CHAPTER VI

THE GALLIPOLI CAMPAIGN: STRATEGIC PREPARATIONS

The sudden order for the A. & N.Z. Army Corps to sail to the front was to find the force, from a medical point of view, only partly prepared. The field formations had their full medical establishment, but the Australian Government had not been called on to furnish a full quota of corresponding base medical units, and had naturally assumed that the British Government would furnish them. When, however, the Australian force landed in Egypt, which became its base, the British staff there did not recognize the need for this provision. Measures early suggested by the D.M.S., A.I.F., which might have filled part of this deficiency, were not carried out, partly through his being overruled or ignored by the High Commissioner in London or by the D.M.S. for Egypt, and partly through the non-agreement of the C.G.S. in Melbourne with his requests for hospital ships. Thus, at the last moment, provision at the base was to become in no small degree dependent on emergency measures undertaken largely by No. 1 Australian General Hospital.

* * *

"Brigade" training had been completed in the 1st Australian Division by the middle of February. Combined brigade and divisional movements had not commenced when training was interrupted by a series of events whereby the force, hitherto directed westwards, became involved in a subsidiary storm now developing in the East.

On February 24th the field ambulances of the 1st Division were inspected by the D.M.S. for India¹ (acting under special instruction from the War Office), who declared himself "pleased with the ambulances and considered they were fit for immediate service." On the same day No. 2 General Hospital received instructions to "pack up, and prepare to

¹ Surgeon-General Babtie.
evacuate all cases": on the 26th the Australian Clearing Hospital and No. 1 Stationary Hospital also received orders to prepare for an immediate move. On February 27th all units of the 1st Australian Division were instructed to hold themselves in readiness to embark at short notice, and the 3rd Brigade was detailed to move at once. The headquarters section of No. 1 Stationary Hospital rejoined from Ismailia, and the unit, having evacuated its patients to No. 1 General, packed up its 115 tons of equipment, and entrained, within twenty-four hours. On March 2nd it, together with the Clearing Hospital, moved to Alexandria and with the 3rd Infantry Brigade formed a "Detached Force" of 4,931 troops, which on March 3rd embarked for "an unknown destination." Instructed by the D.M.S. for Egypt that he would be required to "form an Advanced Dépôt of Medical Stores at the Overseas Base," the commanding officer of the Clearing Hospital procured extra medical and surgical supplies. Both units obtained Red Cross grants and stores from the D.M.S., A.I.F., Surgeon-General Williams.

These events were related to a phase of the world war which is of great military interest, namely, the effort by the Allies to exploit in the East the possibilities of an open flank, by now closed in the West. They belonged to the penultimate stage of the disastrously drawn out debate which led to the Dardanelles Campaign.

A brief outline of the various phases in the evolution of that project must needs be given, since most of the medical difficulties of the campaign, as well as its military failure, are traceable to, and might have been foretold from, the manner of its initiation. At the beginning of the year the decisive respite secured by the Allies on the Marne, and the safeguarding of the ocean trade routes, had left Great Britain—urged thereto by the "old instinct" of her "world-wide maritime empire"—free to exploit the strategic possibilities offered by command of the sea. The result was the decision to endeavour, in conjunction with France, to offset the German pressure on Russia and the Turkish threat to Egypt by forcing the Dardanelles. This was to be done by the navy, with the object of effecting a junction of Allied

---

troops with those of Russia in the neighbourhood of the Black Sea. The navy began preparations at the end of January, and on February 6th two battalions of the Royal Marine Light Infantry were sent to the Dardanelles "to serve as a garrison for the (naval) base and for any small landing operations of a temporary nature." On February 19th took place the first naval attack on the outer forts, and its unsatisfactory results were held to vindicate the view of the Admiralty that military co-operation would be necessary in forcing the straits. In consequence of the failure of the purely naval attempt General Birdwood was instructed by Lord Kitchener to report on the situation at the Dardanelles and to advise as to the military co-operation required. Thereupon a small military force was hastily assembled in the Levant.

In the first week in March the "Detached Force" of the A. & N.Z. Army Corps was despatched to a naval base which had been formed, with the consent of Greece, on the island of Lemnos (then still claimed by Turkey, though held since the Balkan War by Greece). The Royal Naval Division arrived early in March. These troops constituted a force which, though not a fully organised expedition, was termed the "British Expeditionary Force. Mediterranean." On March 15th No. 1 Australian Stationary Hospital was established on shore to serve its troops, both British and Australian.

Already the Dardanelles venture was passing from a diversion to a definite alternative effort in another theatre of war. On March 5th-8th occurred the second phase of the naval operations—the first attack on The Narrows—and its adverse result, together with General Birdwood's report, helped to confirm the momentous decision which the War Council had already arrived at on February 16th, when it was resolved to send a much more powerful military force, including the 29th British Division, to be in readiness for use if required at the Dardanelles. This decision brought about the formation of a "Mediterranean Expeditionary Force" ("M.E.F."), which included the Australian and New Zealand Army Corps and also the Royal Naval Division. Further account of this is for the present deferred.
At the same time with the despatch of the Detached Force General Birdwood issued on March 2nd confidential orders "for the organisation for the A. & N.Z. Army Corps for service out of Egypt"; but until March 22nd the A.I.F. (less the Detached Force) remained under the undivided control of the "G.O.C. the Force in Egypt," and Surgeon-General Ford now became responsible on the medical side for the general preparation of the Australian force for active operations. On March 4th No. 2 Stationary Hospital was ordered to prepare for a move overseas; by March 6th the closing of this unit and of No. 2 General Hospital was complete, some 300 tons of heavy equipment having been stored at Cairo and Alexandria ready for shipment. Pending resolution, however, of the suspense concerning the Dardanelles, both remained at Mena. Situated in the camping and training area now rapidly growing round Zeitoun and Heliopolis, No. 1 General Hospital had already become the centre of medical activities.

These and other preparations for the expedition, in which at first Australian troops constituted almost half the entire strength, opened up in Egypt, as in the Mediterranean Expeditionary Force, the whole question of Australia's concern in the medical arrangements for her force. The troops in question—the 1st Australian Division and the 4th infantry and three light horse brigades—included the medical units of their formations; but outside these there would be required, on the lines of communication and at the base, medical provision (a) for accommodation and treatment of sick and wounded, (b) for the return to the front of those who recovered quickly (including provision for their accommodation and training from the time they should be fit enough to bear arms again), (c) for disposal to home or elsewhere of cases whose recovery was doubtful or would be long delayed, and (d) for stores and organisation for the reception and distribution of medical supplies. Originally none of this provision was to have been made by Australia, the War Office implicitly undertaking the whole of it; and, when subsequently
the Australian Government had accepted the suggestion\(^1\) of
the British Government and offered to supply some units of
this category, no arrangement had been arrived at as to how
far Australia and how far Great Britain should be responsible.
The position apparently was that anything that the Common-
wealth contributed was welcome—Great Britain would make
good the rest. This absence of definition of the obligations of
Australia in the matter of medical arrangements was
unfortunate, for sentiment, however generous and reciprocal,
cannot take the place of a clear, business-like understanding.

On the medical side organisation had, it is true, extended
much further than on the military. Apart from its medical
service, the Australian Imperial Force included in its com-
position only a few units—such as field butchery and field
bakery, ordnance, and dépôt units of supply—that did not
come within the category of front line troops. The only
“A.I.F.” officer appointed, besides the General Officer
Commanding, was the Director of Medical Services. The
larger provision was chiefly in connection with the
humanitarian side of medical responsibility, regard for which dominated the attitude
of the Australian Government and people
towards their medical service. In respect of
“prevention of disease” and “replacement
of medical stores,” the service had been organised on a strictly
divisional basis, beyond which it had neither responsibility nor
opportunity to influence events. But the Minister for Defence
had promised that Australian sick and wounded would receive
the best medical and nursing service possible, and to that
extent a general obligation rested on the responsible officers
of the A.I.F. The Australian staff, on the other hand, in its
original conception of the force, had taken for granted that,
whatever special action might be taken by Australia for
humane alleviation during the war, from the military point
of view all arrangements for the treatment and disposal of
Australian sick and wounded, after leaving the front, would
be made by the War Office, Australia paying for such services.
With the raising, equipping, and despatch (at the suggestion
of the War Office) of the line-of-communication and base

---

\(^1\) See pp. 27 and 88.
medical units laid down in war establishment for an infantry division, this position had been modified, and the diversion of these units to Egypt definitely associated an Australian base organisation with the A.I.F. But the units hitherto raised were those laid down for a force of 20,000, whereas the troops already despatched and about to take part in a most perilous adventure 8,000 miles from the home base numbered nearly 40,000, while the equivalent of another division was already preparing to leave Australia, for which no base or line-of-communication units were being raised. The Australian hospitals, therefore, did not—and were not intended to—constitute a full hospital provision for the force.

Some discussion relevant to this vital matter had indeed taken place, and certain decisions of considerable importance and significance had been reached. At an interview on January 23rd between the D.G.A.M.S. (Surgeon-General Keogh) and Surgeon-General Williams, while on his visit to England, the matter of a further contribution of Australian medical personnel had been discussed. Two important suggestions came of this. The first was that a number of Australian medical officers and trained nurses should be enrolled for service in the Royal Army Medical Corps and the Queen Alexandra's Imperial Military Nursing Service (Q.A.I.M.N.S.). On February 6th the Defence Department was advised—"War Office desire to engage 100 medical men as officers R.A.M.C. from Australia." On the recommendation of the acting D.G.M.S. in Australia action was at once taken for the raising and despatch of 100 medical officers and 150 nurses. A second result of the conversation was a memorandum from the D.M.S., A.I.F., to the D.G.A.M.S., on January 27th, asking him "that a request be obtained" from the Secretary of State for the Colonies (i.e., that he should ask Australia) for "one field ambulance with motor ambulance transport, also one general hospital of 520 beds. or, if this is not available, two stationary hospitals of 200 beds each." A question by the War Office as to the equipment which these units should bring with them from Australia delayed immediate action: meanwhile the D.M.S., A.I.F., left for Egypt on January 28th, and subsequently the High
Strategic Preparations

Commissioner (for reasons that are obscure) held the matter up without informing him of the fact. On February 10th the D.G.A.M.S., in a further note addressed to General Williams through the High Commissioner, suggested that a general hospital on the new war establishment of 1,040 beds would be welcome; he at the same time stated that he would welcome a further offer of qualified medical men. This suggestion again was not referred to Australia. On March 2nd and again on the 18th the D.M.S., A.I.F., cabled from Egypt to the High Commissioner asking the position in regard to this hospital. On the 27th he was answered by the High Commissioner that the matter was "still under consideration."

No communication on the matter, however, had as yet reached Australia. The change of destination to Egypt had entailed a complete change in the medical situation, and this, together with the vagueness of any understanding as to the medical arrangements for the A.I.F., made difficult any prevision by the acting D.G.M.S. in Australia. Moreover, the Defence Department was by this time raising the medical officers and nurses for service in the British Army. On March 30th an unofficial cable from the Defence Department to the D.G.A.M.S., at the War Office—sent at the request of the acting D.G.M.S. in Australia "in order to give that officer an idea of the resources" of Australia—after notifying the departure of the first fifty medical officers for the R.A.M.C. and nurses for the Q.A.I.M.N.S., continued:

Many professionally senior men willing (to go) if assured of responsible hospital positions. Command not desired. Hospital units without marquees easily raised.

The result was a very urgent cable on April 8th from the High Commissioner (now alive to the serious results of his own procrastination) which informed the Defence Department that personnel on the lines suggested, sufficient for a 1,040-bed hospital, would be very acceptable, gave details of the qualifications of the staff necessary, and added that they should leave at the earliest possible moment. The D.M.S., A.I.F., was informed of this on April 10th. In the
meantime, however, the onrush of events had necessitated preparations for the disposal of Australian casualties at the expeditionary bases on different, and very inferior, lines, presently to be described.

The need for some organised system to accommodate convalescents, so as to relieve the hospitals had been urged by both physicians and surgeons, and with the prospect of a rapid move the matter became urgent. On March 2nd the D.M.S., A.I.F., who had asked that a "convalescent dépôt" should be included in the Australian L. of C. units when raised, cabled through the High Commissioner that personnel for two convalescent dépôts for the field were urgently required. But the Chief of General Staff in Melbourne, actuated by the justifiable belief that the War Office would make this provision, advised the Minister for Defence that "when our units go to the front they will be part of organised armies for which Convalescent and Base Dépôts will be provided." and that "it would be presumption to send them." The Australian Department of Defence accordingly replied that "new units will be formed only on the advice or request of the Imperial Government": and thus the question of a convalescent dépôt for Australian troops was indefinitely postponed.

With the medical business of convalescence is closely bound up the military business of return to duty in repair of wastage, but in 1915 the control of this process remained outside the staff of the A.I.F. There is, however, evidence that from the outset of his administrative career as A.D.M.S. of the 1st Australian Division, Colonel Howse felt as strongly on the subject of "return to duty" as he did on the fitness of combatant reinforcements, and that he had not hesitated at this time even to exceed his province in his insistence that "return" was an A.I.F. responsibility, and primarily a medical one. He saw the medical service as a strategic element in the military machine rather

---

4 The organisation in the British Army to serve the provision of "convalescents in an expeditionary force" (introduced only in 1914) was contained in an establishment of 2 medical officers and four others, R.A.M.C. By Field Service Regulations a convalescent dépôt was "intended for officers and men who require no further active medical or surgical treatment and who, although not yet fit for duty, are likely to become so in a reasonable time. They are under the protection of the Geneva Convention."
than as a humane appendage. From so early a date had there been conceived in the medical service of the A.I.F. a policy that became an important feature of its later history—that of enforcing the highest standard of fitness in "effectives."

Under the organisation existing in the British Army a sick or wounded man of an expeditionary force would ultimately pass from convalescence back to the control of the combatant branch in an "overseas base dépôt" at the expeditionary base. Provision for this dépôt, though not for control of the policy by which men would pass through it, was now made within the A.I.F. By General Birdwood's order on March 2nd a "Corps Combined Infantry and General Overseas Base Dépôt" was formed to accompany the divisions to the prospective overseas expeditionary base, its purpose being to hold reinforcements and discharged convalescents for replacement of wastage, and to take charge of "base kits." In view of the existence in the A.I.F. of units outside the army corps—in particular the Australian general hospitals and light horse—and of the periodical arrival from Australia of reinforcements partly trained, provision was also made for a special "temporary base dépôt," to remain in Egypt "to deal with units left behind or arriving in Egypt." To this also "all unfit men or men for discharge will be transferred" (from hospital).

At the same time a definite establishment was laid down for the Australian Intermediate Base Dépôt, including headquarters and the six subsections (records, finance, ordnance, medical, remounts, and base details), and a permanent staff was appointed to all except the medical. The Base Details Camp at Abbassia was now of considerable size and was serving, in a haphazard and very imperfect fashion, as a "convalescent camp," where a medical officer detailed from No. 1 General Hospital attended, as best he might, with such casual help as he could obtain, to the convalescents, invalids, and reinforcements, who now numbered some four to five thousand. It was arranged that this base details subsection should serve as the "temporary" base dépôt which, it soon became obvious, was likely to be permanent. Preparation had begun for organising "training battalions," when on March 23rd the War Office cabled to headquarters of the
Force in Egypt that a British officer, Major-General J. Spens, had been appointed to organise and command "a training dépôt for the colonial contingents."

The question of the disposal of Australian invalids (that is, of those who were unlikely to recover within a stated time) had already been brought up by the G.O.C. for Egypt. On February 18th the High Commissioner in London cabled to the Defence Department that the War Office had been asked by General Maxwell "whether the Government of Australia had considered the question of hospital ships between Australia and Egypt." He himself suggested that "arrangements be made to ship those (men) already unfit in Egypt on returning second contingent transports," adding, however, that "the War Office strongly advise consideration of provision of Hospital Ships for future use." In Australia this matter (which had not hitherto been considered) was referred to the Chief of the General Staff, who by minute put to the Minister for Defence the question—

As empty transports will be returning every month, would it not be better to temporarily erect extra cots in them, rather than to provide hospital ships?

The acting D.G.M.S. having accepted the suggestion, it was on February 23rd cabled to the War Office, together with a request for information as to the probable condition of health of the invalids so carried. The D.M.S., A.I.F., who had been made aware by the High Commissioner of the correspondence on February 23rd, cabled in support of the policy of return of invalids by "better-class transports fitted for sick with adequate personnel and nurses," but urged that "immediate provision" was necessary for two hospital ships. Here, however, the matter for some time rested. On March 9th, on the recommendation of the acting D.G.M.S., the Defence Department decided to allow two medical officers, ten nurses, and fourteen other ranks of the A.A.M.C. per transport, and to increase the establishment of Nos. 1 and 2 General Hospitals so that "all members of the hospital should take transport duty in rotation." The scheme was based on the expectation of a regular supply of suitable transports; it
was in fact proposed by the acting D.G.M.S. to fit out, in part, certain transports for a regular service. In this, as in many anticipations concerning sea-transport of sick and wounded, reckoning was made without the navy and the vicissitudes of war. On March 18th, as will be seen later, General Maxwell was again to raise the question.

The necessity of finding personnel for invaliding on transports brought to a head the already existing inadequacy of medical reinforcements. During March, transports bringing the rest of the second and third reinforcements for the A.I.F. arrived intermittently without convoy, and each of them carried one or two medical officers for the voyage. On arrival these were sent by the D.M.S. for the Force in Egypt to No. 1 General Hospital. Normal medical reinforcements "other ranks," who arrived fairly regularly at the rate of two and a half per cent monthly, went to the Base Details Camp at Abbassia. Already, however, the medical personnel available in the hospitals had been found inadequate for unexpected emergencies and the rapidly growing requirements. In view of this and of the additional needs for the scheme of invaliding, the D.M.S., A.I.F., on March 15th cabled for fifty rank and file "special reinforcements . . . for expansion and special service demands."

The preparations for departure to the front had also given rise to the question whether dépôts of medical stores should not be formed in the A.I.F. The force provided by Australia was to be "ready to take the field," and had been equipped in accordance with British mobilisation store tables. The first and fundamental medical supply is the "first field dressing," carried, as part of his equipment, by every officer and man, and "issued" from "Ordnance" immediately before proceeding "to the front." These supplies were now issued under instructions of General Ford, who circularised all Australian and New Zealand formations on the subject of first field-dressings.

Regimental medical officers in every formation complained of the poor quality of those brought from Australia, which the A.D.M.S., 1st Australian Division, refused to distribute, and which were made the subject of a special report from the senior surgeon of No. 1 A.G.H. 2,500 British dressings were obtained by the A.D.M.S. of the 1st Division, but, on account of shortage in Egypt, many of the poor type were taken, to be cursed on Gallipoli.
and regimental equipment. On February 26th the D.M.S., A.I.F., issued to all line-of-communication ("L. of C.") and "Base" medical units a memorandum inquiring whether, in compliance with instructions issued by him in Australia, medical equipment had been held intact for service in the field, and urging that any deficiencies should be made up without delay. Replenishments in compliance with this order were obtained partly from the British medical dépôts and partly from Australian supplies. In view of the probable employment of the Australian Imperial Force in the East the D.M.S., A.I.F., now asked, through the High Commissioner, that personnel for advanced and base dépôts of medical stores be sent from Australia as most urgently required. . . . Impossible to receive or distribute stores without same.

The D.M.S. for the Force in Egypt, however, to whom the matter was referred back by the High Commissioner, stated that—

advanced and base dépôts of medical stores have been ordered from England to meet the existing conditions, and no present action is therefore necessary.

But in consequence of the uncertain position of the Australian force, and of the indecision of the D.M.S. for the Force in Egypt, Surgeon-General Williams began seriously to arrange for accumulating official and Red Cross medical stores in preparation for the campaign. On March 2nd he cabled the High Commissioner for "the drugs, surgical instruments, and dressings now stored or held by the British Red Cross Society," and, in particular, for Red Cross stores and clothing sufficient for 3,000 sick and wounded, and for 50 Thomas splints and 150 stretchers. A high-pressure sterilizer for each general hospital and 522 cases of Red Cross stores arrived on March 12th. Motor ambulance waggons were also coming back each week from England, and every transport brought assorted "reserve" or surplus supplies from Australia. The dispensary of No. 1 General Hospital had by this time become practically an Australian medical supply dépôt, to which surplus medical stores, both official and Red Cross, from transports were sent, instead of being, as heretofore, stored at Alexandria.
While these preparations were being made at the base there took place in the field force also, in view of the possibility of a campaign in the East, certain administrative developments and general preparations which require a brief notice. The "establishment" of an army corps did not at this time include an administrative medical officer, but only a medical officer for the staff. The necessity for such an appointment had, however, been recognised in the British Army by the special appointment of a Deputy-Director of Medical Services to two of the three army corps which formed the first British Expeditionary Force to France in August, 1914 (the other corps suffered serious disadvantage through not having one). The A.D.M.S., 1st Australian Division, being convinced that such an appointment would be necessary, put the matter before the D.M.S. for the Force in Egypt and the General Officer Commanding the Australian Imperial Force. The former "agreed to the principle." On the plea that "there was no provision on establishment" the recommendation was rejected by corps headquarters, and the D.A. & Q.M.G. remained responsible for all medical arrangements. Early in March the A.D.M.S. of the New Zealand Expeditionary Force, who had acted in the same capacity for the N.Z. & A. Division, was sent to London to prepare for New Zealand wounded who should be invalided there. At the desire of General Godley—who was averse to the appointment of an Australian medical officer—Colonel Manders, A.M.S., was appointed by the War Office as A.D.M.S. to the division, with which, as D.D.M.S. for the Cairo area, he had already been closely associated.

From the middle of March the preparations for service out of Egypt became focussed on a definite object. On the 12th, General Sir Ian Hamilton was appointed to the command of the Mediterranean Expeditionary Force. The medical staff for the now definitely organised expedition included Surgeon-General W. G. Birrell as Director of Medical Services, with Lieutenant-Colonel A. E. C. Keble as
“A.D.M.S. Administrative.” An “A.D.M.S. Sanitary” was not appointed. On March 13th General Hamilton, without his administrative staff, left for the East.

On March 18th took place the disastrous second naval attack on The Narrows: on March 22nd the landing of a large English and French military force as part of a combined operation was arranged between the naval and military commanders. Thus from the idea of a purely naval attack on the straits, the project had grown into that of a great combined naval and military campaign on the Gallipoli Peninsula, but its development had been characterised by a combination of hesitancy and haste very disastrous to medical preparations as well as to the final military result. As is pointed out by the British naval historian, throughout the evolution of the scheme there can be traced an important defect, namely, “failure to state with perfect lucidity and precision what the problem was they had to solve,” its injurious effect being increased by the “imperfect machinery for bringing together the Naval and Military staffs for intimate study of combined problems.” Similar defects will be seen to have vitiated the medical arrangements throughout the campaign.

As a base for the operations Lemnos was found to be unfitted, since the harbour, though one of the finest in Europe, was totally unequipped. The water-supply was reported inadequate; an even more disturbing condition was provided by the gales which, at this time of the year, rage with extraordinary fury. General Hamilton therefore decided on a new base, and, on the advice of his chief-of-staff and his “own hasty study of the map,” selected Alexandria. “Almost incredible really, we should have to decide so tremendous an administrative problem off the reel and without any Administrative Staff.” The decision that Lemnos should be used only for the concentration of the assaultng troops was one of great importance to the medical arrangements.

---


\(^{b}\textit{Naval Operations, Vol. II, p. 175}\)

\(^{c}\textit{Gallipoli Diary, by Sir Ian Hamilton, Vol. I, p. 43}\)
With the exception of the 3rd Australian Infantry Brigade and the marines, all troops then at Lemnos now sailed for Egypt. General Hamilton himself arrived on March 26th, to arrange with General Maxwell for the use of Alexandria as a base for the campaign, to organise his command, and to assemble the promiscuously distributed troops, munitions, and stores coincidently with the drawing up of a strategic plan.

Already under the Egyptian Command preparations were in progress. The “S.M.O.” for Alexandria—Colonel Beach, representing the D.M.S. for the Force in Egypt—had been made an assistant-director of medical services. There had arrived for the expedition on March 15th No. 15 British General Hospital for the Royal Naval Division, and on the 30th No. 17 for the 29th Division; both were of 1,040 beds. They were without female nursing staff. On March 28th, on the orders of the D.M.S. for Egypt, No. 15 took over buildings in Alexandria and commenced to prepare them for use as a base hospital. No. 17 remained unopened. Nos. 4 and 5 British Advanced Dépôts of Medical Stores arrived about this time. On March 28th Colonel M. J. Sexton, A.D.M.S. of the M.E.F. Base, arrived and at once concerned himself with arrangements at Alexandria, the administrative situation thus becoming very involved.

Until they embarked for Lemnos, the Australian troops allotted to the Mediterranean Expeditionary Force remained under the G.O.C. for the Force in Egypt and its medical service under his D.M.S. Sick and unfit were gradually cleared from battalions and field ambulances to the two Australian general hospitals and venereal compounds. No. 2 Australian General Hospital at Mena had on March 19th received orders to cease preparations for a move, and to re-erect marquees. The Heliopolis group of camps cleared their sick to No. 1, which also took the sick from the New Zealand brigades, the New Zealand force being without base and lines-of-communication units. The light horse brigades had participated in preparations for the departure, but at the end of March it was decided that all the mounted troops should remain for the present in Egypt.
In the infantry, "first reinforcements" (ten per cent) had by the end of March been almost used up in "repairing peace wastage"; an excess of five per cent of establishment from those more recently arrived had also been absorbed. On the revelation of the number of "unfits" in the original force and first reinforcements, the A.D.M.S., 1st Australian Division, in pursuance of a personal policy which can be seen taking form and direction, examined batches of second reinforcements, with the result that on April 5th the D.M.S., A.I.F., cabled to Australia urging that, since "many men arriving should not have been passed," a standing board of two medical officers in each State should be detailed to examine finally every recruit. "Such course will save Commonwealth needless expense and the Army Medical Service here needless trouble." In this shape arose on the horizon a cloud which was to darken Australian medical counsel with misunderstandings and discord during the war and to cause vast expense and bitter dissension after it.

On April 1st General Bridges received orders for the Dardanelles. On the 2nd General Birdwood's movement orders were issued, and advance parties of the field ambulances went to Alexandria in preparation for the formidable business of embarking the vehicles, horses, men, and equipment of these highly organised units. The camp at Mena was left in the occupation of the 3rd Light Horse Brigade with No. 2 General Hospital at Mena House. No. 2 Stationary Hospital was shortly moved to Zeitoun, where it remained packed up while awaiting the mind of the M.E.F. General Staff. Medical units of the A. & N.Z. Army Corps, having been brought up to strength by the distribution of second reinforcements for the A.A.M.C., all moved at full strength. Transport wagons were embarked fully loaded and, with the ambulance wagons and other impedimenta, dumped somewhat promiscuously on the decks or into the holds. Three hundred mules and

---

9 Of 82 specially examined on April 3, four were rejected for heart disease and hernia, and of the others the A.D.M.S. noted, "I would have rejected at least 15 per cent had I examined them in Australia," the defects being "dental caries, bad plates, varicose veins, varicocele, and deformities of toes."
6,100 horses accompanied the corps; every transport except five had more than fifty aboard, and all carried up to fifty per cent more troops than normally. The vessels used for the A. & N.Z. Army Corps were for the most part cargo boats of small or moderate tonnage. The first transports sailed for Lemnos on April 7th.

During this time the G.O.C., M.E.F., and his staff, working at high pressure, were engaged in organising an expeditionary force out of the various units and administrations of the M.E.F., in forming a base, and in making preliminary strategic dispositions. The administrative staff of the Mediterranean Expeditionary Force only arrived from England on April 1st. The D.M.S., M.E.F., Surgeon-General Birrell—who on his way out had conferred with the D.D.M.S. for Malta—took control of the medical affairs of the M.E.F. in Egypt.

On April 7th Sir Ian Hamilton left for Lemnos with his general staff to prepare the detailed plan in conjunction with the Vice-Admiral in command and to make arrangements for the operations. Both the D.A.G. and D.Q.M.G. were again left behind. For the medical arrangements the Assistant-Director of Medical Services was taken, the Director of Medical Services being left in Alexandria to make arrangements for the base. G.H.Q., M.E.F., had on April 5th given instructions that the D.M.S., A.I.F., Surgeon-General Williams, "is for L. of C. duty, not for duty with the Army Corps, and will therefore not embark."

By April 14th the force (apart from the Royal Naval Division, which concentrated at Skyros) had assembled in the spacious harbour of Mudros. The A.D.M.S., 1st Australian Division, arrived there on the 12th in the Minnewaska, which carried the Anzac Corps and 1st Australian Divisional staffs. The A.D.M.S., N.Z. & A. Division, arrived in the Lützow, on April 16th.

10 Vice-Admiral J. M. de Robeck. The general plan also had still to be discussed with the navy.

11 The organisation of the Australian Imperial Force from the point of view of the medical service will be understood from the diagram facing p. 65.
The time for medical preparation for the initial phase of the campaign was now drawing to a close; indeed, in respect of certain vital requirements, it had already passed. What, then, was the extent of the provision so far as the base was concerned? Though an account of the medical organisation of the expeditionary force and of the conduct of the campaign is not within the province of this book, yet the special character and circumstances of the operations, and the considerable part played by the Australasian troops, make it necessary to go beyond the experiences of the A.I.F. alone. The preparation made for the campaign by the Director-General of Medical Services at the War Office was not, it is evident, based on any very definite information concerning the probable nature and extent of the operations. Even apart from the general military uncertainty, as the handmaid of the army the medical service is not admitted freely to intimate family councils. Opportunity for exact study by it of the combined naval and military problems would also seem to have been lacking.

For landing operations at a distance from the medical base, the first medical problem must be that of sea-transport of sick and wounded. Here the tardiness of the decision to land in force operated very adversely for the medical service, and preparations were not based on any exact estimate of the requirements. The prospective provision of hospital ships for the Gallipoli expedition depended in some degree on whether Australasian sick and wounded were to be sent home or to England. The opportunity for debating this question in terms of desirability had, however, passed before definite preparations for the combined operations had begun. After March 18th both Australia and Great Britain were caught in a remorseless rush of events which permitted little discussion; and in the matter of hospital ships the time factor was inexorable. The proper fitting of a merchant vessel as a hospital ship took from six to eight weeks; none had been put in hand for the campaign, and the number available was very limited. The question of fitting up special hospital ships for the voyage to Australia was again raised between Egypt and the War Office on March 18th in connection with the
arrangements for the campaign, and the Australian Government was again approached; but on the 26th the High Commissioner was informed by the War Office that “the practicability of providing two hospital ships for Australia as contemplated in our communication of 20th March is now very remote.” It was agreed that for the present Australasian casualties invalided from the expeditionary bases —except certain convalescents “technically sick,” who would be at no risk in passing through the Red Sea in summer on ordinary troopships—would go to Great Britain.

The D.M.S., A.I.F., was not informed of the deliberations concerning the hospital ships and the evacuation of Australian sick and wounded until April 5th, after the discussion had been closed. Then, after representing to the D.M.S. for the Force in Egypt that he should be informed of the course of events, he was given by the latter a partial presentation of the position. He took opportunity again to urge the High Commissioner that “proper hospital ships” for Australia should be put in hand at once (a step which had already been taken by the New Zealand Government), and that the transports to Australia must be specially “ear-marked” and fitted with cots in England.

On April 4th the D.M.S., M.E.F. (Surgeon-General Birrell), newly arrived at Alexandria, submitted to the Deputy-Adjutant-General (Brigadier-General E. M. Woodward) a general statement of the medical situation. This included proposals for a “ferry service” of four or, if possible, five hospital ships between the Dardanelles and Egypt or Malta. On April 7th the War Office cabled that only the hospital ships *Stelilia* and *Gascon* could be used for the Dardanelles trip, with a regular service of two more between Egypt and England. It also stated that Australian sick and wounded would be evacuated to the United Kingdom, “except selected cases of men unfit for further service, who will be sent home under arrangements to be made by the overseas Dominions.”

As one of his earliest measures, also, General Birrell had recommended that the lines-of-communication units should be employed in their proper sphere. To this end on April 5th
he submitted to the General Staff of the M.E.F. an important proposal—that in addition to the units already assembled at Lemnos—No. 1 Australian Stationary Hospital and the 1st Australian Clearing Hospital—there should be sent Nos. 15 and 16 British and No. 2 Australian Stationary Hospitals and Nos. 4 and 5 Advanced Dépôts of Medical Stores, this being only the minimum allowed by war establishments for the lines of communication of a force of two divisions (the M.E.F. consisted of four). The General Staff refused sanction, and the proposed provision was cut down to include only No. 15 Stationary Hospital and No. 4 Advanced Dépôt.12

Coming to the provision of accommodation for sick and wounded, for the British section of the force, the ordinary establishment of medical units had been sent, with ample medical stores. The Australian section, however, as has already been stated, had not been furnished with a full quota of the corresponding medical base-units, and with the prospect of early and intense fighting, the disposal of the prospective Australian wounded became a serious and urgent problem. It was only with the arrival of the M.E.F. that the Egyptian Command realised the inadequacy of the Australian medical organisation in Egypt to meet the requirements of a campaign. A situation both difficult and dangerous had been created through the combination of hesitancy and haste in the military policy, the overlapping of responsibility as between the Egyptian and the M.E.F. commands, and especially the fact that the medical problems of the Australian force were not the recognised business of anyone in particular. The D.M.S., A.I.F., was isolated, without staff, status, or responsibility. The D.M.S. for the Force in Egypt did not himself resolutely face the difficult and thorny problem of the Australian force, nor, on the other hand, was he willing to pass responsibility or permit any freedom of action to the D.M.S., A.I.F.

It was now inevitable that the defective facilities for invaliding would, in the expected event of heavy fighting, cause a great accumulation of casualties at the expeditionary

---

12 In this refusal the General Staff seems to have acted on War Office authority. M.E.F. lines of communication had not yet been constituted in advance of Alexandria.
bases. Except for the two existing 520-bed hospitals (Nos. 1 and 2 Australian General) all Australian medical units had either embarked with the field force or were packed up in readiness to do so. Both these hospitals were already filled beyond their establishment with sick and invalid Australians and New Zealanders, and were at the same time carrying on infectious camps and finding personnel for the field force and transports as well as for British hospitals. Some relief had been given by the clearance of 285 sick (epidemic invalids and 36 cases of venereal disease) to Australia by the Ulysses on March 20th, and by the despatch of 450 cases of venereal disease, chiefly Australian and New Zealand, to Malta on March 26th. But at the beginning of April not one bed was available for wounded in the Australian hospitals.

On his return from the Dardanelles on March 26th General Birdwood conferred with the D.M.S., A.I.F. The registrar of No. 1 Australian General Emergency Hospital, Major J. W. Barrett, also had special opportunities of learning from him the trend of events, and became deeply impressed with his estimate of the casualties to be expected. This officer, a man of exceptional insight and organising ability, and temperamentally inclined to concern himself with the wider aspect of affairs, was not disposed to await instructions where he saw necessity and opportunity for action. His administrative and social initiative had at an early date brought him and his unit prominently before the D.M.S. for the Force in Egypt; he was at this time also closely in touch with the D.M.S., A.I.F., who, having no staff of his own except a staff-sergeant, and being excluded from effective knowledge of events or opportunity for participating in arrangements, came to rely on him. These circumstances, and the special situation of No. 1 General Hospital, made it inevitable that this unit should become prominent in medical events at the base of operations. At the end of March a meeting was held at which were present the D.M.S. for the Force in Egypt, the D.M.S., A.I.F., the Commandant of the Australian Intermediate Base Dépôt, and the officer commanding and the registrar of No. 1 General
Hospital. The D.M.S. for the Force in Egypt agreed to arrangements being made for the "expansion" of the Australian hospitals, in view of a possible rush of wounded, whose probable numbers were but vaguely estimated and could not be obtained through the D.M.S., M.E.F., from the General Staff.

The essential factors involved in expansion were personnel, equipment, and accommodation. By the financial arrangement (to which reference has been made) the War Office took the responsibility for finding buildings, the Commonwealth for personnel and fittings, which had therefore to be authorised by an Australian representative. It now became necessary to call upon the D.M.S., A.I.F., since he was still regarded by the Defence Department as representing Australia. He held the purse-strings, both through control of "Red Cross" funds and supplies and through the fact that his approval was required for any special expenditure in the shape of local purchases on the part of the Commandant, Australian Intermediate Base Dépôt. In default of another general hospital, the D.M.S., A.I.F., authorised a policy of "expansion" of Nos. 1 and 2 General Hospitals to 1,000 beds each, and the purchase of the necessary equipment, beds, bedding, and so forth, either officially or through Red Cross funds. The option was secured of a large place of entertainment—"Luna Park"—adjoining No. 1 General Hospital, and of the Ghezireh Palace Hotel on the western outskirts of Cairo. Though the policy was accepted by the D.M.S. for the Force in Egypt, and though these buildings were inspected in anticipation and included in his "bed state," the hospitals could not obtain permission to take them over in preparation for wounded until the wounded actually arrived. Purposeful and vigorous preparation was, however, undertaken in anticipation by the Australian representatives in Egypt. It centred on No. 1 General Hospital. Situated advantageously, and administered with restless initiative, this unit entered upon an ambitious and far-sighted programme of expansion, which included, besides the fullest opening of rooms in the Heliopolis Palace Hotel for the central hospital, the establishment of

No. 1 A.G.H. takes initiative

12 See p. 57.
17. PART OF NO 1 AUSTRALIAN STATIONARY HOSPITAL AT EAST MUDROS, MARCH 1915

The inlet opens up on right to the main harbour

Lent by Lt.-Col. Hon. Sir S. S. Avery, A.A.M.C
Aust War Memorial Collection No. H13986

18. INSTALLING THE GENERATOR FOR X-RAY PLANT AND ELECTRIC LIGHT AT NO 1 AUSTRALIAN STATIONARY HOSPITAL, EAST MUDROS

Lent by Lt.-Col. Hon. Sir S. S. Avery, A.A.M.C
Aust War Memorial Collection No. H14087
associated "auxiliary convalescent dépôts." To clear the hospital from infectious cases, the "rink" at Luna Park was taken over at once—the rent being paid from "Red Cross" funds—and fitted with the rough but fairly satisfactory beds of palm-wood known as angeribs. On April 6th a small staff was installed, and all infectious cases were transferred thither. On the 9th the Officer Commanding No. 1 General Hospital requested that "all reinforcements for hospitals that have arrived here and that may arrive in the near future be detailed for duty at No. 1 A.G.H." The D.M.S., A.I.F., however, hesitated to take so drastic a step, and the proposal for the time dropped.

No. 2 Australian General Hospital, "marking time" in an almost abandoned camp seven miles from Cairo, with its personnel seriously depleted, slowly reassembled its equipment. A request that it might open in Alexandria was refused on the ground that no accommodation was available. On April 9th the commanding officer was informed that Mena House would be closed on May 8th and his unit transferred to the Ghezireh Palace Hotel. This was found on inspection to be equal to accommodating 420 patients, besides staff. No preparations for the projected transfer could, however, be made, since permission to take over the building was withheld by the D.M.S. for Egypt. Mena House, meanwhile, filled up with invalids awaiting return to Australia.

It was in the circumstances a difficult matter to provide at short notice hospital equipment and medical stores adequate to the large expansion that would be necessary to meet the battle requirements of a force so seriously under-established with medical units as was the A.I.F. British base ordnance and supply dépôts were

---

14 In the British Army, medical supplies were obtained by units from three sources—advanced or base dépôts of medical stores, ordnance dépôts (Army Ordnance Department, or shortly "A.O.D."); and supply dépôts (Army Service Corps, or "A.S.C."); the first being under the medical department of the Adjutant-General, the two latter under the Quartermaster-General's branch. Medical dépôts were responsible for supplying (besides drugs and dressings) medical equipment and hospital furniture: the Ordnance Department chiefly for "non-expense" stores, furniture, fittings and hardware (including bed pans), hospital clothing; and also the "first field dressing"; the A.S.C. for "medical comforts" and special rations. In addition (though entirely subsidiary and unofficial) were the so-called "Red Cross stores"—material provided through the medical service by voluntary organisations for the humane alleviation of cases of sickness and wounds. The respective functions of these four agencies were at this time very imperfectly understood by a large proportion of medical officers in the A.I.F.
established at Alexandria under the Mediterranean Expeditionary Force. Australian units in Cairo drew from dépôts of the "Force in Egypt." The stocks held, however, being small, were completed by "local purchase," effected through the small and imperfectly organised ordnance section of the Australian Intermediate Base Dépôt in Cairo, or chiefly, through the Force in Egypt. Iron bedsteads could not be obtained in sufficient numbers, and recourse was had to the "angerib" bedsteads, which were purchased in large numbers at the cost of Rs. 4d. and stored in No. 1 General Hospital. Mattresses were made from cotton wool, native grown, of which a large quantity was received as gift.

On March 29th the D.M.S., A.I.F., cabled to the High Commissioner for "drugs and dressings for 3,000 cases for three months," and on the same day, with the approval of the D.M.S. for the Force in Egypt, a "base dépôt for drugs and medical stores and other Red Cross stores under the D.M.S., A.I.F." was established at No. 1 General Hospital. A medical officer was put in charge of the medical store: five privates were detailed as packers, sorters, and clerks. The department was unconnected with the hospital dispensary and did not include a qualified pharmacist. The Red Cross Society having as yet no staff of its own oversea, a medical officer and two nurses were detailed for a "Red Cross" store in the basement of the Heliopolis Palace Hotel. All Australian medical units in Egypt and transports to Australia were supplied, as were also a number of British units (there being as yet no supplies from the British Red Cross). In addition 420 cases of medical stores and "Red Cross" supplies arrived early in April. These included anti-dysenteric and anti-tetanic serum, of the latter of which, on account of a shortage in France, half was sent to the War Office. The stretchers ordered were supplied by the ordnance department in Egypt.

The only military motor-ambulance transport in Egypt was that of the Australian and New Zealand forces. The D.M.S. for the Force in Egypt, being entirely dependent on others for this essential service, obtained from the D.M.S.,
A.I.F., and the A.D.M.S. of the New Zealand force a statement of the situation, and at his request each sent seven cars to Alexandria. Though the Australian cars had hitherto been held to “belong” to the various units to which they had been presented, they were now by order of the D.M.S., A.I.F., assembled in a garage established by him at the Heliopolis Palace Hotel, where a repair workshop with a sergeant mechanic in charge had been formed and fitted up from Red Cross funds. Accommodation was also taken for a garage at Ghezireh. Thirty-three cars of heterogeneous make comprised the “fleet”; for those still being obtained, the suggestion made by the War Office that they should be of a uniform standard and type was adopted.

The two Australian general hospitals in Cairo were not recognised as part of the Mediterranean Expeditionary Force but came entirely under the D.M.S. for Egypt, though the D.M.S., A.I.F., reported to General Birrell on the situation. In the hospitals at the M.E.F. Base now being formed at Alexandria, however, Australia was not without representation. In Nos. 15 and 17 British General Hospitals, whose establishment as 1,040-bed hospitals was proceeding slowly under the D.M.S., M.E.F., the lack of nurses was in part supplied by Australia. The base also included other important activities which intimately concerned the Australian medical service. These comprised repair of wastage from reinforcements and from sick and wounded who had recovered, the notification of casualties, and the maintenance of military records of sickness and wounding. By Field Service Regulations the organisation responsible for these functions is contained in the “Third Echelon” of G.H.Q., that is to say, the Adjutant-General’s office at the expeditionary base (where returns are received and records kept), together with the divisional “overseas base dépôts” (where “effectives” are held awaiting calls from the “front” made through the “field return”—Army Form B.213—or by “special demand”). Third Echelon of the Mediterranean Expeditionary Force was established at Alexandria by April 1st, and an Australian records section for the Australian Intermediate Base Dépôt was attached. This section came
under the direct control of the D.A.G., M.E.F., through his representative at the base, the assistant-adjutant-general ("A.A.G."), who administered the Third Echelon and was responsible for co-ordinating demands from the front with the effectives available in the overseas base dépôts. The British Overseas Base Dépôt camps were established just outside Alexandria at Mustapha, and on April 4th the personnel of the A. & N.Z. Overseas Base Dépôt went to that place. On representations by the G.O.C., A.I.F., it was agreed that the Australian Intermediate Base Dépôt, as the link between the Defence Department and the A.I.F., should remain in Cairo under the General Officer Commanding the British Force in Egypt, and should be "in touch with the training camp which is by War Office orders to be formed under General Spens."

On April 9th the D.A.G., M.E.F., "appreciated" the position and decided that untrained and unfit men should remain in Cairo under "Egypt" but all men fit to take the field should be sent to the Anzac Corps Overseas Base Dépôt at Alexandria under "M.E.F." General Maxwell, however, informed him of his desire that, instead of being held (as normally) in the overseas base dépôt, trained and fit Australian troops, as well as untrained and unfit, should remain under himself at Zeitoun until demanded by the Third Echelon and detailed for duty in the M.E.F.; and, in general, that all Australian troops in Cairo should be on the strength of his command unless and until detailed to join the M.E.F. This arrangement was ultimately accepted.

A further representation by the G.O.C., Egypt, made a few days later, brought under his control the hospitals at the M.E.F. Base. On April 13th the D.M.S. for the Force in Egypt delivered to the D.M.S., M.E.F., a letter from General Maxwell informing him that "all the medical arrangements in Egypt must be under my sole direction, and I desire that Surgeon-General Ford should have complete supervision and control of all medical arrangements at Alexandria." This decision was supported by the War Office. In the peculiar circumstances of the occupation of Egypt some such adjustment was obviously inevitable. The fact, however, that the
expeditionary base thus became an integral part of the organisation for a different seat of war—the Egyptian—proved at times an embarrassment to the Mediterranean Expeditionary Force. Thereafter the D.M.S. for the Force in Egypt took over all responsibility for the treatment, convalescence, and invaliding of casualties from the M.E.F. arriving in Egypt; and it was subsequently agreed also that Alexandria should be constituted the general distributing centre for the force.

The Australian medical and nursing services were well represented not only at the Base and Advanced Base but on the hospital ships provided for the expedition. To the Sicilia the D.M.S. for Egypt sent Lieutenant-Colonel F. D. Bird (R.A.M.C.T.) as consulting surgeon, with four nurses brought by him from Australia and others from No. 2 Australian General Hospital. The whole local supply of Thomas splints was bought up by this officer, and local manufacture was initiated by him. To the Gascon the senior surgeon of No. 1 Australian General Hospital, Lieutenant-Colonel G. A. Syme (A.A.M.C.), was appointed consultant, the nursing staff being chiefly from No. 2 General Hospital. Red Cross stores for the ships were chiefly Australian.

It remains to mention two last-minute actions of much importance in the medical history, in one case, of the A.I.F., and, in the other, of the campaign. First, before leaving for the front as commander of the 1st Australian Division, General Bridges made two important dispositions in regard to promotion and posting to positions vacant through casualty or created by expansion. Recommendations outside the 1st Australian Division were to be submitted through General Bridges to General Birdwood, except in the case of the line-of-communication units in Egypt, where the procedure would be through the Australian Intermediate Base Dépôt to the General Officer Commanding the British Force in Egypt. Machinery for this A.I.F. administration in the field was provided for by the attachment to the 1st Australian Division of an “Assistant

---

15 An Australian surgeon who at the outbreak of war offered his services to the War Office in an honorary capacity and came over in the Orvieto.
16 At a later date an extensive army splint factory was formed at Alexandria.
Military Secretary," with a small clerical staff. This was to become the highest administrative department of the Australian force abroad and accompanied the G.O.C., A.I.F., through all the vicissitudes of that unique "command" during the war. Similarly the Australian Intermediate Base Dépôt became the instrument for Australian autonomy at the base. But, unfortunately, the D.M.S., A.I.F., was left outside this machinery; the medical section of the Intermediate Base Dépôt was not filled; and the interior economy of the A.A.M.C. in Egypt was thus left in the hands of the Commandant, A.I.B.D., and the D.M.S. for the Force in Egypt, the latter being entirely responsible for its actual employment.

Second, on April 17th, following the departure for Lemnos on the 16th by the *Hymettus* of No. 15 British Stationary Hospital and No. 4 Advanced Dépôt of Medical Stores, an order was suddenly received at the Base from the General Staff M.E.F., that No. 16 British and No. 2 Australian Stationary Hospitals and No. 5 Advanced Dépôt of Medical Stores be sent at once to Lemnos. The reason for this sudden reversal of the decision of April 5th regarding the disposition of these units will be explained in the next chapter.

On the 18th the Director of Medical Services together with the Deputy-Adjutant-General and Deputy Quartermaster-General of the Mediterranean Expeditionary Force arrived at Lemnos—only five days before the date fixed for the landing on the Gallipoli Peninsula!