

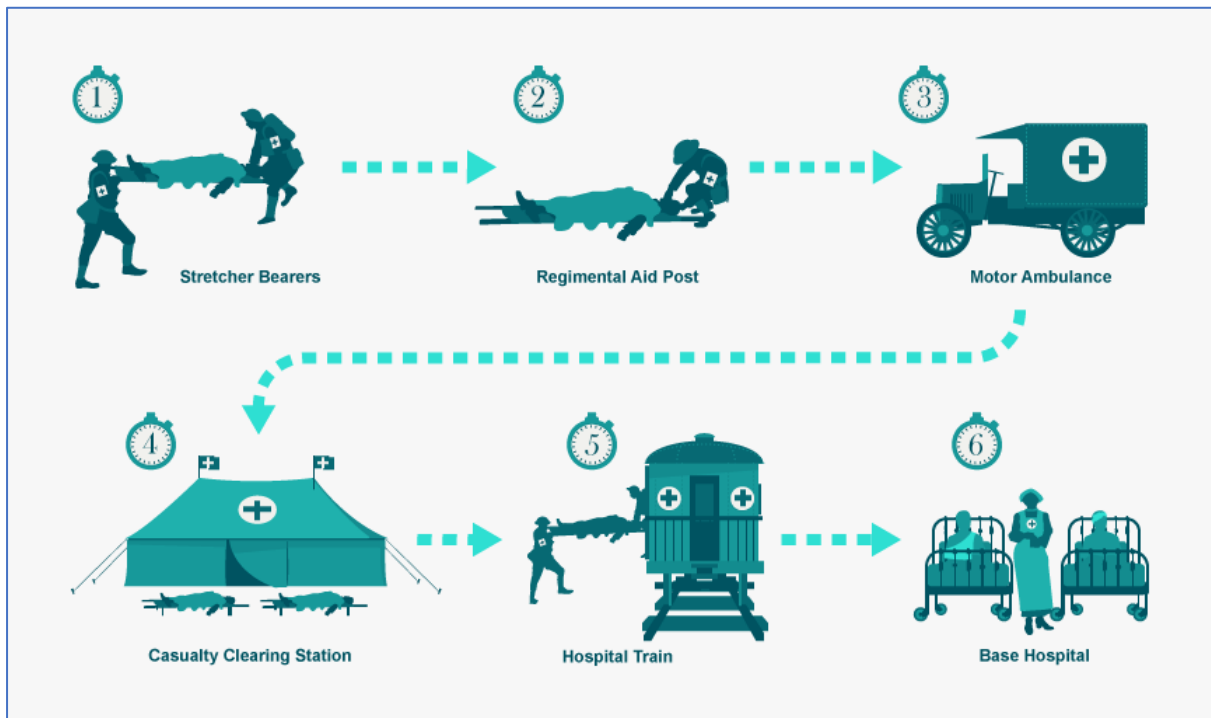


**Medical Evacuation Chain
Australian Imperial Force
World War 1**



Medical Evacuation in the Australian Imperial Force

During World War I, over 150,000 Australian Imperial Force (AIF) members suffered one or more wounds. A medical evacuation chain was developed to provide medical care balanced to meet both individual and service needs.



Field Dressing

Each soldier carried a field dressing packet which contained two individual dressings, one to cover the entry wound and another the exit wound. Between the two bandages was a small cardboard tube containing a glass ampule of iodine. The field dressings contained gauze impregnated with 2 per cent. to 3 per cent. by weight of double cyanide of mercury and zinc. In July 1917, it was decided the iodine served no useful purpose, and caused blistering of the skin in many cases when used in conjunction with cyanide gauze. Issue of the iodine ampoules was then discontinued.



Stretcher Bearers

Advancing troops were directed not to stop and care for wounded soldiers. The wounded soldier had to wait until the stretcher-bearers arrived. Initially 4 men per company were designated as stretcher bearers. Pre-war practice was usually to designate bandsmen as stretcher bearers in combat.

Regimental stretcher-bearers collected wounded from where they fell on the battlefield and took them to the designated Regimental Aid Post. Any sick or wounded who were able to walk were directed to the RAP by the stretcher-bearers.

Regimental stretcher-bearers were not under protection of the Geneva Convention while carrying arms, which were left in the regimental medical cart. All regimental stretcher-bearers were issued with a brassard marked with the letters 'SB'.



Regimental stretcher-bearers were vital in not only providing acute medical treatment but also went a long way to uphold unit morale through their example of dedication, stamina and bravery.

Regimental Aid Post



The regimental aid post (RAP) was the first step in the medical evacuation chain. It was usually located about 650 metres behind the front line. The Regimental Medical Officer, 5 medical orderlies and 16 stretcher bearers were normally at the RAP. The regimental aid post liaised with the field ambulance units set up further behind the front. The RAP controlled everything medical forward of its position.



Field Ambulance

A field ambulance is a military unit, not a vehicle. Field ambulances were attached to each of the AIF brigades. Thus, each infantry division had three field ambulance units, each with 10 officers and 182 other ranks. Field ambulances controlled the medical evacuation chain behind the RAP and moved the wounded from the regimental aid post to an advanced dressing station.



The field ambulances played a vital role in triage and immediate care to wounded soldiers. The field ambulance managed the advanced dressing stations, the main dressing stations and the walking wounded dressing stations. The trip from the RAP to the advanced dressing station was about 1.5 to 5km) and could take up to 6 hours to complete in battlefield terrain. Stretcher-bearers worked in relays. At least 36 stretcher-bearers might be needed to handle each patient along the way.

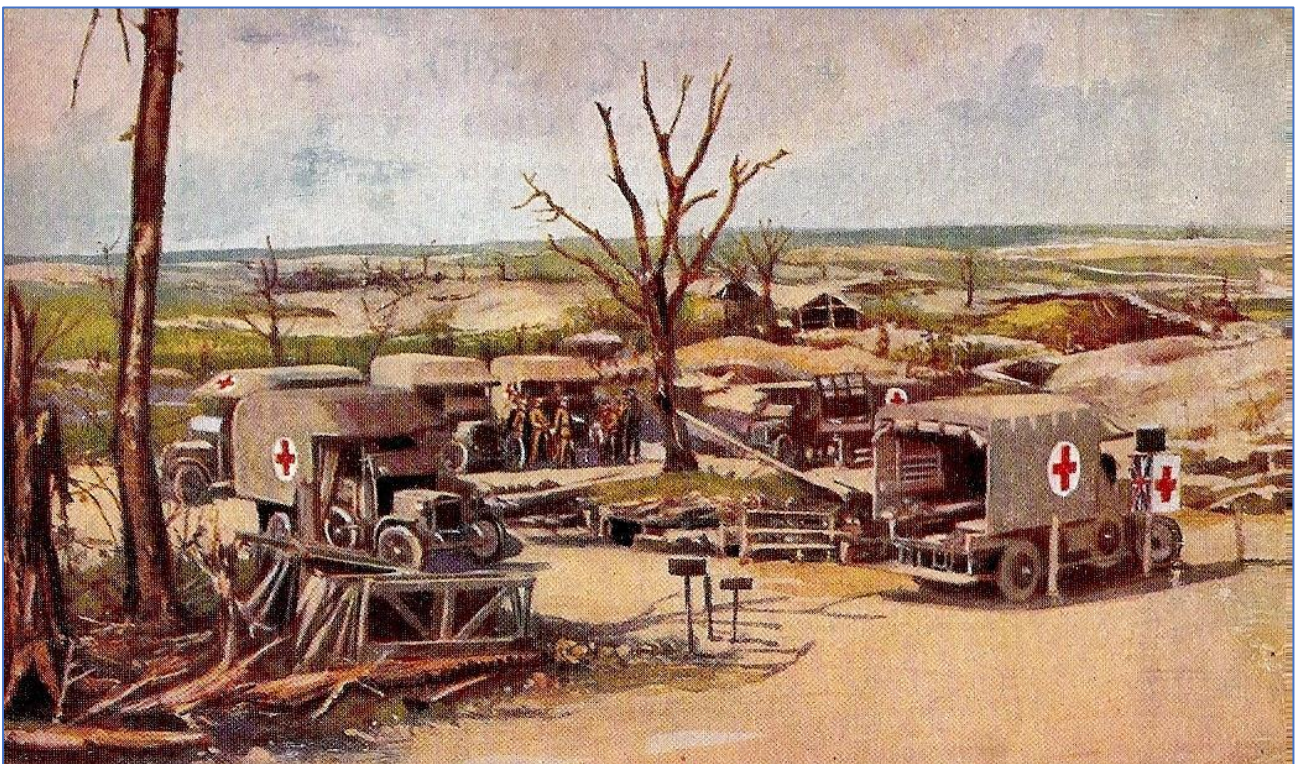
The main dressing station was another 5 – 12 km behind the advanced dressing station. Patient transport attached to a field ambulance included: three horse-drawn ambulance wagons; seven motorised ambulances and 10 general service wagons



AUSTRALIAN WAR MEMORIAL

P01116.064

Australian Field Ambulance at Gallipoli



107.

An advanced Field Ambulance

Official Photograph—Crown Copyright reserved

"Daily Mail" War Pictures

Australian Field Ambulance in France

Casualty Clearing Station

The casualty clearing station (CCS) was a small hospital generally located around a vital communication hub, such as a railway junction that received wounded from the field ambulances. Casualty clearing stations were typically 15 to 25 km behind the main dressing station. A trip from the front to a casualty clearing station would have taken about 8 to 10 hours.

Each CCS acted as: a hospital; an evacuation centre; and a 'sieve' that helped soldiers with minor wounds return to duty quickly. The CCS operated surgical theatres and wards, where wounded soldiers could be treated before being moved to the next phase of the medical evacuation chain. A casualty clearing station typically had: 8 officers and 78 other ranks from the Australian Army Medical Corps and 5 to 15 nurses from the Australian Army Nursing Service.

The casualty clearing stations performed triage on patients to assess the severity of their wounds. They delivered interim treatment for patients with minor wounds or those afflicted by gas warfare. The CCS performed resuscitation, operations, and after-treatment care for patients with severe wounds before moving these patients further down the medical evacuation chain



Ambulance Trains

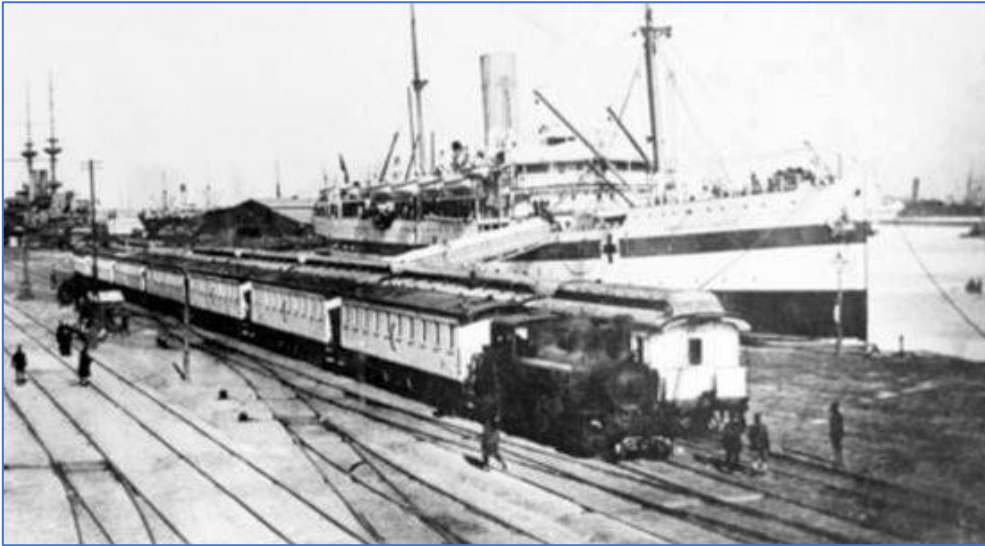
Ambulance trains were used at various stages of medical evacuation from the front line to hospitals. Light railways were used to transport soldiers to casualty clearing stations, which were deliberately built on railway lines for the movement of soldiers and medical supplies. Ambulance trains were then used to move men from the CCS to base hospitals, and from the base hospitals to evacuation ports.



The average ambulance train carried 400 to 500 patients, more than half of whom were quite helpless and a large number in a critical condition. Many cases were brought there practically as they had been found on the field of battle. All that could be done at the C.C.S. was to dress wounds and give food. The patients on the trains were wearing full uniform in a shocking condition of filth. Under normal conditions the clothes could have been removed and saved but on the trains for the sake of the patient they had to be cut away and discarded.

The disposition of coaches on all the first Ambulance Trains was the same. One half of the train was set apart for 'Lying cases', and each compartment of the coach had 4 couchettes. In the middle of the train was the Dispensary, the coach for the Staff and the kitchens. The remaining portion of the train was ordinary 2nd or 3rd Class accommodation, where the so-called 'walking cases' were taken in.

The Ambulance trains carried casualties to hospitals near the French coast where they received further treatment before many that required extensive recovery were sent on to England. Once the men had arrived in Britain by ship, they were loaded onto the home ambulance trains that took them to hospital.



Ambulance train transferring wounded to Hospital ship

Barge Transport

Casualties were also transported by barge utilising the river and canal infrastructure in France. The hospital barges were much slower, but did make for a smoother and gentler journey. The longer journey allowed the Queen Alexandra's Imperial Military Nursing Service nurses time to tend to the injuries of the wounded soldiers and perform daily dressings and for the troops to recuperate from their wounds and the effects of war.



Wounded being loaded on Hospital barge

The barges were painted grey with a large red cross on each side to signify that they were non combatant and carrying wounded soldiers. The interior was painted white. Ventilation was provided by ventilators in the side of the roofs and as the war progressed sky lights were built into the barges. The sailing skipper of each hospital barge was usually a Royal Engineer sergeant and the barges would be towed by steam tugs.

Base Hospitals

Next in the medical evacuation chain was the base hospital, which was located within the line of communication area. Base hospitals could be either general hospitals, or stationary hospitals. Main functions of base hospitals were to: admit and treat the wounded who'd been transported down the medical evacuation chain, evacuate patients for further treatment and to return service personnel either back to their units or to the UK. After the base hospital, a patient would either continue their journey along the medical evacuation chain or return to their unit.

General Hospitals



No 1 Australian General Hospital, Rouen, France, 1918

During World War I, Australia raised 16 general hospitals. Each general hospital had about 1040 beds and staff of 34 officers, 73 nurses and 203 other ranks of the medical service. Several general hospitals served overseas. The rest were in Australia.

No 1, No 2 and No 3 Australian General Hospitals served on the Western Front. No 14 Australian General Hospital served in the Middle East. Hospitals in Australia typically dealt with training-related injuries and illnesses and veterans who, having been invalided home, required further medical care.

No Australian General Hospital or Casualty Clearing Station in France was exclusively devoted to the treatment of Australians. Such selection and segregation would have been difficult and inadvisable given the distribution of national contingents and mixture of units across the front. Policy and practice were to treat military sick and wounded as they arrived regardless of nationality.

It was therefore possible in the same ward at a General Hospital to see English, Scots, Irish, Canadians, Australians, New Zealanders, South Africans, Indians, Newfoundlanders, British West Indians, and members of other overseas units. The contact that existed between hospital patients offered an opportunity for men of various Dominions and the mother country to know and understand each other.



*Volunteer Aid Detachment at No 8 Australian General Hospital,
Fremantle, 1918*

Stationary hospitals

Two stationary hospitals were set up as small hospitals in forward areas during World War I. No 1 Australian Stationary Hospital served on Gallipoli and became No 3 Australian Auxiliary Hospital in 1916. No 2 Australian Stationary Hospital served in Palestine.

Auxiliary Hospitals

If a soldier suffered a 'blighty' wound, this meant that after treatment at a base hospital, he would be transported back to the UK by a hospital ship for further care. Australian troops typically embarked in France at the ports of Rouen and Le Havre and arrived at Southampton. During World War I, around 250,000 Australian troops were treated at a hospital in the UK.

In 1916, the AIF created several auxiliary hospitals to give medical care to their troops. After being transported to a British hospital in the UK, patients were transferred to an Australian auxiliary hospital as the final part of their treatment before moving to a command depot.



Ward at No 1 Australian Auxiliary Hospital, Harefield Park House, 1917

As soldiers entered the auxiliary hospital system, they received their initial classification. This decided if they would be returned to duty or invalided home. No 1 and No 3 Australian Auxiliary Hospitals dealt with those soldiers deemed able to return to duty. Staff undertook surgical work linked to getting soldiers back to the front.



Staff at No 2 Australian Auxiliary Hospital focused on work to ensure patients could be transported back to Australia. As part of this, No 2 Australian Auxiliary Hospital specialised in fitting artificial limbs.

Command Depots

The command and convalescent depots were the final stages in the return of a wounded soldier either to front-line duty or being invalided back to Australia. When command depots in the UK received Australian soldiers from the Australian auxiliary hospitals, the staff tried to move the soldiers from being convalescents to be 'effective'. Once soldiers were 'hardened', they went to the Australian Overseas Training Brigade. Soldiers eventually returned to the front in France.

No 1, No 3 and no 4 Australian Command Depots dealt with the soldiers deemed able to return to duty. No 2 Australian Command Depot managed those who were to be invalided back to Australia.

Convalescent Depots

As a development of the command depot system in the UK, in 1918, a convalescent depot was established in France. This helped to speed up the process of returning wounded soldiers to duty who were deemed fit for front-line duty. In part, this was a reaction to the German Spring Offensives of 1918 and the growing need for manpower. The creation of No 1 Australian Convalescent Depot in France allowed for 'hardening' to take place sooner. As in the UK, personnel were constantly reclassified. Those not fit within 2 months went to the base depot for appropriate treatment.



Group photo, No 1 Australian General Hospital, Sutton Veny, 1919

Even without enlargement it is possible to see the ratio of orderlies (rear row), nurses (centre row and flanks) and matrons, doctors and surgeons (centre front).



Australian Hospital Ships 1914 – 1919



In 1914, Australia was well supplied with modern passenger ships available to convert to hospital ships. During World War One, after an initial experience, five liners were used at various times as troop ships and as hospital ships, with two being lost to submarine attack.

Grantala

Australia was quickly into the provision of a hospital ship with the charter of the coastal passenger liner *Grantala* for support of the Australian Naval and Military Expeditionary Force (ANMEF) involved against various German Pacific colonies. *Grantala* was found to be too small for regular use in this role and was soon returned to her owners.



She was quickly replaced as Australian authorities realized that the range and extent of anticipated injuries for Australia's soldiers, both at Gallipoli and elsewhere in the Middle East and in Europe itself, would need larger ships.

HMAHS Kanowna

Built in 1902, *Kanowna* was of 6,993 gross registered tons (grt), owned by the Australian United Steam Navigation Company (AUSN) and used on the Sydney to Fremantle passenger service. In September 1914 she was requisitioned to take about 1,000 soldiers to German New Guinea as part of the Australian Naval and Military Expeditionary Force.



On 1 June 1915 *Kanowna* was used as Troopship A61, to Egypt. After completion of this run, she continued to Britain where she was modified as a hospital ship. In her new livery she worked around the Mediterranean and made regular voyages back to Australia carrying up to 452 seriously wounded with a medical staff of 88. This was her role for most of the next four years. In October 1918 *Kanowna* was used to collect some 900 British and Commonwealth POWs released by Turkey. She was returned to her owners on 29 July 1920.

HMAHS Karoola



AUSTRALIAN WAR MEMORIAL

ART03190

*HMAHS Karoola departing Southampton 6 May 1919
on last voyage as transport to Australia*

Built in 1909, *Karoola* was 7,391 grt. Her owners McIlwraith and McEacharn Ltd used her mainly on the Fremantle run until she was requisitioned by the British Government in May 1915. She was converted to a troopship in Sydney and was given the number A63. After carrying troops to Egypt, she continued on to Britain where she was converted to a hospital ship with funds provided by the Australian public. In her new role she made four voyages from Britain to Australia carrying severely wounded Australians and another four voyages from Egypt before the war ended. She was handed back to her owners on 27 June 1919.

HMAS Kyarra

Built in 1903, *Kyarra* was a sister ship of *Kanowna* but was rated at 6,953 grt. *Kyarra* was requisitioned by the British government in October 1914 and converted for use as a hospital ship at Brisbane. As HMAT A55 she was used to carry Australian medical units to Egypt. Surprisingly she was not in hospital ship use for long as in March 1915 she was converted to a troopship. In May 1918 she was released from Commonwealth control and sailed for Britain where she again reverted to the role of a hospital ship. On 26 May 1918, she was torpedoed and sunk. Five engineers were killed.



Medical supplies being loaded onto Kyarra, 1914

HMAHS Wandilla

Built in 1912, *Wandilla* (7,785 grt) and her sister ship *Warilda* (7,713grt) were the newest and largest ships used as hospital ships by Australia during WWI. *Wandilla* was taken over by the Australian military for use as a troopship on 18 May 1915. As such she made two round trips from Australia to Egypt during which time, she was also used to carry wounded troops to Britain

She was then sent to Liverpool for conversion to a hospital ship. *Wandilla* made voyages around the Mediterranean and to both sides of Africa before being converted back to austerity accommodation to repatriate Australian troops after which she was refitted for passenger service.



Model of the Wandilla at the Geelong Maritime Museum

*After wartime service, the Wandilla progressed through several owners and name changes. Under Italian ownership, as the Arno, she was requisitioned as a hospital ship by the Regia Marina during World War II. The ship and its crew members were featured in the 1941 Italian propaganda film *The White Ship* (Italian: *La nave bianca*).*

The Arno was sunk by aerial torpedoes from the Royal Air Force on 10 September 1942 about 64 km north-east of Ras el Tin, near Tobruk. It was claimed by the British, that a German radio message decoded on 31 August 1942 showed that the ship was being used to carry supplies to Benghazi in violation of the Hague Convention, making it a justified attack.

HMAHS Warilda

Built in 1912, *Warilda* was soon carrying troops to war as HMAT A69. After three round trips, she was sent to the UK to be converted to a hospital ship. Later in WW I Germany no longer allowed hospital ships immunity from attack, and Britain decided to abandon painting them white and lit at night. Several vessels including *Warilda* were re-classified as ambulance transports. They were painted in camouflage and armed. On 2 August 1918 *Warilda* sailed from Le Havre escorted by two destroyers. She was carrying 660 wounded soldiers as well as 60 medical staff, including nursing sisters, and 115 crew. Early the following morning she was torpedoed in the engine room and sank. Of those on board 123 lost their lives including 102 of the wounded soldiers. *Warilda* had completed 180 trips between France and Britain, successfully carrying over 80,000 casualties.



A 1/30 scale full hull shipbuilder's model of H.M.A.T. 'Warilda', painted to represent its service as an Ambulance Transport, with sawtooth dazzle camouflage.



Shoulder flashes of No. 1 Aust. Hospital Ship and No. 2 Aust. Hospital Ship, Karoola - 1918 -19 Authorised by. Australian Imperial Force Order 1051, 1 January 1918

Repatriation, Rehabilitation, Resettlement

When the Armistice was declared more than 160,000 men gradually returned to Australia and needed sustenance, housing, medical treatment, jobs and training. Creating the new department was assigned to Senator Edward Millen who had been Defence Minister at the outbreak of war and believed repatriation was 'an emanation of the heart ... worthy of the last shilling'.

Demobilisation from the Western Front and Egypt also required a military commander with exceptional energy, experience and intellect. General John Monash took up his appointment in December 1918. General Monash oversaw the withdrawal of Australian soldiers and established them in England where they took part in education and re-training programs.

Demobilisation was expected to take two years but Monash accomplished the task in ten months. Monash approached demobilisation as a psychological problem that required 'Reconstruction Morale', by keeping disbanded men focussed on their future citizenship and openly consulting them about their transition.



Prime Minister Billy Hughes introduced an economic plan which, he said, promised 'a land fit for heroes'—this plan included the Soldier Settlement Scheme, which was taken up by almost 40,000 returned service men. Most, however, were restless after their wartime experiences and at least 170,000 were injured, diseased, affected by gas, disabled or traumatised. The Repatriation Department helped ex-soldiers and nurses find paid work, although Australia's unemployment rate hovered around 5 per cent in the post-war years

Visible and Invisible Wounds

The disabled veterans returning blind, limbless, or disfigured ('Hoppy', 'Wingy', 'Shifty', and 'Stumpy') were the visible living casualties of World War I. They were, mostly, accorded a measure of respect and reverence for their sacrifice. The visibly wounded were more likely to gain a pension from the Repatriation Department than the thousands of 'former soldiers who suffered 'hidden wounds'.

Soldiers often struggled with silent, and sometimes insurmountable, psychiatric conditions that were not always obviously directly caused by war service. 'War neuroses' was a blanket term for, not only shell shock, but other symptoms, ranging from a mild stammer or nervousness, to psychosomatic blindness or paralysis, to violent delusions, to complete catatonic collapse.

The process of 'return' was often fraught, either reigniting old hurts, or failing to live up to the romantic prospect the men had clung to in the trenches. The strain on parents who could only view from the sidelines as their sons fought their demons was clear, as was the impact of domestic violence and alcoholism on families. Shame of real or imagined activities, failures, and labels was the latent cause of breakdown in many men. Instances of suicide and acts of self harm were over-represented in the ex-military population generally.

The number of soldiers being repatriated back to Australia, suffering from various war neuroses, both during and after the war, necessitated specialist psychiatric treatment facilities. Institutions that treated returned men so afflicted were different, and separate, from the repatriation hospitals which provided rehabilitation facilities and long-term care for severely disabled veterans; or convalescent homes and hostels.

The Bottle

Many returned soldiers were well versed in the prescription of the self-administered form of sedation. Excessive alcohol consumption made all other mental conditions worse. Heavy drinking among returned men was of such concern that the government instituted an inquiry into the matter in early 1918, where testimony was received that the 'unstable nervous condition of many returned soldiers made them more susceptible than civilians to the effects of alcohol'. This was compounded by the habit of many ex-soldiers to drink straight spirits. Many men had grown used to the pungent taste of strong spirit in the trenches with the passing around of Service Rum—Dilute (SDR) rations

Soldier Settlement↑

One remedy offered by governments to deal with both the restlessness of many returned soldiers and their need to support themselves was soldier settlement. Its aim was to place a large number of returned soldiers on the land so that they might become sturdy farmers. Anzac heroes, who had proved themselves natural soldiers, would supposedly prove natural farmers even if they had spent much of their lives in the cities.



Soldier Settlement Acts placed about 40,000 settlers on the land; when the families whose labour proved so critical to soldier settlement are included, the scheme probably involved over 100,000 men, women, and children. State governments purchased allotments of land which it allocated to the soldiers. While soldier settlement succeeded in some circumstances, there were many tragic cases of failure, the result of land that was poor in quality or inadequate in size, a lack of capital and expertise, and the ailments that so many suffered as a legacy of their service. Many felt that they had been cheated by government when they had to abandon their efforts at independence and look for a living elsewhere.





*In drippin' darkness, far and near,
All night I've sought them woeful ones.*

*Dawn shudders up and still I 'ear
The crimson chorus of the guns.*

*Look! like a ball of blood the sun
'Angs o'er the scene of wrath and wrong. . . .*

*"Quick! Stretcher—bearers on the run!"
O Prince of Peace! 'ow long, 'ow long?*

