CHAPTER VII

BULLECOURT

The operations in front of Arras

THESE operations began on April 9th with the battles of Vimy (First Army) and Scarpe (Third Army) and ended officially on May 15th. They present two distinct phases, in each of which the A.I.F. was involved.

Heralded by the heaviest bombardment yet laid down by British artillery,[1] the "Battle of Arras"[2] was launched at 4 a.m. in snow and darkness, a typical "dual-purpose" Haig offensive. In these initial battles, success was achieved beyond expectation. The German defences were broken through on wide fronts, positions of great tactical—indeed of ultimate strategic—importance were gained; the Sixth German Army was badly mauled and suffered heavy loss. The confidence of the German Staff was undoubtedly shaken, in particular as to the efficiency of their new method of waging "the defensive battle"—a strategy to which the German force on the west was now fully committed.

The initial impetus, however, was not sustained. The Cavalry "broke through" but was ineffective. A second effort (Second Battle of the Scarpe) fell far short of the success of the first. The Germans counter-attacked with effect and by April 28th both First and Third Armies were held up. The part played by the Fifth Army in this phase of the operations was the raid on the Siegfried Line, known officially as the "attack on Bullecourt, April 11th," and in Australian history as "First Bullecourt."

Field-Marshal Haig, it is known, would have been well pleased to break off the offensive and proceed with his Flanders offensive; but a transfer of effort to the north was prevented by the swift and complete failure of Nivelle's offensive—an event which changed the course of the war, and brought an immediate crisis on the Western Front. The Arras offensive was accordingly resumed on May 3rd to support

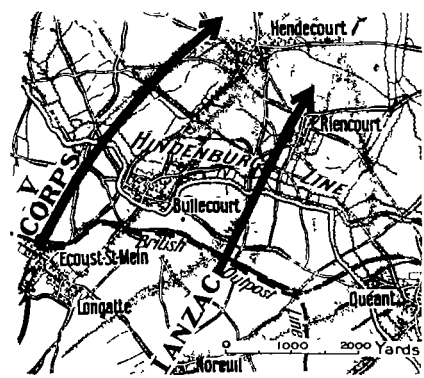
[1] The British had a gun to every nine yards of front.

[2] The operations commonly referred to as the Battle of Arras are known officially as "The Arras Offensive," and include the following "battles" and attacks —Battle of Vimy Ridge April 9-14, First Battle of Scarpe, April 9-14, Second Battle of Scarpe, April 23-24, Battle of Arleux, April 28-29, Third Battle of Scarpe, May 3-4. Flanking operations —First attack on Bullecourt, April 11, German attack on Lagnicourt, April 15; Battle of Bullecourt, May 3-17 Actions on Hindenburg Line May 20-June 16.

a renewed French offensive on May 4th, a battle being launched by the First, Third, and Fifth Armies on a very wide front but mainly with tired troops. In this anticlimax only minor successes were achieved. The contribution of the Fifth Army to this second phase was the "Battle of Bullecourt," in which the Australian force played the most prominent part. It became known to them as "Second Bullecourt."

Medical features of terrain

The Fifth Army's objective was substantially the same in both Bullecourt battles. From the point of view of the services concerned in maintaining supplies and clearing casualties, the most important feature was the narrowness of the Riencourt re-entrant. Penetration at this point—unless the Bullecourt salient were promptly effaced—would (as in the event it did) create a situation entirely analagous to that which faced the Light Brigade at Balaclava. A further feature of great importance was the railway embankment along which the Australian line partly lay—a substantial earth wall which faced the re-entrant and provided the real jumping-off line for attacks upon it. Along the German front ran a broad barbed-wire belt. The re-entrant was bisected by the "Central Road" running from the Australian position into the German. Behind the embankment a low ridge sloped up toward Noreuil, from which point communications mostly veered into the long valley leading down and back to Vaulx. "Sunken" roads ran from Noreuil to Bullecourt and to Longatte. Between the first and the railway was an open stretch, some 2,000 yards across at its widest; from the second a like stretch led to the valley below Noreuil.



The Fifth Army Objectives, Bullecourt

These features set the stage for two of the finest exploits in the history of the A.I.F. and two of the most difficult tasks ever faced by its Medical Service.

"First Bullecourt"

The obvious importance of a thrust at the junction of the Drocourt-Quéant (Wotan) line led the Fifth Army commander to attempt a tactical coup. In its concept, its course, and it must be added, its results, First Bullecourt is painfully reminiscent of Fromelles. On April 7th General Gough informed Field-Marshal Haig that the Fifth Army was not ready to assault. The Corps Commanders were warned however that the Divisions in line (4th Australian and 62nd British) must be ready to advance at short notice on two-brigade fronts; the Divisional Staffs, including the A.D.M.S. 4th Division, made arrangements. The 4th and 12th Brigades dug in on the right and left of the Central Road slightly in advance of the railway. On April 9th the British farther north attacked Arras. Unduly optimistic reports from General Allenby unhappily coincided with a suggestion by the officer in command of the tanks[3] that these might take the place of the absent artillery, and led to orders for an attack before dawn on the 10th. The British 62nd Division would flatten out the Bullecourt salient, the 4th Australian would drive a lane through the Siegfried Line at the apex of the re-entrant and open a way for a cavalry dash to cut off the German force which should be retiring before the main British thrust at Arras to the Wotan line.

During the period covered by the events narrated the move up of medical stations continued—and, as will be seen, somewhat overshot itself.

"First Bullecourt" Medical arrangements (April 2-10)

In Fifth Army. The driving force behind these forward moves of the medical units was the D.M.S., Fifth Army, Surgeon-General G. B. M. Skinner. This officer held views on the disposition and use of medical units that had this much in common with those of the Army Commander, that he envisaged large and most desirable ends, but with inadequate consideration of the method of achieving them, or of possible untoward results. As D.D.M.S. III Corps on the Somme, he was among the first to adopt the "forward" policy and he resolutely—even obstinately—adhered to his purpose.[4] His determination to bring skilled surgical treatment and nursing at the earliest possible moment within reach of the wounded man was, it must be said,

[3] Seventeen in all. The British Commanders had been at no great pains to work out the tactical use of this new arm. French, Haig, Allenby, and Gough were officers of cavalry—the arm of the military chieftain. *The History of the Royal Army Service Corps* as told by Sir J. W. Fortescue is illuminating of much British military history even in the War of 1914-1918.

[4] *See British Official Medical History of the War, General, Vol. III, pp. 155-6,* and this volume, *Chapter* VI (*pp. 609, 621n*)

entirely in accord with developments in medical organisation and surgical technique that were greatly to advantage the wounded and to assist the nation in the problem of man-power.[5] On April 8th he moved No. 3 Australian Casualty Clearing Station from Edgehill to railhead at Grévillers, and shortly afterwards placed two more C.C.S's at Grévillers and two at Achiet-le-Grand to serve the II Corps. The two operating centres[6] at Pozières closed down, and this station became an entraining centre for walking wounded and sick, who were evacuated by ambulance waggons and lorry along the Albert road, and by "Decauville" light railway.

In Corps and Divisions. The 27th Motor Ambulance Convoy carried back from Beugnâtre On April 6th Colonel Manifold urged on the A.D.M.S., 4th Australian Division, Colonel Barber, that his "main" should replace his "advanced" station, and that the latter should move beyond Vaulx. Barber strongly demurred and got his way, but he agreed to maintain a "dump" of tents in Vaulx for the rapid transformation of the A.D.S. in the event of the troops making a swift advance.

It was not until April 7th that Colonel Barber was informed of the intention to attack the Hindenburg Line.[7] On the information then received he made arrangements for a break-through and advance on a two-brigade front, and allotted Field Ambulances (13th and 12th) to the two brigades (4th and 12th). For the left (12th) Brigade he formed a new forward advanced station in front of Vaulx; both stations were to be cleared by motor ambulance waggons and bearers stationed behind Vaulx. A horsed-waggon loading post was formed in the open fields some 1,500 yards behind the Noreuil-Longatte road, visible to the enemy from a great part of his area. Regimental aid-posts were, in the 4th Brigade, stationed at the railway embankment, and, in the 12th, in the Noreuil-Longatte "sunken" road. As usual, the regimental stretcher-bearers were to go forward with the companies. Colonel Barber's "orders" issued on April 7th included the following:—

[5] In particular, the organisation of "surgical teams" and discovery of improved methods of treating shock and wounds *See Index*—"Wounds, treatment."

[6] *See pp. 120-1.*

[7] On April 5 the D.D M.S, Col. Manifold himself, "was informed that nothing of great importance was likely to take place"

"In the event of an advance R M O's will instruct bearers with companies to form an advanced R A P, and when necessary will move R.A.P. to that point. R.A.P's normally will be in the vicinity of Battalion Headquarters.

"Regimental bearers will not be allowed in rear of the R.A.P's. Ambulance bearers will not be allowed in front

"R.M.O's will inform the A D.M.S. [of] the location of their R.A.P's through Brigade Headquarters. All gassed cases must be carried on stretchers"

The events of this fight are part and parcel with its medical history, and call for some description:—

"First Bullecourt"

April 10th. The night of April 9th-10th was wild and bitterly cold, with a fierce wind and occasional sleet and snow. The Battalions of the 4th and 12th Brigades reached the tapes on time and undetected by the enemy. But the tanks failed to get up and at daylight the troops marched back to Noreuil. On this day, in the main battle away to the north-west, Allenby's Cavalry advance was checked. Patrols found the German front opposite Fifth Army also held in strength, but General Gough adhered to his plan, and the assault by the 4th Division on the Siegfried Line began on April 11th at 5.45 a m.

The Battle

The tanks again proved unequal to the demands made upon them[8] and were of no great assistance. The British frontal attack on Bullecourt was first countermanded and later, when partly undertaken, was cut up. The infantry of the 4th and 12th Brigades passed through or over the barbed-wire belt unaided, losing heavily. By noon the remnants of the 48th Battalion, the last to retire, were making their way back across the German wire from one of the worst disasters, but most notable feats-of-arms, in the history of the Australian force[9] The course of events is summed up in the *Australian Official History*[10] as follows:—

"Thrown between two pylons of the enemy's line, despite failure of the tanks which were to cut the wire and replace the barrage, the 4th Australian Division had achieved what most soldiers then in France would previously have believed impossible—broken, without artillery barrage, the Hindenburg Line. But when after this, misled by reports of mythical success, the artillery had continued to withhold its support, the German machine-gunners had with impunity closed a gate behind the Australian infantry, and forced it to withstand attack until its supplies ran out, when most of the unwounded survivors made the brave effort to run the gauntlet and escape. The six and a half battalions

[8] These were the old Mark I tank, slow, vulnerable, difficult to manoeuvre, and ill-ventilated Of their crews—103 officers and men—52 were killed, wounded or missing Cavalry was moved up behind the railway embankment but was promptly forced back by shell-fire

[9] The account of this battle in the *Australian Official History of the War* (*Vol. IV*) is commended to the reader as one of the most inspiring writings in Australian literature, and as presenting a sane and balanced judgment on the event

[10] *Vol. IV, pp. 341-3*

and accompanying units of the 4th Division engaged lost over 3,000 officers and men, of whom 28 officers and 1,142 men were captured, much the largest number of Australians taken by the enemy in a single battle. As few men who were wounded beyond the first wire escaped, the number of prisoners includes a great part of the wounded."

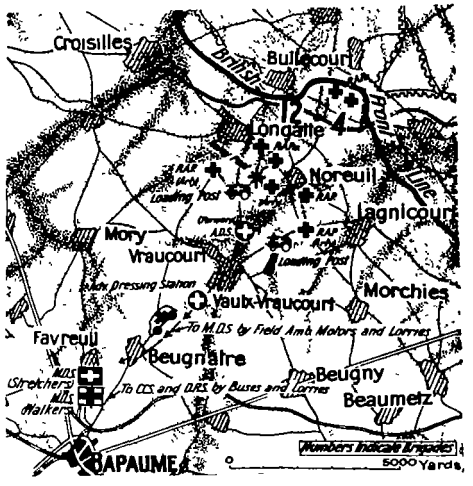
The Cost. The proportionate loss in killed, wounded, missing and prisoners of war was the heaviest ever sustained by any Australian formation in a single action. In the 4th Brigade casualties averaged four-fifths of each battalion engaged—2,339 out of 3,000; in the 12th they were 950 out of less than 2,000. For the medical service the events of this battle were as tragic as those of Fromelles. Of the large number of wounded, 1,090 reached the advanced dressing stations. The collecting of these to the aid-posts and the fate of the remainder call for more than casual note.

Collecting Wounded from the Lines. As at Fromelles the problem presented itself in two phases, respectively before and after daylight.[11] In both Brigades, especially in the 4th, the casualties before the attack and during the advance over the wire were heavy. Many of these were brought into the aid-posts by the regimental bearers, and, for a time, wounded men came back even from the fighting zone, mostly arriving unassisted. In the fighting in the trenches which followed, the seriously wounded moved aside as best they might; many were placed in dugouts by the bearers or by comrades, or were carried to the old German front line, which they greatly cumbered. In the 4th Brigade wounded were tended with admirable devotion by two captured German medical orderlies, who at a later stage continued their humane endeavours after their own rescue by the German counter-attack. On this sector, when full daylight came and supplies and reinforcements were cut off, the alternatives presented to the "walking" wounded as to the uninjured were—either to be captured or to face the re-crossing of the old No-Man's Land (including the wire belt) under continuous aimed rifle and machine-gun fire. The majority attempted to escape, and on the less exposed 12th Brigade front many reached the lines; but a very large number, especially in the 4th Brigade,

[11] Before daylight the German machine-guns were not able to prevent runners, carriers, and walking wounded from making their way back. But "about 6 o'clock, with sunrise, the whole battlefield came suddenly into view." Thereafter movement between opposing lines was only at the utmost risk.

were killed on the wire[12] or were wounded and lay about until captured or, as the Australian Official Historian properly states, "were put to death by a merciful enemy."

When the action was over it was seen that, in spite of our artillery and machine-gun fire, German medical orderlies were attending the wounded in the shell-holes in No-Man's Land and on the wire. The firing was therefore stopped, and, after display of a white flag, for some two hours our regimental bearers and fifty infantry were permitted to assist in collecting wounded. Most of those who were picked by the Germans off the wire were carried by them to their own trenches, but in some instances they placed badly wounded men on its outer edge to be picked up by our bearers. By 6 p.m snow was falling; the Germans shouted "finish hospital," and both sides withdrew. During this night, however, many further rescues were made and for several nights afterwards survivors crawled or were helped back to the railway embankment.



First Bullecourt—Medical Situation during the Attack, April 11 (The two forward R.A.P's in each sector were those of the battalions engaged)

Clearing the Wounded The routes from the two groups of aid-posts converged to independent bearer relay and waggon posts in the Noreuil Valley. "The Sunken Road," where lay the 12th Brigade's R.A.P's, was to become one of the landmarks in the history of the Australian Medical Service. On both sectors the route from the railway ran over the open fields, in

[12] Seen before the battle this wire showed up a broad red patch "like a poppy field"

full view from the German lines. On this "carry" and in the course of the two battles (April 11th-May 17th) 234 A.A.M.C. men were killed or wounded. But during this first battle the experience was one rather of endurance than of danger.

The task of the regimental and ambulance bearers respectively differed greatly on the two Brigade fronts. In the 12th Brigade the battalion bearers faced an immense carry but the ambulance bearers one of a few hundred yards only. Consequently—though against the orders of the A.D.M.S.—the task was shared between the two classes of bearers.

"The wounded," writes Captain J. T. Jones, R.M.O. of the 47th, "began to reach the R.A.P's (Sunken Road) shortly after the attack opened, and they came in a continuous stream all day, and, considering the numbers, were passed through quickly. Some delay was caused later in the day by the disappearance of the ambulance bearers. So, to supplement the number carrying, men were detailed from the 47th and 51st Battalions."

In the 4th Brigade the situation was reversed but the results *mutatis mutandis* were similar. An unpublished history of the 4th Field Ambulance says:—

"*April 10th.* [At M.D.S. Beugnâtre] 'A' and 'C' Sections with two ambulance waggons set out at 7.30 p.m. for temporary duty with the 12th and 13th Field Ambulances. As the C.O. came out to wish his men 'Good Luck,' a feeling came over one that something was doing. *11th.* All departments were kept busy. [At the M.D.S.] almost a record number of patients were put through [in the time], and the doctors with their assistants never stopped. [At the front] the stretcher-bearers had one continuous stream of wounded and barely had time to eat. Every possible man helped to carry the wounded in. For the first time the method of carrying on the shoulders was adopted by all, and from that date it was never dropped. The weather kept fine till the afternoon and then the snow came and it was frightfully difficult for the bearers to pick their tracks. The men were drenched and cold, but as nothing compared to the wounded who lay out in the snow. It was a sight to see the smaller men stick to their job, backwards and forwards. Finally, with strength almost gone, a party of infantry relieved them in what was the most solid day's carrying in France."

The work of clearance was made unduly heavy and some "congestion" was caused by the method adopted by the A.D.M.S. Colonel Barber has indeed himself ensured that this be put on record:—

"On this occasion I placed an Ambulance Commander in charge of

the right and left sectors, one behind each Brigade, as the operations proposed an advance. This led to complications in connection with the supply of reinforcement bearers from the reserve ambulance; and, as the prospective advance did not take place, it would have been better if one C.O. only had been in charge of the whole evacuation from the front line."[13]

Advanced Dressing Stations. Clearance from the horsed- and motor-waggon loading posts, to advanced dressing stations "proceeded satisfactorily." The "forward advanced station" in the left sector (12th Field Ambulance) was used as a relay and motor loading post. In the advanced dressing station behind Vaulx (12th Field Ambulance) the work was "extremely heavy." At the main dressing station (4th and 13th Field Ambulances) 446 stretcher cases and 671 walking wounded passed through in 24 hours after the attack. Stretcher cases went to Grévillers, walking wounded and "sitters" to Pozières for distribution.

Reliefs. On April 14th the 4th Division was relieved by the 2nd and after two weeks' rest was transferred to II Anzac Corps (Second Army) for the first blow in the great British offensive now being prepared in Flanders. In handing over medical control in the sector, Colonel Barber (as his diary records) "urged on Colonel Sutton" that pressure from above should not induce him to move his stations forward; he referred to "the risk of shelling, even of capture," and the fact that even now motor ambulance waggons could not pass through Vaulx.[14]

German counter raid: Lagnicourt

On April 13th the 1st Division advanced to within 1,000 yards of the Hindenburg Line, holding now a front of nearly eight miles. The tenuity gave the enemy a much desired chance to retaliate and on the 15th he raided in force. Though repulsed with heavy loss the attack was highly dramatic and eventful. Lagnicourt was captured and held for four hours The raiding parties (two Divisions) destroyed some field-guns, and came within 500 yards of 5th Brigade Headquarters—incidentally within 600 yards of the advanced dressing station. The regimental medical officer of the 12th Battalion narrowly escaped capture. The loss to the attackers was 2,313; to the defenders, 705 in the 1st Division and 305 in the 2nd.

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[13] *Memorandum to the D M S., A.I.F., 1919*

[14] On April 24, with the approval of Major-General Holmes commanding the division, Colonel Barber issued "Standing Orders for the A A M C of this (4th) Division based on his experience on the Somme." At a later time these formed the basis for the Standing Orders for the Australian Corps.

Collecting and Clearance. The regimental bearers had a very heavy time. From the 2nd Division wounded were evacuated through the forward A.D.S. and there was no congestion at any point. From the 1st Division wounded went through Morchies to the main dressing station at Beugny. Casualties from the Australian counter-attack arrived at the main station in less than four hours after wounding, but of the men who had been wounded in the first enemy assault many lay for twelve hours before rescue. The wounds were chiefly by bullet and were found "very severe," partly—and this is of some moment—because all the wounded—and therefore all serious cases—were brought in. Stretcher cases went to the casualty clearing stations at Grévillers, others to Bapaume and thence via entraining centre to Pozières and so to C.C.S. at Edgehill and Aveluy, about twenty miles in all; the last stage was "still a long and dreadful journey, sometimes taking five hours."

Two days later the great French offensive was launched and, as already mentioned, completely failed. Its influence on the course of events calls for examination at this stage.

Course of the World War

The events of this month, indeed, were of cardinal importance. On April 6th America declared war on Germany, an offset to the menacing situation created by the success of Germany's submarine blockade and by her progressive elimination of the whole eastern front as a major military problem [15]

But the failure of the French offensive led to results perhaps even more serious than these. There followed a depression and loss of morale in the French Army that threatened disaster to the Allied cause. Field-Marshal Haig, at a meeting on April 24th with General Nivelle, agreed to postpone his Flanders offensive and continue the Arras operations. A result of this decision was the Third Battle of the Scarpe, with Second Bullecourt as its "flanking operation."[16]

[15] On March 12 the Russian Proletariat revolted against the ruling class, and the promised co-operation was delayed From this time, indeed, the history of Russia, and her anguish, belongs to herself not to the Great War.

[16] It is clear that at this time agreement was general that "wearing down" must for the present be the major element in the Allied strategy. Even Gough accepts this (*The Fifth Army p. 130*). At a meeting of the British and French staffs (the Australian Official Historian states) "all agreed that grandiose enterprises aimed at breaking through were now out of the question. The enemy must be worn down by well prepared local offensives." Throughout this critical time the character of Field-Marshal Haig stands out in strong relief: he was more than willing to act alone, but ready at all times to co-operate and if need be to efface himself. "As true of war in its modern scientific methods as of the battles of past centuries, character remains the supreme essential, alike in the rank and file, in the subaltern, in the leader of armies" (*Sir Douglas Haig's Command, 1915-1918, Vol. I, p. 414*, by G A B Dewar and J H Boraston)

From as early as April 15th the Fifth Army Commander pressed for permission to intervene *fortiore* in the *diminuendo* of the British offensive. The front of attack for May 3rd was arranged to include that of the Fifth Army.

Preparations in Fifth Army

Artillery in Noreuil Valley. The history of the three weeks that intervened between the First and Second Bullecourt belongs to the artillery. Emplaced almost wheel to wheel in "death valley"—the upper Noreuil Valley—the light and medium artillery brigades of I Anzac sustained at this time casualties only exceeded in the Third Battle of Ypres. Special arrangements were made for clearance from this area. The medical officer to the 4th Field Artillery Brigade (Captain B. H. Mack) was killed on April 10th.[17] The heavy artillery beyond Vaulx, also was subject to severe shelling. Between the two, part of the Noreuil Valley was less heavily shelled, and it was through this gap that the stream of casualties from the Riencourt re-entrant passed.

Improvement of Corps Area. During April the Fifth Army completed its move up. Roads were metalled; on April 30th the light railway reached Vaulx. On April 13th Colonel Manifold moved to advanced Corps Headquarters at Grévillers and concerned himself actively in the problem of maintenance in the new area. These were difficult enough. Beside the Divisions the I Anzac Corps contained at this time some hundred odd units[18] comprising personnel to the number of many thousand. For the medical arrangements for these troops the D.D.M.S. was directly responsible.

The Corps area was an enormous one. The old reserve area on the Ancre was retained for rest and training, a new one was created in front of the old battlefield—a wide belt of useless waste now however bridged by roads and light railways. The housing of troops in the forward area was however a tremendous problem. In muddy trenches, far from billets, baths, and

[17] Some details of medical service with the artillery will be found on *pp. 279-80 See also Vol. I, p 207n.*

[18] These were of the most varied kind. They included the 15th Mobile Hygiene Laboratory, 13th Mobile Bacteriological Laboratory, a Special Medical Operating Centre, 2nd Section Water Column, Tunnelling Companies, Pigeon lofts, Wireless Sections, Corps Schools, Reinforcement Camps, Veterinary Detachments, and so forth, not to mention the Heavy Artillery and Corps Supply Columns, a number of Engineer and Labour units and other technical services

laundries[19] the men lived in great discomfort. The weather was cold—often bitterly cold—and wet. April 24th was the first spring day—beautifully mild and sunny These conditions were not without effect on health and morale. The rest—promised for training and needed after the winter's trials—was held to be long overdue and though the military situation did not permit of this—indeed, a great battle loomed instead—vigorous efforts were made within the Corps to improve matters. The Divisions not in the line went to rest and training behind Albert. Leave was free, sports, concerts and so forth were organised.[20]

The part of the medical service in these amenities was physical rather than "moral." But no "lesson of the war" is more clear than this—that these two were made one and may not by man be put asunder. Nor is there question that the work of the medical service at this time was of very material concern in maintaining man-power in the field, and in promoting the "offensive" spirit. It is not necessary to enter into details regarding these various activities.[21] Some reference must however be made to the problem of "sanitation" during this period.

Sanitary Sections

The swift transition from static to moving warfare affected no element in the medical system of the I Anzac Corps more than the Divisional Sanitary Sections. In particular it brought out the involvements of the new policy which had bound these units to areas

[19] All the French inhabitants had been removed behind the German lines and all the villages destroyed. Baths and laundries at this time had been taken over by Fifth Army—to the great disadvantage of the Australian formations.

[20] In the 5th Division medical schemes of training included (*inter alia*) lectures and instructions on gas, enemy mines and booby traps, on first-aid in gas poisoning, on feet, on conduct as prisoners of war, camp sanitation, care of tilled land, trees, and crops, discipline and *esprit de corps* Unit, service, and divisional sports were in full swing at the beginning of May, when the Second Battle of Bullecourt began.

[21] We find the Deputy-Director, Colonel Manifold, concerned, as were his A.D's.M.S., in promoting baths, laundries, and the supply of clean underclothing (with the D.A. and Q.M.G.); in delousing arrangements (to combat a great recrudescence of this pest), in conferring with the D.M.S., A.I.F., General Howse (who at this time was much at the front) and with the Dental Staff Officer in France (Major L. B. Day), in the matter of dental service for the troops in the field, in the subject of rations, in which he advocated discriminating in favour of front line troops (discussed in March in the Interallied Sanitary Conference) He tried (without avail) to obtain permission for Australian troops to retain one blanket during summer. In particular, he made the improving of rest stations his special concern, and made great use of the Australian Red Cross Society in promoting this purpose Inspecting the stations at Bellevue Farm, Bécordel, and Buire in April General Howse "expressed himself highly pleased." Early in May a site was selected in Bapaume for an "Advanced Rest Station."

rather than to formations. When the advance began the four Australian sections were put under Corps control. On March 11th the Deputy-Director conferred with their commanding officers, and a policy was approved which permitted very direct contact with the Australian formations. But Colonel Manifold kept himself closely in touch with their work, and "supported them against any attempt by combatant officers to dispute their authority or by Army to interfere with their independence."

The new area had been heavily fouled by the retiring enemy, and water purification was a serious problem. On April 14th each Division was required to provide the officer commanding its Sanitary Section with a Ford car for his greater mobility, but requests for reversion to Divisional control were refused by Army. The rapid moves, however, showed up to advantage the active rôle favoured for these units in the Australian force as against the passive one imposed by the British sanitary authorities. In the forward zone indeed, the "area" idea was perforce in abeyance, and the Section allotted to that region (2nd Sanitary Section) employed with conspicuous success the methods of co-operative supervision, and education in self-help, which were becoming the keynote of the sanitary system and sanitary discipline of the A.I.F.[22]

Fifth Army advances medical units

Casualty Clearing Stations. From the second week in April the C.C.S. groups at Grévillers and Achiet-le-Grand received all battle casualties, only sick being sent through Pozières to the rest stations.

The M.D.S. In the quiescent period between the Bullecourt battles the Fifth Army staff found time to intervene in a very unusual way in the medical arrangements of the I Anzac Corps. Accepting the advice of his A.D's.M.S., Colonel Manifold had ceased to press for the advancing of the main station. The Fifth Army's chief-of-staff, however (at the instance of the army commander), pressed insistently for the move and the Deputy-

[22] Though his headquarters were in Albert the officer-in-charge of this unit (Capt. M. J. Holmes) was in Bapaume on the day after its capture, and he was also an early visitor to Lagnicourt—where he and his sergeant, caught in No-Man's Land, achieved the compliment of being sniped at by "Pip-squeaks" (the German 37-mm quick-firing gun).

Director of I Anzac was overborne. After a further effort to retain his walking wounded collecting station at Beugnâtre, Colonel Sutton obeyed a direct order received through the General Staff.[23] The 5th Field Ambulance moved up the station for walking wounded, the 6th that for stretchers. An enormous tented station grew up behind Vaulx in preparation for the now imminent battle.[24] On April 25th the 1st Division, holding the southern sector of the Corps, was relieved by the 11th British and went to reserve. On the same day definite orders were issued by General Gough for the attack on May 3rd.

Third Battle of Scarpe

For this offensive the First, Third, and Fifth British Armies were to attack on a front of sixteen miles—a British "record." *Fifth Army.* The intentions and objective of the Fifth Army in this battle, as finally whittled down by the corps commanders, were substantially the same as for those for the attack of April 11th. The 62nd British Division was to efface the Bullecourt salient, while the 2nd Australian would break through the re-entrant and push out some 3,000 yards beyond. This would be followed by a cavalry drive.

I Anzac

If no more difficult task was ever set the Australian force, no more careful or exact steps were ever taken to ensure success. Nor, it must be added were the qualities of the Australian soldier of all ranks and in every service ever seen to better advantage. On the experience of the first battle, and working to a ground plan of the battlefield, every problem of the battle was worked out, and not least exactly those of supply, maintenance and the clearance of casual-

[23] In view of *dénouements* the circumstances of this move have a general interest. They are recorded in Col Manifold's diary.—"*April 15:* In reference to a request from 2nd Australian Division that they should not move their dressing station forward I told General White (the I Anzac chief-of-staff) that the movement had been ordered by the D.M.S. and on the wishes of the army commander, who had now for the second time drawn attention to the M.D.S. not being far enough forward. (On his advice) I sent a memo to the D.M.S. forwarding memorandum from the A.D.M.S., 4th Division giving the objections of his "G" Staff, (to the move)

"*April 27.* Enquiry from the Fifth Army General Staff asking why we had not moved up the M.D.S., that to dress cases at the A.D.S. and re-dress again at the M.D.S. was very bad for the wounded. I pointed out that the so-called A.D.S. was only used as a waggon post . . . however as the matter had reached this stage I advised our chief-of-staff that any objection to moving forward should be over-ruled. Orders were issued to move it at once to Vaulx."

[24] On April 28 at the instance of General Birdwood the D.D.M.S. urged Colonel Sutton to lay-off somewhat in his preparations. With "all preparations made for a very severe offensive," Colonel Sutton was placed between the devil and the deep sea. He agreed as to the risk and "would see what could be done."

ties. Saps were dug, or designed, and the potentialities of the railway embankment and of all sunken roads exploited.

Medical arrangements

The evacuation scheme of the D.M.S. Fifth Army was based on the two groups of clearing stations at Grévillers and Achiet-le-Grand.[25] Visiting No. 3 A.C.C.S. on May 2nd the D.M.S., A.I.F. (General Howse) found "all preparations made for a very severe offensive."

Anzac Corps. Like those of the Infantry, medical preparations for this battle were complete and exact. By this time indeed the medical service with the A.I.F. was fully equipped both in direction and executive for any military task.

The order of battle provided for only one Division (two brigades) in the active line, and the course of evacuation from aid-posts to main dressing station was therefore directed by the A.D.M.S. of the 2nd Division (Colonel Sutton). As the battle progressed however, Division after Division was drawn in to replace the fighting formation, and the medical situation came to resemble that seen in combined operations.[26] In view of expected heavy casualties the Deputy-Director made available bearers and transport from other Divisions and from the Corps. For the walking wounded he arranged transport by light railway from a siding behind Vaulx to the detraining post at Bapaume, which was well equipped for the event. No. 27 M.A.C. attached to the Corps had great difficulty in finding a site forward, and parked precariously behind the M.D.S. Buses for walking wounded were supplied by Army.

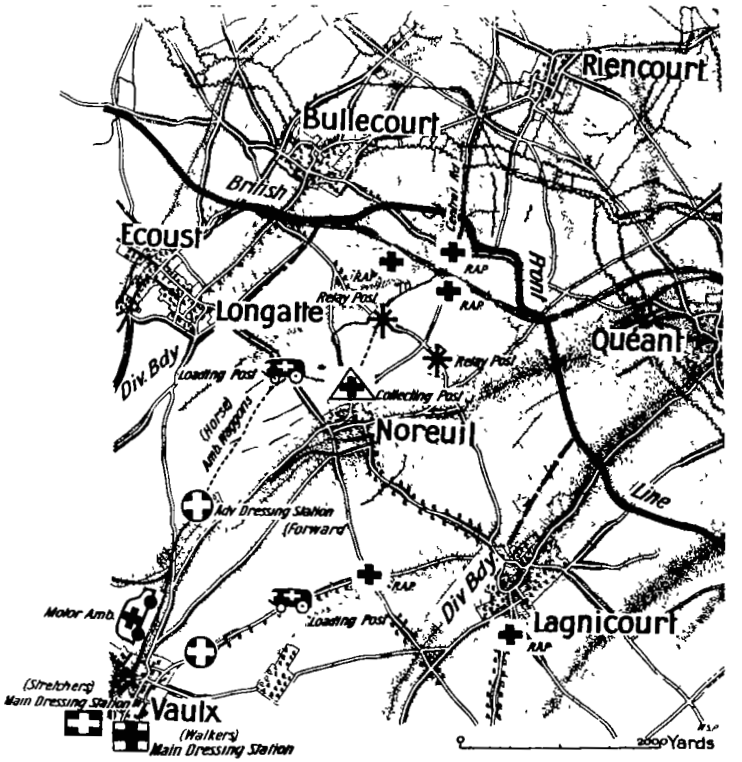
Collecting and Clearance. Regimental work was based on three groups of aid-posts behind the railway embankment or in sunken roads. Elephant iron cupolas provided shelter from weather and some psychic easement. The rear side of the embankment was safe in most parts even from enfilade fire for a space of at least a few yards.

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[25] The Director-General of Medical Services, B.E.F. in his diary for April 4 refers to a request from the Fifth Army Commander urging that "Army" should control the moves of these units. Reply was made that the general scheme of evacuation must be considered as well as the advantage of the particular Army to which the units should be allotted. There were at the time, he noted, in the Fifth Army six stations in excess of the proper allotment by divisions.

[26] Though composed of units from several divisions, the main dressing station was not termed a "Corps Main Dressing Station."

Field Ambulances. Colonel Sutton disposed his field units in echelon, with the 7th Field Ambulance (Lieut.-Colonel J. J. Black) in charge of clearance from aid-posts to M.D.S. The routes of clearance, transport circuits and posts were not



Second Bullecourt—Medical Arrangements for Action of May 3.

changed materially from the first battle. Special officers were put in charge of the bearer and transport circuits, and reserves of bearers were posted at the main and advanced stations and collecting posts.

The main dressing station, both walking section (5th Field

Ambulance) and stretcher section (6th Field Ambulance), was staffed and equipped for heavy casualties.

Progress of main Battle

The battle as a whole was an anticlimax, and its results accorded. "In the whole sixteen miles of battle-front, except for one minor gain south of the River Scarpe, the only troops who on the morning of May 4th still held any substantial part of the ground won were the 1st and 6th Canadian Brigades at Fresnoy on the extreme left of the offensive, and the 6th Australian Brigade on the extreme right." During the next two weeks the active fighting on the British front in France centred in this "flanking operation" which developed from the "attack" into the "battle" of Bullecourt.

Battle of Bullecourt

The events of the battle of Bullecourt have a dramatic quality not often seen in the operations of this phase of the war. In the first place a great battle was fought in a space that brought its events almost within the view of a single observer. The battle itself was a prolonged homeric hand to hand struggle, continued for a fortnight; the cost in Australian casualties almost equalled those from all the previous spring fighting. These features were due in part to the nature of the battlefield; but much more to the quality of the men who opposed each other in a contest in which each side fought berserk.[27]

The battle began at 3.45 a.m. and presents three phases: *(1) May 3-4.* The Australian 5th Brigade and British 62nd Division were quickly thrown back. But the 6th Brigade broke through and held on, and at night, in spite of very heavy losses, retained some 400 yards of both German lines. By 9 p.m. the 2nd Pioneer Battalion had run a trench "fringed with their dead bodies" 1,150 yards along the Central Road, one of the most notable feats of sapping in Australian history. Through this artery, circulation was maintained within the forward area. Battalions of the 1st Division were drawn in, and in 48 hours the position was extended and consolidated. *(2) May 5-9.* On May 5th, Australian parties bombed towards Bullecourt, and on the 7th the Gordon Highlanders and Devons made a frontal attack there and gained a footing. On the 9th-10th the 5th Australian Division took over the Anzac front. *(3) May 11-15.* The whole Bullecourt salient was captured and held.

In all there were seven major and perhaps a dozen minor counter-attacks. The last, made on the 15th, was a full-dress affair ordered by von Below himself, the new commander of the Sixth German Army. On May 20th a British division took over the Anzac front and the territory gained was incorporated in the British line.

On May 9th Haig's orders moved most of the heavy artillery from this front, including three Australian field artillery brigades—the first move in preparation for the Flanders offensive.

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[27] "The opposing troops were massive big men and fight like fury, very few of them were taken prisoners. Speaking to one he told me (in French) they 'were the élite regiment of the Prussian Guards,' the Kaiser's Cockenafers as I understood from him" (Diary of Lance-Corporal Morgan, A.A.M.C. attached 2nd Battalion.) The troops were in fact some of the finest regiments in the German Army.

With the Battle of Bullecourt ended to all intents the great Arras offensive. Its last stages went far to wipe out in man-power, if not perhaps in morale, the credit balance achieved in the first assault. Had it been possible to break it off and shift the powerful reserves to the Flanders front for an early offensive, it is hard to say what might not have been achieved, what attrition avoided.

The Battle of Bullecourt, Haig has said, was "among the great achievements of the war." It remains to see how the Australian medical service sustained its part in this achievement.

In point of numbers the medical problem in this battle presents itself as follows:—

TABLE I.—Wounded and Gassed Evacuated (including D. of W.)

	1st Div.	2nd Div.	4th Div.	5th Div.	Total
May 3-4	315	2,431	31	42	2,819
May 5-9	1,717	324	23	91	2,155
May 10-17	83	56	25	1,118	1,282
Totals	2,115	2,811	79	1,251	6,256

The medical problem

To pass so large a number of casualties along a single route of clearance, so that in no transport circuit or at no treatment centre should there be any check to the steady flow of the stream, would in any circumstances be a serious problem. Here the task was made peculiarly difficult by the course of the battle and the nature of the battlefield. During the first day the wounded were made with a rapidity and in a concentration not exceeded in Australian fighting, and in the narrow battle zone their removal was urgent. At the aid-posts conditions were such that any concentration would be at terrible risk; even a brief stay there would have been little (if at all) less dangerous than to remain in the fighting line. At the other end of the zone the facilities of an elaborate and well organised scheme of transport circuits and posts ensured that, from the time the casualty reached the waggon loading post, clearance would be rapid. Within the re-entrant no vehicular circuit could be formed. The gap—a matter of nearly two miles from the fighting line—must be bridged by two bearer circuits, regimental and ambulance, linked at the aid-posts. The manner in which this problem was faced by those responsible gives a distinctive character to the medical events of this battle.

Regimental collecting of casualties

The collecting of casualties from the fighting zone in a great battle is part and parcel with the battle itself. The regimental bearers were combatants and lived and moved for the most part with the companies, and in all heavy fighting their work was shared by the troops themselves.[28] In the first days of this battle the severity of the fighting gave little scope for systematic collecting—

"Men could not be spared for stretcher-bearing—the wounded made their own way to the rear 'unless absolutely mangled.' . . The firing line became crowded with men with ghastly wounds "[29]

That these were collected—and with expedition—to the regimental aid-posts is shown by the fact that, by clearing across 1,000 yards of country more severely shelled than the front line itself, the regimental bearers imposed on the ambulance bearers within a very brief time one of the heaviest tasks in their experience.[30]

From May 4th onwards some aid-posts were moved up to the fighting zone (as at Lone Pine) where they should be cleared by ambulance squads, and, as the situation in rear permitted, the bearer squads worked up to these

The conditions at the 2nd Battalion aid-post (Major M. V. Southey)[31] is described in the diary of his lance-corporal (R. Morgan) :—

"The aid-post was a small place built overnight (May 3rd) by the Pioneers—one sandbag overhead, not enough to stop the smallest shell made, and we had for the most part to tend wounded in the roadway.

[28] For a discussion of this problem of collecting see *Chapter xi, and Vol. I (Index—under Stretcher-bearers, and Regimental Medical Service)*. The story belongs to General as much as to Medical history. This is accepted by the Australian Official Historian, and the matter receives appropriate attention in volumes of the *Official History*. The reader is particularly referred to the chapters which deal with this battle—*Volume IV, Chapters xii-xiii*—from which much of the detail of front-line experience given here is taken. ("Regimental" signifies "battalion")

[29] From *Australian Official History Vol IV, p. 484.*

[30] In the *Australian Official History loc. cit.* an account is given of an episode of rescue which (as the Historian rightly remarks), was worthy the award of the Victoria Cross. The reason for the fact that no such award was ever made in the Australian force for deeds of rescue will be discussed in *Vol. III.* It may be said here that such acts of impulsive courage or daring with remote possibility of results of tangible value was alien to the type of bravery most proper in the stretcher-bearer. In the case in question more lives were lost than were saved by rescue, which might well have been left till nightfall. But the value of the tradition thus maintained and of the morale thus encouraged went far beyond that price.

[31] Major Southey had replaced Captain R. L. Henderson, who was mortally wounded on May 3 as the battalion moved in, and died on July 31.

fortunately sunken, with a little shelter from the banks. At times the shelling was so fierce that we were all forced to lie alongside the bank. Casualties passed through our hands in one endless procession; mangled bodies and shattered limbs, but one cannot be but callous and indifferent as practical assistance is needed here, not sympathy. To be sympathetic one would soon become useless. Working practically for 48 hours without rest and very little food, blood to the elbows as there is not enough water to drink much less to wash."

At the regimental aid-posts along the railway the conditions in the first week of this battle became proverbial in ambulance history. The zone of comparative safety was very narrow, and outside it casualties were only less frequent than in the fighting line itself.[32] A rigid selection of men for clearance had to be made so as not to include hopeless cases.

With the advance to Bullecourt and its capture the routes of collecting and aid-posts moved round to the left. After May 8th the regimental problem ceased to be a serious one.

Ambulance circuits

In the ambulance circuits Colonel Black disposed his personnel as follows:—

Headquarters at M.D.S Officer-in-Command, Transport Officer, One Tent Sub-division in reserve.

A D.S Right. Tent Sub-division. *Left* Tent personnel.

Advanced Collecting Posts. Officer-in-Charge forward clearance—Tent Division personnel.

Waggon Loading Post. Transport Officer. Tent Sub-division in reserve. Two Bearer squads

First R.A.P. Group. Sixteen squads (four battalions)

Second R.A P. Group. Ten squads (two battalions).

Third R.A.P. Group. Twelve squads (two battalions)

It is clear that officers and other ranks alike saw well the gravity of the problem they would have to face, and provided for it so far as this could be done by the assembling and distribution of ample supplies and the careful disposal of personnel and transport. The aid-posts were reconnoitred, and the bearer squads found the battalions beforehand. The sunken roads afforded adequate sites for collecting and reserve bearer posts. Behind these, clearance should not cause anxiety. There remained one problem stark and simple—to clear the aid-posts

[32] Thus on the 5th, two ambulance squads were almost wiped out at an R.A.P. by a high explosive shell

by man-carry across 1,200 yards of open hillside in full view and rifle range and with no alternative routes. The left group might be cleared down the sap but (as one bearer put it) "it would have taken a fortnight to do it." The ambulance bearers found that if they would keep pace with the regimental bearers they must carry by day and night across the open, "shoulder high." Faced with an extraordinarily difficult and dangerous task, they took stock of the situation as it developed and, meeting the problems in their own way and with their own standards of duty and fortitude, played their part in such a manner that, after the first rush, at no time was there at the R.A.P's any hold-up of stretcher cases marked by R.M.O's for removal by the bearer squads. Casualties began to arrive at the R.A.P's within half-an-hour of the opening bombardment, and thereafter the stream rapidly increased in volume.

"Evacuation" (the O.C., 7th Field Ambulance, Colonel Black, reported) "was carried out without any hitch . . . The morale of the stretcher-bearers was remarkable Their casualties were very heavy but there was no hesitation. Heavy shelling tends to immobilise bearers but this was not seen."

By the afternoon heavy casualties among the bearers and the large number of wounded made evident the serious nature of the problem in this circuit. The Assistant-Director, Colonel Sutton, called up the reserves allotted by the Corps and by evening all the bearers of the 2nd and 3rd Field Ambulances were also in the line. Some local relief was arranged, the bearers resting in the two sunken roads. The experience of one[33] is typical of their work in this battle.

Experience of a Bearer Squad of 5th Field Ambulance, attached 17th and 18th Battalions. "Evening of the 2nd we dumped our packs at Headquarters (M D.S.) at Vaulx. Orders came out to wear brassards We marched through Vaulx, reached the A D.S. and joined the 17th and 18th Battalions and on through Noreuil, ghostly in the moonlight. We carried stretchers loaded with blankets, splints, and dressings. Arrived at our front line (a sunken road) where we formed an R A P. There was no protection, the R.A.P. a galvanised shanty against the bank. Just before dawn our guns opened, the shells bursting a few hundred yards in front of us. As it eased, cases came in and soon the road was packed with stretchers and walking wounded. The M.O. put on a rough dressing and we carried the cases back one and a half miles to the sunken road. Fritz shelled our track from one end to the other, on our second trip one of my squad was hit in the thigh,

[33] Lance-Cpl E. C. Munro.

we carried him out and got another man. On our next trip another of our squad got a small piece of H.E. in his leg but carried on till we reached the dressing station. We went on throughout the day. At dusk a H.E. shell wounded two of the rear squad and hit our patient. We hurried on and returned but found that another shell had killed one of those previously wounded, and wounded the patient and another bearer. We fixed them up as best we could and carried them back. At night we were relieved."

The Collecting and Relay Post: "Sunken Road"

The two bearer routes from right and left brigades, and also the walking wounded, converged on the "forward collecting and relay post"—some fifty yards or so of sunken road lined with sheet iron shelters and "pozzies." Here the wounded were dressed and got a drink, and reserve bearers rested; and from this station the officer-in-charge of the bearer circuit directed operations. Officers with bearers from other units came under him. While in circuit, bearer squads and their N.C.O's worked from the aid-posts, and after delivering their patient they returned to the aid-posts with supplies. A mental picture of what was done at the collecting post may be formed from the diary of a tent-division private:—[34]

"The dressing room was a place made in the bank of the road with room for one or two stretchers. It was still the 27th Battalion R.A.P. Half-an-hour after the bombardment the wounded came pouring in. There are always a majority of walkers, though, when a stunt is on, many walk who should be stretcher cases There is nothing else quite like the sight of a stream of wounded passing back. A man with a broken arm supports on the other side a man with a big flesh wound in the leg, another with wounded feet hobbles along with the aid of a pick handle. Many did not wait to have their wounds dressed at the R.A.P., they were so anxious to get away. I was kept busy for hours fixing up such cases. Many came through with no dressings at all or a very hasty one. We fixed up as many of these as we could, but the best we could do often was to send them on. At one time, when the rush was worst, the stretchers were lined up three abreast for almost a hundred yards along the road, but by means of constant work the squads managed to get the road cleared, and by 1 p.m. the worst of the rush was over Shells came close enough to shake the place. I was going hard all the day of the stunt and the following night; though the worst of the rush was soon over, cases kept coming through in a constant stream. About midnight of the 5th the whole of the 5th Field Ambulance bearers were relieved and we trudged back to the M.D.S. beyond Vaulx"

From this relay a safe and easy carry to the Noreuil-Longatte sunken road linked up with the waggons.

[34] Pte K S Cunningham, 5th Field Ambulance



21. THE EXPOSED CARRY AT SECOND BULLECOURT

Shell bursting over bearers on their way back to Noreuil Valley, 4th May, 1917

Aust War Memorial Official Photo No E443



22. SECTION OF THE COLLECTING POST IN THE SUNKEN ROAD, NOREUIL, ON 7TH MAY, 1917, DURING THE SECOND BATTLE OF BULLECOURT

Aust War Memorial Official Photo No E514 *To face p 150*



23. THE "FORWARD" ADVANCED DRESSING STATION IN FRONT OF VAULX-VRAUCOURT, NEAR THE HEAD OF NOREUIL VALLEY

Aust War Memorial Official Photo No E591

To face p 151

In this battle the horsed-waggons played an unusually important part. The circuit was controlled and carried through with great coolness, judgement and courage, relieving the bearers of a heavy additional carry. Its work is recorded by the Commanding Officer (Lieut.-Colonel J. J. Black) as follows:—

Horsed-waggon circuit

Horsed-waggons. "The transport officer (Captain J. H. B. Brown), moved from M.D.S. at 3 a.m. with ten ambulance waggons and three G.S. waggons, each fitted to carry five stretchers. He posted a waggon some 200 yards short of the Noreuil-Longatte road, in about half-an-hour the rush of stretcher cases commenced and the waggons moved right up to the road. From that time till about 4 p.m. the waggons loading at this point were able to take away stretcher cases as fast as they arrived though they were fully extended to do so. The waggons carried to A.D.S. and returned. The post was shelled at times severely but only one horse was wounded. At 4 p.m. the rush subsided somewhat. The G.S. waggons were withdrawn to A.D.S. and the post moved back as the risk of keeping it forward was not now justified. At 8 p.m. on the 4th, a complete relief of horses and waggons was made. In all, horsed-transport was used from nine field ambulances of all four Divisions—a total of 5 sergeants, 50 drivers, 94 horses, 12 waggons, and 14 G.S. waggons."

After the first day no difficulty was experienced in this circuit in keeping pace with the bearers.

The nebulous function of the advanced dressing station is seen by frequent reference to it as "the A.D.S. so-called"—a matter of some interest from the point of view of medical field technique. In effect this A.D.S. became a motor ambulance loading post and bearer reserve, with provision for holding, in emergency, a few cases. The circuit behind it extended only a mile and a half, with little danger and no delay.

Advanced dressing station

The course of events in this combined station is described by the respective Commanding Officers (Lieut.-Colonels J. H. Phipps and A. H. Moseley) as follows:—

Main dressing station

Walking Wounded. 5th Field Ambulance. "At 6 a.m. a rush of wounded set in and 600 were cleared by noon the same day and 1,534 till midnight. During the 3rd-8th 868 sick and 3,508 wounded were cleared. Six motor-lorries and four motor-buses cleared from M.D.S. to C.C.S. Grévillers. At Decauville-tramway entraining-point at Vaulx, two Red Cross trucks were available as well as others; trains ran at regular times to detraining point outside Bapaume where tent cover for

100 patients and medical comforts were maintained by 3rd Field Ambulance."

Stretcher Cases. 6th Field Ambulance: "Stretcher cases began to arrive at 7 a.m. and came steadily all night of 3rd-4th. All patients were housed and none kept waiting for cars to C.C.S. 720 passed through by 7 p.m."

Visiting this station at 7 a.m. on May 3rd the D.D.M.S. (Colonel Manifold) found the arrangements

"excellent. The 5th Field Ambulance had two tent sub-divisions with one large and three small hospital marquees (new pattern) in a continuous stretch, opening one into another, also one marquee for Q.M. stores, one for buffet. . . . I ordered the large store tent to be pitched for men who were waiting and that two sets of A. & D. books should be going at different ends. I ordered up a tent division from the 3rd Field Ambulance to work in another tent.

"The 6th Field Ambulance had . . . for stretcher cases two hospital marquees (large) and one (small) for dressing tent, and large marquee for waiting cases. . . . I ordered up a fourth tent sub-division to assist the other three. The 7th Field Ambulance Headquarters were here with all bearer divisions forward and one tent sub-division in the event of an advance."

Motor Ambulance Convoy

As in every Australian battle on the Western Front, the British motor ambulance convoy played its part without default.

General Howse, who watched the evacuation on the 3rd at the advanced waggon post, "expressed great satisfaction, and said it went like clockwork."

May 4-8

The flow of wounded from the front line eased a little on May 4th but on the 5th the rush recommenced. Some squads had worked unrelieved for 48 hours.[35] The chief trouble was due to the length of the bearer carry. Relays were formed, but any halt on the route involved great risk. On the 5th the officer in charge, Colonel Black, reported that a complete relief was urgent. This was provided by the Deputy-Director who called on the 4th Division units. A British field ambulance of the 11th Division lent a hand and readjustments were made at the aid-posts.[36] By the 6th regular

[35] Colonel Manifold records a report to him of a bearer who had traversed forty-two miles without respite Many squads, without relief, made fifteen double trips or more

[36] The disposition of the bearers in the line on the 5th was as follows. *First R.A P Group,* 14 squads. *Second,* 9. *Third,* 6. *First relay,* 4 *Collecting post,* 6, with 2 in reserve and 2 at the waggon post. From 15 to 18 squads were held in reserve at the Noreuil-Longatte sunken road.

twenty-four hour reliefs were arranged, and later the bearers served 24 hours on and 48 hours off.

In the attack on Bullecourt on May 7th many Gordon Highlanders, Royal Welch, and Devonshire troops passed through the Anzac stations. Satisfaction in this assistance was mutual and cordial.[37]

Relief

The A.D.M.S. 2nd Division (Colonel Sutton) continued to direct evacuation until May 9th when orders were issued for relief of the 2nd by the 5th Division. Colonel Hearne took charge on the 10th. By this time the scheme of clearance from the front was well organised and the medical problem caused no undue concern. The casualties from the counter-attack on the 15th were cleared by routes formed on the left flank.

The A.A.M.C. casualties during the period are shown hereunder. The question whether, from the military point of view, heavy casualties are justified in such rescue work is of interest. At this time, and again when much heavier losses occurred at the end of the year, General Howse called for report and comment—the reinforcement rate for the medical service did not allow for such wastage. From the point of view of commanders in the field the saving of stretcher cases was chiefly a matter of morale—from the point of view of man-power it was expensive.

TABLE II.—Battle casualties in A.A.M.C. April 11-May 17.

	K I A	D of W	Wounded	Total
1st Div. . .	8	6	58	72
2nd „ . .	14	3	59	76
4th „ ..	5	1	26	32
5th „	4	7	43	54
Totals	31	17	186	234

In addition the ambulance diaries record that many bearers with minor wounds were treated in their own units.

[37] Maj.-Gen. T. H. Shoubridge, Commanding 7th Division, in conveying to Headquarters, 2nd Aust. Div., his own appreciation, forwarded also a letter from the Brigadier of the 22nd Inf. Bde. (Brig.-Gen. J. Steele): "Will you be so good as to convey to the 2nd Aust. Division my great appreciation of, and thanks for, the work done by their Medical Staff and Field Ambulances in assisting in the evacuation of wounded of this Brigade during the recent attack on Bullecourt. The whole of this Brigade are most grateful for their assistance."

Shelling of M.D.S. During the relief of the 5th Division the M.D.S. was involved in heavy shelling with casualties among personnel, patients, and transport, and serious dislocation of work. The 6th Field Ambulance moved back to Beugnâtre, and the walking wounded station to a point three-quarters of a mile in rear of the position shelled. Here, however, it was again shelled, and on May 8th was relieved by the 8th Field Ambulance.[38]

The proportion of stretcher cases to walking wounded in this battle was exceptionally high. As a feat in evacuation these operations were indeed among the most spectacular and successful of any undertaken by the Australian service.

Casualty clearing station

Most of the Australian wounded were received at Grévillers, between May 3rd and May 9th No. 3 A.C.C.S. passed through a total of 2,545 casualties. The Deputy-Director I Anzac was informed by the D.M.S., Fifth Army that "the operating surgeons at the C.C.S. were greatly struck with the admirable condition in which the wounded reached them."

Health of the troops, March-May

The sick rate in the spring was less by some 50 per cent. than in the winter. For reasons already discussed the improvement was not fully maintained. The detailed analysis of causes of wastage in *Chapter XVII* should be studied in relation to the conditions described.

Trench fever first received official recognition early in 1917 but appears at this time chiefly as "P.U.O." Nephritis gave some concern. Throughout the period "shell shock" was notably inconspicuous.

Poison gas

During these operations poison gas (phosgene) was freely used by the enemy, entirely as shell gas. On May 16th Colonel Manifold records 50 cases under treatment, "the first time this Corps has ever suffered from more than a stray gas shell case."

[38] This attack on the medical units, as also shelling and machine-gun fire on the ambulance bearers throughout the operation, was probably in some measure deliberate Stretcher parties were certainly shelled. There was, however, little resentment on the spot Mingling as they did with other parties, the bearers formed a mixed target. The M D S. was intentionally pushed back by the enemy—as is clear from the repetition of the shelling. The explanation current at the time (recorded by Pte. O. R. Dunstan, 3rd Field Ambulance) was that the British had shelled a German Ambulance train—this being brought about by the fact that a British aeroplane had been fired at by infantrymen who were travelling in the train—he reported to the British artillery, who on his direction shelled the train

The peculiar delayed effects of phosgene caused some curious problems in treatment and prognosis. These are dealt with elsewhere.[39] It may be noted here however that recognition of the need for a special diagnostic centre, and the field diagnosis "N.Y.D. gas," were the result of experiences in the gas centres of the field units during this time.

Relief of Australian Divisions

The Australian formations had occupied continuously some part of the front since their arrival in France and had been in some of the fiercest fighting of the war. A prolonged rest had been promised and now was pressed for by General Birdwood. The moment was opportune, and, at the end of May the 1st, 2nd and 5th Divisions went into billets for training and recuperation in the pleasant country behind Albert.

Comment and elucidation

From time to time, in relation both to major spheres of action and to those of minor or only local concern, some special part of the machinery for maintaining man-power, some group of persons engaged serving the Army in medicine, stands out as notably promoting the purpose in view. Certain features of Australian experience at this time invite comment in this respect.

1. Improved methods

The period of the British spring offensive marks a definite stage of advance in the treatment of the wounded soldier, the result of experimental and clinical research in wound surgery and wound treatment, implemented by improved methods at the front in the employment of field medical units.

The Casualty Clearing Stations. We find more surgical teams and improved surgical methods; with a correspondingly greater proportion of operations, and improved results therefrom. The study of these matters—which rank with the great things of the war—belongs elsewhere.[40]

Field Technique. The influence of this technical progress can be discerned at the periphery—in the field medical units. Thus, during April, Colonel S. Maynard-Smith, the Consulting Surgeon, Fifth Army, demonstrated the Thomas knee-splint in the first-aid treatment of fractured femurs. Methods of *réchauffement,* of first-aid technique, and of sustainment were more exactly taught and practised. To offset the dreadful transport journeys of March and April the exhaust pipes of motor ambulance waggons were used to warm the interior of the vehicles.

[39] In *Vol. III.*

[40] *Chapters xii and xiii.* It may be noted here that during the Arras offensive (April 9 to May 31) over 90,000 wounded passed through the clearing stations of First, Third and Fifth Armies, of whom some 20 per cent. were operated upon There was a large fall in the incidence of gas-gangrene, sepsis, and secondary haemorrhage. (Sir A Bowlby, in *The British Official Medical History, Surgery, Vol. I, p 221*)

The Field Hospital. In the moves of wounded men during the advance in March and April the conditions of transport were often such as to compel the "advanced" stations to fill the part commonly assigned to the "main" stations. A result of this experience was to push forward the field hospital, whether as an "A.D.S." or an "M.D.S."

A more elusive and curious interest and significance attaches to the move, at the instance of "Army," of the main field hospital to Vaulx The real interest of the failure by the D.M S, Fifth Army, while striving to ensure that surgical treatment should be *cito et jucunde*, to observe the precept, *tuto*, does not lie in any question as to the propriety of his interference or as to the justification of running the risk, but in the fact that *it served no real purpose.* The following entries in the diary of the D.D.M.S., I Anzac Corps point the moral of much narrative in previous chapters and suggest an interest in those to come. "*May 13th*, D.M.S. asked that we might utilise the A.D S. at Vaulx for wounded and pass them right through from there. This was impossible owing to shell-fire . . . but I agreed to use a station still further forward, namely, the Collecting Post (*sic*) at C.20 (in front of Vaulx), and to send the wounded direct back to C.C.S. and not utilise A.D.S. or M.D.S. at all. This virtually turned the C.C.S. into M.D.S., and was a step towards the C.C.S. discharging its proper functions. With the C.C.S. within five miles of the firing line there was no necessity to have an M.D.S. or any other post intervening *May 20th.* Rode out with A.D.M.S., 5th Division to see M.D.S. and arrange for the opening of what could be called the M.D.S. at C.20, where two cupolas had been completed."

2. Rescue work

The medical service gained regard and status in the army by efficiency and devotion in two spheres of duty—related and even overlapping, but quite distinct in their purpose. These were, its duty in the service of humanity, and its duty in the service of war. The events of the Battles of Bullecourt are a milestone in the history of the Medical Service with the A.I F., through the fact that, on this small stage, its work of rescue caught for a moment the limelight commonly reserved for major performers The commendations of the work of the stretcher-bearers, regimental and ambulance, were spontaneous and remarkable. Bullecourt gained for the ambulance bearers two important things: notably increased respect from their military comrades, and a greater measure of personal self-regard. These were to stand them well in the more terrible and prolonged testing of Third Ypres.[41]

TABLE III.—Battle-casualties in the A I.F. during the Bullecourt fighting: presented by periods.

	Killed in Action	Died of Wounds	Wounded (inc. Gas)	Prisoners of War	Total
11 Apr	825	32	1,059	1,275	3,191
12 Apr -2 May ..	470	258	1,366	412	2,506
3 May-4 May ..	990	76	2,754	38	3,858
5 May-9 May .	469	180	2,003	12	2,664
10 May-17 May	259	130	1,156	9	1,563
Totals .	3,013	685	8,338	1,746	13,782

[41] These commendations were not only official—as from the Army Commander, and his D M S, and the Corps Divisional Commanders—but from Staff Officers, artillery observers, and so forth

TABLE IV.—The same showing relative percentages and ratios.

	Killed	Wounded and gassed (incl. d. of wounds)	Prisoners of War	Ratio of killed to wounded
11 Apr. .. .	25·86	34·19	39·95	1 . 1·36
12 Apr.-2 May ..	18·76	64·80	16·44	1 : 3·45
3-4 May .. .	25·66	73·35	0·99	1 : 2·86
5-9 May	17·61	81·94	0·45	1 : 4·65
10-17 May	16·57	82·86	0·57	1 : 5·00

NOTE.—The figures given in these two tables are based on the records kept by the Australian Section of 3rd Echelon, B.E.F., finalised to include all "missing." The terrible character of the proportions of killed to wounded and died of wounds reflects accurately the nature of the fighting. In the battles of April 11 and May 3-4 men who "died of wounds" died for the most part without rescue. See in this connection *p. 787.*