

PART II

THE CAMPAIGN IN SINAI AND PALESTINE

by

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FOREWORD

I HAVE been asked to write a foreword to that part of the Australian Army Medical Corps History which deals with the Egyptian Expeditionary Force.

My work in Egypt and Palestine during the war brought me into close contact with some phases of that history. It began when I was A.D.M.S. of the 2nd Mounted Division in Cairo during the summer of 1915. It was an anxious time for all of us when the transports returned in quick succession from Gallipoli bringing down loads of sick and wounded almost as big as those they had just delivered in the pride of health. Of these a good proportion came from Anzac.

My next view of the A.A.M.C. was when the 1st Australian Light Horse Brigade and its field ambulance were attached to the Western Force of which I was the A.D.M.S. in Upper Egypt during the spring of 1916. We were employed in guarding the outposts of the Western Frontier against the threatened invasion by the Senussi. Many a pleasant visit I paid to the light horse outposts by the banks of the Bahr Jusef, on the margin of that great Libyan Desert which stretches for hundreds of miles to the west and was hitherto almost untraversed by Europeans. Sanitation was the text of our sermon in those days. The lesson of sanitary discipline—perhaps a little resented at first—was slowly sinking in, though it required some hard knocks of bitter experience to get it home. The keynote of my recollection of that time, as of the time to come, is the practical efficiency of the medical services with the Australian mounted troops.

In February, 1917, I was appointed A.D.M.S. of the newly-formed Imperial Mounted Division commanded by Major-General Hodgson. It consisted of two brigades of English yeomanry and two of Australian light horse, the 3rd and 4th. Each had its own field ambulance. The staff of the division was a mixed team, which not unnaturally took some shaking together; but between my medical colleague Major Cave of the A.A.M.C. and myself no adjustment was

required; we pulled together from the first. While I was with the division we went through some strenuous times, including the first and second attempts at Gaza, and I learned to know and trust the resourceful stability of the A.A.M.C. in the field.

In the campaigns of the autumn of 1917 and the spring of 1918 my relations as D.D.M.S. of the XX Corps with the A.A.M.C. were chiefly through Colonel Downes, who was then the D.D.M.S. of the Desert Mounted Corps. With our respective corps constantly operating together and relieving one another, as at Beersheba, at Jerusalem, and in the Jordan Valley, we were frequently required to co-ordinate our work. We learned to rely on each other, and I, at any rate, always felt that I had only to ask, to receive help granted with the readiest goodwill. We lent one another motor ambulances or strings of ambulance camels as need or stress came to one or the other.

As D.M.S. during the final operation and till the end of the war, I enlarged my knowledge of the Australian Medical Services and its organisation. I was still in close touch with the Australian divisions of the Desert Mounted Corps, but I also had the opportunity of visiting and inspecting the Australian base hospitals at Port Said and at Cairo. Here, as in the field, the salient feature was ready efficiency. The medical officers were keen on their work, pleased and anxious to avail themselves of any facilities offered in the way of special educational courses organised for them. The Australian soldier always showed a real pride in his own hospitals, and had an almost sentimental veneration for his own nursing service.

To one like myself, who had no previous firsthand knowledge of any of our colonies, it was a stimulating education to note the different point of view from which the medical problems of the war were approached by our colleagues from the other side of the world, who, though not always willing to accept without question the hereditary experience of the regular service, were not long as a rule in absorbing the best of it.

I must pay a word of tribute to the Australian Red Cross which gave such able assistance to the medical service. The

function of the Red Cross in war is to anticipate red-tape, to provide all those little accessories which make life comfortable to a sick or wounded man, but which have not been recognised by the state as part of the paraphernalia of war. This the Australian Red Cross did most effectually.

In looking back to the time of the war, one's happiest memories are those of the friends that one made and worked with, and, among mine, no small number belonged to the A.A.M.C.

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PREFACE

THE campaign in which the Australian troops in the Egyptian Expeditionary Force took part presented many features differing considerably from those prevailing in France. These concerned chiefly the field units, and were due to a variety of factors; to the nature of the terrain, which altered as the campaign progressed; to the character of the warfare, which, partly in consequence of the terrain, was of a far more open nature than in France and involved sudden and rapid moves with comparatively little trench-warfare; to the fact that all the Australian troops were light horse or (later) cavalry, with their associated mounted arms; to the special nature of the climate; and to the presence of a variety of serious endemic diseases of a kind almost unknown in France.

The special purpose of this history being a consideration of the problems that faced the Australian Medical Services, attention is in this part paid chiefly to the work of the services in the field; and as the campaigns—and particularly the rôle of the light horse—involved so much movement, the narrative is inevitably concerned in a large measure with tactical rather than with administrative problems. The special problems confronting the few Australian base medical units in Egypt did not differ materially from those of corresponding units of the main part of the A.I.F., which are fully considered elsewhere. A further reason for paying particular attention to the medical services in the field is the likelihood that military operations in Australia would resemble more closely those carried on in Sinai and Palestine than the trench-warfare of France. Prior to the Great War no one had any real knowledge of medical arrangements on modern lines in open cavalry warfare; nor, up to the present, has any adequate account of them appeared in textbook form since the close of the Great War. Some important administrative problems, however, cropped up which were dissimilar to those in England and France, and which are therefore of interest as a contrast.

It is a particularly unfortunate fact that the written records for the year 1916 are poor, since in consequence of this and the long interval that has elapsed since the events took place much that is of interest, in a part of the campaign which was so peculiarly associated with the Australian and New Zealand troops, has been lost.

R. M. D.

MELBOURNE,

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