CHAPTER III
THE FIRST CONVOY

In arrangements for the long oversea transport of the first force, there were set up certain new standards, and, though sickness occurred and followed the expected lines, these provisions were justified by the results.

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The medical problems associated with the transportation of 20,758 troops with 7,479 horses in one convoy through the tropics, to reach England in the middle of winter, were in themselves sufficiently great, and were not lessened by the fact that the vessels available were of the most varied character, some, such as the Orvieto and the Omrah, being fine passenger vessels, others only cargo boats. But there was no lack of precedent to guide the preparations. From the days of our Saxon forefathers there has been hardly a generation in which England has not been occupied with the sea-transport of troops. Before the war "some 50,000 men crossed the sea in peace relief every year," chiefly to India, and the sum of experience was crystallised in very precise Admiralty regulations. These formed the working basis for the transformation of twenty-eight miscellaneous vessels into the vehicle for one of the greatest single operations in sea-transport hitherto undertaken.

The "First Convoy" was timed to sail for Europe on September 12th. Responsibility for the selection of transports and decision on matters of accommodation and fitting lay with a "Transport Committee," which was under the presidency of the Third Naval Member and included a military representative of the Department of Defence. From the beginning the medical service met with cordial cooperation from the naval authorities. "The technical skill as an expert" of the D.G.M.S. was utilised by the committee, and this officer took a very decided stand in connection with all arrangements that had a bearing on medical responsibilities.
British Admiralty transport regulations were based on a voyage of from three to four weeks: the Australian committee was faced with the problem of eight weeks on board under adverse climatic conditions. The medical service was directly interested in the provision to be made for treatment on the voyage, and was also concerned—since such matters affected the preservation of health—with sleeping accommodation and ventilation, deck space, exercise, sleeping, washing and latrines, cooking and messing. Success in any enterprise is attained only by the application of lessons from the past. The Australian medical service, and in particular the Director-General, had taken very seriously to heart a lesson from experience in the South African War, when, on the returning troopship *Drayton Grange*, there had occurred seventeen deaths and many cases of serious illness, the finding of the court of inquiry being that overcrowding and defective sleeping and hospital arrangements were the chief factors in the calamity, although technically the Board of Trade regulations had been complied with.¹

Admiralty regulations for the fitting up of "troop-transports" and "freight ships" were framed on minimum rather than average health requirements; moreover, no allowance was made for peculiarities of construction that would reduce the space actually available. From the first a higher standard was insisted upon by the Australian Government, and a new principle was introduced in determining accommodation. Under Admiralty regulations the "space required" was "governed by the number of mess tables

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<tr>
<th>Causes of death and sickness in the <em>Drayton Grange</em>—</th>
<th>Deaths</th>
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<td>Measles . . . . . . . . . . . . . . . . . . . . . . . .</td>
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<td>Cerebro-spinal meningitis . . . . . . . . .</td>
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<td>Blood-poisoning . . . . . . . . . . . . . . .</td>
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<td>17</td>
<td>225</td>
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¹ Causes of death and sickness in the *Drayton Grange*—

Out-patients—2,000, "to a large extent inflammatory conditions of the respiratory organs."
which can be fitted," and the number of troops carried thus depended not on sleeping but on messing space, which, as a rule, was some twenty per cent above that for hammocks. The extent of deck space available was not being considered. While it was impossible to make hard and fast rules for the precise apportioning of troops to space, the principle was established of estimating the available accommodation by sleeping, and not by messing, accommodation.

Hospital accommodation on a basis of 3 per cent was provided in the regulations, which stated also that "it (the hospital) is to be fitted up in the most suitable part of the vessel and to be specially well ventilated." For the voyage of the convoy a standard of five per cent was aimed at, with a special "infectious" hospital on each vessel. On every transport a large high-pressure steam disinfecter was installed.

As regards personnel, it was arranged that on each of the larger transports there should be at least two medical officers. When necessary, field ambulance and regimental medical officers were associated. Hospital orderlies and sanitary personnel were drawn from ambulance or regimental medical personnel. The Director-General further obtained the permission of the Minister for Defence for nursing sisters of the A.A.N.S. to accompany the force: "on arrival in England, if not otherwise required, they could be handed over to the Imperial authorities for general duty." The Principal Matron of No. 2 A.G.H. was placed in charge. The reason for this arrangement was that, whereas for British troop-transports there were always available fully trained medical orderlies, the medical personnel, ambulance and regimental, of the A.I.F. were but beginning their training, of which the voyage would form part.

From August 16th the acting D.G.M.S. became responsible for the medical arrangements for the voyage. In each military district the Principal Medical Officer was instructed to appoint a "Medical Officer for transports" who should supervise all the medical arrangements; but the P.M.O. was himself "held personally responsible that all instructions are definitely carried out." A "Chief Medical Officer in charge
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The First Convoy

of Transports,” stationed at Sydney (where most of the “troop-transports” were fitted out), performed the greater part of the executive work.

British Admiralty and Army Medical Service regulations laid down a scale of hospital surgical and medical equipment, comforts, and disinfectants. “For troopships making long voyages, special arrangements” were to be made. For the eight weeks’ voyage to Europe, in supplement of this supply, there was printed a special “list of surgical and medical equipment to be placed on each transport A.I.F.” This was to be done under the general supervision of the Chief Medical Transport Officer, whose instructions enjoined that the provision of “drugs, surgical appliances, medical comforts, etc.,” should be sufficient to meet “every possible medical and surgical emergency” throughout the long voyage: “there must be no shortage in any item.”

Red Cross “goods equivalent (sic) to six per cent of the troops on board” were placed in each transport in charge of the “S.M.O.” (Senior Medical Officer), who was instructed to “hand the remainder on arrival to the Red Cross authorities.” All field equipment and stores were put on board sealed, and were not to be used until the force was “in the field on active service.”

In the flagship Orvieto, in addition to the Director of Medical Services and his staff officer, went the divisional medical administrative staff—the Assistant and Deputy-Assistant Directors. This vessel was equipped to serve as the operating centre for the fleet.

Departure of the convoy was delayed by the presence of enemy craft within possible striking distance. Between October 24th and 26th troopships from the eastern States concentrated at Albany, Western Australia, where, on the 28th, they were joined by the New Zealand contingent. At this port no less than 37

Drugs, etc.

For this hurried and experimental attempt to standardise medical stores for the long voyage, merit can, perhaps, be claimed on grounds of adequacy, but hardly (it must be acknowledged) on any other score. It was a “blunderbuss” charge, and, while the surplus on arrival served to stock in some lines two depôts of medical stores, drugs had to be obtained at Colombo; on the other hand, large quantities were ultimately sent back to Australia, among them ergot in bulk and a great amount of opium. At this period of the war the special knowledge and experience of the pharmaceutical profession was very inadequately utilised.

The New Zealand contingent was conveyed in ten additional troopships; the total strength was 8,427 troops; 3,815 horses were also on board.
men were put ashore as "medically unfit for active service." The cases comprised 5 phthisis, 3 middle-ear disease, 2 mental, 2 epilepsy; the remainder suffered from hernia, varicose veins, defective eyesight, fistula, Bright's disease, and chronic rheumatism, with a few acute casualties. No special precautions had been taken to ensure that incubating cases of infectious disease were excluded from among the troops embarking, and on several vessels outbreaks of measles had commenced.

On November 1st the fleet sailed from Albany under escort. Served by fortune and favourable weather, it reached Colombo on the 15th. On November 9th the sinking of the *Emden* by the escorting cruiser *Sydney* provided not only an auspicious omen, but also opportunity for a few medical officers to gain experience of war wounds, some of the less severely wounded having been placed on transports at Colombo.

While there is here no need for a detailed account of the voyage, the fact that it was the first collective voyage in the greatest effort of sea transportation of troops to a distant seat of war that the world has seen justifies some remark upon it. To the medical service the long sea voyage brought important responsibilities in the prevention of disease and the treatment of the sick, and therein gave them opportunities for training in their individual duties the rank and file of their units—the raw material for the medical service of the A.I.F.

In respect of the prevention of disease, the water-supply—as is usual on board ship—was safe and, on the whole, adequate: an allowance of from two to four gallons per man was usual. Its distribution, and the supervision of bathing, supplied an opportunity for training the "water duty men." Food was provided on a liberal scale. Admiralty regulations allowed twelve ounces of meat: it is in keeping with the special consideration given to the Australian soldier that this amount was increased for the voyage to twenty ounces. Latrine accom-

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4 A case of measles in full exanthem was found in the *Ormato* just before departure.

5 For an account of the medical circumstances of this episode, see *Vol. II*—the Medical Service with the Australian Squadron in the war.
modation was below the five per cent prescribed by the D.M.S., A.I.F., and, as throughout the war, was a most difficult—in many of the troopships an almost insoluble—problem. On this first voyage sanitary discipline also was defective; the "sanitary" personnel learned something of the thorny difficulties that beset their onerous duties. But the ordinary intestinal infections are not a characteristic problem of the sea-transport of troops, and, except for minor cases of diarrhoea, these were absent. Outbreaks of "ptomaine poisoning," however, occurred in two vessels, in one of which, while in the Suez Canal, some 600 men were affected.

The health history of the voyage is one of considerable interest: the events of this first voyage repeated the past, and mirrored the future, experience of Australian troop-transportation. Disease in armies follows broad lines of aetiology, and almost invariably outbreaks will occur when conditions favour infection. The association of large bodies of men in close contact is the special feature of troopship life. Considerable outbreaks of measles and "influenza" occurred, accompanied by an epizootic of pneumonia; tonsillitis, broncho-nasal catarrh, and "feverish colds" ran through all the transports. In specially crowded boats the conditions were such as to cause no little anxiety; three deaths occurred in one of them. The insistence on ample deck space in view of epidemics was amply justified: no "isolation" hospital could do more than provide for sporadic cases. Six deaths occurred, all from pneumonia, four being secondary to measles or "influenza." Reports furnished at Colombo show 1,154 patients treated in hospitals since leaving Albany. Of 329 under treatment in hospital at this time, the classification was—67 venereal disease, 62 measles, 55 influenza, 21 pneumonia or pleurisy, 14 tonsillitis, 13 diarrhoea, 8 rheumatism, the remainder, various common ailments. At Colombo eight cases were put ashore and five requiring operative measures were sent to the flagship Orvieto. At the end of the voyage the health of the troops was good, but a large number of cases of measles awaited disposal.
In those transports in which nursing sisters were in charge of a well-equipped hospital, ambulance personnel and the regimental medical detachments worked under them, practical training being supplemented by lectures. Regimental stretcher-bearers took duty in turn in hospital. By the end of the voyage a thorough grounding in principles had been given, and much useful experience, soon to bear a severe testing, had been gained before arrival.

The voyage gave opportunity, for the most part fully utilised, of encouraging, by means of lectures and personal intercourse, the co-operation of the combatant branch with the medical service in promoting the common object of maintaining health among the troops. The men themselves were instructed in elementary first aid, particularly in the application of the first field-dressing, which, in most cases, is in the first instance applied by the soldier himself or by his comrade.

Inoculation and vaccination had in some units been put off, and procrastination brought its usual penalty. To promote essential discipline in this as in other matters, the G.O.C., A.I.F., issued a memorandum explaining the objects of the procedure. It concluded:—

It is therefore the duty of every officer and soldier cheerfully to submit to a simple medical precaution designed to nullify the danger of disease, both to himself and to his comrades, and thereby allow the force to be maintained in the field at its greatest and most effective strength.

Thereafter no refusal was accepted. A few men were discharged, but at no time did straightforward methods based on reason fail with the Australian troops.

In the flagship Orvieto tense preparation accorded with the character of the G.O.C., A.I.F., and his sense of urgent responsibility. General Bridges, hard on his staff—and harder on himself—was testing their endurance and capacity to the utmost. The medical staff came least within his direct concern; he saw it only—though grimly enough—out of the corner of his eye. Having laid down in A.I.F. Orders the
administrative position of the Service, he left it to work out its own salvation, under the responsible supervision of the A.A. & Q.M.G.

Surgeon-General Williams found his chief concern in plans for providing improved equipment out of the ample "Red Cross" funds at his disposal. With his staff officer he worked out in complete detail a scheme—which was afterwards printed, though not put into force in the war—for a purely motor field ambulance. He does not appear to have taken any considerable part in staff deliberations, being of an unsocial and self-centred nature and not seeking intercourse, official or personal. In the A.I.F. his position had been defined, but he appears to have done little to consolidate it; and, though he had been the first to point out the possibility of internal autonomy for the Australian force, he appears to have left the problem of the relations between the medical service of the A.I.F. and that of the British Army to be decided by circumstances and "higher authority," giving little, if any, thought to the wider problems of internal administration in the medical service of the A.I.F. In this, it is true, he was not alone; indeed, it is difficult to see how under the circumstances finality could have been reached; nevertheless the lack of definite policy was seriously felt at a later time. He neither achieved nor, it would seem, attempted any personal understanding with his chief, with whom his relations were purely official. Divisional matters he left to the A.D.M.S. This officer, concerned with the immediate details of his administration and the routine of ship life, took little part in staff deliberations. The peacetime tradition, that the medical service held a secondary and purely ancillary position, had not yet been broken into by the rude realisation that in war it is a prime factor in the military situation.

It fell to the remaining medical officer attached to the staff to take the initiative, and to bring home to the combatant branch the fact that there were matters—such as the return to duty of convalescents and the quality of recruits—which were of radical importance to the maintenance of the army
in the field, but to which they had as yet given no adequate attention. Being without any specific duties, Colonel Howse was free to interest himself wherever matters of consequence were being decided. But it was with the General Staff that his influence was most evident. Possessed of great tact, insight, charm of manner, incisive and convincing address, and an ambitious resolve to make his presence felt, he was able to influence the staff where Surgeon-General Williams, with vastly wider administrative knowledge but without his initiative and vision, failed to impress. Colonel Howse's career in South Africa paved his way, but it was undoubtedly in the intense and strenuous preparation in the Orvieto and in Egypt that he laid the foundation of his position in the A.I.F. He there established those peculiarly effective personal relations with the combatant branch which were an outstanding feature of his military career, and which enabled him to exercise an important influence on events outside the medical service.

On November 27th a wireless message was received by General Bridges in the Red Sea instructing him that "owing to unforeseen circumstances" it had been decided by the War Office that the force should train in Egypt, and that Australians and New Zealanders were to form an army corps under Major-General W. R. Birdwood. The reason for the change of destination was twofold—the declaration of war by Turkey, and, prior to that event, a memorandum to the Secretary of State for the Colonies from the High Commissioner for the Commonwealth (Rt. Hon. Sir George Reid) stating his "serious apprehension," based on the experience of the Canadian troops on Salisbury Plain, as to the advisability of bringing Australian troops direct to a winter camp in England.

On receipt of the message the flagship went ahead, and from Suez the G.O.C., A.I.F., together with certain members of his staff and unit representatives, proceeded to Cairo to report to the Egyptian Command and arrange for camp allotments. The A.D.M.S., 1st Australian Division, followed from Port Said.
The D.M.S., A.I.F., did not accompany the party. On hearing of the change of plans, General Williams requested permission to proceed on to England to carry out the arrangements for the five large hospital units of the Australian Medical Service which should be now en route. . . . It is almost certain that they will be employed in Europe at an early date, giving as a further object the disposal of Red Cross money and goods which had been sent on to England. This proposal was approved by the G.O.C., A.I.F. “Should his services be required in Egypt, the High Commissioner will be informed.”

The Director of Medical Services remained on board the Orvieto, and, without getting into touch with the medical administration in Egypt, proceeded to England. The future of the “supernumerary medical officer” (Colonel Howse) would appear to have been again “in the melting pot.” It was, however, promptly settled by General Bridges, with
whom he had become very closely associated, and who
intimated that he was not to go with General Williams, since
there was other work in view for him. Its first instalment
promptly appeared in the form of instructions to prepare for
the disembarkation of the troops, which was to take place
at Alexandria. For this function he was appointed
"Embarkation Medical Officer" for the convoy and was
provided with a small staff.

As a preliminary to the preparation of a medical scheme,
the D.M.S., A.I.F., supplied a schedule showing the dis-
tribution of all medical units, equipment,
vehicles, and horses in the various ships; and
a very exact scheme was embodied in the disembarkation
orders of the A.A. & Q.M.G., 1st Australian Division.
By the time Alexandria was reached, reports had been
prepared by all transport S.M.O's (Senior Medical Officers)
showing their sick in need of disposal and the medical
and Red Cross stores held by them. By instructions of
the General Officer Commanding the British force in
Egypt, the former were thus distributed—317 serious and
contagious cases (among them 105 of measles) to the
British Army Hospital, Ras-el-Tin, Alexandria; slight
cases to a camp hospital at Mena, near Cairo, hastily im-
provised for the A.I.F. Medical and Red Cross stores
presented difficulty. There arose the question, to whom
exactly they belonged. In this question was really involved
the whole problem of the financial relations between the
Dominions and the Mother Country in the war. The generous
handling by Great Britain of the awkward problem of the
payment for supplies used by Australia, and the admirable
arrangement ultimately arrived at, are matters for later
description. For the time being the surplus goods were
stored at the Alexandria docks.

Men, horses, vehicles, and equipment were disgorged from
the troopships on the spacious Alexandria docks and entrained
at once for Cairo; thence they proceeded by route march
along the Mena road to a desert camp in course of prepara-
tion beneath the Pyramids which was to be their home for
four strenuous and eventful months.

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On December 4th General Bridges reported “disembarkation of first Convoy completed at 11 a.m.” On the same day there sailed for England from Australia 71 medical officers, 161 nurses, and 555 other ranks A.A.M.C., composing five line-of-communication units whose raising in Australia has been described. Before proceeding to narrate the medical circumstances attending the training of the A.I.F. in Egypt, it is necessary to give a short account of the voyage and disposal of these important units.

Left behind as unready when the first convoy sailed, the congeries of detachments and individuals from various States of the Commonwealth with their miscellaneous improvised equipment, which was to be assembled into the various “units,” created a troublesome question of transport. To await the second convoy (consisting of the 4th Infantry Brigade, light horse units, and some 1st reinforcements) meant much delay. Shortly before the sailing of the First Convoy, the Minister for Defence, in response to suggestion by the commanding officers, agreed that all should sail together in a selected ship “under protection of the Red Cross.” The coastal steamer Kyarra (6953 tons) was painted white, lighted as a hospital ship, and notified as such to the enemy powers, but was fitted up only for transportation of the five medical units concerned, hospital accommodation being only that provided on other transports.¹

The officer⁸ commanding No. 2 General Hospital was selected by the acting Director-General as “S.M.O.” for the voyage, and was made a temporary colonel. The component parts of the several units, picked up at various ports from Sydney to Fremantle, became known to each other when assembled in the ship. Embarkation orders given by the acting D.G.M.S. to the “S.M.O.” laid down precisely the principles which should govern the working and administration of these units overseas. Commanding officers were to detail officers “to positions for which they are professionally best fitted.” The radiologist to No. 1 General Hospital was

¹ Justification for this arrangement was assumed under the terms of the mercantile adaptation of the Geneva Convention, 1907. Though there is no need to doubt its bona fides, this assumption was hardly justified.

⁸ Lieut.-Colonel T. M. Martin, A.A.M.C.
“to be considered as Radiologist to the Force”: an eminent pathologist and anatomist was attached as “chief pathologist to all units”; and an eye and ear specialist was attached to No. 1 General Hospital with equipment for a department. No transfers of officers or nurses from one unit to another were to be made without “approval of the Director of Medical Services of A.I.F.” Special orders were issued for the nursing service of the A.I.F. On disembarkation all the units were to “report to and be under the direction of the D.M.S., A.I.F., from whom all orders will be received and to whom all reports will be made.” Equipment and stores, official and Red Cross, amounted to several thousand tons, and were stowed with difficulty; some dozen motor-ambulance waggons were taken. No more representative or distinguished assembly of members of the medical profession of Australia was ever associated during the war.

The voyage was not a happy one. The vessel was greatly overcrowded; it was small, uncomfortable, and badly found—in short, quite unsuited for a transport, much more for a hospital ship. Under any circumstances the task of “commanding” on a long voyage a body of “leading” medical men from every State, for the most part newly-enlisted, with rank and status adjusted on no very definite basis, would have been no easy one. While for the great majority, officers and other ranks, the voyage afforded opportunity for the initiation of happy and serviceable relations, these did not always result; State and individual antagonisms were sometimes allowed to dim the vision of the high privilege and grave responsibility committed to the medical profession and medical service of Australia.

Training was carried out as far as the conditions allowed. Lectures were delivered to officers on military organisation and etiquette. The period of the voyage was recognised as a stage in the training of medical orderlies, and as much instruction as possible was given to the rank and file. In spite of adverse influences a good beginning was made towards welding individuals and ranks into a “unit”—a sine qua non to effective service. Under the hammer of toil and

9 Provision for specialist departments was not included in British establishments till considerably later,
9. THE TRANSPORT ORIANO AT PORT SAID ON 2ND DECEMBER, 1914

The Oriana was flagship of the First Australian Convoy

Lent by Lieut-Col. B. Quirk, A.M.C
Aust. War Memorial Collection No. 13586

10. TROOP DECK OF A TRANSPORT SHOWING THE SLEEPING AND MESSING ACCOMMODATION

Taken by 1 Cpl. H. Sarah, No. 3 AGH
Aust. War Memorial Collection No. 13587
II. MENA CAMP, JANUARY 1915

Mena House Hotel may be seen in the foreground and the 2nd Field Ambulance on the extreme left. The dark area bordering the horizon is the irrigated Nile-basin.
difficulties overcome in common, such association would firm
to a fine union, proof against vagaries of administration and
vicissitudes of posting.
A sharp epidemic of ptomaine poisoning among the officers
was the only serious malady that occurred. On arrival at
Suez on January 13th a message brought the instruction not
to proceed to England, but to await orders at Alexandria.
There for the moment these units are left, while we follow
events in the force already landed in Egypt.