2—
clearance of
wounded**

In the final rush the ambulance bearers followed so closely on the regiments that the wounded were collected by them in the field where they fell. Divisional collecting stations were formed some three miles east of Beersheba by the mobile sections, the first by 12.30 p.m. at Khasm Zanna, a second (the first being full) at 7 p.m. nearer Beersheba. In these the wounded from the mounted divisions, numbering 165, were retained till next day (November 1st). The motor ambulance waggons arrived at 11 a.m. on the morning of the

¹ It was in these operations that the "Thomas" splint was for the first time supplied for general use in the field units.

attack, and at 7 a.m. on the 1st the operating unit and Australian Mounted Division receiving station arrived and took over a Turkish hospital in Beersheba, to which the wounded were transferred. Later came the Anzac Mounted Division receiving station and convoy cars, and by 11 a.m. evacuation was in full swing to Imara by Motor Ambulance Convoy cars and light (Ford) motor ambulance waggons.

The collecting and evacuation of wounded had worked smoothly according to plan, and there was little difficulty in organising satisfactory medical arrangements in Beersheba, though the conditions in this dirty and uninteresting village were very unpleasant. It is situated in a depression amid a vast extent of dry, brown, arid plain, and for several days a strong hot dry east wind filled the air with clouds of fine penetrating dust raised by thousands of camels, horses, and men passing through the narrow streets.² The only water for many miles was from the wells of Abraham in the north of the village, and a shortage necessitated the postponement of the second phase of operations, against the entrenchments covering Tel esh Sheria.

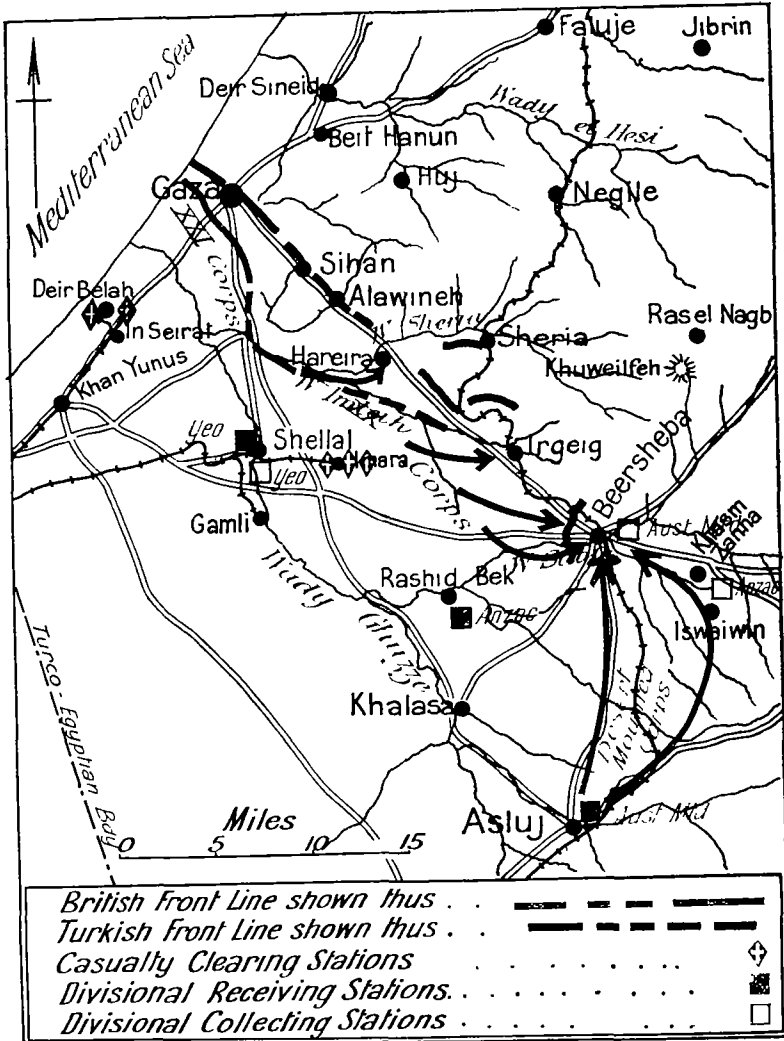
The Anzac Mounted Division receiving station remained in reserve; on Nov. 2nd the XX Corps took over the Turkish hospital from the Australian Mounted Division receiving station, and the latter was established in the town hall. Both were kept occupied with wounded from the fighting in the hills north of the city.

Meanwhile the second phase of the offensive—the limited attack on Gaza fortifications to hold the enemy on that flank

Attack on while the main attack was pressed on his left
Gaza—Nov. 1 and centre—was carried out with great
success by the XXI Corps on November 1st.

At the same time the 53rd Division of the XX Corps and the Imperial Camel Corps Brigade moved against the enemy position in the wild hilly country which, north and north-east of Beersheba, rises to some 2,500 feet at Tel el Khuweilfeh and Ras el Nagb. This movement was a preliminary to the attack by the rest of the XX Corps on the centre towards

² Medical units again suffered severely from bombing.



THE ATTACK ON BEERSHEBA BY THE DESERT MOUNTED CORPS, SHOWING THE MEDICAL SITUATION ON 31ST OCTOBER, 1917

Tel esh Sheria and Abu Hareira, and the struggle rapidly increased in intensity as the Turks threw in their reserve divisions in fierce counter-attacks against the right flank.

Barrow's Force—
Nov. 2-5 On November 2nd and 3rd further attacks towards Khuweilfeh were made by the 53rd Division, 7th Mounted, and Imperial Camel Corps Brigades. In these little progress was

made, and on the 4th and 5th the Turks strongly counter-attacked. During this time the main body of mounted troops were rendered almost immobile by the water problem, and the Australian Mounted Division was sent back to Karm, while the Anzac Mounted Division remained at Beersheba; the yeomanry were still at Shellal. A special force (Barrow's), consisting of the Yeomanry Mounted Division, New Zealand Mounted Rifles Brigade, 53rd Division, and Imperial Camel Corps Brigade (attached to the Desert Mounted Corps) was now organised to deal with this situation which on the right flank was holding up the main offensive, and on the

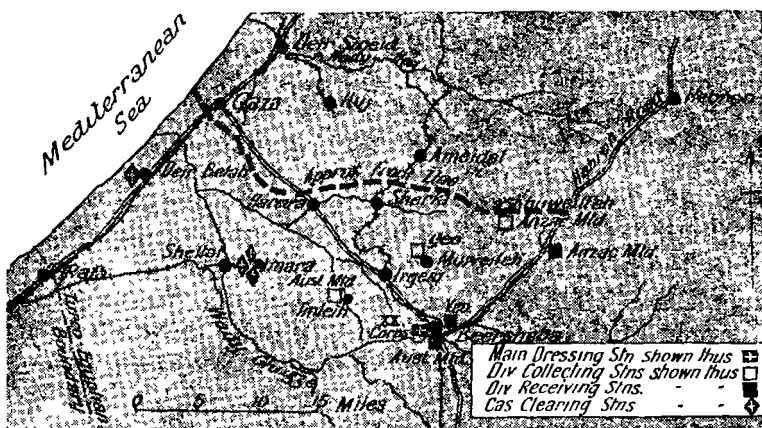
Nov. 6 6th the whole Turkish position on the right and centre was successfully assaulted by

Barrow's Force on the right and by the XX Corps in the centre, with the Yeomanry Mounted Division, on the left of Barrow's Force, in touch with the infantry. The 53rd Division carried the Khuweilfeh heights by assault. At Tel esh Sheria the Turkish line was widely breached by the 10th and 60th Divisions, and through this breach,

Nov. 7-8. Turk slips through on the 7th, the Desert Mounted Corps (minus the Yeomanry Mounted Division, which was held on the right flank) moved to its delayed flanking movement towards the Gaza-Latron road, the Turk's line of communication for his right. But the same night the enemy, withdrawing from Gaza, slipped through, and the mounted troops, followed closely by the infantry, found themselves engaged in the pursuit of a retreating but not beaten opponent up the Philistia Plain. His determined rear-guards fought repeated delaying actions and made occasional counter-attacks from the foot-hills of Judæa, until the stroke against him spent itself and he was able to reach hilly country where he could reorganise his resistance.

The problems that confronted the medical service after the capture of Beersheba presented three corresponding phases; first, in the fighting in the hill country behind Beersheba; second, in the rapid and scattered movement of the divisions from right to left flank and up the plain of Philistia; third, in the semi-static warfare that was resumed as the attack spent itself. Each of these phases presented special problems and difficulties; and to those inherent in the circumstances of the fighting there were sometimes added embarrassments and hindrances due to the "slings and arrows of outrageous fortune."

During the first phase the divisional receiving stations of the Anzac and Australian Mounted Divisions and (on the 6th) the Yeomanry Mounted Division were concentrated in the vicinity of Beersheba. There they received wounded evacuated from collecting stations in the foot-hills and on the Hebron road, at which they had arrived by light motors from dressing-stations



Medical situation in the Desert Mounted Corps, 6th November, 1917

a few miles farther in the hills; casualties were brought to the latter by sandcarts and camels. Also in the fighting on the 6th at Khuweilfeh and Abu Hareira evacuation of both

mounted troops and infantry centred on Beersheba; divisional receiving stations and the infantry main dressing-stations all evacuated to Imara.³

The next phase covers that period of fighting which ended in the capture of Jaffa on November 16th. The pursuit was carried up through the Maritime Plain, which, lying between the narrow coastal sandy belt and the Judæan hills, is fertile but soft and intersected by three small streams running to the coast. The water supply, drawn from the deep wells in picturesque but scattered villages, was altogether insufficient to allow of such a great body of horses and men being watered fast enough to permit of rapid pursuit.

The arrangements for the evacuation of wounded during this phase were based on the use of divisional receiving stations in echelon. As each one became free on the evacuation of its wounded rearward, it was pushed ahead of the other two and relieved the divisional collecting station.⁴ When it in turn became full, the process was repeated.

When the Anzac and Australian Mounted Divisions, on the right of the 60th, began on November 7th their dash forward through the gap in the Turkish line at Tel esh Sheria, their two receiving stations were anchored near or in Beersheba by casualties from the hill fighting, and the eighteen motor ambulance convoy cars were fully occupied in evacuation to the Imara group of casualty clearing stations. As the first link in the chain of receiving stations which, by the scheme that has been described, should link up the rapidly moving divisional collecting stations to the stationary casualty clearing stations, the Yeomanry Mounted Division receiving station, together with the immobile section of the 7th Mounted

**The dash for
the coast**

**Medical
service in
difficulties**

³ The medical arrangements for Barrow's Force were in the hands of the D.D.M.S., Desert Mtd. Corps, and for the few days that the force existed, these added greatly to his difficulties, distracting his attention which was urgently required for the divisions of the Desert Mtd. Corps then rapidly moving to the left flank. In this connection it may be noted that, with the fine Beersheba-Hebron-Jerusalem road behind him, the enemy maintained a constant threat on the right flank for some weeks, making necessary the retention of a considerable British force.

⁴ Formed, it may be recalled (*page 633*), in each mounted division by tent sub-division personnel from one or more of the mobile sections. Their movements were entirely controlled by the A.D.M.S. of the division, who was responsible for evacuation from his divisional collecting station to the divisional receiving station, which was under corps control.

Field Ambulance, was sent to Irgeig, whence it was to evacuate direct to Imara. From the outset the medical plans went amiss. The direct route to Imara proved impossible, and consequently that *viâ* Beersheba—from forty to fifty miles from the collecting stations—had to be followed. Moreover the Yeomanry Mounted Division receiving station had lost all its transport, and its move was delayed till motor lorries could be obtained from the army service corps. The light motor ambulance waggons of the Anzac Mounted Division also went astray.⁵ But the most serious obstacles to the effective co-ordination between divisional and corps headquarters and, *pari passu*, to the linking up of divisional and corps evacuation, lay in the extraordinary difficulties of intercommunication and travelling.⁶ In addition to the mechanical difficulties of transportation the roads, or rather tracks, which characterised the cross-country route followed by the divisions were soon cut up by the horses and made almost impassable for motor traffic. Reference to the map will make clear the special difficulties brought about by this factor in the situation. From Beersheba to Gaza ran a fine road connected at each end with thoroughfares ending

⁵ The transport of the Yeomanry Mtd. Div. receiving station had been taken over by the Divisional Train. Under the circumstances, when successful evacuation was dependent on transport, the consequences of this unauthorised action was severely felt.

⁶ It was sometimes a matter of days before ordinary signal messages travelled between A D'sM S. and the D.D.M S. Aeroplane messages provided the only rapid method of communication, and this means could seldom be used. Wireless telegraphy was rarely available for medical messages, so that personal visitation was the only practical way of keeping in touch with the rapidly altering situation in regard to the number and disposition of the casualties and the movements of the divisions. But the nature of the country made motor travelling very slow. The roads, or rather tracks, were ill defined and did not coincide with those shown on the maps, while the fine powdery dust—which filled the air wherever there was any traffic—penetrated the ignition coils of the Ford cars (the only kind usable on these tracks) and often put them out of action. The following extracts from the diary of the D.D.M.S., Desert Mounted Corps, illustrate the difficulty of controlling evacuation:—

8.11.17. Spent most of the day in Beersheba trying to get a car that would go so as to catch up with the divisions . . . as now no signal communication can be got with anyone in front.

9.11.17. Started out early for Irgeig (6 miles). Half-way on, the car broke down . . . after much delay forced to return to Beersheba. Car broke down a mile from Beersheba; walked back. Started again in afternoon, stuck in a wady and broke radiator collar; man-handled out, and arrived Irgeig 1630 where M.A.C. had been waiting for me since 1000.

10.11.17. Car again failed on hill . . . broke down on N. side of Wady Sheria. Went on in ambulance, which at once broke down . . . my own car caught up. Arrangements gone all wrong through delay and absence of communications.

11.11.17. Pushed $\frac{3}{4}$ mile by natives in Wady Jemammeh; stuck three more times in day, and pushed out by natives. At last reached advanced headquarters in evening.

respectively at Jerusalem and Latron (on the Jerusalem-Jaffa road). The quadrilateral between these was traversed by the Turkish railway, which, however, had been demolished; formed roads were almost absent. A gap was rapidly widening between the front line units and the casualty clearing stations at Imara, and the problem of bridging it, with insufficient transport and receiving stations widely dispersed,

Nov. 9 was beset with difficulties. By November 9th, with evacuation on the right flank, still based on Beersheba and Imara, the divisional collecting stations had reached Ameidat and Huj. The Anzac and Australian Mounted Divisions were now on the left flank, and were advancing up the plain of Philistia. To get more closely in touch, another link was added to the chain of corps evacuation by moving the 7th (British) Mounted Field Ambulance immobile section to Tel esh Sheria—the Yeomanry Mounted Division receiving station being still immobile through lack of its transport—and this unit now became the pivot of corps evacuation.⁷ The lost Anzac Mounted Division light motor ambulances, located on the Hebron road, were brought over to Tel esh Sheria to ply to the casualty clearing stations.

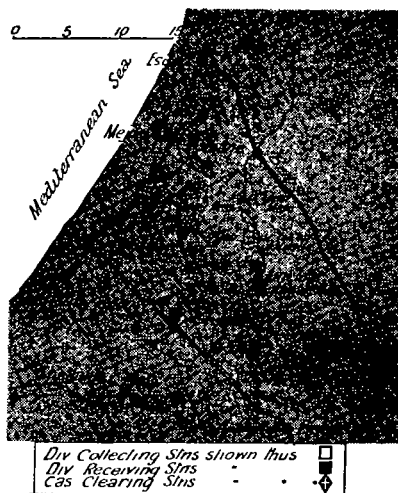
Water difficulties called a halt of twenty-four hours in the moves of the divisions and gave a brief respite to their medical services. On the 10th the formations

Nov. 10— of the Desert Mounted Corps took up the
pursuit up advance, closely followed by the infantry.
coastal plain

The Australian and Yeomanry Mounted Divisions continued their movement to the left flank, which put them with the Anzac Mounted Division astride the Gaza-Latron road. It had become obvious that the Desert Mounted Corps was committed to an advance up the coastal plain, to which it had crossed from the right flank during November 6th to 10th. It was necessary therefore to make evacuation conform to this change of front, and to abandon the Beersheba-Imara route. Lack of communication with the D.M.S., E.E.F., at G.H.Q. near Khan Yunus, and the absence of information as to roads fit for motors, prevented

⁷ On the 10th the Yeomanry Mtd. Div. rejoined the Desert Mtd. Corps on the dissolution of Barrow's Force, which was replaced by "Mott's Detachment."

any determination as to the exact route of evacuation, which had to be left to the future; but until the proper route of evacuation had been laid down by the D.M.S., E.E.F., a new temporary pivot for evacuation from the Desert Mounted Corps was formed by transferring the Anzac and Yeomanry Mounted Divisions receiving stations (the latter of which had now regained its transport), together with the operating unit and motor ambulance convoy, to Ameidat, which was at this time refilling point and rendezvous on the supply route to the divisions, and also transferring the Australian Mounted Division receiving station in lorries to Abu Hareira.⁸



Medical situation in the Desert Mounted Corps, 10th November, 1917

On November 11th the advance slowed down; the Anzac Mounted Division passed into corps reserve, its place on the coastal flank being taken by the Yeomanry Mounted Division. The medical situation at this stage was far from good. The most advanced divisional collecting station (Anzac) was at Julis, with the Australian and Yeomanry stations⁹ a few miles off at Keratiyeh and El Faluje. All the divisional units were full; medical and commissariat supplies were running short. Few of their light motors remained serviceable. Only in the Yeomanry Mounted Division was the medical service untroubled—largely because a special officer was put in charge of the motor

⁸ The N.Z. Mtd. Rifles Bde. (with its fld. amb.) remained on the Hebron road till Nov. 11, when it rejoined the Anzac Mtd. Div. Evacuation of its casualties during this time was arranged by the D.D.M.S., XX Corps

⁹ The last unit had been shelled out of Suafir es Sherkiyeh, with the loss of two medical officers.



95. THE ANZAC MOUNTED DIVISION RECEIVING STATION AT RESHID BEK,
30TH OCTOBER, 1917

*Lent by Major J. A. Heath, 44 M.C.
Aust. War Memorial Collection No. 12729*



96. AN AUSTRALIAN LIGHT HORSE FIELD AMBULANCE DURING THE
ADVANCE THROUGH PALESTINE, 1917

Taken in the Wady el Saba on 31st October, 1917 showing sandbags
of the 3rd L.H. Field Ambulance

*Lent by Major R. G. Woods, 44 M.C.
Aust. War Memorial Collection No. H10468*

To face p. 679



97. WATERING AMPULANCE HORSES AT JEMMAMAH DURING THE ADVANCE
TO JAFFA AND JERUSALEM NOVEMBER 1917

It took ninety-six hours to water all the horses here shown

Lent by Capt H. G. Leahy A.A.M.C.
Aust War Memorial Collection No. A2730



98. EVACUATING WOUNDED BY MOTOR AMBULANCE CARS FROM EL BURJ,
DECEMBER 1917

The rocky country greatly increased the difficulties of evacuation.

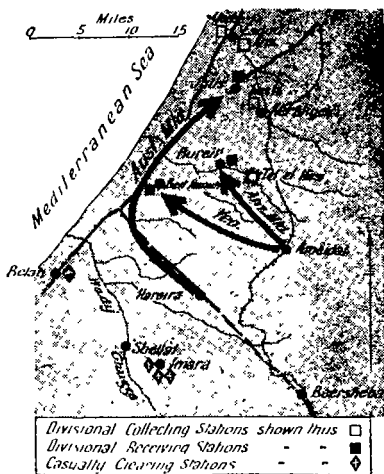
Lent by Major R. G. Woods A.A.M.C.
Aust War Memorial Collection No. A2735

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transport. Meanwhile the corps chain of evacuation based on Ameidat had been dislocated by the unexpected transfer of the supply route for the divisions from the centre to the left flank, along the Gaza-Latron road through Julis, with railhead at Deir el Belah. The medical centre at Ameidat was thus rendered useless through difficulties of supply and the loss of the facilities afforded by "returning empties" for the evacuation of lightly wounded. The situation was relieved by establishing a new echelon of divisional receiving stations on the new supply route Belah-Gaza-Julis.

New line of evacuation necessary

The Australian Mounted Division receiving station was sent to Julis by means of the attached Motor Ambulance Convoy, evacuation from Ameidat being meanwhile carried out by the D.D.M.S., XX Corps—not the only occasion on which this formation came to the help of the mounted troops. The Australian Mounted Division receiving station relieved the Anzac Mounted Division collecting station and was joined by the Corps Operating Unit. The Anzac Mounted Division receiving station was established at Bureir, the Yeomanry Mounted Division receiving station and 7th Mounted Field Ambulance at Beit Hanun. The new route of evacuation *viâ* Beit Hanun was carried through to the casualty clearing station at Deir el Belah by motor ambulance convoy cars of the XXI Corps.



Medical situation in the Desert Mounted Corps, 12th November, 1917

By November 12th the enemy was preparing to make a stand on a lightly entrenched line covering the junction of the Jerusalem-Jaffa railways, with his left in the Judæan hills. On the 14th this line was

Nov. 12—an enemy stand

successfully attacked by the Australian Mounted Division, XXI Corps, and Yeomanry Mounted Division, supported by the Anzac Mounted Division. This second phase of the offensive ended on the 16th with the capture of Jaffa and the withdrawal of the Turkish Eighth Army behind the river Auja and of the Seventh Army into the Judæan mountains.

To conform with the general advance of the Desert Mounted and XX Corps, the Anzac Mounted Division receiving station was brought forward to Yebna, where it arrived on November 15th after marching on foot twenty-seven miles from Bureir in soft and broken country in twenty-four hours. Here it took over from the Yeomanry Mounted Division collecting station cases of men wounded in the cavalry charge on the 13th at El Mughair and on the 15th at Abu Shusheh, and also cases from the Anzac Mounted Division. By November 16th medical arrangements had once more taken on a stationary character, evacuation centering on the Anzac Mounted Division receiving station in a large monastery at Ramleh.

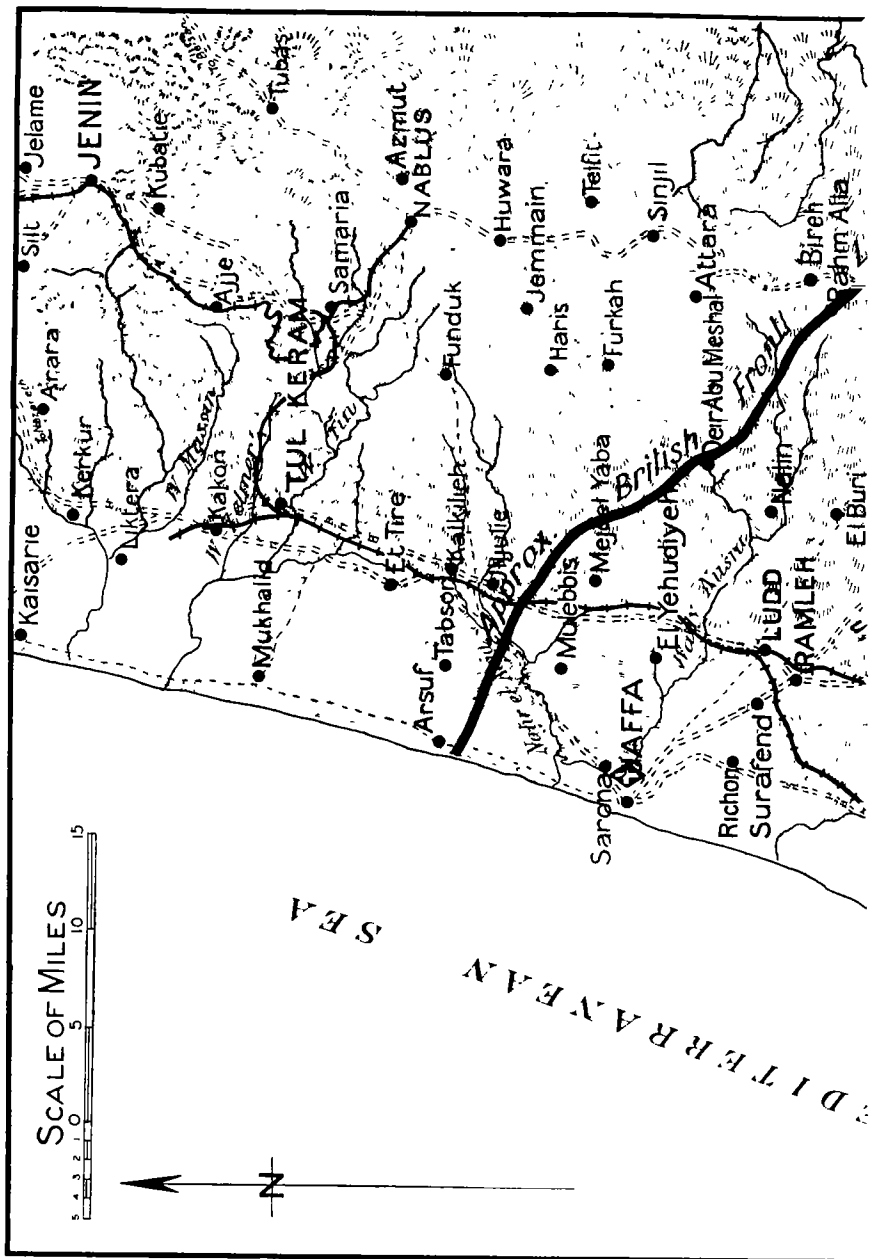
**Nov. 15—
medical
situation
stabilised**

With the capture of Jaffa the Desert Mounted Corps was for the first time faced with the task of organising the medical services and sanitation of a town captured from the Turks. Unlike Beersheba, Jaffa was a large town with good streets and a well-built Jewish and European quarter. The only civil hospital was French, with a staff of two nurses: this was taken over and organised by the New Zealand Field Ambulance. The cleansing of the town was effectively carried out by the Anzac Division's sanitary section with the help of gangs of sweepers and six incinerators.

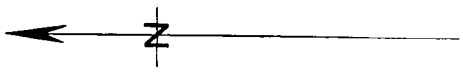
**Jaffa—town
sanitation**

The fighting in this part of the line was confined to two attacks by the enemy, in the first of which on November 25th, there were evacuated to Ramleh¹⁰ sixty-four wounded from the New Zealand Mounted Rifles Brigade, and in the second, on the 27th, twenty-seven from the Imperial Camel Corps Brigade.

¹⁰ At this time the Imp. Camel Corps Bde was taken out of the line on account of a skin rash among the men, the irritation from which was so intense that loss of sleep rendered a large proportion of the brigade unfit for duty. It was discovered that the disease was identical with camel mange, the parasite being transmitted from the camels. A similar infection had taken place among the troops in the Soudan, though this was not generally known. Vigorous treatment of riders and camels soon eradicated the disease.

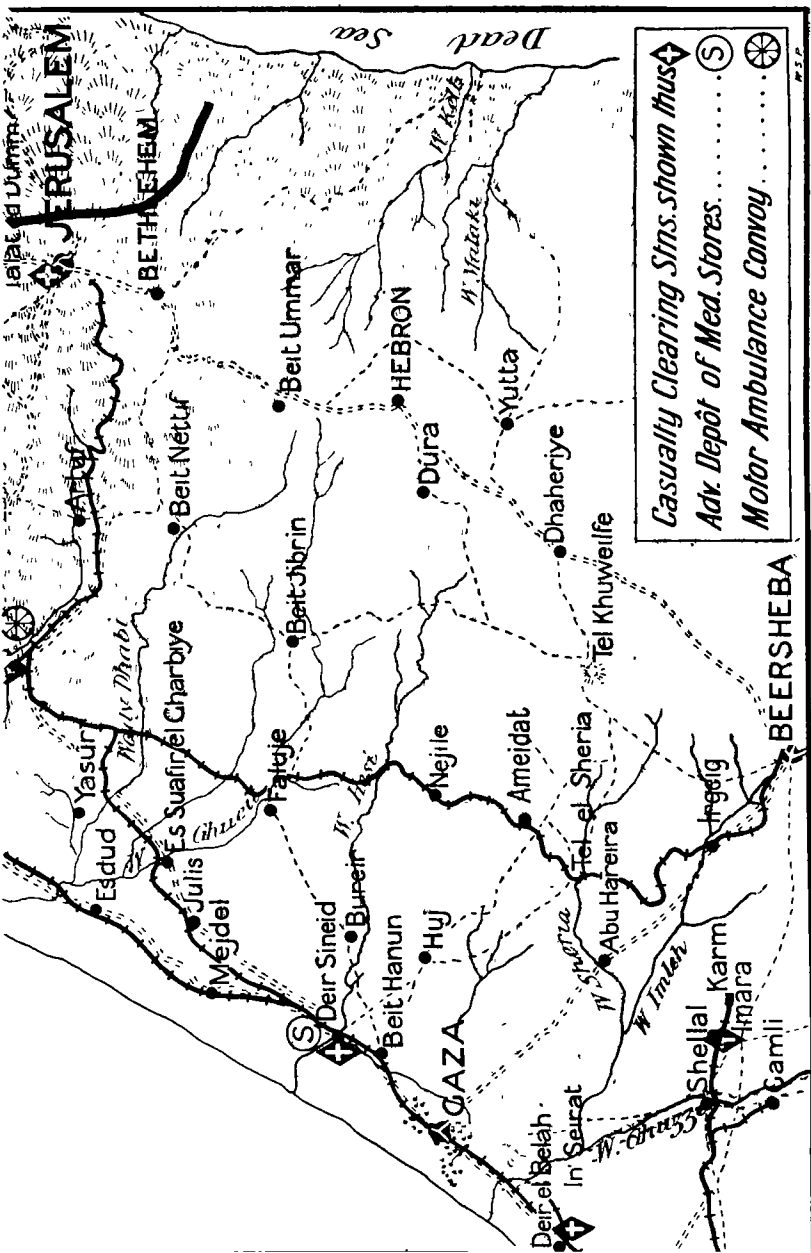





SCALE OF MILES



SEA

MEDITERRANEAN



Casualty Clearing Stns. shown thus 
 Adv. Depôt of Med. Stores. 
 Motor Ambulance Convoy 

THE MEDICAL SITUATION ON THE LINES OF COMMUNICATION IN PALESTINE AT THE END OF 1917

Tracks and small roads - - - - - , main road - - - - -

In view of the demoralisation and separation of the two Turkish armies General Allenby meanwhile had decided to advance on Jerusalem. A first unsuccessful attempt was made by an advance into the hills of two divisions of the XXI Corps up the main Jaffa-Jerusalem road with the Yeomanry Mounted Division on their left with the object of seizing the main road from Nablus to Jerusalem. After heavy fighting the attack was broken off on November 24th with the capture of Nebi Samwil, the "key to Jerusalem" and the farthest point attained by Richard Cœur de Lion in his advance from Jaffa in the third Crusade. The British advance was followed by counter-attacks by the Turks with "storm-troops."

**Nov. 22—
attack on
Jerusalem**

The problem of dealing with the casualties from these attacks differed entirely from anything encountered before or later. It resolved itself mainly into individual efforts by detachments of ambulances in roadless and rocky hills rising to 2,500 feet in height, where little or no help could be given by the medical establishments of other divisions. The Yeomanry Mounted Division was the first to become involved. Moving from Ramleh on November 18th against the village of Bireh in the hills ten miles north of Jerusalem, it encountered heavy fighting both in its advance and during the Turkish counter-attacks. Bireh is on the main road running north from Jerusalem to Nablus—the Turk's main line of supply—and, by the track followed, was distant from Ramleh about thirty miles. The hills here are a confused system of steep ridges separated by deep and narrow ravines and covered with boulders of all sizes; the roads were little more than goat-tracks and were very slippery with the heavy rains that now came on; the ravines were morasses. Horses could not be used on the tracks. No ambulance transport could be brought nearer to the fighting than Annabeh, only five miles from Ramleh. Wounds were dressed in little regimental dressing-stations among the rocks, often without cover from shell-fire, the men being carried by ambulance bearers—in some cases as much as two miles—to valleys to which camels could be brought. Thence they were taken to collecting stations at Annabeh and by sandcarts to

Ramleh—well over two days from the time of wounding. The Australian Camel and 7th Mounted Field Ambulances were sent to Annabeh to help with their transport.

Meanwhile on November 20th the Australian Mounted Division receiving station had moved from Julis to Latron, and the yeomanry station from Beit Hanun

**Moves on
chain of
evacuation**

to Julis to act as a relay in the chain of evacuation. Coincidentally with these moves of the corps units, the Deir el Belah group of casualty clearing stations were moved by the orders of the D.M.S., E.E.F., to Gaza, Beit Hanun, and Junction Station. By this time the Turkish 3-ft. 6-in. gauge line had been repaired from Gaza to Junction Station, and on the 22nd an improvised ambulance train ran between these places to carry 200 sitting and twenty-four lying patients. The broad gauge strategic railway was being rapidly pushed towards Ludd.

The total casualties for the month's fighting in the E.E.F. were 15,000 (including 11,400 wounded); in the Desert Mounted Corps they numbered 2,440, of which the greater part were incurred during the first fortnight.¹¹ In addition there was a steadily increasing number of sick, together with wounded and sick from other corps. The Australian Mounted Division receiving station alone admitted 985 wounded and 1,108 sick: the Anzac Mounted Division station dealt with over 3,000 sick and wounded.

**Casualties for
November**

The month of December, which saw the culmination of the second Palestine offensive in the historic capture of Jerusalem, was a quiet one for the Desert Mounted Corps, which took little part in the fighting at this time.¹² Jerusalem was captured by the XX Corps on December 9th,

**December—
Jerusalem
taken**

¹¹ Of this total 364 were killed and 132 missing.

¹² On Dec. 3 a successful raid was carried out on the left of the line near Jaffa by the 2nd L.H. and N.Z. Mtd. Bdes.—almost the only raid on a large scale on enemy trenches carried out by the mounted troops. The medical arrangements provided for ambulance stretcher-bearers to accompany the raiding party, with relay posts in the advanced trenches, an advanced dressing-station in the support trenches, and sandcarts $\frac{1}{2}$ mile behind the line. Bright moonlight enabled the evacuation to be carried out all night by motor ambulance waggons *viâ* Jaffa to Ramleh, and the wounded, numbering fifty-seven, were all evacuated a distance of nineteen miles in eight hours.

the 10th Light Horse Regiment on the right flank being the only Australian unit concerned. The Australian Mounted Division receiving station was in the town very shortly after its capture, and, having taken over the French Hospital, treated cases from the XX Corps for a week. The chief feature during the month was the heavy rain, which changed much of the low-lying plains into impassable mud, washed away railways, and held up rations and stores.

After the capture of Jerusalem, to make the position tactically secure, operations—in which the mounted troops had little part—were undertaken to advance the line in front of Jaffa and Jerusalem. The former object was achieved by an operation of December 20th which drove the enemy eight miles north of Jaffa; at the end of December the British line was pushed forward to the north of Jerusalem, and an entrenched position was built up with the XXI Corps on the right and the XX Corps on the left. The Desert Mounted Corps for the most part went into resting areas about Esdud and Richon.

Notwithstanding the fatigue and strain of the advance from the Wady Ghuzze and the exposure to the wet and cold now encountered, the health of the troops was extraordinarily good, and in January became even better. This improvement is sufficiently accounted for by the rest in novel and pleasant surroundings and the abundance of oranges and other forms of fresh food. The picturesque Jewish villages, surrounded by their huge orangeries and vineyards, made excellent bivouac areas, and great attention was paid by the inhabitants to the troops, to their mutual advantage.

The total casualties in the three corps during December numbered some 4,300 (including 3,000 wounded); among the mounted troops they were approximately 500.

In the field ambulances, training was at once taken up; in particular, in the Anzac Field Laboratory a number of medical officers received instruction in the microscopic diagnosis of malaria in view of the outbreak which was held to be inevitable in this locality as the season advanced. At the A.A.M.C. Training Centre at Moascar training on a larger

**Good health—
oranges**

**Special
training for
malaria**

scale was entered upon, a school for medical officers being opened on February 1st. Each course lasted a fortnight, and eighty officers attended in batches of twenty. The object specially held in view was to standardise the methods of all ambulances, Australian and New Zealand, British, and Indian, there being at the time no textbook containing all the information required for efficiency. Much of the method for a mounted field ambulance had been evolved during the campaign. Instruction accordingly was devoted largely to the care of horses and mounted duties essential in a unit in which all personnel were mounted on horses or other animals and moved with the troops.

The military operations with which this chapter has been concerned were peculiarly instructive. As is stated by a lucid and forceful writer:¹³

it is probable that these operations will become a classic, for they constitute a nearly ideal instance of the proper use of all the arms in combination, and of cavalry in particular.

On the medical side it is of much interest to consider the tactical employment of the medical services operating with the cavalry corps, and also the general question of evacuation in mobile warfare. In particular, the problems of the stage between railhead and the field formations were the subject of interesting experiment in the use of the improvised receiving stations under corps control. Whatever their disadvantages (and there were certainly some), no feasible alternative presented itself. The quality of their medical work was very high: an appreciation of the Anzac Mounted Division receiving station by the D.A.D.M.S. of that division may be quoted as epitomising the story of the other two stations also:—

During the three crowded weeks which constituted this phase the unit travelled approximately 100 miles over indifferent roads, including many miles of sand, handled over 3,000 sick and wounded, and provided an indispensable link in the chain of evacuation to the nearest casualty clearing station at railhead. It constituted a triumph in improvisation. Loosely and hurriedly combined, with indifferent equipment and transport (having been treated more or less as a dump

¹³ See *An outline of the Egyptian and Palestine Campaigns, 1914-1918*, by Major-General Sir M. G. E. Bowman Manifold, p. 58.

by the parent ambulances), with the personnel containing an undue proportion of N.C.O's and specialists, its record of work reflected the greatest credit on its staff.

With mobile casualty clearing stations, receiving stations would have been unnecessary, and their personnel would have been available for use within the divisions; but for an offensive such as this, the casualty clearing station, as then constituted, was too immobile,¹⁴ being dependent on the railway for its transport. It was not till twenty-one days after the opening of the offensive that a casualty clearing station was moved forward to Gaza, then nearly seventy miles from the most distant part of the front line. The other improvised unit, the operating unit, well repaid the trouble and difficulty of its formation. The number of major operations performed was sixty-two. In operations for abdominal wounds performed within from twelve to twenty hours forty per cent of the cases recovered; in those performed after twenty hours there were no recoveries. Two of these units were really necessary for the corps.

Evacuation of sick and wounded by returning army service corps transport had not previously been utilised in this campaign; such experience as there was of **"Returning empties"** this method illustrated the fact that, if wounded were to be so transported, the medical unit from which they were to be cleared must be placed close to the supply refilling points.¹⁵

In connection with the work of divisional medical units a conference of medical administrative officers after the advance came to a general agreement that one immobile **Experience of divisional units** section should remain with each division to form the divisional collecting station, thus allowing two for each receiving station, as had been originally proposed. The same meeting reaffirmed the need of providing means of transport for the tent division personnel of the mobile sections. Cacolet camels and two-wheeled sandcarts, it was agreed, could not be entirely replaced by the light ambulance waggons with horses, though these proved

¹⁴ In the post-war reorganisation of the British Army these units are organised in mobile and immobile sections. The problems of the former will in general be those described for the divisional receiving stations.

¹⁵ This matter will be dealt with also in *Vol. II.*

unexpectedly serviceable. The Ford motor ambulances were a great gain.¹⁶ The difficulties of signal communication, already mentioned in the narrative, emphasised the need of trained signallers in a cavalry field ambulance, equipped with heliographs and lamps for night signalling. As a result of representations, these instruments were added to the equipment, and were of great service during the rest of the campaign.

¹⁶ They were fitted with double wheels (eight wheels per motor) for the sandy and soft country, but reverted to single wheels for the mud