CHAPTER X
THE LANDING: EXPEDITIONARY BASE

The responsibility under the Director-General at the War Office for making provision for the reception and distribution of casualties from Gallipoli fell entirely on the D.M.S. for Egypt. In neither case did the preparations made prove adequate to meet the situation created by the Landing. In Egypt this called for the provision, not only of sufficient beds for the immediate casualties, but for a reserve to meet the subsequent inflow. Such a reserve was not prepared by the time the wounded arrived: the hospital ships available were insufficient to ensure that England should be regularly used as the destination for convalescents and invalided men; no local system of convalescence was arranged, and the organisation in connection with "return to duty" was imperfect. The history of the first month, therefore, was one of improvisation, of hand-to-mouth expansion, of ministrations by inadequate staff under unsatisfactory conditions, and of overflow to England and Australia of cases that should have been retained, while invalids who should have been sent home were retained and accumulated.

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The hospital ship Gascon arrived at Alexandria on April 29th, followed immediately by the first echelon of Black Ships from Anzac, with the first wounded from the Landing. Before proceeding to an account of their reception, distribution, treatment, and ultimate disposal, it is desirable to take up the narrative of events at the base at the point where it was left in a previous chapter—the departure of the D.M.S., M.E.F., for the front—and so to complete the description of the preparations.

General Hamilton's decision to make Alexandria his base, and the assent by G.H.Q., M.E.F., to the request that casualties not retained at the front should all be sent in the
first place to Egypt, and that there they should come under the control of the D.M.S. for the Force in Egypt, divided the medical organisation of the expedition under two independent field commands—those of the M.E.F. (Hamilton) and Egypt (Maxwell). The D.M.S. for the Force in Egypt thus became responsible for the distribution, treatment, convalescence, discharge to duty, and invaliding of all wounded evacuated from the Peninsula, Malta being responsible only for taking the overflow from Egypt. Such an arrangement demanded, as a primary condition for success, closely co-ordinated action by the three commands—M.E.F., Egypt, and Malta—to serve the common end of rapid and effective evacuation and disposal of the Gallipoli wounded after they had left the roadsteads. This requirement was at first imperfectly fulfilled; the point of view was, somewhat narrowly, that of the Egyptian command.

The result of this arrangement was that, rightly or wrongly, the War Office relied on receiving demands from Egypt, and its policy is summed up in the statement that it "supplied all that was asked for." The responsibility for gauging the requirements thus fell largely on the D.M.S. for Egypt. His solution to the problem of the provision to be made for wounded depended greatly on the extent to which light cases could be treated at the front—a method of disposal which would become possible only if the expedition succeeded; and success was expected with a confidence and to a degree hardly justified by the nature of the undertaking. Out of a force of 75,000\(^1\) a reasonable estimate of the wounded, based on the ordinary military calculations,\(^2\) would have been

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\(^1\) The effective strength of the force on April 25 (excluding French) was approximately 75,000, made up as follows: British 35,000, Australian 32,500, and New Zealand 7,500.

\(^2\) "With regard to the wounded, the number to be dealt with after a general engagement is not likely to be more than 20 per cent of the troops engaged or less than 5 per cent, excluding those that are killed outright and missing. In estimating the probable number of total casualties after any battle ... 10 per cent of three-fifths of the total force may be taken as a guide, the three-fifths representing the proportion of the force which will probably be engaged. Of the total casualties it may be estimated that 20 per cent will be killed outright (i.e., one killed to four wounded), 10 per cent will be so slightly wounded as not to require evacuation and may be retained in field medical units if the military situation permits, while 70 per cent will require hospital treatment. Of those requiring hospital treatment 70 per cent will be suitable for treatment in L, of C, medical units, while 30 per cent require to be evacuated to home territory." (RA M.C. Training 1911, p. 264 and footnote.)
9,000, of whom at least 2,000 would require to be invalided. The remoteness of the expeditionary base from the home base would require also that provision should be made not only for immediate casualties, but for a continuous subsequent inflow of sick and wounded from casual fighting and subsequent battles. This inflow would be coincident with the treatment of those first admitted, so that—even with an effective system of convalescence, return to duty, and invaliding—a large potential reserve of accommodation would be necessary for equilibrium.

Accommodation in Egypt was concentrated chiefly at two centres—at Alexandria and Cairo. On April 16th the D.M.S. for the Force in Egypt issued instructions that, in general, Australian casualties were to go to Australian hospitals, but "bad cases unfit to travel the distance" were "to be retained at Alexandria in a British general hospital."

At Alexandria was the Base of the Mediterranean Expeditionary Force, and the administrative system there was very involved; but a working agreement was reached whereby the A.D.M.S., M.E.F. Base (Colonel Sexton), was made responsible for reception of wounded and disposal at the docks, and the A.D.M.S., Alexandria (Colonel Beach, under the D.M.S. for the Force in Egypt), for the hospitals. The establishing of Nos. 15 and 17 British General Hospitals proceeded with great thoroughness, though slowly. By April 25th No. 15 was fairly ready, but No. 17 was delayed by a dispute as to buildings, and on the 24th the A.D.M.S., M.E.F. Base, found that it "could hardly be ready for three weeks." The nursing establishment which was lacking for these two units was supplied in part by nurses from No. 2 Australian General Hospital and from those enlisted in Australia for the Q.A.I.M.N.S., who were now arriving. In addition to these two military hospitals certain local hospitals, civil and military, were made available. No convalescent dépôt was formed.

*The "Bombay Presidency" Hospital, San Stefano (Alexandria), with its staff (Indian Medical Service) was handed over as a "general hospital" of 500 beds for French casualties to the Armée Expéditionnaire de l'Orient under the command of Général A. d'Amade.
The facilities at Alexandria as a port of disembarkation could hardly have been surpassed: the centuries had seen many such occasions, and the experience had been of service. Four ships could be simultaneously cleared direct to ambulance trains or vehicles. On April 24th a precise scheme was issued by the military embarkation officer. For local distribution fourteen Australian and New Zealand motor ambulance wagons were available, and for transportation to Cairo (200 miles) three well-equipped Egyptian Army ambulance-trains, each with a capacity of 120, under a special medical officer and with Australian nurses in attendance.

The potentialities of the Cairo area lay in certain garrison and civil hospitals and the two Australian General Hospitals. Though apparently no exact calculation had been attempted of the provision necessary for Australian wounded (the D.M.S. for the Force in Egypt having maintained a policy of "wait and see"), it had been realised by responsible Australian officers that a disaster would be avoided only by preparation for rapid expansion when consent should be forthcoming. In connection with No. 2 General Hospital, little could be done. Mena House was full; under the arrangements made by the D.M.S. for Egypt Ghezireh Hotel could not yet be touched. But at No. 1 General, at Heliopolis Palace Hotel, preparations proceeded with great vigour. The long corridors of rooms were cleared of furniture and fitted up as composite wards, and the sick were concentrated. Expansion of this hospital to 2,000 beds was approved by the D.M.S., A.I.F., who accordingly on April 16th cabled through the High Commissioner in London for the despatch from Australia, at the earliest possible moment, of 20 medical officers, 40 nurses, and 250 other ranks. To make "Luna
Park" available for wounded, an adjoining building, the "Casino," was taken, and on April 26th all infectious cases were transferred thither. Arrangements were made for the delivery, at the rate of 100 per week, of palmwood beds and cotton-wool mattresses; all the available supplies of other equipment were obtained and stored in the Heliopolis Palace Hotel. A contract was made with a Cairo firm for catering for the auxiliary hospitals, since the staff there available was quite inadequate. The tram-line being of the same gauge as the railway, it was used to bring ambulance trains within 100 yards of the hospital.

Steps were taken to clear the hospitals of such cases as could be moved. To release their staffs, the two venereal camps (at Mena and the Aerodrome) were closed, and the dregs from the venereal outbreak were concentrated at the Detention Barracks, Abbassia, which was staffed as a "hospital."

On April 27th the Minister for Defence agreed to the cabled request of the D.M.S. for the Force in Egypt that "all cases of venereal should be transferred to Australia, since it was urgently necessary to relieve hospital pressure." Two hundred and sixty-one cases left by the troopship Ceramic on May 4th; the majority of these were well on arrival in Australia. Débris from the respiratory epidemic still clogged No. 2 General Hospital, where bed-cases awaiting invaliding were retained. On April 27th a clearance from it was made by the troopship Suevic of 108 men declared by the hospital boards to be "medically unfit."

Meanwhile the organisation for the ultimate disposal of A.I.F. casualties by "return to duty" was slowly emerging from the melting-pot into which it had been thrown by the transfer of control from the Mediterranean Expeditionary Force to the Egyptian command and from the O.C., Australian Intermediate Base Dépôt to Major-General Spens. Under this officer, and within the Egyptian command, an "A. & N.Z. Training Dépôt" was formed with camp and camp headquarters

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4 With one officer from No. 2 A.G.H. and a warrant officer, staff-sergeant quartermaster, and staff-sergeant dispenser from No. 1, all other duties and treatment being carried out by the patients themselves.

5 Staff for the voyage consisted of one medical officer and five other ranks drawn from No. 2 A.G.H.
at Zeitoun, at first as a skeleton organisation and without establishment and personnel other than those of a head-quarters and a small British instructional staff. On April 19th a general order of the Egyptian command placed under the administration of General Spens all Australian units in Cairo except the Australian Intermediate Base Dépôt, whose details camp, however, was included in the training dépôt. It was indeed this base details camp, together with new Australian and New Zealand units arriving in Egypt, that constituted the "training dépôt," the organisation of the camp being under Colonel Sellheim and that of the training under General Spens. The camp was transferred to Zeitoun on April 19th, and became known as the "A. & N.Z. Base Details"; it was organised into training battalions—one representing each brigade of the A.I.F. and New Zealand force—and "details." Into the training battalions went all reinforcements, and to them also were transferred convalescents discharged "to duty." "Details" received all others, including invalids (other than the bedridden) awaiting embarkation. New units and formations, also arriving from Australia, came under the administration of General Spens. A New Zealand medical officer was attached to the Headquarters of the training dépôt as "A.D.M.S.," and another New Zealand officer was appointed to command the base details, having under him one Australian medical officer as an "S.M.O.," with a few medical orderlies. Neither the training dépôt as a whole, nor its base details, had any definite medical establishment.

The decision that, in the absence of an effective system of convalescence in Egypt, Australian sick and wounded should be sent to convalesce in England, necessitated provision for large numbers of Australians in Great Britain. The D.M.S., A.I.F., accordingly cabled through the High Commissioner for authority from the Defence Department to provide "convalescent homes" for 1,000. He also obtained permission from the G.O.C. Force in Egypt to proceed himself to England in order to make arrangements
both for this purpose and for invaliding to Australia. He embarked on the 24th, retaining his office in Cairo and leaving his small office staff as a “going concern”; meanwhile the officer commanding No. 2 General Hospital (Colonel T. M. Martin) was approved by the D.M.S. for Egypt as “S.M.O.,” A.I.F. The Red Cross funds and dépôt were put in charge of the registrar of No. 1 General Hospital (Major Barrett).

This result of its decision not to supply hospital ships had not been foreseen by the Defence Department in Australia. On receipt of the above-mentioned request the acting D.G.M.S. in Melbourne represented that “it will be very expensive to keep men in England and return them after convalescence to Australia,” and urged that all of those able to stand the journey should be returned to Australia direct. This message was transmitted to the Egyptian command on May 2nd, with the intimation that medical and nursing personnel were being sent to staff special transports, which, it was expected, would ply regularly between Australia and Egypt. But the working of the British war machine could not be dislocated because Australia had not seen fit to spend money on hospital ships and was desirous of saving the expense of convalescence in England.

By the time the first wounded arrived, there was in Egypt a total of some 3,000 to 4,000 first-class beds actually available, and of some 5,000 to 6,000 more “on paper,” for which accommodation was available and equipment had been accumulated. Australian units were credited with at least 2,000 more beds than were in fact ready. In Malta 500 first-class beds were ready, but buildings were available for 3,000 more, and required only staff; approval had been given for the provision of personnel and equipment for 1,200 beds. At the end of April these had left England, and personnel and stores for 3,000 additional beds were to be sent. The D.G.A.M.S. at the War Office had expected that this British possession, with its fine climate and facilities, would prove “an important medical base.”

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6 It is probably to be regretted that, when debarred from Alexandria, No. 2 A.G.H. was not used to effect a development of Malta which for some months “hung fire” through an extreme exploitation of Egypt.
Sick arrived from No. 1 Australian Stationary Hospital at Lemnos to the number of 183 on April 17th and of 257 on the 28th, and these were sent to No. 1 General. On the 29th, with forty-eight hours' notice, the hospital ship *Gascon* arrived; and within the next forty-eight hours the five troopships despatched by the D.A. & Q.M.G., Anzac Corps (General Carruthers), brought 2,849 casualties from Anzac. Of these the *Clan Macgillivray*, with 600 of her light cases, was redirected to Malta (some 200 being taken back to Gallipoli as "fit for duty" without having disembarked); the other four ships landed all their casualties at Alexandria, so filling all the accommodation immediately available in Egypt. On May 1st there arrived in the hospital ships *Sicilia* and *Delta* and the troopship *Aragon* the first wounded from Helles; at the same time the second echelon of transports from Anzac began to arrive. Only 520 wounded from Helles could be disembarked in Egypt. The *Aragon* and (with unfortunate results) the *Sicilia* were sent to Malta: the *Delta* proceeded to England with British casualties from Helles and some Australian wounded, transferred from No. 17 General Hospital, many of whom arrived in England "fit for duty." The hospital ship *Goorkha*—just arrived with Indian invalids from France—filled direct from the transport *Galeka* and went to England, as did also the hospital ship *Letitia*. On the 7th the *Gascon* on her second trip discharged her wounded at Alexandria; but the transport *Caledonia*, with 818 from Helles, was redirected to Malta with all but 118 cases. This vessel, with a staff of three officers and twenty orderlies, had held her wounded for a fortnight, and arrived at Malta on May 10th, carrying 700 casualties and in a condition so deplorable that it was made the subject of a grave report to the Director-General, Army Medical Services, at the War Office and of a strong representation by the Governor of Malta (Field-Marshal Lord Methuen) on the desirability of evacuation direct from Gallipoli. Within the first week it had become manifest that provision at the base had fallen far
short of prospective requirements, whether for accommodation or for clearance overseas. The lack of accommodation was largely due to failure to provide a full quota of hospitals for the A. & N.Z. Army Corps; the defects in clearance were due to deficiency in hospital ships. Moreover, the problem of the sea-transport of wounded would now be complicated by the submarine menace. On May 9th the G.O.C. of the Force in Egypt cabled the War Office for two more 1,040-bed hospitals, and informed the G.O.C., M.E.F., that he was obliged to take all but two hospital ships from the Gallipoli service for the work of clearing his base.

On disembarking their wounded, the “returning empty” vessels which had been employed as temporary hospital ships reverted automatically to troopships or cargo boats. All the first “Anzac” transports returned at once without replenishing their medical stores. Little or no provision was at first made at the base for re-equipping these ships to take wounded, since no arrangements existed for the systematic employment of this class of vessel: it was nobody’s business in particular. By the D.M.S. for the Force in Egypt, at the base, it was taken for granted that ships would be equipped for wounded by the Mediterranean Expeditionary Force as required; on the other hand, the uncertainty involved in divided control led to a corresponding assumption by the D.M.S., M.E.F.

By the second week, however, though the pressure at the docks was great and accommodation was being provided in a hand-to-mouth fashion, the base was working with fair smoothness. Thus No. 2 Australian Stationary Hospital, arriving on the 9th in the transport Gloucester Castle with the last wounded from the Landing operations, was quickly cleared; the mules and horses put ashore; a supply of Red Cross goods obtained through Surgeon-General Williams’ office from goods stored at Alexandria; mattresses, blankets, etc., were disinfected through the local health authorities; kits and belongings of wounded and deceased handed over to Base Headquarters; stores, drugs, dressings, and equipment replenished from the Base Medical Stores at Alexandria; and equipment and personnel transferred to the Franconia on the 10th.
38. **The Arrival of One of the First Ambulance Trains at Heliopolis, May 1915**

In the foreground is the Australian Motor Ambulance "flotilla." The photograph was taken from the Heliopolis Palace Hotel.

*Lent by Lieut-Col. Hon. Sir S. A. A. Ansell, E.M.C.*
*Aust. War Memorial Collection No. H25988*

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39. **No 2 Australian Auxiliary Hospital in the 'Athlier,' Heliopolis, Showing the Angeris Pits**

*Lent by Major H. Plquet, E.M.C.*
*Aust. War Memorial Collection No. 42708*
40. No 2 Australian General Hospital, 1915, at the Ghezirlh Palace Hotel

Lent by Lieut-Colonel J. W. Sprinathorpe A 4 M C
Aust War Memorial Collection No 42725

41. The Australian convalescent depot in the Al Hayat Hotel, Helouan

Lent by Warrant Officer G. R. Gibbs A 1 F H Q
Aust War Memorial Collection No 4310

To face p. 193
In this latter vessel had come 1,614 wounded from the Krithia fighting, of whom 1,080 were sent to Cairo. By the 13th the last of the Krithia wounded had arrived, 846 being redirected to Malta, 2,403 retained. Up till May 11th 15,704 cases had reached Alexandria, of whom 1,100 were sent at once to England, and 3,186 redirected to Malta; out of those retained, 6,771 were held in Alexandria, 4,647 sent to Cairo. Of the latter the great majority were taken to Australian hospitals, chiefly No. 1 General. The disposal of so great a rush of wounded would under any conditions have been a difficult matter, and though the preparations may have been tardy and hesitating, there was no lack of energy in facing the problem when the cases began to arrive. There is no question that the important and difficult duty of disembarkation was admirably carried out. The hospital ship Gascon, for example, after berthing at 8.30 a.m. on the 29th, left for Gallipoli the same day. The “S.M.O.” of the troopship Derfflinger records—

Arrived 6.30 a.m. Alexandria, a most blessed haven of refuge. Disembarkation managed excellently by No. 1 East Lancashire Territorial Field Ambulance. Began to clear 12.30 p.m., quite cleared by 8 p.m.

“The scene at the docks” (to quote the A.D.M.S. at Alexandria) “beggared description; base details men, convalescents, and spare men of all kinds, including natives, were employed to supplement the small dock’s personnel, and worked till exhausted.” On May 2nd, with the rush at its height, the 1st East Lancashire (Territorial) Field Ambulance was ordered to Helles with its brigade, its place being taken by details from the Australian light horse field ambulances. Voluntary workers of all nationalities and social status were numerous, and their ministrations have received great commendation.

The distribution of cases between the Alexandria and Cairo groups is shown in the summary at p. 183. The arrangements for disposal were dislocated by the fact that during the first two days only Anzac casualties arrived, and that, out of 7,884 disembarking from Gallipoli by May 9th, 5,914 were “Anzacs,” who filled not only the beds...
allocated in the hospitals at Alexandria for seriously wounded Australians, and those prepared in the Australian hospitals in Cairo, but also a large proportion of the total accommodation immediately available in Egypt.

From the transports wounded were transferred direct to ambulance-waggons for local distribution, or to trains for Cairo. Of the first batch, arriving by the hospital ship Gascon, only sixty cases were found sufficiently serious to be kept in Alexandria; but, as successive transports were unloaded, the cases, being more severe as well as unclassified, became more difficult to deal with. At the same time, the capacity of the ambulance trains being limited, the two M.E.F. base hospitals rapidly filled with Australian and New Zealand wounded. No. 17 British General Hospital was still in the throes of preparation, and, to quote an Australian nurse, "the idea of bringing wounded men into such a place of unpreparedness seemed almost impossible." Both hospitals were, however, commanded, and for the most part staffed, by British regular officers with a highly trained personnel, while the British and Australian nursing staff, though small, was very efficient. To an Australian nurse in No. 17 the condition of the wounded and the circumstances under which they were treated "stand out as the most trying that I have experienced during the war. The medical staff did not spare themselves; worked night and day." The death-roll was heavy. Many of the worst cases were treated in a fine civil hospital, where an Australian officer (attached) described the condition of the arriving patients in terms which accord with what might be expected from the circumstances of the voyage—

Serious cases, if lucky, had their wounds re-dressed once . . . fractured legs without splints—septic leg a bag of pus—arms gangrenous to the shoulder; cases requiring urgent surgical intervention which could not be obtained till arrival in hospital.

Accommodation for the serious cases was made possible by passing on the less serious to a hastily organised "convalescent dépôt," staffed at first by personnel taken from No. 17 General Hospital. In this the conditions suffered from improvisation, though certainly not to such an extent as to justify
the grave complaints which reached Australia and the Colonial Office as to the treatment there given to Australians. During the first month there was no respite; but under very able administration, and with units commanded and served with conspicuous efficiency, the conditions improved.

In Cairo the first train-loads were distributed from the Heliopolis tram-siding, a successful trial of bringing the train over the tramline having been made on the 28th, when the sick arrived from Lemnos.

Cairo—No. 1 A.G.H.

On the 29th there arrived 469 wounded from the Gascon, and these were admitted to No. 1 Australian General Hospital (the "Palace"); 250 of the slighter cases were transferred to No. 2 (at Mena House), whose commanding officer was now directed by the D.M.S. for the Force in Egypt to prepare Ghezireh Hotel for 200, authority being given to him to purchase palm beds.

During the next three days 1,352 casualties arrived at Cairo, the majority passing through No. 1 General Hospital, where the well-organised scheme for expansion was put into operation. Luna Park was taken over, beds rapidly fitted up, and a staff of two officers, four Q.A.I.M.N.S. nurses (Australian), and eight orderlies installed. From the ambulance train wounded were conveyed by motor ambulance waggon to the "Palace" and, after being admitted in the great hall, were distributed to the wards or to the auxiliary hospital. By May 3rd Luna Park held 790 patients—for the most part in one huge hall. Only some 500 beds were available in the Heliopolis "Palace," and accommodation for serious cases was maintained by rapid transfer to the auxiliaries. This system was maintained in the further developments of the unit.

Important assistance was given by the bearers of the 3rd Light Horse Field Ambulance, the training of field units in the handling of wounded being much more exact than that in the general hospitals. Much also of the first surgical work fell to officers of this unit, since the surgical staff of the hospital, through dispersal from sickness and transfer, was represented by one senior operator only.
At the end of a week the discovery was suddenly made that, while a proportion of cases could be discharged to the base details camp, for the great majority convalescent accommodation was necessary. Instructed by the D.M.S. for the Force in Egypt, on May 5th the registrar of No. 1 Australian General Hospital took over Al Hayat Hotel at Helouan, a winter health resort and baths twelve miles from Cairo. This place, by means of Red Cross goods and funds, was hurriedly equipped with mattresses and some palmwood beds for 500 convalescent cases, and was staffed with a few orderlies from No. 1. It was placed under command of a combatant officer, with an able civilian physician in charge, no military medical officer being available. Two hundred sick and wounded were admitted on the 11th. Within a few days of the Landing men were discharged in large numbers to the base details camp of the Australian and New Zealand Training Dépôt. Many of these, though discharged "to duty," were still unfit for the front. They completed their convalescence in that camp under inadequate medical control and with no systematic procedure for determining their fitness for the field—a decision which was at first left largely to the soldier himself.

At No. 2 Australian General Hospital, Ghezireh, by May 15th 600 beds were ready, 474 wounded had been admitted; No. 2 A.G.H. 3 deaths occurred, and 40 major operations were performed. Mena House, retained as an auxiliary, admitted 400. The total staff of No. 2 at this time was 14 officers, 51 nurses, and 133 others; that of No. 1 was 28 officers, 101 nurses, and 238 others.

The condition in which the wounded from the Landing arrived in Egypt was the subject of very contradictory reports both at the time and later. The reasons for the discrepancy are not far to seek. The extraordinarily patent endeavour in official reports to minimise the defects was largely the result of a crop of unofficial statements of an unusually violent and unreasoning nature. For these it must be acknowledged that
there was some excuse. Officers and nurses who served through the rest of the war are in agreement that the squalor and misery of the seriously wounded were exceptional.

They came in (a surgeon of No. 1 A.G.H. records) covered with filth and muck. Many had not had their wounds dressed for days, and on undoing bandages in some cases wounded limbs were found gangrenous and had not been touched since the first dressing. . . . On the other hand the lightly wounded, able to look after themselves, arrived in very good condition . . . on the whole dressed excellently at the front and in most cases well cared for on the way.

The absence of more grave forms of infection greatly influenced the situation. Uncomplicated wounds in many instances healed by first intention, but in serious wounds the time factor—at least four to five days between wounding and effective treatment—made inevitable the development of severe sepsis and of conditions that often led to death or prolonged illness and severe disability.

On May 11th came the first rush of the Krithia wounded, and by the 16th No. 1 Auxiliary (Luna Park), with a staff of 6 officers, 15 nurses, and 40 other ranks, was holding 1,620 cases. Fortunately there now occurred a respite during which the accommodation could be extended. Extension of second-class accommodation in connection with No. 1 General Hospital now dominated policy in regard to the Australian medical service. On May 10th, in response to an urgent cable from the Commandant of the Australian Intermediate Base Dépôt, the D.M.S., A.I.F., cabled from England to the Defence Department in Australia asking that “special reinforcements” should be duplicated for the “expansion” of No. 1 General Hospital up to 3,500 beds, in addition to 1,000 beds at Al Hayat. On May 17th instructions were issued that all Australian Medical reinforcements, for whatever unit destined, would be held, not, as normally, in the base details camp, but at No. 1 General Hospital. The dépôt for Australian medical reinforcements thus became part of the organisation of No. 1 General Hospital and lay outside the normal machinery, which provided for their distribution by the “Third Echelon” of the Mediterranean Expeditionary Force.

The casualties from the 2nd Australian Brigade arrived at Alexandria on May 12 and 13.
After the Krithia casualties had come to hand, wounded arrived in a steady flow at the average rate of 450 daily, all (except for a few sent direct to Malta from Gallipoli by naval hospital ship) being taken by Egypt. The two British general hospitals, working at full pressure, and the local hospitals at Alexandria absorbed them all until the 22nd, when evacuation to Cairo recommenced. At the end of May Nos. 19 and 21 British General Hospitals arrived at Alexandria, No. 19 being intended for Lemnos. Pending arrangements for their disposal, their personnel was used to staff temporary hospital ships. On May 10th a British nursing staff arrived under Miss S. E. Oram, Q.A.I.M.N.S., as Matron-in-Chief for Egypt. Under this capable and gracious lady and the matrons of the British hospitals Australian nurses were given the most cordial welcome, the best of opportunities—and toils and experiences of which the memory remained intense and poignant even after three years of France.

The respite to the Australian hospitals gave their clinical and nursing staffs opportunity for improving the conditions under which the wounded were treated; it also enabled the administrative departments of No. 1 General Hospital to prepare for further contingencies. In this respect the foresight, energy, and resource of the registrar of No. 1 (Major Barrett) were conspicuous. Obtaining permission from the D.M.S. for the Force in Egypt, he took over the "Atelier" (a joinery near the hospital), of which the large workroom was filled with palm beds as quickly as they could be procured. Helouan accommodation was subsequently increased for cases "likely to be well in 7 to 8 days."

On May 27th the troopship Kyarra brought from Australia the "special" reinforcements for sea-transport duty, which (as authorised by the D.M.S., A.I.F.) were absorbed in the expansion of No. 1 General Hospital, thus affording relief to the greatly overworked clinical and nursing staff. Another building ("Gordon House") was taken over to

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8 At Malta the arrival (via Egypt) of 1,530 wounded from the "Krithia" fighting brought the occupied beds to 1,530 "A" class, 1,400 "B" class, and 3,455 "C" class.

9 "She (Miss Oram)," says an Australian nurse, "was the most impartial person I ever met. Nothing could have been more pleasant than the relations. The English girls... were told by the Matron, 'these Australians have come many thousands of miles from home; make them at home with you.'"
accommodate nurses, while the medical staff, including that of the auxiliaries, resided at the "Palace." The staff of No. 1 General Hospital was now 35 officers, 140 nurses, and 310 orderlies; the patients numbered 2,005, the great majority being in Luna Park.10

Heliopolis "Palace," like other hotels, was ill-adapted for treating large numbers of cases, the numerous small rooms making control difficult. The large entrance hall, however, well served the policy of central admission with immediate distribution. All minor cases, and others when convalescent, were transferred to the auxiliaries (whence they were returned in case of relapse), and this system permitted treatment of large numbers. The conditions under which patients were treated in the auxiliary were, however, very rough, and at first comfortless. Even at the beginning of June "there were," a sister records, "absolutely no conveniences. The cookhouse consisted of from 5 to 10 large dixies with a fire under each. Beds were put in any place that could be found for them." The nature of the cases, however, permitted of self-help. Willing workers were soon found; in addition to Australian and British, "French, Belgian, Italian, and Egyptian women helped us with small dressings.

In both hospitals a band of Australian women began work which continued throughout the Palestine Campaign and is memorable in the history of Australian voluntary service.

In both Australian hospitals a much larger proportion of serious cases were received during May than at a later period. In No. 1 General, for example, with an average death rate for the year 0.75 per cent, 35 deaths (1.3 per cent) occurred in 2,650 cases admitted during that month. Treatment, as one of the operating surgeons put it, was "a matter of scavenging." While many cases did well, a considerable proportion became chronic. A medical officer, arriving in

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<td>Luna Park</td>
<td>2</td>
<td>6</td>
<td>12</td>
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<td>May 16</td>
<td>Palace</td>
<td>26</td>
<td>88</td>
<td>198</td>
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<td>Luna Park</td>
<td>4</td>
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10 The rapid expansion of this auxiliary is shown by the following figures:—
June on "a day with a temperature of 113 degrees in the shade," found the beds moved out to the galleries owing to the intense heat (mitigated by electric fans).

It was my first experience of an atmosphere permeated with the odour inseparable from septic wounds of long standing. The patients were those severely wounded at the landing at Gallipoli. They were wasted and pallid, and their wounds poured pus such as I had never seen in other than cases of tuberculous abscesses. Their appetites were poor, and their attitude apathetic; most were having saline baths and irrigations of various sorts. They mostly had a history of having arrived at the hospital very septic, and stated that their dressings had been infrequently, if ever, changed from their initial dressing on the (temporary) hospital ship up till their arrival in Cairo.

The light cases in the auxiliaries did very well—Luna Park was practically an open-air hospital—a fact which may be taken to offset the undoubted lack of comfort. The strain on the staff, medical, nursing, and orderly, of both hospitals during this first month was, without question, exceptionally severe.

By the beginning of June the heat in Egypt was becoming intense. Convalescent accommodation was therefore sought at Alexandria, where, though the wet and dry bulb thermometer readings differ little from those of Cairo, the effect of the heat is mitigated by the sea-breeze and sea-bathing was available. A site (the Ras-el-Tin schools) was inspected on June 5th by the registrar of No. 1 Australian General Hospital under instruction by the D.M.S. for the Force in Egypt, and, though a poor one—a two-storey quadrangle in a slum area—was accepted as being "the only building available and near the sea." A medical officer was detailed by No. 1 General Hospital and preparations were begun; but it was not till July that the place could be made fit for patients.

Up till the end of May 3,028 casualties from the Dardanelles (2,376 wounded) had been admitted to No. 1 Australian General Hospital, the great majority being passed on at once to auxiliaries and convalescent dépôts. At the beginning of June Mena House was closed, and the personnel of No. 2 Australian General—reduced, by transfers, to 13

In Egypt, reliance on buildings to the exclusion of huddled or tented hospitals was extreme.
officers, 53 nurses, and 59 orderlies—was concentrated in Ghezireh, which was gradually expanded to take up to 800 cases.

On June 7th, 9th, and 10th the troopships Franconia, Ascanius, and Southland brought to Egypt 3,731 British casualties from heavy fighting at Helles. The D.M.S., M.E.F., was informed that available accommodation in Egypt had been exceeded; evacuation from the front was suspended for all but severe cases, which were now sent direct to Malta. No less than 4,500 casualties, a large proportion British, went to Cairo during these four days, at least fifty per cent passing through to No. 1 Australian General Hospital and a large number going to No. 2. The resources of both hospitals were taxed to the utmost. The "Atelier" was opened up for 400 cases, and convalescents and semi-convalescents were hastily cleared to Helouan and the base details camp. Accommodation could be made only by passing cases rapidly through the auxiliaries to Helouan, which became congested. Thence, when transfer had not been direct, they were moved to the base details camp, which became filled with a heterogeneous assortment of invalids and of the partly recovered. This procedure brought to a head certain defects in the system of disposal by return to duty and by invaliding overseas—defects to which reference will be made in a later chapter. The immediate result of the rush was further "expansion" of No. 1 General Hospital. On June 10th the fine premises of the "Sporting Club" were taken over and preparations put in hand for accommodating 250 cases. This was, however, the last heavy demand on the base for wounded during the first part of the campaign, which now "marked time," with only an occasional pace forward, until August. This fact admitted of a precarious equilibrium between beds available at the base and the number of casualties arriving from the front.

It is evident that during this period the medical service in Egypt had been strained to its utmost. To the A.D.M.S., Alexandria, "the whole of May was like a nightmare. In my quarters at Ras-el-Tin I used to wake in the morning and see ships waiting to enter the harbour, and wonder where we could put all
the people." Up to June 10th 20,120 casualties were disembarked in Egypt, 11,720 being retained at Alexandria, 7,980 treated in Cairo, and 420 at Port Said. All had been absorbed, but the standard of care and comfort was not such as would have been accepted under conditions less strenuous. Disposal was made possible by rapid distribution from the comparatively small number of first-class beds through auxiliary and convalescent dépôts, in which the conditions were at first very crude. The possibility of this rapid movement was largely due to the Australian and New Zealand motor ambulance transport, without which it is difficult to see how a serious breakdown could have been avoided. The drivers of these vehicles did admirable service. During rushes "each driver was at the wheel almost continuously in the first rush for seven days, snatching odd minutes for a hasty meal and having no regular sleep." The rapid expansion of No. 1 Australian General Hospital at a critical juncture undoubtedly saved an ugly situation. It was greatly helped, and in some degree made possible, by a free use of "Red Cross" funds and material. The whole episode, indeed, illustrates an important feature of the activities proper to the "Red Cross"—forestallment in a crisis of military action. It is clear, however, that reliance on voluntary aid in such contingencies acted detrimentally, in so far as it inhibited a proper appreciation of national and military responsibility toward the sick and wounded soldier. But for this provision, either the British or the Australian Government must have faced the question of making some more definite arrangement as to what base and L. of C. units Australia would supply. The fault did not lie wholly, or perhaps chiefly, with Australia; she had given willingly what was asked, and she assumed that the War Office intended—as it did—to supply the rest. There is no question that Australia would have done her utmost to supply the full quota of hospitals for her troops, regardless of expense, if she had been asked, or had believed it to be incumbent on her to do so. Nevertheless it remains true

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12 The responsibility that would have fallen on the Australian medical service if the A.I.F. had been an expeditionary force will be understood from the following figures, based on the expectation of casualties as laid down in army manuals and on the existing sick rate in Egypt. In the A.I.F., out of a strength of 43,000, 22,000 took part in the actual Landing (3,800 less than three-fifths). The remaining
that the question of cost at this period of the war entered largely into military considerations, and in connection with the medical service expenditure was apt to be niggardly. The cost to Australia of the provision of extra beds, etc., described in this chapter totalled little more than one thousand pounds; and, for this, special approval was necessary by the Minister for Defence! The abandon of later years had not yet been born of familiarity with the stupendous wastefulness of war.

The vigorous and well-directed action in the expansion of Australian hospitals, and the efforts on the part of Australian medical officers, nurses, and orderlies—which were hardly surpassed at any time during the war—helped materially in the crisis. Australian and New Zealand motor and horse transport did the whole transportation for British and Australian wounded alike; Australian nurses filled a gap in British hospitals; Australian Red Cross funds were available to British units.

At the same time, however, fifty per cent of all Australian wounded—and the great majority of the severely wounded—were treated in the British hospitals, whereas comparatively few British wounded were treated in Australian hospitals.

two-fifths did not represent to any considerable extent administrative services, but were chiefly troops (the light horse and reinforcements) which soon after became engaged. Throughout the war the proportion of the A.I.F. which was subject to battle casualties was always larger than normal; this fact being reflected in the proportion of battle casualties, which was greater in the A.I.F. than in any other British forces engaged. For the 22,000 troops in the field a constant evacuation-rate of 0.3 per cent per day of sick and casual wounded would be "normal," and of these, under ordinary circumstances, some half would reach the lines of communication. Of the 43,000 A.I.F. at the end of April, some 16,000 remained in Egypt and 5,000 were in transports or at Lemnos. The sick rate of troops in Egypt at the time exceeded 0.3 per cent per day, with an average stay in hospital of eighteen days. With an adequate system of convalescence and invaliding, some 800 hospital beds would be constantly occupied by the Australian sick from Egypt, and 720 by Australian sick and wounded from the M.E.F., i.e., a total of 1,580 constantly-occupied hospital and convalescent beds. For a severe battle, casualties up to 20 per cent would be expected, involving an additional demand, probably recurring, for some 3,000 wounded.

Thus about 4,500 beds would be required at once, without allowing for further operations or additional troops. Instead, there were two 520-bed hospitals, and the two stationary hospitals, normally of 200 beds each—4,140 beds. But Australia had not been asked to supply the full quota, and she had not offered to do so. The resort to improvised "expansion" to a quite exceptional extent was a necessary result of this shortage.