CHAPTER XIV

THE SUPREME EFFORT: SARI BAIR

In the great offensive of August, although the arrangements made for the evacuation of the wounded were far more complete than at the Landing, and the scheme of the D.M.S. promised better, and was improved by the last-minute arrival of his naval colleague, serious miscarriage was to occur both at Anzac and along the lines of communication. Of these, the proximate causes are now definitely ascertainable. That of the local breakdown will be traced in this chapter.

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The objective in the remarkable and important military operations of which the medical history is now to be narrated was, once more, the Sari Bair range, together with ground to the north sufficient to secure the position and open the way for an immediate advance. The plans provided for three sets of operations. The main assault on the range was to be made by two columns with a covering force, and was to issue from the open left flank of the Anzac position. These forces would be composed of some 20,000 men from the N.Z. & A. and 13th British Divisions and the 29th Indian Brigade, who, after a night approach, would at dawn assault the heights of Koja Chemen Tepe (Hill 971) and Chunuk Bair; the 3rd Light Horse Brigade would simultaneously advance on Baby 700 from the trenches on Russell's Top. On the north a new landing was to be made at Suvla Bay by British troops. These operations would take place on the night of August 6th.

As diversions, or to supplement the main assault, strong local attacks were planned for both the Anzac and Helles front. At Anzac this scheme included sorties from Pope's Hill and Quinn's Post by the 1st Light Horse Brigade and from Steele's Post by the 6th Australian Battalion, and, in particular, an endeavour by the 1st Australian Infantry
Brigade to capture the very strong position known as "Lone Pine" on the 400 Plateau. A feint on a major scale would be made at Helles. Taken as a whole, and having regard to all the involvements from home base to the fighting front, few more complicated military operations can have been attempted in the history of warfare. Amid the extreme secrecy required by this elaborate plan the medical service was insufficiently and tardily forewarned; the medical arrangements as a whole were a week late. As at the Landing, the military provision for maintenance was unduly subordinated to the preparations for movement.

Learning on July 11th the general scope of the operations, the D.M.S., M.E.F., at once submitted to General Hamilton, through the D.A.G., an estimate based on 30,000 casualties "to be spread over three days." This number was reduced by the Commander-in-Chief to 20,000. The tactical medical arrangements of the Director of Medical Services were definitely based on the strategic plan of developing Lemnos for light cases, so as to serve the interests of the fighting formations by promoting rapid return to duty. Application was made by cable to the War Office for forty medical officers and 500 men, with equipment and hospital tents "for the expansion of Mudros to 9,000 beds," and also for thirty "temporary hospital ships." Both of these provisions were "for the operation." Each ship was to be equipped for 800 cases, for which a staff of 6 medical officers, 10 nurses, and 35 orderlies was requested. All the staffs asked for were sent, and were distributed through the P.D.M.S.; the first drafts arrived at Mudros on August 6th and 7th—the date of the offensive!

The extended scheme—already under way—of twenty-seven hospital ships for the Mediterranean was pushed forward and was being completed during the operations. This, however, was for normal evacuation only. No special hospital ships were prepared, though some three or four were diverted from elsewhere.

Asked by the War Office for thirty special transports to act as temporary hospital ships for the operations, the Admiralty advised that such vessels could not be fitted in
The Anzac-Suvla area, showing the objectives of the August offensive

The front proposed to be occupied at the end of the main operations is shown by a red dotted line.
time,¹ and recommended that reliance should be placed
"primarily on hospitals ashore in the sphere of operations"
—that is, the advanced and expeditionary bases. Reinforce-
ments from England would be delayed if fast transports were
used for the evacuation of wounded and were thus retained
in the Mediterranean. It was, however, agreed that, from
the troopships conveying the new divisions for the offensive,
twenty-five specified vessels (which proved to be of very
varying quality) might, as they arrived, be equipped and staffed
as "ambulance carriers" or as hospital ships.

In favouring reliance on hospitals at or near the front,
and in its provision for the operations, the War Office appears
to have been greatly influenced by the

Conflicting policies
Principal Director of Medical Services. On
July 6th this officer concluded a tour of the
Dardanelles, and, becoming aware of the nature of the
proposed operations, was profoundly concerned for the dis-
posal of the battle casualties. Seeing saturation point already
almost reached at the expeditionary bases, he concentrated
chiefly on the clearance of convalescents from them to
England; but he also strongly recommended to the War
Office continuance of his scheme for the development of
Lemnos for serious cases by establishing a "Dardanelles
Hutted Hospital" of 1,040 beds, and "probably others"—
with an ultimate prospect of 9,000 "first-class" beds. The
views of the P.D.M.S. (General Babtie) and the D.M.S.,
M.E.F. (General Birrell) for the intermediate base were thus
brought into open conflict, the former favouring local
development in the interests of serious and urgent cases, the
latter supporting the policy laid down by G.H.Q., M.E.F., in
the interests of "return to duty."

The number of stationary and general hospitals sent by
the War Office with the new divisions had been much below
that allowed in "War Establishments,"

Base and
Lines of
Communication
special accommodation for the August
offensive being provided to a great extent
by "expansion" of the existing hospitals.

¹It is clear that the War Office intended that the "temporary hospital ships"
should be used as an equivalent of "hospital carriers" (see p. 223). Whether
it was proposed that they be painted white, does not appear. Much discussion
at cross-purposes between navy and army is betrayed in the use of terms, hospital
carrier and temporary hospital ship in particular being confused.
For this purpose some 300 medical officers, 330 nurses, and 1,300 other ranks had been sent. The diversion to Lemnos of No. 3 Australian General Hospital has been mentioned. In addition, certain Canadian stationary hospitals were apportioned to the Dardanelles. Clearance of invalids from Egypt and Malta in preparation for the offensive was hampered by the fact that the transportation of the 100,000 new troops had monopolised most of the large vessels available and held up even the original scheme of hospital ships. Thus on August 6th, immediately before the attack, the Principal Director of Medical Services, who expected 20,000 wounded at the bases, could reckon on only 11,000 beds in Egypt and 7,000 in Malta, no reserves being available. Even so, his calculations were in neither case entirely fulfilled. On the eve of the operations the Commander-in-Chief and the War Office were informed by him that it might "be necessary to send considerable numbers of wounded direct to England."

On July 15th an able administrator, Lieutenant-General E. A. Altham, was appointed Inspector-General of Communications and made his headquarters in the Aragon. During this week no fewer than 4,159 casualties, chiefly sick, had passed through Mudros Harbour to the expeditionary bases. An eleventh-hour effort was now made to develop Lemnos as an intermediate military medical base. The west shore of the harbour was surveyed for a hospital centre and concentration camp. Under the Director of Works piers, stores, and roads were begun and efforts made to deal with the water problem. An Egyptian labour corps was brought over. Australian motor-ambulance waggons and lorries—to which hitherto landing had been refused—and

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1 Before the South African War the hospital accommodation allowed by the War Office for a campaign was on a basis of 10 per cent of the total strength. In consequence of the introduction after that war of an improved sanitary organisation, this was reduced (at the instance of the Army Council) to 7 per cent. It presumed (perhaps justifiably) the possibility of a temporary expansion, in emergency, of 100 per cent—e.g., of a 1,000-bed hospital to 2,000. For the Dardanelles Campaign this proportion of personnel was provided, but largely as "drafts"; the allotment of medical units was below normal and the possibilities and duration of "expansion" were stretched unduly. The special requirements of the campaign, it is evident, were imperfectly foreseen.

2 To which position the Chief Engineer of the A. & N.Z. Army Corps (Brig.-Gen. A. C. de L. Joly de Lotbinière) had been appointed.
other transport were hurriedly sent for; but on August 1st the transport detachment at Lemnos had only four ambulance waggons for use on shore.

The five new British divisions, two of which were without artillery, were provided with the normal establishment of field medical units and clearing stations. Apart from the latter, no line-of-communication medical units were sent. On July 19th the D.D.M.S., Lines of Communication, complained that he had “only four Stationary Hospitals to accommodate the sick of nine divisions.” Eight more were urgently asked for, “more still” if further divisions should be sent. At the same time the base in Egypt was cabled that No. 3 Australian General Hospital, which arrived at Alexandria on July 25th, should be retained there: Lemnos was still totally unprepared for such a unit. The hospital was, however, sent up at the desire of the P.D.M.S.

To assist the D.D.M.S., Lines of Communication, in the administration of the island as an intermediate base, assistant-directors of medical services were appointed for East and West Mudros, but it was not till August 1st that the A.D.M.S. for West Mudros arrived. The D.D.M.S., L. of C. (acting under the Inspector-General of Communications and in conjunction with the Principal Naval Transport Officer), with an A.D.M.S., directed from the Aragon the flow of casualties to the bases and of medical reinforcements and units towards the front, and also the distribution of medical stores.

On August 3rd, in the absence of new stationary hospitals, the four established at Mudros—Nos. 15 and 16 British and 1 and 2 Australian—were each ordered by the D.D.M.S., L. of C, to expand to 1,000 beds. The two Australian units—each originally for 200 beds—would undertake this without any addition to their staff and with only partial replenishment of losses through sickness. To render it possible convalescents were temporarily attached for duty to No. 1, and

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4 The 53rd and 54th Territorial Divisions—“half trained and at half strength” (Gallipoli Diary, Vol. II). The fatal error was made of embarking the personnel and equipment of their field ambulances on different transports in England, with the result that for some time after the divisions landed in August the field ambulances were practically helpless without their equipment, and assistance had to be obtained from other divisions.” (British Medical History of the War, Vol. IV, General).
the 30th British Field Ambulance to No. 2. The male staff of No. 3 Australian General Hospital arrived on July 29th in the transport Simla, which became a dépôt ship for all medical personnel and nurses; the equipment of the hospital, sent from England in another transport, did not reach Mudros till three weeks later.

In further pursuance of these plans No. 2 Stationary Hospital, as a step preparatory to a move to West Mudros, on August 3rd handed over “as a going concern” to No. 1, which at the time, with a staff of nine officers and eighty-nine other ranks, held 409 cases. On August 4th No. 29 British (Lowland) Casualty Clearing Station landed at West Mudros to form a convalescent dépôt for 1,000 cases. The base dépôt of medical stores remained at East Mudros, ordnance equipment and stores in the storeship Minnetonka in the harbour. It was August 4th before No. 2 Stationary Hospital, and the 5th before No. 3 General, were landed at West Mudros on a bare and roadless hillside—without tents or equipment, without water-supply other than the tank ships and with only one water-cart each, with no sanitary provision whatever and with little transport other than hand carriage—to prepare for the vast operations timed for the 6th. The assistant-directors of medical services at East and West Mudros respectively took up their duties on August 4th. On the 7th and 8th arrived the female nursing staff of No. 3 Australian General Hospital and eighty-five Q.A.I.M.N.S. sisters for staffing the transports, with 150 medical officers and some 600 other ranks of the R.A.M.C. These were held in the dépôt ship Simla, and were thence distributed. No new hospitals had been opened up when, on August 6th, operations began, and the hospital accommodation actually available on Lemnos was for only a few hundred cases.

The medical arrangements of the D.M.S., M.E.F., provided for clearance direct from the beaches to the base by hospital ship, and substituted Imbros for Lemnos as the clearing centre for evacuation by transports, the harbour at Kephalos being made the pivot both for a (black) “temporary hospital-ship” service which would ferry to Mudros all “28-day cases” and also for
a similar service direct to the expeditionary bases. Casualties
were to be classified on shore at Gallipoli and brought to
Imbros by sweepers and trawlers.

For landing the troops, large steel self-propelled "K"
lighters (known as "beetles"), with drawbridge and accom-
modating 500, had been assembled; but no
special provision was made for the use of
these, or of other shallow-draft barges, for
wounded. Under the naval medical scheme (submitted on
July 29th by Admiral de Robeck) "prepared launches"
would alone ply from the beaches to the hospital ships, while
ships' lifeboats would carry to trawlers, which were sub-
stituted during the operations for the much more commodious
and suitable sweepers—required for the troops. This sub-
stitution, the lack of medical barges, and the non-provision
of launches for the D.M.S., M.E.F., and D.D.M.S., Lines
of Communication, caused grave concern to the Director of
Medical Services, and not without reason. He had long
before asked that the medical service should have launches
and other such craft of its own.

At this critical juncture a new and important element was
introduced into the situation. On July 28th Surgeon-General
Porter, the Principal Hospital Transport
arrives

P.H.T.O. Officer, arrived in the hospital yacht Liberty
to "direct the movements of all sick and
wounded of both Services by sea in the Mediterranean." He reported to the vice-admiral and presented his instructions
to the Commander-in-Chief, M.E.F.; and the administrative
confusion became confounded indeed. The departments of
the Mediterranean Expeditionary Force chiefly affected
were those of the Director of Supply and Transport, and
of the Director of Medical Services. The officer on the
military side who corresponded to the Principal Hospital
Transport Officer on the naval was the Principal Director
of Medical Services, and General Porter at once took over
from the latter all responsibilities in connection with
evacuation by sea. After many conferences concerning the
interpretation into practice of the P.H.T.O's instructions
from the Admiralty, it was agreed that in controlling the
means and methods of transporting the wounded, after leaving
the beaches, between the various (so to speak) relay posts on the sea lines of communication to the expeditionary base and thence to the home base, he should work in close conjunction with the Principal Naval Transport Officer ("P.N.T.O.") and staff of the Inspector-General of Communications ("I.G.C.") at Lemnos. These three officers (or their representatives) would form an executive triumvirate at Imbros and Mudros. Classification would still be carried out, and the destination of casualties would thus be decided, by the army medical service, which remained responsible also for ministration and administration on shore, and for the efficiency and supply of personnel and provision of medical stores for use in both hospital ships and temporary "carriers."

The military scheme for evacuation was shown to the P.H.T.O. for the first time on August 3rd, and he agreed to accept responsibility for its operation. Though he accepted the general plan of the D.M.S., M.E.F. (including the use of Imbros as the classifying and clearing centre), the scheme in detail was considered by him "bound to fail" through insufficiency of hospitals ships to maintain the proposed service to the bases and of fleet sweepers for the ferry service to Lemnos. On August 5th he, with the new D.Q.M.G., M.E.F. (Major-General G. F. Ellison), hastily drew up a modified plan (the "Porter-Ellison scheme") and had it "distributed to as many ships as possible." Under this scheme, in order to maintain a "white ship" anchored constantly close in shore at all four beaches, eight hospital ships were to be held constantly within the Dardanelles zone. In conjunction with trawlers these would maintain a short ferry-service to Imbros, transferring cases there to "ambulance carriers" (as transports, when staffed and equipped for sick and wounded, were now being called). A similar service of "ambulance carriers" replaced the sweeper service from Imbros to Mudros for the carriage of light cases. Evacuation to the base would therefore be chiefly by "black ships," with such additional hospital ships as might become available. On August 6th eight hospital ships were available at the Dardanelles. Of the twenty-five transports ear-marked by the Admiralty for black "ambulance carriers," only nine had
as yet been prepared: a tenth was used as dépôt ship for medical and nursing personnel: eleven others had not arrived, and four of those specified were found to be totally unsuitable. All these vessels were debarred from transmitting by wireless.

Local arrangements for the Suvla operations were quite distinct from those at Anzac, and the Anzac area itself was divided into two separate spheres of evacuation for the right and left respectively, the dividing line running from Ari Burnu up the central spur.

The "feints" planned for the 1st Australian Division in the original Anzac area were regarded at Army Headquarters as of quite minor importance—the Director of Medical Services was indeed not even informed of them. But at Anzac it was realised that the "Lone Pine" diversion at least must develop into a serious engagement involving heavy casualties. The control of the Australian Casualty Clearing Station still lay with the A.D.M.S., 1st Australian Division, Colonel Howse: and with the extension of the fighting front the responsibility for all evacuation from Anzac Cove would fall on him. Greatly perturbed at the entire absence of instructions from the Director of Medical Services, in particular of any sign of assistance to the C.C.S. in clearing that medical "No-Man's Land"—the Beach—he asked on July 26th that the Tent Division of the 1st Australian Field Ambulance should be relieved from Lines of Communication duties to carry from the beach to the boats. This request was refused. Thereupon, as at the Landing, he adopted an attitude that gave to his requests the force of a deliberate demand on behalf of Australia. In a memorandum to Corps Headquarters on July 29th, after pointing out that the staff of the C.C.S. was "so depleted at present that it cannot possibly clear the casualties expected in the Army Corps," he asked that

A senior officer with not less than 100 bearers and 500 stretchers should be detailed to take over entire control from high-water mark. . . . The 1st Australian Casualty Clearing Station and any other units used as clearing stations would naturally come under the control of the above officer.
His own responsibility, he requested, should "be defined as divisional," and he desired that Australian medical officers be sent from Egypt in reinforcement of medical units at Anzac. He concluded—

Whilst clearly recognising that I have no right to review or ask for information as to the arrangements made or contemplated by the D.M.S., M.E.F., yet I submit, with all due deference, that as the senior medical officer present with the Australian Imperial Force here I shall be called upon by the Commonwealth to state what steps I took to avoid a repetition of the painful inadequacy in the provision made for the care of Australian troops in April.

Two days later, on August 1st, the D.M.S., M.E.F., for the first time, visited Anzac and conferred with the D.A. & Q.M.G. and the two A.D'sM.S. On the following day it was notified that "medical embarkation officers" would be appointed for the operations by G.H.Q., M.E.F. Two British casualty clearing stations would land on the 6th. These, "with the C.C.S. used as a dressing station under the 1st Australian Division," would clear casualties to the boats from Anzac Cove and from the beach north of the Cove, at present impossible to use through enemy fire, but on which, when the fighting columns had cleared the country, the A. & N.Z. Army Corps would build two new piers. Patients were to be classified at the field ambulance dressing stations into "28-day" cases (i.e., cases likely to become fit for discharge to duty) for Mudros, others for "base"; "light cases" were to be held on shore. On August 5th the A.D.M.S., M.E.F. (Colonel Keble), landed as "Medical Control Officer" (representing G.H.Q.), the second-in-command of the Australian Casualty Clearing Station (Major J. Corbin) was appointed "Medical Embarkation Officer" for Anzac Cove. The D.A. & Q.M.G., A.N.Z.A.C. (General Carruthers) continued to function as a virtual deputy-director of medical services to the Army Corps. The medical administrative chain from Divisions to Lines of Communication was thus a peculiarly assorted one. Five British medical officers were attached to the 1st A.C.C.S. for "classifying the wounded" into the two categories—for "Mudros" and for "base." A reserve of 500 stretchers each was promised for Anzac and the new front, but no special bearers were provided for clearing from the beaches.
THE SCHEME OF EVACUATION DURING THE OPERATIONS OF AUGUST 1915

Map No. 9

Note: Black Ships shown thus ● GHQ shown thus Hospital Ships " ■ Stat. Hosp. " Trawlers " " C.S.S. " " "

Beaches
Roadstead
Clearing Centre
Intermediate Base
Head of LofC

50 Miles

650 Miles

To Alex

Emergency Hospital

Lemnos

Gemini

Asia Minor

Tenedos

Imbros

Greek Lines
For the "Lone Pine" operation the A.D.M.S., 1st Australian Division, made the 3rd Field Ambulance responsible; for "Steele's Post," the 2nd Field Ambulance.

Advanced dressing stations were selected for each. The headquarters of the 1st, 2nd, and 3rd Field Ambulances were notified as "divisional collecting stations" for lightly wounded, that of the 2nd being shifted to the cove. The ambulance problem was simple, but any accumulation of wounded in the open might entail disaster. Rapid clearance was therefore ordered; only essential first-aid was to be given. To meet the chief difficulty of the regimental bearers—clearance through trenches and saps—thirty naval stretchers were obtained.

For his formidable problem of clearing wounded from the wild country on the left the A.D.M.S. of the N.Z. & A. Division (Colonel Manders) had only two complete field ambulances (N.Z. and 4th Australian) and the bearers of three others (1st and 3rd Light Horse and New Zealand Mounted Rifles), all of which arrived on the 5th, while their tent divisions were retained at Lemnos through an error due to defective liaison between the D.M.S., M.E.F. and D.D.M.S., Lines of Communication. In addition to taking charge of any front occupied by the main offensive on the left, Colonel Manders was responsible for clearance of casualties from the sorties at the head of Monash Valley and the advance on Baby 700. To meet the situation, he broke up his two complete units into sections, allotting the "B" Section of each to the Monash Valley relay, and the "A" Section to Russell's Top and reserve. "C" Sections of each, and the light horse bearers, he allotted to the two assaulting columns and the covering force. Tent personnel of these were to form dressing stations inland as soon as possible; otherwise (as with bearer divisions and the regimental bearers at the Landing) units were to suit their action to events. The A.D.M.S., 13th British Division, had the 39th, 40th, and 41st Field Ambulances complete. The 108th Indian Field Ambulance worked independently with its brigade of Gurkhas and Sikhs.

The diversions and feints which initiated the great offensive were determined and bloody. At 4.30 p.m. on the 6th a
sortie in force was made at Helles which cost over 1,000 casualties. At 5.30 p.m. the 2nd, 3rd, and 4th Australian Battalions, supported immediately by the 1st and later by the 12th and 7th, after some bombardment rushed Lone Pine from a concealed forward line connected by tunnels, and entered on a three day's hand-to-hand struggle for its retention—a struggle which stands high in the annals of the A.I.F. and, though successful, cost 2,277 (approximately fifty per cent) in casualties to the six battalions chiefly engaged. During the night the engineers, working forward from the tunnels and in the open, connected the positions by narrow saps. Through these, after the dawn of the 7th, passed the wounded—and everything else.

The regimental medical officers of the 1st and 3rd Battalions decided to work from aid-posts in the original line until the position was occupied. The R.M.O., 2nd Battalion, took part in the assault and formed a temporary aid-post in the captured trenches. With his own bearers and those of the 1st and 3rd Battalions—the medical officer of the latter being wounded early, as was the commanding officer of the 3rd Field Ambulance—and with the assistance of the sanitary officer and his details, the assault area and the captured trenches were by morning cleared across the open to aid-posts in the old line, whence they were cleared to the cove by the 3rd and 1st Field Ambulances working in relay. Some 700 cases, serious and slight, passed through during the night.6

The sorties from Steele's, Quinn's, and Pope's were simply tragedies of war, brief and terrible. Two from Steele's

Steele's, Aug. 7 Post (at 12.30 and 2 a.m.) failed of their objective—machine-gun positions enfilading the narrow No-Man's Land of Quinn's—and cost 80 killed and 66 wounded out of 300 who emerged from tortuous tunnels on the thirty yards of No-Man's Land. The wounded who crawled or were dragged back were soon cleared by the 2nd Field Ambulance down "Bridges' Road." In the

6 "B" section bearers of 3rd Field Ambulance cleared to the two advanced dressing stations. "C" section relayed to the 1st Field Ambulance headquarters. From there 35 of the latter's squads and "A" section of the 3rd carried to the beach.
evening, at the urgent request of the A.D.M.S., N.Z. & A. Division, an officer and twenty bearers from this unit were lent to him for work on the new beach.

The sorties from Quinn’s and Pope’s and the attack on Baby 700 were to have synchronised with the main assaults of the two columns at 4.30 a.m. These had been held up, but the local attacks were carried through. At Quinn’s the first line (of the 2nd Light Horse Regiment) to breast the parapet was within sixty seconds killed or wounded. The other lines were happily stopped: some 37 wounded who fell back into the trench were collected by the regimental medical officer in a slight dip twenty yards behind the line—thirty-five yards from the enemy—whence by 10 a.m. they were slid down to the gully 100 feet below. The sorties from Pope’s by the 1st Australian Light Horse Brigade and Royal Welsh Fusiliers were little less costly.

The seriously wounded in Monash Gully (some 173) were collected to the New Zealand dressing station below Pope’s. Here, in spite of a good relay system, through insufficiency of bearers many lay during the whole day, clearance being completed during the night with the help of the Australian sanitary section.

The advance across “The Nek” on Baby 700 is one of the most heroic tragedies in Australian history. Of 540 light horsemen of the 3rd Brigade who went out in four waves at varying intervals, only some 170 returned uninjured; 138, wounded near their own line, got back or were dragged in by comrades or regimental bearers. In the burning heat of this terrible day the rest soon died where they fell. Casualties were quickly cleared to the New Zealand dressing station on the left (in “Mule Gully”), now absorbed into the evacuation system of the new front.

Between 6 p.m. of the 6th and 6 a.m. of the 7th 1,016 wounded reached the 1st Australian Casualty Clearing Station. No special provision having been made for these operations (of which the D.M.S. does not appear to have been informed), the clearing station was faced with the same
The Anzac area, showing the routes of evacuation from the Battle of Lone Pine, also those from Walker’s Ridge, Pope’s Hill, Quinn’s and Steele’s Posts during the feints of 6th-7th August 1915

Height contours, 10 metres.
difficulties as at the Landing—in particular, shortage of sea-transport. By 4.30 p.m. on the 6th the regular hospital ship had been filled by the clearance of 500 sick and of some 100 wounded in a Turkish raid on the right, and she sailed for the base. The hospital ship *Sicilia*, which took her place, was full by midnight (800 cases). Meanwhile 400 wounded from Lone Pine littered the Beach, to the serious concern of the Medical Embarkation Officer, who appealed to the G.O.C., A. & N.Z. Army Corps. The situation was relieved, however, by the arrival at dawn of the hospital ships *Delta* and *Dunluce Castle* for Europeans and *Seang Choon* for Indians. These vessels had been allotted for the Anzac operations by the P.H.T.O., and the special scheme of clearance through Imbros now began to operate.

During these costly but, as is now known, largely successful attempts to hold up the Turkish reserves on the right, the main attacks on the heights were in the throes of grave misadventure, and their medical arrangements were involved in unhappy miscarriage. The account of these is deferred until events in the right sector have been followed to their conclusion.

For some time no suitable position for an aid-post could be formed in Lone Pine itself. The casualties from the terrific bombing counter-attacks on the 7th, 8th, and 9th were extricated with the utmost difficulty, the process being greatly helped by the naval stretchers. Like the fighting itself, this work demanded sheer courage, endurance, and resource. For its part in this affair the A.A.M.C. received commendation in peculiarly high terms from the divisional commander, Major-General H. B. Walker.

Between 6 a.m. and 6 p.m. of the 7th some 700 casualties were cleared to the cove. Stretchers ran short, and the advanced dressing station became congested, but the situation was relieved by the arrival of the 2nd Light Horse Field Ambulance bearers with stretchers, and by the action of the A.D.M.S., who peremptorily checked all re-dressing of wounds and instructed that "hopeless" cases should be held
and that all should walk who could. From the 8th, bearers worked in twelve-hour shifts: 1,500 passed through the relay posts in forty-eight hours.

By the night of the 9th the Lone Pine position was secure. Regimental aid-posts were established forward, and on this front the tumult and fighting died down into trench-warfare, with the aftermath of a sick-rate more wasteful than all the woundings. In all, from August 6th to 9th, 3,463 cases from the right front were cleared to 1st Australian Casualty Clearing Station. The roadstead being common to the two Anzac fronts, from the 7th onwards evacuation from the cove became closely involved with that from the new front.

The collecting and clearance to the beach of the wounded from the Homeric fighting on the main range and northern ridges of Sari Bair afford fine material for a study of divisional medical tactics. Such a study will be found in The New Zealand Medical Service in the Great War, to which these operations are particularly germane.

The ultimate objective in the retreat of the wounded—as evacuation may be termed—is the military base of operations. In this movement, as in attack, the events of each successive stage are linked with, and their issue largely determined by, the success of those preceding and following. This was peculiarly the case in the operations under review. A description of the collecting of Australian wounded on land will therefore be followed up, in the next chapter, by a connected account of the whole chain of events. It will then be necessary to appreciate from a broader outlook the course of the evacuation to the bases.

To appreciate the course of events on shore and the medical problems, it is essential to have in mind the topography and character of the country. Five chief spurs (not counting Walker’s Ridge) ran from the main range north of Anzac and ended in foot-hills at a distance of from 500 to 800 yards from the beach, the space between hills and beach being flat open country. The second and third of these operations consisted of assaults and counter-attacks taking place over a period of four days and culminating in a great Turkish counter-attack at daybreak on August 10. It was not, however, till nearly the end of the month that the captured positions were consolidated and linked up with Suvla.
these spurs ("Rhododendron Ridge" and "Bauchop's Hill") united at a pinnacle (which became known as "The Apex"), and thence ran for 300 yards, as a narrow spur, to join the range 300 yards below Chunuk Bair,¹ which was the central objective of the right assaulting column. The fourth and fifth (Damakjelik Bair and Abdel Rahman Bair) ran up to Hill "Q" and Hill 971, the objectives of the left column. Between the spurs ran steeply the "deres" (water-courses), now dry. Narrow and tortuous for the most part above the foot-hills, these gullies widened out shallow and open below them. They became at once the only route for reinforcements and supplies going forward, and for the outgoing streams of wounded. The most important were the Sazli Beit and Chailak Deres—which, with the southern branch of the Aghyl Dere, derived close to each other at The Apex—and the Aghyl Dere, between the fourth and fifth spurs.

The nature of the country will be in some degree understood from previous description. An idea can be formed from the illustrations of the ruggedness and confusion of the ravines and ridges that were to be traversed in darkness by the assaulting columns with little assistance from maps, and among which the wounded were to be collected and cleared.

Throughout the month the days were scorchingly hot, but the nights very cold: the whole country was parched and dusty.

The foot-hills were captured by the two covering forces by midnight of August 6th, the 40th British Infantry Brigade forming a left flank. Moving out at 9.30 p.m., the right assaulting column (the New Zealand Infantry Brigade) fought its way

¹ In the foot-hills of (or near) these were No. 1, 2, and 3 Outposts, reached from Anzac by a 2,000 yards sap, which had been widened for the operations to five feet.
up Sazli Beit and Chailak Deres, reaching The Apex almost on time. Advance along the spur was, however, at this point held up till noon, when the foothold was extended a little farther. Casualties were heavy.

The left column consisted of two brigades—the 4th Australian and 29th Indian. The 4th Australian Brigade, with Hill 971 as its objective, was set a stupendous task. From the outset it fared badly. Attempt at a short cut into Aghyl Dere took the column (at times in single file) up a narrow scrubby gully (“Taylor’s Hollow” or “Gap”), whence it emerged about day-break into a part of the northern branch of the dere. Fighting its way up this (“Australia Valley”), the 4th Brigade, its troops weakened by disease and completely exhausted, entrenched on Damakjelik Bair, in the belief that it was on a spur of Abdel Rahman Bair. The advance of the Indian troops also fell short of their objective, and they failed to join up with the right column.

Regimental medical establishments accompanied their units; bearer divisions—by an eleventh-hour decision—followed the columns; the tent divisions followed at dawn. The work of the British and Indian units is mentioned only so far as is necessary, but throughout the operations there was manifested a fine spirit of mutual help.
The bearers of the New Zealand Mounted and 39th British Field Ambulances (with the right and left covering force) cleared the foot-hills of casualties and at dawn formed collecting stations near the mouth of Chailak and Aghyl Deres.

The bearers of "C" section, New Zealand Field Ambulance, formed a collecting station in the northern branch of Sazli Beit Dere, below "Table Top," clearing thence to the beach. Down Chailak Dere, from 5 a.m., the twenty-five squads of the 1st Light Horse Field Ambulance cleared wounded from the fighting in the foot-hills from a position half-way up the dere. Moving up after midday, the officer-in-command established a collecting station in a vacated regimental aid-post (a Turkish cook-house) some 500 yards below The Apex. Here the unit worked through four days of experience as strenuous and poignant as any in the war, clearing from regimental aid-posts close behind the fighting front. In the afternoon "walking wounded" succeeded in getting away, but clearance of severe cases was made impossible by insufficiency of bearers and stretchers and by the length and difficulty of the carry down the steep and thronged dere. At 1 p.m. the commanding officer asked the assistant-director of medical services for bearers and stretchers: "it will take today and tonight to evacuate the cases here." He was instructed "not to evacuate, but to concentrate if necessary." This order appears to have been due to the necessity of keeping open for supplies and troops the narrow defile—the only route to the position, since the upper end of the Sazli Beit route was commanded by the enemy: but circumstances presently to be related were at the same time shaping events on the beach below in such a way as to render nugatory any attempt at relief of the situation up in the deres. A few blankets and some comforts were sent, and also water, which was terribly needed. At Sari Bair, little less than at Suvla, these operations stand out among those major battles of history in which the water problem played a determining part in the issue. The circumstances of the tragic fiasco at Suvla are outside the scope of this book; but it may be noted that the
system of water-supply for the two fronts differed fundamentally; at Suvla it was concentrated in canvas pipe line, in the Anzac Corps dispersed in tins. It was, indeed, here that the two-gallon petrol-tin began its career as a major munition of war for transport of water. There was, it is true, a shortage at Anzac—enough to cause human suffering, though not serious disaster: and even the light horse at Katia\(^8\) did not suffer as did the troops on Sari Bair in those three burning days.\(^9\)

With the left column went sixty-four bearers of “A” and “C” sections, 4th Field Ambulance, and thirty of the 3rd Light Horse Field Ambulance. Stretchers, medical companions, surgical haversacks, and water-bottles were carried.

Obeying an order to halt, the 4th Field Ambulance at Taylor’s Hollow lost touch with the brigade: disregarding it, the 3rd Light Horse Field Ambulance went on, and, forming a collecting station in Aghyl Dere near the junction with Australia Valley, cleared for the brigade during the day. Working in touch with the battalions and under considerable fire, the bearers carried by Taylor’s Gap or down the dere and through half-a-mile of sand to the beach near the mouth of the Chailak, where a small trestle pier (“No. 3”) had been constructed. Stretcher cases, handed over to tent divisions in its neighbourhood, were left on the beach or, as day advanced, in the shallow dry bed of the dere; there, throughout the day, they lay in rows in the sun without shelter. Worked by squads of two, the carry was a very heavy one, and some remarkable feats of endurance are recorded. No reserve of stretchers having arrived, bearers were ordered—quite improperly—to return without them, and in many cases they did so, thus becoming crippled for further action. At dawn the 4th Field Ambulance bearers moved up through Taylor’s Gap into Aghyl Dere. Failing to get touch with their brigade (which had gone up Australia Valley), they formed a collecting station higher up the dere. At 3 p.m. the 4th Brigade asked the A.D.M.S., N.Z. & A. Division, for “at

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\(^8\) See p. 571

\(^9\) It is not pleasant to recall that even this supply was gravely prejudiced by the fact that only a secondhand and broken-down pumping apparatus was available.
least 40 stretcher-bearers, urgently required: have seen nothing of 4th Australian Field Ambulance as yet.” The casualties on this flank were, however, light, and were cleared by the light horse bearers, whose commanding officer visited each regimental medical officer in turn before dark and at 7.30 p.m. reported to 4th Brigade Headquarters “all cleared.” This unit bivouacked during the night behind brigade headquarters, at the head of Australia Valley.

On August 8th efforts to attain the objectives were renewed (now against the full force of the Turkish reserves). On the left the 4th Brigade, again attempting a hopeless task, and handicapped by error as to its position, by the failure of the Suvla force to advance, and by the desperately confused country;¹⁰ suffered tragic disaster. Moving out at 3.30 a.m. across Kaiajik Dere (mistaken for the Asma Dere), the 14th, 15th, and 16th Battalions were almost surrounded on the spur next to that of Abdel Rahman, and only regained their position on Damakjelik with heavy loss. The medical arrangements were deplorable, and rescue work sadly ineffective. The 3rd Light Horse Field Ambulance bearers learned of the attack only in the morning, when their commanding officer, on going up to the lines, found the remnants of the battalions getting back to the trenches. The 4th Field Ambulance had not regained touch. The little carrying that was done was chiefly by regimental bearers. By a little after 5 a.m. most of the regimental bearers had left the aid-posts with wounded, and, in the absence of ambulance bearers, most of them carried right through to the beach. Here exchange of stretchers was again withheld, and the bearers returned without any. Except for the machine-gunners covering the retirement, R.M.O’s and bearers were the last to leave—“each with a wounded man on his back.” From forty to fifty severely wounded were got in; some others were carried by comrades; but in the retreat the battalions did not cover the same ground as in the advance, and this involved the abandonment in the scrub of many

¹⁰ “So rugged was it (to quote from the Official History of Australia in the War, Vol II, p 663) that from the supposed starting point . . . the climbing of Abdel Rahman Bair, even in daylight and in peaceful manoeuvres, would have taken the troops, though at the acme of fitness and health, longer than the time allowed for the whole operation.”
wounded who might have been picked up. The affair illustrates the lack of medical co-operation in the field at its worst; in particular, it illustrates the result of neglect of the medical service in staff orders. The bearer divisions—which only by a last-hour arrangement had accompanied the brigade in the night march—were not represented on brigade headquarters. On the 7th the bearer divisions had not been linked up: for this operation on the 8th they were simply disregarded.

In the evening of August 8th the 4th Field Ambulance bearers formed a post at the mouth of Australia Valley, and thence "relayed" to a dressing station—formed by their tent division in "Walden Grove," near the mouth of the dere—casualties brought down from the head of the valley by the 3rd Light Horse Field Ambulance bearers.

In the centre the British advanced, but did not reach the crest. Their clearance down the right branch of the Aghyl Dere was little less difficult than that down the Chailak, and more dangerous, but, with complete units, their A.D.M.S. was able to work systematically, forming advanced dressing stations up the deres, with dressing stations in the foot-hills.

On the right the New Zealanders and Gloucesters gained a foothold on the main crest below Chunuk Bair, dug in, and from that Pisgah looked over the Narrows beneath them to the promised land beyond.

On this day the congestion in Chailak Dere appears to have reached its zenith. Every medical unit was working at full pressure, but the situation was beyond the powers of the personnel available for transportation. At 7.30 a.m New Zealand Infantry Brigade Headquarters advised the A.D.M.S.—

Evacuation still very difficult. Wounded have been carried by Regimental Stretcher-Bearers to the Dressing Station over a mile and a half distant. Prompt despatch of Bearer Sub-divisions to connect with Regimental Aid Posts is a most pressing necessity. This overlapping of the bearers recalls the Landing. The light horse collecting station was overwhelmed. At 9.30 a.m. the commanding officer reported to the A.D.M.S., N.Z. & A. Division, that

There are no relays of bearers to take wounded from this station; my men have been working continuously. . . . The station is
overflowing and fresh cases coming in all the time. We cannot possibly carry the patients all the way. Please arrange more bearers with two stretchers per squad. The 41st British F. Amb. cannot assist any longer.

Fifty bearers were sent, but made little impression; stretchers were insufficient; wounded accumulated. Another message at 5 p.m. brought more bearers, with stretchers which, along with the British clearing stations, had arrived that evening. At dusk many wounded, collected in a hollow behind the line at the head of Sazli Beit Dere by the regimental medical officers and bearers, were brought over Rhododendron into Chailak. At 8 p.m. a British column under Brigadier-General A. H. Baldwin was timed to enter the dere for a supreme effort at dawn on the 9th, and, to afford it a clear passage, orders were given to hold up evacuation. But the order came too late to prevent a serious blocking of the steep and narrow defile, still crowded with the accumulated wounded. There is no doubt that, as on May 2nd, the movement of troops was impeded. The consequences on the former occasion had been serious; here the delay contributed to a disaster which may have influenced the course of the campaign. The story of the tragic failure of Baldwin's column, and of the successful Turkish counter-offensive, is delayed to permit an account of developments farther back, in the dressing and clearing stations.

The accumulation of wounded collected at the top of the deres had an equally unhappy counterpart below in the foot-hills and on the beach. General Godley, commanding the N.Z. & A. Division, was in general charge of the operations, with his headquarters at No. 2 Outpost, where also the assistant-directors of medical services of both the 13th British and the N.Z. & A. Divisions were established, working independently of each other, though in very effective co-operation throughout. A. & N.Z. Army Corps Headquarters—to which the Medical Control Officer responsible for the clearing stations was attached—remained at Anzac Cove.

The medical arrangements for evacuation were seriously disorganised by the fact that the two British clearing stations

August 7-8:
Evacuation

Sazli Dere lower down, being controlled by the enemy, was a "No-Man's Land."
did not arrive on the 6th and could not be found. The Medical Control Officer therefore arranged with the A.D’s M.S. that the tent sub-division of the New Zealand Field Ambulance at Walker’s Ridge should control evacuation at the trestle pier (known as “No. 2,” or commonly “Walker’s”), which had been built near it, the 40th British managing that from “No. 3” pier built opposite No. 2 Outpost near the mouth of Chailak. The latter unit did not arrive at the outpost till 6 p.m. on August 7th. Instead, therefore, of forming advanced dressing stations up the deres, with dressing stations in the foot-hills, the already seriously inadequate tent subdivision personnel of the New Zealand and 4th Australian Field Ambulances, arriving on the morning of the 7th, were largely occupied on the 7th and 8th with work that properly belonged to a clearing station—namely, that of tending and clearing to and from the beach the wounded arriving at the foot-hills from the firing line; meanwhile up in Chailak Dere bearer divisions not only cleared, but also ministered, as best they could, to the wounded accumulating there. The situation is parallel with that of the 2nd Australian Field Ambulance at Krithia, but was here continued longer.

No. 3 pier at the centre of operations became at once the focus of clearing activities on shore and the natural link with the lines of communication. No. 2 pier, a mile and a half away, could in the daytime be reached only by the “long sap,” which was thronged with men and mules—the reinforcements, munitions, and supplies for the grim struggle now in progress. The clearance of stretcher-cases to the roadstead was seriously hindered by those unhappy circumstances, presently to be described, whereby a fine opportunity for rapid evacuation was lost.

The movements of the tent divisions—New Zealand, Australian, and British—and the positions which they occupied, cannot be described in detail. The wounded accumulated, for the most part, in two localities. The first was in the vicinity

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12 Unable to land at Anzac through lack of small craft, these units had been held at Suvla while No. 14 British C.C.S. was disembarked there. The further delay was due to the administrative confusion on the medical side.
46. WOUNDED AT THE FOOT OF PULS HILL AFTER THE CHARGE OF THE 1ST LIGHT HORSE BRIGADE AND ROYAL WELSH FUSILIERS ON 7TH AUGUST, 1915

Taken by Chaplain the Rev. F. N. Warren
Aust War Memorial Collection No C2707

47. THE ADVANCED DRESSING STATION OF THE 1ST FIELD AMBULANCE AT THE FOOT OF VICTORIA GULLEY, ANZAC

Most of the wounded from the Battle of Lone Pine passed through this station, which was situated within fifty yards of the beach.

The officer in the foreground is Captain C. E. Wassell, AAMC.

Taken in June 1915 by Warrant Officer C. R. Elder, A A O C
Aust War Memorial Collection No. C2727

To face p 304
48. View of the new Anzac area from the foot-hills

The far ridge was the objective of the 4th Australian Infantry Brigade on 8th August, 1915

Lent by Lieut-Colonel P. Furse, A 4 M C
Aust War Memorial Collection No. 42722

49. A corner of the advanced dressing station, 1st Light Horse Field Ambulance, at Chahak Derf, early in August 1915

Lent by Captain E. W. Lacy, A 4 M C
Aust War Memorial Collection No. C3630

To face p. 305
of the pier, in depressions and the dry bed of Chailak Dere near its mouth, where the 4th Australian Field Ambulance and other units formed temporary "feeding" or "clearing" posts for cases awaiting embarkation; the second was in the shelter of the foot-hills of Rhododendron Ridge and Bauchop's Hill. Here, in various hollows (which soon obtained local names), the tent divisions formed dressing stations, received the casualties coming down the two deres or collected from the fighting in the foot-hills, and evacuated them as opportunity offered. On August 7th both the 4th Australian and 108th Indian Field Ambulances formed dressing stations in the bed of Chailak Dere between the beach and the foot-hills. The former stretched the cover of their operating tent from bank to bank, panniers being used to form an operating table. Wounded from Aghyl Dere went to this station; those from Chailak went to the vicinity of No. 2 Outpost, where the New Zealand Field Ambulance formed a "clearing station" which at 6 p.m. was taken over by the 40th British Field Ambulance. Cases were passed on to No. 3 pier. The day was very hot, water scarce, shelter difficult. By day the wounded, out in the sun, suffered from scorch and thirst; at night, clad as they were chiefly in khaki shirts and shorts, they suffered only less severely from cold.

On the 8th the 4th Australian and 108th Indian Field Ambulances were shelled out. The former, after various moves, formed a dressing station at "Walden Point." During the day wounded came down the deres in large numbers, and (for reasons which will appear) the units in the foot-hills were unable to pass on their stretcher cases. The consequences of this block were soon apparent and were very serious. Severely wounded, who were now being removed from the stretchers—which were required for the front—lay around every station in hundreds, far exceeding the resources of ministration. Little could be done for them, and their condition was pitiable in the extreme. It was estimated by the Medical Control Officer that, at nightfall of August 8th, 1,000 cases were awaiting evacuation in the dressing stations and clearing stations or in the vicinity of the pier. At 5 p.m. the two British casualty clearing stations landed. The 16th
relieved "A" section of the New Zealand Field Ambulance at Walker's Ridge and pier; the 13th sent a detachment to No. 2 Outpost.

Here must be traced the cause of this deplorable damming-back of the stream of casualties, whereby the wounded were retained near the beach under conditions which entailed terrible suffering and loss of life within a few hundred yards of the roadstead, where the hospital ships lay undisturbed. As at the Landing, failure to carry the heights involved in serious difficulty the services responsible for supplies and for evacuation. Beyond the foot-hills the open country and beach were by day continuously subjected to shell-fire and sniping, and in particular to a continuous rain of "overs." Food, water, and ammunition for the supply-dumps formed in the foot-hills had, from reasons of protection, to be landed chiefly at the cove, and, from a dépôt at Walker's Ridge, carried a mile and a half through the "long sap" by fatigues or on mules. But the wounded, the beach once reached, might have embarked direct to the roadstead, where "floating hospitals" could lie day and night and be reached in fifteen minutes. Unhappily this short cut to safety was made of little avail for the seriously wounded. In the first place, full advantage was not taken of the fact that the enemy, a signatory to the Geneva Convention (with crescent instead of cross for token), had shown himself willing to observe its obligations. No attempt was made to clear the wounded openly under the aegis of that convention. No special medical small craft, marked by Red Cross, had been provided. No. 3 trestle pier was apparently intended only for evacuation of wounded, and it was at first so used, a Red Cross flag being flown. But early on the 7th it was used—under protest from the medical side—by beach parties under combatant officers for landing stores; thereafter the flag was, rightly enough, not respected by the enemy. Although at first, through his preoccupation, this fire was only intermittent, and was ignored by those conducting the evacuation, this advantage was offset by the fact that the pier was inaccessible to pinnaces and cutters, except at full tide,
THE NEW ANZAC AREA, SHOWING MEDICAL POSITIONS AND ROUTES OF EVACUATION ON 8TH AUGUST, 1915

Height contours, 25 metres.
and that no lighters or barges were available. At noon of
the 7th, in the absence of a medical embarkation officer and
beach party (which was to have been found by the casualty
clearing station), parties from the "clearing stations" formed
by the 4th Australian, New Zealand Mounted, and 108th
Indian Field Ambulances, directed by a naval embarkation
officer, cleared wounded from this pier to the roadstead by
ships' boats, each boat taking two stretcher cases or twenty-
five sitting. The situation at 11.30 p.m. is presented in a
report to Colonel Manders by the officer-in-charge of the
Australian party, a New Zealand dental officer attached
to the 4th Field Ambulance, whose work gained high
commendation:—

The picket boats cannot get into the pier owing to tidal conditions;
we are evacuating into two ships' boats. It is impossible to handle
stretcher cases, motor-driven lighters the only means. . . . I would
suggest that F. Ambs. hold cases, as there is no hope of evacuating
those we have at the beach. In all to-day evacuations at this station
350, principally sitting. . . . If 1st A.C.C.S. could clear, we could
send along beach parties of bearers from units now round No. 3 Post.

During the night walking cases, and a few stretcher cases,
were in fact thus sent round. At No. 2 pier, during this
day, only the light horse casualties from
Russell's Top were cleared (by the New
Zealand Field Ambulance) under similar difficulties—except
that the pier was safe.

At the cove, working from an adequate pier, with
experienced embarkation staff and with their own flat-topped
barges prepared for stretchers, the 1st Aus-
tralian Casualty Clearing Station during the
twenty-four hours of the 7th cleared 1,937
cases, chiefly from Lone Pine, to the two hospital ships and
two trawlers, a barge-load of 300 filling the last hospital
ship about 6 a.m. on the 8th. But at the next stage ahead
(Imbros) there was now developing a block,
the results of which were felt on this day.

At 8.30 a.m. three cutters with sitting cases,
who had been brought off at full tide from No. 3 pier, were
refused by the only hospital ship in the roadstead, the Sicilia,
which was full and had no room. The boats therefore put
into the cove, where they were mistaken by the enemy for
reinforcements and shelled. One beach had thus emptied uselessly into another. With these cases, with others that arrived from the left front by land, and with those from Lone Pine, the cove was thronged. Beside walking cases (the officer commanding the clearing station records) we have 200 (stretcher) cases lying huddled up in traverses: the crowd great, and accommodation and staff so small that it is impossible to do urgent operations or even to dress all the cases that need it.

Great difficulty was experienced in clearing: for during most of this day only trawlers were available. In the emergency the "sweeper" service direct from the Beach to Lemnos was resumed. At 4.30 p.m. 600 cases were taken by the fleet sweeper 
Redbreast direct to Lemnos—the first to be received at the new hospital centre there. From 6 a.m. of the 6th to 6 a.m. of the 9th 3,615 casualties passed through the 1st Australian Casualty Clearing Station at Anzac Cove.

To return to the left. The situation there at the dressing and clearing stations on the morning of the 8th is indicated by the following message sent from the N.Z. & A. Division to A. & N.Z. Army Corps:

Please arrange naval transport to evacuate from beach here 100 per hour for the next 24 hours; very urgent, as wounded are dying for want of proper rest and treatment on hospital ships. Send all available stretchers and improvise as many more as possible.

The D.A. & Q.M.G. of the Corps at 8.40 a.m. informed the D.A.G., M.E.F., that "if one self-propelled lighter can be spared for evacuation of wounded here, it would end that trouble." This was backed by the Medical Control Officer:

The condition of the wounded on the beaches in Anzac areas is desperate; two motor lighters should be sent to deal with the situation. There are no hospital ships here.

But the fighting force, engaged in a life and death grapple, was not to be diverted to lick its wounds: the lighter could not be spared.

During the daytime No. 3 pier could be used only at intervals, being sniped and fired on by machine-guns at 1,200
yards' range from "Snipers' Nest." "Boats were left about the beach riddled with bullets." Bearers would commandeer any barge that came ashore with stores or mules, fill it with wounded by wading out, and then shout to any picket boat they saw passing to tow the barge off.

As the "clearing station" at No. 2 Outpost, the 40th British Field Ambulance, chiefly receiving cases coming down Chailak Dere, during these two days (7th and 8th) cleared to No. 3 pier, or by the "long sap" to No. 2 pier and Anzac Cove. At their "clearing posts" at the mouth of the Chailak the 4th Australian and 108th Indian Field Ambulances received and, as opportunity offered, cleared cases coming down Aghyl Dere, after they had passed through the dressing station at Walden Grove. During the night of the 8th a detachment from the 13th British Casualty Clearing Station worked with the 40th Field Ambulance. At No. 3 pier embarkation was carried out by the detachment of the 2nd Australian Field Ambulance, who loaded boats and did what they could to relieve the most pressing needs of the men lying about in large numbers in the neighbourhood of the pier while awaiting evacuation. By the morning of August 9th an increasing number, including many stretcher cases, were being sent to the right flank—by day through the "long sap," by night along the beach road—thus diverting bearers from the front. Since No. 2 pier (Walker's) could accommodate only the smallest craft, most of these were passed on to the cove.

From the beginning of operations till 6 a.m. on the 9th, of casualties from this (left) front 1,110 had been embarked from, or about, No. 3 pier, some 746 from No. 2 pier, and 3,615 from the cove. But a comparatively large proportion of these were "walkers," and it was for the most part the less severely wounded that had reached the "floating hospitals." Stretcher cases—abdomens, heads, fractured legs, wounds to large vessels, severe lacerations—accumulated on shore, where little more than first-aid could be given.

The wounded must now be followed a stage further. By the "Porter-Ellison scheme" (which left nothing to be
desired in clearness and exactitude of instructions) in the

**August 7-8:**

Anzac roadstead, common to both the Anzac fronts but distinct from Suvla, hospital ships and trawlers lay together in pairs, and, "weather permitting," both were to "ferry" to Imbros. Otherwise hospital ships were to go direct to Mudros. This ferry service of "white" ships was vital, since, on account of submarines, only they and sweepers could lie in the roadstead. The reason for the interposition of Imbros as a clearing centre was that the shortage of hospital ships at the Dardanelles would not permit of clearance by any other method. The naval small-craft transferred their cases, serious ones to hospital ships, light ones to trawlers. When "full," these left for Imbros and were to be replaced at once by others, which had cleared and were standing by. Classification was made a responsibility of the "S.M.O." in the hospital ship.\(^{13}\)

On the 7th, as at the original Landing, hospital ships accepted a lighter class of case than was intended, and thus filled up rapidly, chiefly from the cove.

**Naval scheme goes amiss**

Before daylight on the 8th the hospital ships *Delta* and *Dunluce Castle* had left the Anzac roadstead for Imbros, but instead of clearing and returning were—contrary to plan—sent on to Mudros. The hospital ship *Sicilta*, which had returned from Imbros on the 7th (retaining 240 of her more serious cases) filled again by 8 a.m. on the 8th and left for Egypt. Hospital ships in replacement did not arrive till midnight. Thus for most of the 8th the roadstead was left bare, except for trawlers and two sweepers, and by these such cases as could be got away were taken to Imbros and Lemnos. The cause of this hitch (as has been indicated) was at Imbros,\(^{14}\) where the Porter-Ellison scheme was already in grave trouble and evacuation to the bases was hardly less difficult and eventful.

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\(^{13}\) According to the "Porter-Ellison scheme," "a load of cases, having been received on a hospital ship, should be classified by one or more medical officers specially detailed..., into serious cases requiring proper hospital ship accommodation, and for transport of minor cases suitable for treatment in shore hospitals, or elsewhere." S.M.O.'s in hospital ships were instructed that—"arrived at Imbros, you will tie up alongside an ambulance carrier, transfer your cases, and return at full speed to your station," but that they should retain on board "such cases as it would be in your opinion injurious to move, remembering, however, that the number of hospital ships is limited and they are the only ones that can go on station off the beaches."

\(^{14}\) The advanced head of the lines of communication.
though less tragic, than at the Landing. It is better, however, not to shift the narrative to that quarter until an account has been completed of the operations on land. While for the time being the wounded from the fighting of the 7th and 8th are left to accumulate (for the most part) in the tent divisions at the foothills and in proximity to the piers, it is necessary to follow the fortunes of the troops engaged in a desperate effort to retrieve the failures incurred and exploit the successes achieved.

The early morning of August 9th saw the culmination—and final failure—of the great offensive. The attacks, chiefly by British troops, were based on the positions held below the crest of the range at the heads of the three dries—Sazli Beit, Chailak, and right branch of Aghyl; they had as their objective the crests fronting the New Zealand position, the summit of Chunuk Bair and "Hill Q," and the intervening slopes, which together composed the right and central sectors of the Sari Bair operations as thus far described. Of three assaulting columns, the right (New Zealanders) and left (Gurkhas and East Lancashire) attacked from the positions occupied by them. The main assault was that by the central (Baldwin's") column, which had to move to the attack—timed for dawn at 5:50—up Chailak Dere. On the right, where the enemy himself attacked, the New Zealanders, by

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A proper understanding of the medical portion of these operations can hardly be gained without study of their military conduct. For this the reader is referred to the Official History of Australia in the War of 1914-18, Vol. II, chap. xxv.

15 Commanded by Brig.-Gen. A. H. Baldwin and consisting of four battalions of the Lancashire, Hampshire, and Wiltshire Regiments.
fighting that was never surpassed in their splendid history, retained the advanced position held by them in front of The Apex on the crest; on the left the Gurkhas reached the crest near Hill "Q"; but in the centre occurred a tragic mishap. Baldwin's column, delayed in the Chailak Dere, attempted a short cut, which ended disastrously at "The Farm," a flat open ledge just below Chunuk Bair. The Gurkhas had to fall back to their original position. At day-break on the 10th the Turks under Mustapha Kemal Bey by a desperate and dramatic counter-attack with all reserves, forced back the "New Army" units, which had replaced the exhausted New Zealanders, to the position at The Apex occupied by the latter on the 7th. A supreme chance to shorten the war had passed; there remained three years of human "attrition."

Casualties in the fighting of these two days were very heavy. The British clearance was chiefly down Aghyl Dere. Sazli Beit Dere was No-Man's Land—a very death-trap, into whose "valley of despair" many wounded found their way and were lost. The wounded from the apex of the salient converged for the most part to the central dere, Chailak, and thronged the thoroughfare from top to bottom. On the 9th the situation there, never satisfactory, became again very serious. The officer-in-charge of the advanced dressing station reported—

More bearers and stretchers are required on the line between here and the beach. 100 bearers with stretchers are necessary. It is no use clearing this station at present, as my line is choked with wounded, who cannot be shifted owing to lack of bearers.

During the morning of this day the A.D.M.S., N.Z. & A. Division, Colonel Manders, was killed. At the urgent request of the D.A.D.M.S., the N.Z. & A. Division supplied a fatigue of 100 infantry, who took up fifty stretchers, and clearance was in full swing at the time of the Turkish counter-attack at day-break on the 10th. The heavy casualties from this

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An unhappy party of inexperienced British troops became marooned in its depths between friend and foe. It appears that all perished miserably, except two, who some weeks later made their way to the New Zealand trenches, and five others who were then discovered and got in.
firing were chiefly British, 500 of whom were evacuated from the head of Aghyl Dere by the N.Z. & A. Division."

On the extreme left no active operations took place after the morning of the 8th. The 3rd Light Horse Field Ambulance bearers carried from the 4th Brigade aid-posts to the mouth of Australia Valley, whence the 4th Field Ambulance bearers relayed to the dressing station of the unit in Walden Grove. Here terraces were cut and three operation tents erected; and here the unit remained, acting as dressing station to their own and the 3rd Light Horse Field Ambulance bearers clearing down Aghyl Dere. It also for some time maintained, with the 108th Indian Field Ambulance, a "clearing post" at the mouth of Chailak Dere. Most cases from Aghyl Dere reached No. 3 pier by this route.

On August 10th a New Zealand advanced dressing station was formed up the Chailak Dere, this being made possible by the relief of "A" section, New Zealand Field Ambulance at Walker's Ridge by the 16th British Casualty Clearing Station. Large fatigues of infantry, now available, finally cleared up the medical situation.

Owing to the small front, and in particular to the difficulties presented by obstructions on the route of clearance down Chailak Dere, the collecting by regimental bearers had outstripped to an even greater extent than was usual, the "clearance" by field-ambulance bearers to the dressing station. As at the Landing, regimental bearers not only collected wounded to the regimental aid-posts, but carried them to the ambulance post, and at times past it to the clearing station. Though the total distance to be carried (about a mile) was small, the difficulties were extreme. The obstruction by troops and the preoccupation of the bearers in the work of ministration made clearance slow. Food and water were supplied only by terrible toil. Relays could not be organised; as it was put by the medical officer in charge of the collecting post at the head of Chailak Dere, "things were so chaotic from the 7th to the 11th that it was a case of 'do the best you can' without attempting to follow

\[From\u2014August 9 to 12 a battalion of Gurkhas was commanded by the medical officer in charge, "in a very precarious position, (he) being the only British officer left"\]
textbook principles." It was seldom, on any front in the war, that the unaided efforts of the bearer divisions of the formations involved could clear the battlefield during a severe engagement, and in this Battle of Sari Bair combatants could not be spared; there was no reserve of bearers, and even field ambulance bearers were occupied in duties which properly belonged to a casualty clearing station. But the delay was very serious for the severely wounded, who suffered terribly. Only first-aid, and that of a crude kind, was possible up the deres: even the most essential ministrations—of water, food, shade during the day, and warmth during the night—were extremely difficult. Water was terribly scarce; it is doubtful if at any time during the war a shortage was more severely felt by the fighting men, the bearers, and the wounded.

On August 9th the 13th British Casualty Clearing Station completed its relief of the tent division of the 40th Field Ambulance at the main clearing centre at No. 2 Outpost. The latter unit had dealt with some 750 casualties coming down the Chailak Dere, and, in addition, had formed an advanced dressing station up the dere. Its toils and difficulties were hardly appreciated by the Australian bearer officers, who saw only that the wounded sent down by them received very inadequate attention. The site taken over by the casualty clearing station from the field ambulance was a convenient one: a sandbagged operating-room had been formed, and shelter erected for fifteen to twenty stretcher cases. But the whole area of the station was thronged with wounded. The numbers arriving at the clearing station from both the central and right sectors of this front reached a maximum on this date. In twenty-four hours, from midnight on the 8th, nearly 1,000 casualties were evacuated through the clearing station, and over 700 from the field ambulance dressing station direct to the beach. Some 400 were sent off from No. 3 pier, nearly 1,200 (chiefly walkers) were sent round through the sap to the right, but large numbers of stretcher cases still remained. Indeed at this time the hold-up of stretcher cases both at the foot-hills and on the beach was still terrible. A bearer officer coming down

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19 Assistance by infantry under these circumstances was allowed for in Field Service Regulations.
saw "at least 200 men on stretchers" at the dressing station
in Walden Grove, and at the mouth of Chailak Dere "the
condition of things was awful, the dere simply a mass of
stretchers containing wounded, some of whom had been there
for 36 hours."

The "feeding and dressing post" near No. 3 pier was
taken over on the 9th by the 13th British Casualty Clearing
Station, and the 2nd Australian Field
Ambulance personnel rejoined their unit.

This small party had filled a serious gap
and had worked for fifty-four hours without
relief. At the pier itself matters were even worse than on
the 7th and 8th. Embarkation could be carried out only
intermittently. The naval embarkation officer was killed;
casualties were frequent. But lack of suitable small craft
was still the great difficulty. No barges had been allotted.

Most of the cases sent through the sap to the right flank
were cleared by the 1st Australian Casualty Clearing Station
from the cove. This unit had been strained to the utmost,
and put up a fine record. "From the 6th to the 10th" (the
commanding officer records) "45 men, of whom more than
half were sick, evacuated 4,845." From now onwards No.
2 pier, lengthened to take larger craft, became the centre of
clearance, the majority of casualties from the left being thus
cleared from the casualty clearing station on "North Beach." No.
3 pier became increasingly dangerous; but the alternative
of a mile-and-a-half carry for stretcher cases was so serious
that the D.A. & Q.M.G. of the Anzac Corps urged the
embarkation officer not to close the pier merely "on account
of occasional sniping. . . . They do not as a rule fire on
our wounded." On the 10th, 168 lying and 350 "sitting"
cases were cleared from it; 486 from No. 2; 431 serious
stretcher cases could not be got away. The 13th British
Casualty Clearing Station, not at full strength, with very
little equipment and with inexperienced personnel, was unable
to do much to improve the position it had taken up. On the
11th the "medical embarkation officer" at Anzac Cove was
sent round by the Medical Control Officer to organise it.
Having with difficulty obtained combatant fatigues, this officer
put in hand the erection of sandbag shelters and tents.
By the night of the 11th the heads of all the deres had been cleared of accumulated cases and, though casualties were numerous, did not again become congested.

But in the evacuation of these from the foot-hills there was (the Medical Control Officer reported) "still a lamentable breakdown; cases sent down during the night still lying out in the broiling sun." The Casualty Clearing Station could do little more than clear; attempts at ministration were pitifully inadequate. Wounded were still pouring down from the deres, and a heavy run of sickness had begun. No. 3 pier became impossible by day through sniping, and the situation grew quite out of hand. The G.O.C., N.Z. & A. Division (General Godley) was appealed to in person by his acting A.D.M.S., and by his instructions large infantry fatigues carried the wounded night and day through the "long sap." 209 stretcher and 492 sitting cases were sent off from No. 3 pier, chiefly at night, and some 600 by the sap and beach route to the right. On the 12th the loading station near No. 3 pier, and the clearing posts of the 4th Australian and 108th Indian Field Ambulances, were closed; the Red Cross flag was removed from the pier, and all cases were sent to the right, between 600 and 700 being cleared thus on August 13th. Requests were again made by corps for "one or two runs each night by self-propelled lighter" for cot cases from No. 2 Outpost," and this was at length arranged. The 13th British Casualty Clearing Station, now thoroughly exhausted, was relieved at No. 2 Outpost by the 16th, which had hitherto had little to do. From this time onwards the sick exceeded the wounded. By the 14th suitable small craft was available in plenty. The 16th Casualty Clearing Station obtained 100 special bearers to carry to No. 2 pier (now being duplicated) and ask for an ambulance wagon to run at night. Ambulance transport was not, however, at this or any other time found possible at Anzac. If, when the direct route to the roadstead (No. 3 pier) so unhappily failed, vehicular transport could have been used, the ambulance

30 These were flat-bottomed, and constructed so as to load direct from the beach.
THE ANZAC AREA, SHOWING THE SCHEME OF EVACUATION FROM THE FRONT LINE TO THE ROADSTEAD, END OF AUGUST 1915

Height contours, 25 metres
bearers could have been employed on their proper carry—from the front—instead of working between the clearing station and the piers.

During this last phase of the evacuation (on August 11th) the tent divisions of the 1st, 2nd, and 3rd Australian Light Horse Field Ambulances, New Zealand Mounted Field Ambulance, and 1st Australian Field Ambulance arrived from Lemnos, too late to render the assistance which had been so urgently needed and which, except as a relief to other units, was after a few days to a great extent superfluous.

On August 15th the D.M.S., M.E.F., gave instructions that evacuations were to be reduced to a minimum, and that every possible case was to be held in shore, since the lines-of-communication and expedi-tionary bases were choked up. The cause of that extraordinary situation and its results will be seen later. But the prime factors in the unhappy hold-up on the beach and its neighbourhood which have been described in this chapter were, without question, the shortage of suitable small craft allotted for clearance from the beaches to the roadstead and the consequent necessity for the long carry from left to right flank. Into the cause of this it is not possible to enter. It was generally held by medical officers at the Dardanelles—and had been urged by the A.D.M.S., 1st Australian Division, and the officer commanding the 1st Australian Casualty Clearing Station, and represented also to the War Office by the D.M.S., M.E.F., and P.D.M.S.—that the medical service should have its own small craft sufficient for serious cases in heavy rushes. These would have sufficed for total clearance under ordinary conditions. In this connection it is only fair to note, first, that in this matter, as in others throughout the campaign, the navy made its intentions clear, and did not promise on paper what it could not perform in effect: second, that the decision as to any prior claim on the limited small craft lay not with it but with the combatant branch of the army.

The difficulty of dealing with the cases held up had been accentuated, as already stated, by the too late arrival of the nursing units. The strategy and tactics of war consist in concentrating the necessary troops at a required point at a
given moment, and the same holds good for those of evacuation. In this fundamental principle of war the medical service in this battle failed—possibly through no fault of its own. “Success” or “failure” in the evacuation of wounded from a heavy engagement is so overwhelmingly dependent on the military situation and combatant co-operation that judgment of the efficiency or inefficiency of its conduct is always a difficult matter. In these peculiarly involved amphibious—and unsuccessful—operations, such appraisement can hardly be attempted. It is perhaps desirable to emphasise the fact that the presentation of events attempted in this chapter has its necessary restrictions. Little account has been taken of the work of the medical service of either the British or the New Zealand formations involved, and none of the heavy evacuation from the Suvla operation; which—though its circumstances were far easier than at Sari Bair—almost monopolised the resources of the navy in small craft.

The roadstead after the 8th was not again left without a hospital ship. This improvement, however, was effected only by the expedient of retaining many of the “white” ships for ferry service within the area of operations and evacuating to the bases by “black” ships. No manipulation of hospital ships could make up for an actual shortage.

With the acceptance of “stalemate” by both sides, the newly-won area was rapidly organised; roads were made in the beds of the deres; the “long sap” between No. 2 Outpost and North Beach was widened to take mule carts; “supply” was organised; the water problem, though still very serious, was eased by the development of local wells. With the resumption of trench-warfare, collecting and clearance became normal. The front gradually consolidated into a defensive line of entrenched positions, mostly on steep hillsides, forming a salient with its point at The Apex. The Anzac Beach area was made an advanced base under a commandant, but no A.D.M.S. was appointed. Instead, on the 14th the officer commanding the 1st

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21 Necessitated by the enemy’s control of a wide area of the beach from Snipers’ Nest and the heights near the Nek.
22 The situation of the field ambulances and routes of evacuation will be clear from the map at p. 316.
Australian Casualty Clearing Station replaced the A.D.M.S., M.E.F., as "Medical Control Officer"—a nondescript and almost meaningless appointment—administering under the D.M.S., M.E.F., the three clearing stations and the evacuation from the beaches. Technically the advanced base should belong to the lines of communication, but the delimitation of medical responsibility in this campaign was always hopelessly confused.

The sick-rate now exceeded the woundings, the A. & N.Z. Army Corps wastage for the week ending August 20th being sick 9.04 per cent, wounded 1.55. The collecting, the clearance to dressing stations, and the evacuation through the 16th British Casualty Clearing Station were becoming systematised, the centre of clearance to the roadstead being definitely at Walker's Pier.

The Anzac line was now linked with Suvla. Everywhere, however, the enemy held the heights. The flat country and beach were not only exposed to shell-fire but controlled, over a large proportion, by the enemy at Snipers' Nest. A deep enemy salient almost severed the position from Suvla. To reduce this, capture a number of wells, and improve the Suvla line, which was still unsafe in spite of casualties exceeding those at Anzac, combined operations were undertaken on the 21st and 28th. The part to be taken by

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23 Lieut Col. W. W. Giblin, A.A.M.C. The A.D.M.S., M.E.F., was Colonel A. E. C. Keble, A.M.S.
the Anzac Corps was the capture of "Hill 60"—a low rise terminating a ridge from Damakjelik Bair—and of certain wells which, in view of the serious nature of the water problems, it was of the utmost importance to possess. For the operations on the 21st, New Zealand mounted rifles and Connaught Rangers, together with a force of 500 selected as fit for fighting from the 1,500 remaining in the 4th Australian Infantry Brigade, attacked from the Damakjelik line. The result was inconclusive, the cost heavy. In this action the 2nd Australian Division (18th Battalion) received its baptism of fire, from which only 367 out of 750 emerged unscathed. The 4th Brigade lost 173; the total casualties were 1,302. For the action the bearer squads moved out behind the troops at five-minute intervals; the 4th Field Ambulance bearers served their own brigade, the 3rd Light Horse Field Ambulance the New Zealanders. The greater part of the collecting had to be done (as almost always) at night, but exceptionally fine work is recorded of regimental officers and bearers. The cooperation between the light horse bearer-divisions and the New Zealand regimental officers received special commendation. The 5th Australian Field Ambulance, which was the first to arrive from Egypt of the three ambulances of the 2nd Australian Division (5th, 6th, and 7th), sent fifty bearers to help the 4th. Their tent division, as its diary records, "went into action and pitched an operating tent in Walden Grove." The 39th British Field Ambulance cleared 200 Australian wounded.

A special pier had been built for the operations opposite Walden Point, and the Medical Control Officer had been warned to expect 500 casualties, "to be directed to the new pier." Clearance was done direct from this by field ambulances at night: the clearing station had very little to do. Everything, it is recorded by the Medical Control Officer, went without a hitch. The endeavour to consolidate the ground won on Hill 60 culminated in a final effort on the 28th and 29th to capture the position. The 3rd Light Horse Brigade fought its last infantry fight—a very terrible one. The 4th Infantry Brigade also fought its last fight on Gallipoli. The condition of this formation was deplorable. The regimental
medical officer who took the place of Captain J. F. G. Luther (killed on the 25th) in the 15th Battalion, has recorded his impressions thus:—

The condition of the men of the battalion was awful. Thin, haggard, as weak as kittens, and covered with suppurating sores. Practically every man had dysentery. The total strength of the battalion was two officers and 170 men. If we had been in France every man would have been sent to hospital.

The clearance and evacuation of casualties proceeded without incident. Losses in regimental bearers were heavy. The operations were a true anti-climax, unhappy in action, inconclusive in result; Hill 60 remained divided between the two sides.

By the beginning of September medical organisation of the new areas was complete; the ambulances were established.
in satisfactory positions, clearing systematically to the 16th British Casualty Clearing Station, which could now accommodate some 300 cases in marquee tents. Evacuation was concentrated entirely on the piers below Walker’s Ridge, the clearing station at No. 2 Outpost acting as rest station and relay post, with 100 bearers provided for the purpose; motor ambulances or other forms of vehicular transport were found impracticable. The problem of disease, always in the foreground, now dominated the situation. On the horizon, moreover, new troubles loomed: on September 4th the navy was “unable to clear the beach owing to weather conditions.”

During the August offensive Australian Field Ambulances lost in killed and wounded approximately fifteen per cent. British and New Zealand units lost more heavily, some of them nearly thirty per cent. One Australian medical officer was killed and two were wounded.