CHAPTER XIII

EGYPT DURING JUNE AND JULY

During the two months that preceded the second offensive the medical accommodation available in Egypt and Malta was exploited to the utmost. Moreover the provision of hospital ships was insufficient for the effective clearance overseas of invalids, and sick and wounded in all stages of convalescence accumulated at both the medical bases. For the A.I.F. Egypt became, indeed, a final rather than an intermediary medical base. The problems of accommodation, convalescence, and invaliding, early in evidence, now became pressing. To meet the situation in the A.I.F., the British authorities in Egypt secured, through the D.M.S., A.I.F., the provision by Australia of two hospital ships and a large number of "special" reinforcements, who were used to effect a huge improvised "expansion" of one of the Australian hospitals. But, through the absence of an exact arrangement between the War Office and the Australian Defence Department regarding the medical care and disposal of Australian sick and wounded, to which reference has already been made, the situation in Egypt remained unsatisfactory. It was now further confused by the action of the British command in procuring the abrogation of the powers of self-government implied in the appointment of a D.M.S., A.I.F., and in substituting for him a junior officer as A.D.M.S. on the staff of the D.M.S. for Egypt. A drastic reconstruction to remedy these defects was in progress when the second offensive at Gallipoli supervened.

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In Egypt the second week in June—the date to which events have already been followed—marked the beginning of a period of reconstruction and development.

Reconstruction during pause

At Alexandria Nos. 15 and 17 British General Hospitals were now well established. During the month suitable buildings were found in Alexandria for Nos. 19 and 21, where they built up fine hospitals on normal military lines. With casualties arriving in Egypt regularly at the rate of no more than 2,200 per week, the pressure on accommodation was for a time lessened.

1 See pp. 90-2 and 202-3.
The medical problem of the campaign was now opening up as a whole, and the arrangements for the expedition were being organised on much broader lines. With the arrival of a Principal Director of Medical Services the medical activities in the Levant were brought under single co-ordinating control. Surgeon-General Babtie found "the acute situation (in Egypt) relieved," for the time, by the arrival of the two British hospitals and of the "special" reinforcements from Australia; and he decided that "clearance and co-ordination" were "the crux of the medical situation" and the prevention of disease the most pressing medical task. He inspected the Australian units and made important recommendations for co-ordinating their work and improving the system under which it was carried on. On June 22nd, with the D.M.S., M.E.F. (Surgeon-General Birrell), who had met him in Egypt, he left for the Dardanelles, chiefly to deal with the matters of evacuation by sea and prevention of disease.

In Egypt and Malta, the medical bases of the expedition, the most pressing concern at this time was the clearance of convalescents to England and Australia. An increase in the flow of casualties from the front into the hospital system of an overseas base may for a time be met, and an unstable equilibrium between admissions and bed-state be secured, by expansion or increase of the medical units. But ultimately the only way of stabilising the balance and maintaining the vital onward movement of casualties through the hospital and convalescent systems is by promoting outflow—by means of invaliding, or transfer for convalescence, overseas, and by discharge "to duty" and combatant control. The clearance of convalescents to England was greatly restricted by the shortage of hospital ships, coupled with the prohibition by the War Office of the use of "Black Ships"—which were, of course, liable to be torpedoed—for the purpose. In spite of the diversion to Egypt from the Dardanelles of all but two hospital ships, during May only 1,961 cases were cleared from Egypt to England, and 287 to Australia. In June the new policy, with its promise of twenty-seven hospital ships for...
sea-transport of sick and wounded, was inaugurated. The developments of the scheme were, however, necessarily slow, and the increase in facilities for sea-transport was quite inadequate for maintaining equilibrium in the Levant. Clearance in June from Egypt was, to England, only 1,760; 469 to Australia; a few hundreds to Cyprus. And, though the influx of wounded had lessened, a rapidly rising tide of sick had begun to flow in from the front—8,884 casualties were disembarked at Alexandria during June. Egypt filled up with chronic cases, with convalescents, and with men who had recovered and were awaiting disposal but were still in various degrees or stages of unfitness for front-line service.

At Malta 2,000 casualties arrived during the month, direct from the front.\(^4\) By the middle of June all the hospitals on the island were congested, largely owing to the lack of facilities for clearance of invalids and of recovered men. In respect of the first, relief was obtained when there was made in Egypt, for invalids in Malta awaiting clearance, a reservation of one-third of the total accommodation on the home-going hospital ships, of which the requisite proportion were diverted thither. As regards recovered men, the congestion was in a great measure due to the fact that the island was only a subsidiary base for the Mediterranean Expeditionary Force. No base organisation was established there, and men who became "fit" in Malta were returned to duty indirectly—namely, via the M.E.F. Base at Alexandria. As their transfer thither was dependent on available shipping—which was very irregular—Malta acquired a bad reputation at the front for over-long retention of men "fit for duty." During the first two weeks of July 2,483 patients arrived in Malta, these also having been redirected thither from Egypt.

The second week in July saw a new crisis arising in connection with preparations for the supreme effort of the campaign, and General Maxwell was compelled to inform the War Office that he already had 8,000 sick and wounded and did not see how he could clear them to receive the expected influx. Description of the

\(^4\) The result of protests from the authorities at Malta against evacuation via Egypt.
arrangements at the base in preparation for this offensive must for the present be deferred, and, the general situation having been thus broadly presented, the work of the Australian medical service may now be followed in some detail.

For the A.A.M.C in Egypt the beginning of June brought a crucial occasion. While the "expansion" of No. 1 Australian General Hospital had materially helped to meet the immediate crisis arising at the Landing, this expansion had not been correlated with any effective system for the ultimate disposal of Australian casualties; it was, moreover, of only an emergency character. Inspecting the Australian units on June 15th, the P.D.M.S. noted of No. 1 General Hospital:—

This hospital is too big, its administration by amateur staff very difficult. Luna Park is not suitable for hospital purposes and is to be given up, or, failing that, made a separate institution.

The hospital had, indeed, become a system in itself rather than a unit. Apart from this, throughout the Australian army medical service overseas, problems of organisation and interior economy—promotion, posting, and discipline—were pressing. The situation in connection with medical supplies, motor transport, reinforcements and expansion of units at the front, and Red Cross matters, demanded that British and Australian administrators should co-operate in directing the development of the Australian service so as best to serve the Imperial purpose. Large "special" reinforcements, together with the new No. 3 Australian General Hospital (1,040 beds), were then approaching Egypt. All these matters called for decision and action by the D.M.S., A.I.F.

The holder of that position (Surgeon-General Williams) left England on June 3rd to return to Egypt. During some three weeks spent in England he had arranged for the disposal of Australian convalescents in that country and for a system of invaliding to Australia. At Malta, where he called on his way to Egypt, he found some 2,000 Australian sick and wounded, the majority convalescent, under treatment on which he reported favourably to the Defence Department in Australia. While there, he was informed, by a cable which reached him from London through the High Commissioner,
that his services were not required in Egypt. This was the result of unusual action by the Egyptian command. On June 5th a cable from Egypt to the War Office stated that there was "no appointment in Egypt for the D.M.S., A.I.F." and recommended that "he be returned to Australia." This message was forwarded to the Minister for Defence by the High Commissioner for Australia in London who prefaced it with the statement that it was "recommended by the Army Council," and the Minister acceded, except for instructing the High Commissioner that the D.M.S., A.I.F., should return to England to perform under your sole direction duties in connection with Australian invalids in England and preparations in connection with Hospital Ships. He is not permitted to exercise any control over Australian medical units in England, on the Continent, or in Egypt, as this is to be entirely under Imperial authority.

The course of military procedure renders it certain that the message from Egypt on which this action was based was despatched upon the recommendation of the D.M.S. for the Force in Egypt (Surgeon-General Ford). The response made to it by the Australian Government—advised by the Defence Department through the Minister—was unexpected; and the course now adopted was, at least in its immediate effects, unfortunate. It certainly had unforeseen and far-reaching consequences.

General Williams (who, while D.M.S., A.I.F., was still also Director-General of the Medical Services of the Australian Military Forces), instead of being recalled and replaced by another director of medical services for the A.I.F. overseas, was reduced to an inferior executive position in England. The medical service of the A.I.F. was thus left without a head, and, in the matter of its interior economy and discipline, was subjected in Egypt to a control which was uninformed, uncertain, and ineffective. Though the right of the General Officer Commanding the British Force in Egypt

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General Maxwell, on 31 July, 1915, wrote to the Australian High Commissioner (Sir George Reid) regarding this incident—"Surgeon-General Williams, A.I.F., is suffering from the wording of a telegram of mine. . . . When I heard he was coming out I telegraphed that we had no place for him and I know that I suggested that he should go to Australia and arrange things there in connection with reception of sick and wounded and hospital ships, etc. I had plenty of surgeon-generals and did not want more . . . if there is any wrong impression deduced from my telegram I hope you at least will correct it."
to procure the exclusion of any officer whose presence was undesired cannot be questioned, and, though Surgeon- General Williams had personal defects which made him uncongenial and "difficult," together with a status of which the significance was not appreciated, the necessity for this action is nevertheless difficult to understand. Apart from personal considerations, the root of the matter is probably to be found in the position of the Australian Imperial Force itself, whose status in the British Army was still nebulous. The ideal of an administrative imperium in imperio, which was later so effectively to promote imperial co-operation, as yet existed only as a germ in the "powers of the G.O.C., A.I.F.," which at this time to a great extent lay dormant in the "G.O.C. Anzac Corps." The position of a "D.M.S., A.I.F." was perhaps premature. It was not yet realised that independent internal administration by an Australian officer was compatible with complete control for service by a British.

While the immediate effects were without question deplorable, it is probable that—by rendering inevitable and almost automatic the supersession of a man far past his prime—this incident was to the ultimate benefit of the service.

General Williams arrived in Egypt from Malta on June 18th. At the request of the D.M.S. for the Force in Egypt he inspected the Australian hospitals, concerning which he furnished to the Commonwealth an uncritical and generally eulogistic report, taking however no action in connection with future developments. With his staff (a warrant officer and a corporal) he left for England on June 29th. His recommendation that the officer commanding No. 2 Australian General Hospital should "continue to act under" the D.M.S. for the Force in Egypt "for advisory purposes in matters of policy as S.M.O." was accepted. From this time onwards the D.M.S. for Egypt (General Ford) communicated with the Defence Department direct through the Australian Intermediate Base Dépôt in Cairo, and became responsible for the maintenance of the Australian medical service in the Levant as well as for the direction of its work in Egypt.

It is obvious that the internal affairs of the Australian medical service could not be even tentatively controlled by an
external director without constant assistance and advice; and for this the D.M.S., Egypt, now turned, not to the “S.M.O.,” but to the Australian officer on whom he already relied for much help of this nature. This was the registrar of No. 1 General Hospital (Major Barrett). The one apparent object of the action taken by the Egyptian command is seen in the attachment of this officer on June 13th to the staff of the D.M.S. for the Force in Egypt for “services in connection with the Australian medical service in addition to his other duties,” and his appointment on the 21st as “A.D.M.S. for routine work in connection with the Australian Force in Egypt.” Neither of these appointments was communicated to the G.O.C., A.I.F., nor to the Australian Government; nor were they promulgated in any general orders. The new “A.D.M.S., Australian Force,” worked in close conjunction with the Commandant of the Australian Intermediate Base Dépôt (Colonel Sellheim) and to all intents filled the vacant position in the medical section of the A.I.B.D. He took over all the duties pertaining to an assistant-director of medical services in respect of the Australian force in Egypt, at the same time retaining his position as registrar and other appointments, including the control of the affairs of the Australian Red Cross Society.

The grave defects following or associated with the lack of firm capable direction of the Australian service at this juncture will be explained as this chapter proceeds. They had not escaped the notice of the P.D.M.S. (General Babtie). Australian troops in Egypt now included the 2nd Division (which arrived during June and July) and, with medical and other units, reinforcements, and accumulated convalescents, totalled some 30,000, concentrated chiefly in the Zeitoun area. The situation in the Cairo hospital-centre in regard to the clearance of convalescents and invalids and the administration of the Australian units had appeared to General Babtie to demand administrative assistance. Among the various special officers now being sent to the Levant for administrative and technical duties was Colonel C. C. Manifold of the Indian Medical Service, who, after a brief service in France, had been
selected as suitable for the position of Deputy-Director of Medical Services for the A. & N.Z. Army Corps. Arriving in Egypt in June, he was sent by the P.D.M.S. to Cairo to organise, under the D.M.S. for the Force in Egypt, the system of selection for invaliding by medical boards—the pivot of the system for disposal of casualties at the base—and to help in disentangling the situation which had arisen in the Australian medical service. These vague and difficult duties he took up on June 28th, with the designation of "Principal Medical Officer, Cairo." A second officer was thus added to the improvised staff through which the D.M.S., Egypt, attempted to administer the A.A.M.C.

Through the absence of a definite head, however, at this critical juncture in the Gallipoli campaign, the Australian medical service underwent certain most untoward results. In the first place there was an unfortunate hiatus between the Australian organisation at the base and at the front, by which the front suffered. When in Egypt General Williams was desired by the D.M.S., M.E.F., and by the P.D.M.S. to visit the Australian line-of-communication units at Lemnos; but he was prevented from doing so by the terms of his instructions. The result was that the stationary hospitals, with no one to look after their interests, were left to "expand" without special reinforcements—short even of their normal quota.

Lack of a responsible head also increased the difficulty of solving a greater problem which became pressing in June and July—that of systematic disposal, by invaliding or by return to duty, of men discharged from hospital. Like other problems facing the A.A.M.C. at this time, it was met at first by hasty improvisation, which was followed but slowly by

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6 The staff under Surgeon-General Ford at this time consisted of a D.D.M.S., Canal Zone, an A.D.M.S. at Alexandria, and two D.A.D'sM.S. (one sanitary). The position of P.M.O. (Principal Medical Officer), like that of S.M.O., was not official, and gave no defined status.

7 During his stay in Egypt Surgeon-General Williams received from the D.M.S., M.E.F., and forwarded to Australia a list of "Red Cross" medical, and surgical stores considered sufficient for 30,000 men ("to be supplied if possible"). The magnitude and vagueness of the demand made action in Australia impossible, and the fact that the articles enumerated under "Red Cross" included many that came within the scope of ordinary military supplies increased the confusion existing there as to the position of the voluntary organisations, and well illustrates the unsatisfactory situation that obtained in this respect.
reorganisation and development on more permanent lines, and largely in consequence of the inadequacy of the improvised measures—though partly also because of the greater distance from Australia—Egypt, and in particular Cairo, became for a time not an expeditionary but a final base for the A.I.F. Convalescence was completed and treatment finalised there. The procedure for the return of recovered men to the front was indirect and circuitous and consequently convalescents, invalids, and "unfits" accumulated, choking up the hospital and convalescent systems and necessitating indefinite "expansion" of the medical accommodation at the seat of war.

By the end of June there had reached Egypt from the front some 11,000 sick and wounded Australians, the ultimate disposal of whom it is necessary now to follow. Invaliding—General Williams secures two hospital ships

The policy and procedure in regard to the transfer home (or to some other base overseas) of Australian sick and wounded who would be permanently or for a considerable time unfit for duty, and who in the meantime required special treatment on various lines, had drifted into an unsatisfactory situation. Though transfer to England was opposed by the Australian Defence Department, it was not till the end of May that, in response to a cable through the D.M.S., A.I.F., which brooked no further demur, approval was given for two Australian hospital ships. These could not be ready till September. In July the Defence Department agreed—the decision to be "looked on as final"—to adopt, for the return of invalids to Australia, the system recommended in February by the D.M.S., A.I.F., namely, that of working two hospital ships in conjunction with "better class transports fitted out." In the meantime the view of the War Office

*The situation during 1915 in this respect reflected in some measure the immaturity of the base organisation of the A.I.F. at this time. But it reflected also (and specially) the imperfect nature of the understanding that had been reached between Great Britain and the Dominions as to the place of the dominion forces in the British army system. The unserviceable relations that existed between the Defence Department of Australia and the British military authorities at the War Office and in Egypt, and their defective co-operation, were a consequence of this.

Moreover Australian reinforcements, who would normally be fully trained at the home base and would proceed thence to the front, arrived in Egypt only partly trained, their training being completed, and the troops prepared for inclusion in "drafts" for the front, at Zeitoun, under the Egyptian command. This arrangement for recruits greatly increased the number of Australians in Egypt.

"The C.-in-C. and D.M.S. in Egypt require this."
that serious cases should not pass through the Red Sea during monsoons except in hospital ships brought about an accumulation in Egypt of large numbers of convalescent cases and of unfit awaiting invaliding. The arrival of the Kyarrua—now employed merely as a troopship—at the end of May gave opportunity for despatch to Australia of 269 invalids—49 of whom had been wounded—and of 54 men sent home for "change," together with a quota of "venereals." The selection was hastily made by specially appointed medical boards. Early in June an Australian "medical embarkation officer" was appointed, and during the month many transports were inspected by him at Alexandria, but none of those available for invaliding to Australia were found suitable. Opportunely, however, for the serious congestion in the convalescent hospitals and the dépôts, the troopship Ballarat on July 5th took 386 invalids—266 wounded and 120 sick—besides 68 for "change to Australia" and 131 venereals.

This shortage in transport facilities made the selection of the cases most suitable for transfer to Australia a matter of no little importance. Until in May the first wounded from the front arrived in Egypt, the only alternatives for disposal on discharge from hospital had continued to be "discharge to duty" or return to Australia for discharge from the army as "unfit for service." With the wounded came the need for clearing the Australian hospital and convalescent system; and this was the more pressing from the fact that for convalescence in summer the conditions in Egypt were far from good. Medical boards accordingly began to recommend a third method of disposal—that of transferring Australians to Australia or to England, not for discharge but for "convalescence" or "change."

To summarise, it will be seen that the problem of clearing Egypt of unfit Australians—sick and wounded—and the task of the medical boards were at first greatly complicated by conflicting factors in the situation. While the Government of the Commonwealth of Australia strongly desired that evacuation of

Summary of problem

11 "Army Form B179," the official board-paper for a British expeditionary force, presented as alternative "board findings":
(a) Discharge as permanently unfit
(b) Change to England.
Australians to England should be restricted, there was great shortage of suitable means of transport to Australia; and the British authorities held strong views as to the transfer of really sick men through the Red Sea in summer save in well-equipped hospital ships. The confusion resulting from these causes was the more confounded through the absence at this time of any principles that might guide the boarding officers in selecting for disposal—except that all venereals were to be got rid of to Australia. It was, indeed, in the matter of invaliding that the A.D.M.S., Australian Force, found his most difficult task. On July 17th the P.M.O., Cairo, was appointed by Surgeon-General Ford "Staff Officer for Invaliding and Evacuation"; he was associated with the A.D.M.S., Australian Force, as "reviewing officer" in connection with the boarding of Australian invalids; and was at the same time charged with more exact and definite responsibility in connection with the Australian medical service in Egypt.  

The "medical board" is the pivot of every system for the invaliding and ultimate disposal of casualties. In Egypt its only function at this time was that of selecting, from cases sent before it by the medical officers in charge of hospital beds, those men whom they considered suitable for transfer overseas. It had not yet begun to take a part in the reverse operation—namely, that concerned with "return to duty." The obvious difficulties now encountered in selecting men for invaliding led to a change in the procedure. On the occasion of the first invaliding of wounded to Australia (that by the _Kyarra_ in May) much difficulty was found both in selecting from the accumulated "board papers" the most suitable cases and also in subsequently assembling for embarkation those selected—men who were all in process of movement through the convalescent system, or might even have been absorbed into light "base duties." To obviate this difficulty, at the end of June permanent medical boards were appointed in each of the general hospitals. Added to these was a "travelling

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12 Exceptional tact and assiduity enabled Colonel Manifold, in spite of his anomalous status, to exercise considerable influence on the working of the Australian hospitals.
medical board," of which the duty was to re-select, from cases boarded by the former, those best suited for the accommodation actually available in such transports as should present themselves. The "junior Australian officers" in charge of hospital beds were given instruction, by the P.M.O., Cairo, in the principles that should guide them in selecting cases to go before a medical board. During July the P.M.O. was very fully occupied in the endeavour to bring order from a muddle which was in some degree inherent in the situation, but which was accentuated by the uncertainties of a policy wherein—as it was put by an officer who had intimate experience of its working—"nothing ever lasted long." A shipload of invalids selected under this system left for Australia on July 29th in the transport Hororata, which carried 222 sick and wounded invalids for discharge and 266 for "change", making a total of 1,006 invalided and 392 convalescents returned "for change" to Australia since the Landing. During the same period some 1,500 Australians, sick and wounded, had been sent to England.

The alternative to invaliding is "discharge to duty." In no department of military procedure is the evolution that took place during the war of greater interest to the medical service than in the return of the recovered casualty, since the improvements, which amounted almost to a revolution, in the system were in a very large measure made possible by increasing the part allotted to the medical service.

In the army, the stage of convalescence, a necessary prelude to "return to duty," calls partly for a combatant and partly for a medical responsibility. It is a weak spot in the machinery that controls the onward movement of the casualty through the military medical system. The soldier is transferred back from the protecting wing of the Geneva

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13 "There appeared" (to quote again from this source) "to be few guiding principles as to the class of man who should be invalided, and these were liable at any moment to entire revision." Both the Australian reviewing officers, it would seem, adopted a somewhat hypercritical attitude towards the findings of the medical boards in respect of eligibility for transfer overseas. In that connection the A.D.M.S., Australian Force, found that "it was almost impossible to get them (the boards) to reverse" their opinions when once expressed; meanwhile the P.M.O. Cairo, found his views often at variance with those of the medical officers in British units. It is probable that the standard of fitness necessary for effective service in the field was in general underestimated by administrative officers at the base, as it was in Australia in the case of recruits.
Convention to the hard world of training and fighting: military and medical control meet again, and, as elsewhere in army administration, the junction is apt to be imperfect, and sometimes leaky. Here is to be found one of those military domains in which overlapping of medical and combatant responsibility may be much in evidence: during the first part of the war it was a peculiar “No-Man’s Land,” wherein command might be at one time medical and at another combatant, or where the administration might be combatant while the effective control was medical.

The system of “medical” convalescence in Egypt for Australian casualties was at this time comprised in the three “auxiliary convalescent dépôts” developed from No. 1 General Hospital; “Mena House,” from No. 2; and the convalescent homes (or dépôts) at Helouan and Ras-el-Tin. Further reference to these will appear later. On the combatant side of the joint was the base details camp of the A. & N.Z. Training Dépôt at Zeitoun, to which went all Australian convalescents discharged “to duty.” This was a hybrid of quite unique character, which, though not under the Geneva Convention, at times combined in itself the functions of a convalescent dépôt, as laid down in “War Establishments,” with those of a military “overseas base dépôt.” Here, besides convalescents and recovered, were held large numbers of men who had been “boarded” for return to Australia.

From an early date also a considerable number were discharged to duty who, though for various reasons not fit to return to the fighting line, were not totally disabled. In May the attention of the D.M.S. for the Force in Egypt was drawn to these by the officer commanding No. 1 General Hospital (Lieutenant-Colonel W. Ramsay Smith), with the suggestion that discharge from the hospital should be endorsed in such cases “fit for base duty but not fit for duty at the front.” Such an order was in fact issued early in June, convalescents being classed “fit for light duty” and

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14 At the Australian convalescent dépôts or homes at Ras-el-Tin and Helouan the commanding officer was combatant, the directing officer medical. At the British convalescent dépôt at Mustapha (Alexandria) the medical officer who at first commanded was later replaced by a combatant—the supersession causing considerable resentment. Great confusion existed also in the designation of units or establishments included within the term “convalescent” Convalescent “dépôt,” “hospital,” “camp,” and “home” were often used indiscriminately.
“fit for light duty in Egypt,” and many men so classed were used for hospital work, though as yet on no very definite system. Many men also of those wounded in the first fighting, when convalescent, though “fit for duty” at the front, were absorbed into the organisation of the training dépôt (for which no personnel had been provided), recovered men rather than reinforcements being retained for these duties. It thus came about that, even in cases where disablement was not severe, not a few remained at the base, while in other cases a considerable time elapsed before they were included, with reinforcements in one of the drafts for the front which were sent to Alexandria in response to demands from field units through the adjutant-general’s office at the base. The administrative separation of the A.I.F. in Egypt from the M.E.F. Base was accountable for some delay in return to duty: the system was indirect, convalescents and reinforcements being held in a command outside the expeditionary force, whose administrative department was out of touch with, and unable to influence, the supply. For the A.I.F. (as has been already noted), Egypt to a great extent functioned as a home base.

A contributing cause in the delay may in some cases have been the difficulty, which at times was considerable, in obtaining Australian uniforms. The most important factor, however, was the fact that it was not yet recognised that an exact system of preparation and medical supervision was necessary to ensure the prompt return of all fit cases and the retention of unfit. The later stages of the war saw the system developed to a fine art, return being made gradual yet rapid, smooth but inevitable.

It was thus that arose the grievances to which reference has been made in connection with return to duty at Anzac. Keen men who got away brought to the front reports of administrative disorganisation at the base; others, absorbed into training establishments or hospital staffs against their will, wrote to their units asking that their own return should be demanded. But while there is no doubt that the working of the training dépôt was at first defective and its organisation rudimentary, it is far from clear that delay in return
to duty was excessive in any large number of really fit cases. The mere passage through the complicated system of a base, even at its best, was a matter of months. The root of the trouble is to be looked for rather in the non-retention of light cases nearer to the front. The conditions in the A. & N.Z. Training Dépôt gradually improved, and drafting became more exact, but the system remained unchanged till the increasing demand for “effectives” brought, as in all the national armies, the necessity for more exact procedure. The developments in this respect will appear later.

On the “medical” side, as on the combatant, convalescence in Egypt was at this time lacking in refinements of organised procedure which afterwards added greatly to efficiency. In “medical” convalescence in the auxiliaries and homes deficiencies related chiefly to special forms of treatment and the provision of special amenities that might add to comfort and relieve tedium. While the official preparations, improvised and imperfect, for receiving the first wounded provided all the essentials for recovery, they did not permit of a high standard of ministration by the medical and nursing staffs; and, though “Red Cross” funds were freely expended and voluntary help generously given, doubtless much was then lacking to the Australian convalescent in the way of accommodation, of medical and nursing attention, of feeding, bathing, recreation, and so forth. No furlough was granted, and though, from the auxiliaries, occasional leave for the day could be obtained, the privilege was for some time rendered nugatory by lack of suitable clothing.

There is no evidence that—as was thought at the front—casualties were detained too long in the medical units; indeed, the reverse was more often the case, and what may be called the emergency exit in case of a rush—namely, discharge direct to the base details camp—was used to such an extent that this formation came to be looked upon as a true convalescent dépôt. As auxiliaries and convalescent homes filled up, medical officers discharged direct from them to “base

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15 The useful work done in Cairo and Alexandria by the Y.M.C.A. and other voluntary organisations, in which convalescents participated in some degree with the rest of the troops in Egypt, is referred to in pp. 422, 486n.
details" any patients who could look after themselves. The masses of men in the auxiliaries made discrimination difficult. Matters in this respect came to a crisis with the rush of the second week in June, when complaint was made from the training battalions at Zeitoun that men came from the hospitals without proper clothing (sometimes in pyjamas) and without documents. The training dépôt asked if these men who are discharged from hospital are supposed to be fit for duty to proceed with reinforcements to the M.E.F. There is scarcely a man among them fit for even the slightest duty about camp; many have open wounds still; they are a nuisance in camp, as they do no work and demoralise others.

On June 27th, at the request of G.O.C., A. & N.Z. Training Dépôt, the D.M.S. for the Force in Egypt instructed that "this so-called convalescent camp" should be closed; that the only cases discharged to Zeitoun should be "recovered men, to be classed 'fit for duty' or 'light duty,'" and that all invalids awaiting invaliding to Australia should be held at the convalescent home at Helouan, "the only place where patients no longer requiring hospital treatment are to be sent." But the trouble was not a mere matter of administration. From lack of clearance overseas the medical convalescent system was choked up. On June 15th, e.g., 130 men who had been sent to the Australian convalescent home at "Al Hayat" (Helouan) were refused admission—the place being full of invalids—and were sent back to the hospitals. Increased accommodation was sought by still further expansion of No. 1 Australian General Hospital. On July 8th the P.M.O., Cairo, at the request of the A.D.M.S., Australian Force, inspected the Grand Hotel at Helouan, and this was taken over and staffed from the A.A.M.C. reinforcement and reserve "pool" at No. 1 General Hospital, and was used for a time as an additional home for convalescents. Ras-el-Tin convalescent home, opened on July 5th for 200, was staffed from the "pool," and expanded gradually for 500. The Australian convalescent home (or dépôt) at "Al Hayat," Helouan, was developed to 1,000 beds.
The other main problem of these months—that of receiving and treating the casualties from Gallipoli and, pari passu, ensuring readiness to meet the emergencies of an impending offensive—was also adversely affected by the circumstances under which the Australian medical service was then administered. The development of the Australian hospital service in Cairo was still entirely in the direction of extending the “auxiliary” and “convalescent” accommodation connected with the one hospital; this was in marked contrast with the British policy of establishing at the M.E.F. Base a balanced system of normal military units, each of which expanded on emergency. Thus, when the P.M.O., Cairo (Colonel Manifold), investigated, at the request of General Babtie, the Australian hospital situation in Cairo, he found it a confused one.

At No. 1 General Hospital in the Heliopolis Palace Hotel the accommodation in the “Palace” itself (800 beds) was reserved for serious cases, this arrangement being effected by a system of rapid transfer, under which all light cases were passed on to the auxiliaries immediately on admission, and the more serious cases from the wards as soon as they were partly convalescent. The number of cases appearing in the “A. & D.” books, of this unit was thus very large. By the allotment of junior assistants, the ophthalmic and aural department developed into an important special clinic. During June ambulance trains took to Cairo a total of 3,582 casualties, of which 2,862 went to No. 1 Australian General Hospital and to its “auxiliary convalescent dépôts.” The fittings and equipment of the latter and of the convalescent home at Helouan had been slowly improved, and, with the increased staff, ministrations were more effective. Thus in No. 1 Auxiliary (Luna Park), where hitherto no provision had existed for messing, a fine dining-hall for patients was made by draining an artificial lake, and a suitably equipped

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16 Admission and Discharge books—the fundamental administrative (and, at the time, statistical) record kept in all Medical Units. This will be described in Vol II.
17 Called till Sept. 6 “Australian auxiliary convalescent dépôts”; after that date, “Australian auxiliary hospitals.”
kitchen was installed. To meet a considerable demand for minor—and some major—surgery, a small operating-room was improvised. Nevertheless the general conditions in the auxiliaries were still very rough. On July 12th “the sanitary arrangements over the distribution of food and general cleanliness and kitchen arrangements” were found by the P.M.O., Cairo, to be “deplorable.” Notwithstanding these shortcomings, cases did very well indeed in the auxiliaries, which, however, remained secondary in function and in general suited only for dealing with minor cases and convalescents.

No. 2 General Hospital in Ghezireh Hotel—which the P.D.M.S. found “very unsatisfactory”—was without auxiliaries, but built up very good medical and surgical departments; the clinical records of this unit were kept in a manner unsurpassed by any Australian hospital during the war. The cases arriving from the front, however, were, at this time, unevenly distributed. During July there arrived at Alexandria from Gallipoli in all 6,979 casualties, sick and wounded, of whom 2,769 reached Cairo. Of these no less than 2,100 passed through the books of No. 1 Australian General Hospital. In July No. 2 Australian General Hospital received 642 patients and was “never more than half-full.” Only two deaths occurred among these: the proportion of serious cases which after May reached Cairo was very small. An Australian nurse returning to Ghezireh from Alexandria, where since April she had served at No. 17 British General Hospital, records that she was struck by the unlimited space and staff and the fact that the less serious patients went to Cairo, where the staff, etc., were most plentiful. The work at Ghezireh was slight compared with what we had known.

No. 2 A.G.H.
On June 16th the *Mooltan* arrived from Australia with "special medical reinforcements," 28 officers, 38 nurses, and 195 other ranks. These were taken on the strength of No. 1 General Hospital, which had now a staff available for duty of 54 officers, 171 nurses, and 463 others. The sudden accession of so large a number without organisation into which to fit them increased the existing confusion. On July 19th more "special" medical reinforcements arrived from Australia—20 officers, 79 nurses, and 230 others. These also were absorbed into No. 1 General Hospital, where on July 22nd there were available for duty no less than 73 medical officers, 226 nurses, and 555 other ranks. The patients for whom this staff was responsible numbered on July 28th only 1,692. On that day twenty officers at this hospital were on non-medical work or were unallotted. With the backing of the P.D.M.S., the A.D.M.S., 1st Australian Division (Colonel Howse), who was then in Cairo, obtained a quota from these for the field units. The expansion of the stationary hospitals was not, however, provided for, nor were additional medical units in reinforcement asked for from Australia.

By mid-July the new convalescent dépôts at Helouan and Alexandria had been formed, and No. 1 Australian General Hospital had become the dominant feature in the medical situation at Cairo. Controlled by this unit, or associated with its administration—through the fact that its registrar was also the "A.D.M.S., Australian Force," and in effect also the medical officer to the medical section of the Australian Intermediate Base Dépôt—were the Heliopolis Palace and its three "auxiliary convalescent hospitals"; the three convalescent homes; two nursing homes; the venereal hospital, Abbassia; the A.A.M.C. reinforcement dépôt; the base dépôt of medical stores; the ambulance motor transport; and the Australian Red Cross Dépôt and funds.

The second week in July opened for the medical service at the base as at the front a new phase of the campaign, namely, preparations for the great offensive. On the military
side these were already well advanced. On the medical, the situation as regards the disposal of casualties at the expeditionary bases was very different from that at the time of the Landing.

There was now in the Levant or arriving a force of some 200,000 men. A stream of casualties, which during June and July averaged 265 daily and was increasing every week with the rapidly rising sick-rate, was reaching Egypt and some 100 daily were going to Malta; local resources in respect of accommodation had been heavily drawn upon.

Instead of the D.M.S. for the Force in Egypt (General Ford), the P.D.M.S. (General Babtie) was now responsible for co-ordinating arrangements for disposal at the expeditionary bases with those for clearance and evacuation at the front and on the lines of communication. Returning to Egypt from a tour of the Dardanelles, this officer at once began preparations.

The detailed medical arrangements at the base for the great offensive are considered in the following chapter, in connection with the tactical preparations at the front, but it is desirable here briefly to refer to some of them. The Principal Director of Medical Services exercised considerable influence on local developments, in particular those concerning the M.E.F. base hospitals at Alexandria; he also directed the distribution of the new personnel sent out from England for the operations. At his instance the G.O.C., Force in Egypt (General Maxwell), cabled to the War Office for increased facilities for evacuation to England and obtained special permission to clear by "home-going liners,"

The civilian hospitals in Egypt had by now been exploited to the utmost. No new British hospitals were sent to Egypt; those at Alexandria "expanded" by temporary erections and tents up to 1,500 and 2,000 beds, and for these additional personnel arrived on the eve of the operations. On July 24th the Principal Hospital Transport Officer ("P.H.T.O.") Surgeon-General Sir James Porter, arrived at Alexandria and conferred with the Principal Director of Medical Services.

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19 Passenger ships from India and Australia, which maintained at this time a fairly regular service.
In the Cairo area arrangements were made for No. 2 New Zealand Stationary Hospital\textsuperscript{20} (now on its way) to take over the fine Egyptian Army hospital at Abbassia, and for the establishment of a Canadian stationary hospital. At the end of the month Mena House was again taken over by No. 2 Australian General Hospital. The preparations at No. 1 Australian General Hospital during July were confined to endeavours by the P.M.O., Cairo, and the A.D.M.S., Australian Force, to improve the conditions in the auxiliaries: the former found, and reported to the D.M.S. for the Force in Egypt, that "Australian Auxiliaries are reputed to hold many more than they will actually take."

In the provision for the reception of the anticipated casualties the Australian motor ambulance transport in Egypt played a useful part. This transport had by now increased to some sixty cars, and, under no exact system of organisation or control, were serving almost the entire medical needs of Egypt. Through the Australian Red Cross another twenty were being obtained, and General Ford cabled to Australia that more would be acceptable. To this the acting D.G.M.S. (Colonel Fetherston) replied that the supply of chassis in Australia had been exhausted. General Babtie asked the War Office to supply fifty, reliance having hitherto been placed entirely on the vehicles provided by voluntary gift in Australia and New Zealand.

Vigorous action was also taken by the provisional Australian Base Dépôt of Medical Stores\textsuperscript{21} which was by now serving all Australian medical units in Egypt and a military population which—including the recently arrived 2nd Australian Division—totalled some 30,000. Its medical supplies were usually obtained from the British base dépôts or by local purchase, or from Australia, whence they were brought to Egypt in the transports as surplus stores and collected thence with great difficulty and much loss—or from England. In July the dépôt was moved to a large warehouse, all Australian units in Cairo were ordered to draw

\textsuperscript{20} No. 1 was established at Port Said at the beginning of July and was now accommodating 500 patients.

\textsuperscript{21} With staff of one officer, one N.C.O., and five others
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exclusively from it, and requests were made through the D.M.S. for the Force in Egypt to the Australian High Commissioner for its establishment as an independent unit. At the same time, in consequence of the increasing demands and the expectation of heavy casualties, a request was cabled for "stores for three months for twelve hospitals and convalescent dépôts . . . also regimental medical services, approximately 8,000 sick at any one time." A few days afterwards, in view of the rapid movement of events and a shortage of supplies which threatened "a famine in drugs," an immense order was sent to London for "drugs, dressings, instruments, etc., required by the Australian line-of-communication units during the next six months," the quantities being based chiefly on "experience . . . during the last four months."

The preparations in No. 1 General Hospital were adversely affected by the extraordinary situation which had developed in connection with this unit. Administratively it had become unmanageable. Not only so, but the conditions under which treatment and ministrations were carried out were such as seriously to dissatisfy the P.D.M.S. In deference to his views the D.M.S. for the Force in Egypt decided to decentralize by making the auxiliaries independent commands. An "establishment" for these, based on the capacity of the buildings occupied, was drawn up by the A.D.M.S., Australian Force, and P.M.O., Cairo, for submission to the Department of Defence. The question of establishments was, however, deferred in view of the expected visit of the acting D.G.M.S. (Colonel Fetherston) from Australia. The whole question of the nature, extent, and maintenance of the Australian medical contribution to the British war effort was at this time under discussion in Australia, where also the condition of the wounded from the Dardanelles and the circumstances of the Australian medical service in Egypt

General Babtie's criticism

22 The detailed list that followed involved in the one order over £30,000 worth of drugs (including, for example, 2 lb. of cocaine, 4 of eucaine hydrochlor, 3,500 lb. of chloroform, 20,000 of absorbent wool, and almost 1,000,000 pills and tablets). As was reported to the High Commissioner by his medical staff officer, it could "be described by one word only—colossal." The order was filled gradually through private firms and the War Office: but it was a bad "piece of staff work," and the defective cooperation that was to blame was due to defects in the policy guiding intra-imperial relations rather than to lack of foresight in the medical staff.
were causing profound concern. The Minister for Defence (Senator Pearce) had decided to send the acting D.G.M.S. to Europe, "as it is impossible to understand the situation."

The breaking up of this pseudo-military organisation would entail the loss of all military structure, and the problem of the administration and control of the constituent parts became pressing. The D.M.S. for the Force in Egypt suggested their control by the "S.M.O.," A.I.F. in Egypt (Colonel Martin, of No. 2 General Hospital) as "Inspector." To this the A.D.M.S., Australian Force (Lieutenant-Colonel Barrett), objected. On such a question the mind of the civilian organiser naturally turned to a hospital committee, and for the administration of the new units, and for settling the difficulties in the administration of the Australian medical service, he suggested a "committee," to consist of the P.M.O., Cairo (Colonel Manifold), the S.M.O., A.I.F. in Egypt, and "another A.A.M.C. officer," with himself as executive officer. The idea did not commend itself to the military mind of the Commandant, Australian Intermediate Base Dépôt (Colonel Sellheim), or the P.M.O., Cairo, and the proposal was dropped.

Amid these circumstances, and unfortunately at a critical time, the question of orderly direction of the Australian medical service was brought to a head. The weakness of the system of control through subordinates which followed the discarding of the D.M.S., A.I.F., had become apparent almost as soon as it had been set up. In spite of General Williams' dignified warning, to which reference has been made in an earlier chapter, the differences between the officer commanding No. 1 General Hospital and his principal matron had continued. Both these officers were persons of great determination, and neither, it would seem, fully understood the military discipline of command and obedience. The

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23 The official object of his visit of inspection was to inquire into the Australian army medical service and arrangements for the transport of sick and wounded Australian soldiers in Egypt and the M.E.F., and to report to Defence concerning them.

24 See note on p. 67.
principal matron had been Lady Superintendent of the Melbourne Hospital and was

a lady of proved administrative ability and great experience in the control and training of nurses. The choosing of a nursing staff for No. 1 A.G.H. was left largely in her hands, and she at once laid down the principle that the value of a nurse on active service depended, even more than upon professional training and capabilities, on character and mental and moral balance.

Unable to obtain that control of her nursing staff which she considered essential, she appealed to the D.M.S. for the Force in Egypt, who, to shelve decision, created an appointment of "Matron Inspectress" of the No. 1 A.G.H. group of hospitals. To this he appointed her on June 25th, with residence outside the hospital.

In the meantime internal dissensions among officers had been working up to a crisis which was to leave its mark on the history of the Australian service. The organisation of the A.A.M.C., A.I.F., as a service had been destroyed, and no substitute provided: administration by the D.M.S. for the Force in Egypt was lacking in firmness and decision. From this conjunction was begotten an evil offspring of indiscipline, both of command and of service.

Circumstances of a personal kind had results which under proper conditions of work and of administrative control could not have arisen. The commanding officer of No. 1 Australian General Hospital was a man of great ability and energy, but harsh and unconciliatory in his method of command, and uncompromisingly unwilling to stoop to the exercise of tact in the enforcement of military discipline on his officers. Restrictions, not unreasonable in themselves, became through the manner of their enforcement irritating grievances. Discontent at the unmilitary and irregular situation in the Australian medical service in Egypt, and dissatisfaction with the quality of medical and nursing ministrations permitted by the conditions in the Australian auxiliary and convalescent hospitals, became associated with a growing exasperation at the retention by the "A.D.M.S., Australian Force" (an officer without any previous military experience), of a multiplicity of other appointments of most varied and
important kinds. Indefatigable and endowed with vision, organising ability, and an enormous capacity for hard work, this officer had played an important part in a grave crisis, and the D.M.S. for the Force in Egypt, who disliked making difficult decisions for himself, permitted a most improper multiplication of his responsibilities. The appointments held by him at the end of July, in addition to his positions as Assistant-Director of Medical Services for the Australian Force in Egypt—and (in effect) officer to the medical section of the A.I.B.D.—included those of registrar to the huge hospital system controlled by No. 1 A.G.H., executive officer for the Australian Red Cross Society abroad, ophthalmologist and aurist to No. 1 General Hospital and consulting ophthalmologist to the British Force in Egypt. For most of these he was well qualified, but response to so many and so varied demands could not be fully effective—reaction to a multiplicity of stimuli is apt to result in fibrillation. His commanding officer had protested strongly against his being taken from his duties as registrar to carry out the executive work of A.D.M.S. and of "embarking officer." The P.M.O., Cairo, on his first visit to the hospital, saw the justice of this protest, and at his instance an officer was detailed to "assist" and be "trained for the position" of registrar—this being made the easier by a very efficient and well-organised office staff. He urged also on the D.M.S. for the Force in Egypt that it was improper for the A.D.M.S. to retain the position of ophthalmic specialist, and recommended a suitable substitute. Many Australian officers who were content to do their own work saw with apprehension that it was impossible for one man to fill with propriety such a multiplicity of positions. At the same time his necessarily close association with the commanding officer—whom he very loyally supported—and his meteoric rise to a position which gave him a power over the Australian medical service which had been denied to its Director of Medical Services, caused resentment in others, who in a properly organised and disciplined service would have attended, or been required to attend, to their own affairs.
The members of the Australian Army Nursing Service were also in difficulty, and from much the same causes. No Australian matron-in-chief had been appointed, and at the same time the nursing service with the A.I.F. had not been placed under the British "Queen Alexandra's Imperial Military Nursing Service." With the passing of the D.M.S., A.I.F. (General Williams), the nursing service was left without effective control or resort. On July 9th the "Matron Inspectress" of the No. 1 General Hospital group (Matron J. Bell) submitted to the commanding officer her recommendations with regard to its staffing. These were rejected by him. Receiving no support from the D.M.S. for the Force in Egypt (who had created the post as a "placebo"), and feeling her position impossible—as in fact, under the circumstances and with her temperament, it was—she requested to be put on transport duty or returned to Australia.

The quality of service rendered by the nursing staff, it is right to say, was unaffected by vagaries of administration or lack of facilities. As stated by an officer of No. 1 General Hospital:

The outstanding feature of the work of the nursing staff through all the vicissitudes of the administration was their devotion to their duty. They made it plain that they were there to nurse and care for the sick men, and that duty they were going to perform in spite, if necessary, of rules and regulations and military procedure.

The fact that the mischief lay in the unmilitary and confused situation which had been allowed by the D.M.S. for the Force in Egypt to develop—and which in particular was due to the rejection of the officer appointed by the Australian Government to control the interior economy of the medical service—was not recognised by the British administration either in Egypt or at the War Office; the trouble (of which accounts had reached both the War Office and Australia) was attributed to personal indiscipline alone. On July 7th the War Office cabled to Australia recommending that an inquiry should be held into the administration of No. 1 General Hospital. Letters had been permitted to appear in the Australian press criticising the conditions under which Australian sick and wounded were treated in Egypt.
and seriously impugning the conduct of the commanding officer and registrar of that hospital. The Australian Government requested through the Secretary of State that the War Office should arrange the "inquiry." The matter was in this position at the end of July. The second week in August saw the breaking up of the organisation erected round this hospital and a drastic reconstruction of its command and administration. This was coincident with the launching of the supreme effort of the campaign.