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WORK AT A CASUALTY CLEARING STATION.

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The work at a Casualty Clearing Station with the B.E.F. France varied in character, in stress, in hardship and in danger in almost the same degree as the work of non-medical units behind the line. That is to say when 'active operations', whether of attack or defence, were going on in the Army to which a Casualty Clearing Station belonged, the work became intense in exact proportion to the intensity of the fighting, and when in the intervals between 'active operations' that Army was merely holding the line, the Casualty Clearing Station would not have to cope with anything more than the daily wastage of casualties and sick that came down from the Field Ambulances.

The exception to the routine at these more peaceful times came in the shape of sudden enemy gas attacks, raids of our own or his, epidemics of influenza, pneumonia, trench fever, dysentery, etc, and during the first Winter, frost-bite and 'trench feet' in large numbers.

Thus it happened that a Sister sent up from the Base at a quiet time would find a peaceful little Hospital with a staff of 7 or 10 Sisters carrying on the ordinary ward routine, with daily off-duty time, picnics and sports in Summer or concerts and entertainments in Winter, and she would wonder why work at a Casualty Clearing Station was ever called strenuous. Then certain ominous signs appeared: extra wards were put up, enormous stocks of dressings, splints, medical and Red Cross stores were

got ready; pyjamas, shirts and socks in thousands instead of hundreds were ordered up. The theatre would be arranged for 6, 8 or 10 operating tables - with separate outfits of everything necessary for each table or pair of tables - the mortuary would be enlarged, convalescent patients would be detailed for special duties, and the rest sent down to the Base. ~~and~~ Extra mess tents and sleeping tents would appear in officers', Sisters' and orderlies' quarters. Batches of 50 extra stretcher-bearers, theatre teams of 4, consisting of surgeon, anaesthetist, Sister and orderly would arrive, with relays of other Sisters and medical officers till the personnel had trebled or quadrupled itself.

Then, when everything was at the top pitch of the same readiness and tension that was being felt on every yard of ground in and behind the line, in the early hours of the morning would come the great moment, and the roar of the bombardment which had often been going on for days, would burst into the deafening intensity of "Zero". In two hours or so would come the first ambulances with the first relay of wounded, the beginning of an apparently never-ending stream of men. Some able to walk or limp into the Receiving Tents came in buses, char-à-bancs or lorries, and the rest in ambulances, on stretchers, more often than not (in the kind of weather that almost invariably coincided with our great attacks) soaking wet and sometimes blue with cold, always caked in mud or dust, and blood. They are all dressed and fed and given their anti-Tetanus serum in the Field Ambulances further up, but as these must be kept clear to avoid blocking the ceaseless stream of wounded, they are passed on to us

immediately for resuscitation, operation or evacuation by the waiting Ambulance **T**rains according to their needs. By this time the new arrivals on our staff have realised what a battle means, and how Casualty Clearing Station work differs from any other.

It would take too long to follow the wounded in detail through the Reception Tents, where their names and particulars are taken by a staff of clerks, the Dressing Tents, the Preparation for Operation Tent, (known as the "Pre-Op.") the X-Ray hut, the Theatre or the Resuscitation Tent, (where all the cases likely <sup>to</sup> ~~be~~ to die of shock, haemorrhage, gas gangrene and other complications are specially treated and warmed to fit them for the operation which alone can save their lives), ~~and~~ the Chest Ward, the Gassed Ward, the Abdominal Ward, the Head Ward, the Post-Operation Detention Ward, the Post-Operation Evacuation Wards, the other Evacuation Wards, the Dining Tent, where hot food is ready night and day, ~~for all waiting cases~~, and eventually to the **T**rains. But this goes on almost without an hour's break through the first few days and nights of any battle, because the first 300 wounded are practically never done with before the next 300 begins to arrive, — 3 adjacent hospitals taking 300 each in rotation and unless the **T**rains can clear every few hours, they pile-up into thousands.

The lessons learned by grim experience during the war, however, brought the organisation, forethought and co-operation of a good Casualty Clearing Station, backed by the excellent staff work of the Higher Powers to a wonderful standard of

achievement and it is impossible to say how many lives and limbs were saved, which must inevitably have been lost, with any less out-put of brains, endurance, skill and devotion, from the youngest G.D.O. or the most amateur convalescent soldier to the C.O. and up to H.Q.

Sisters, Medical officers and Orderlies worked in regular shifts of varying length from 20, 16 or 12 hours, irrespective of night or day while the rush lasted, snatching quarters of an hour for meals and sleeping through the roars of guns, the rattle of ambulances and transport, and the whirring of squadrons of our aeroplanes, whenever they were relieved for their shift. The C.O. seldom went to bed at all.

It was not unusual in the Casualty Clearing Stations, nearest to the line for all this to go on with the lively accompaniment of the whistling of enemy shells over the Hospital and sometimes an ugly crash alongside or right in.

The attentions of "Gerry" from overhead on all the surrounding country were a matter of course, on every night that was not too stormy for him to come over, whether dark or moonlight, in quiet times, and in strenuous, and there were few Casualty Clearing Stations that were not obliged to be dug in with sandbags or trenches or parapets in all the wards and quarters.

Owing to the different character of the various areas in which a Casualty Clearing Station is placed and the frequency with which they move to another place, the life is full of change.

In January the wards may be in a dry clean weather-proof college or school in a little town, and the staff in comfortable little billets with French landladies and nice food. In March you find yourself in the middle of the devastated area 30 miles in every direction from the nearest living inhabitant, cow or hen, stumbling over old German wire, trenches, dug-outs, shell holes, gun pits and ruins— with frequent bully and biscuits and Maconochie, a small unreliable canteen and no eggs, milk, vegetables or flour.

In July you are <sup>on</sup> in a hill-side among lovely woods, villages and cornfields with flourishing market gardens and dairies and within possible reach of towns and shops; while in October you are back among the shell holes in what was No Man's Land last week. It is thus you learn how much better it is to have too little than too much kit.

In all this varying life there is one thing that never changed and that is the cheeriness and the unselfishness and the grit of the soldier just out of the line, whether wounded or really sick. The old contemptibles somehow handed on their torch to the rest who followed, to the Kitcheners, the Derby's and even the Compulsory Service men; the personal relation was always in the ward, between the Tommies, the Jocks, the Aussies and the Canadians on the one hand, whether in bed, or up and about and the Orderlies, the Sisters and the Medical Officers on the other hand. All felt it and nothing can ever quite take its place<sup>in</sup> in Peace time.

There is not a Sister who cannot recall at one time and another boys who living or dying had everyone in the ward their willing slaves, convalescent men who worked till they slept where they dropped, orderlies who never failed them and Medical Officers whose co-operation and understanding kept them going through almost impossible days and nights of strain, fatigue and anxiety.

Surely England for all her losses in the lives of the best of her sons, is now and must be for generations immeasurably ~~at~~ better country for the sacrifice, the brotherhood, the effort, the endurance and the devotion poured out over every mile, <sup>+ Gallipoli,</sup> (one might almost say, in France and Flanders <sup>A</sup> over every yard) of those blood-soaked bits of land in Europe, in Palestine, in East Africa and in Mesopotamia, to which she sent all her sons and some of her daughters.

*Lucretia*

NURSING IN EGYPT & PALESTINE.

1915 to 1919.

I left England on May 1st 1915 en route for Egypt to take up the duties of Matron-in-Chief of the Mediterranean Expeditionary Force. Arriving at Port Said on May 10th I proceeded direct to Cairo where it was at once evident that a very strenuous time was before the Medical and Nursing Services.

At the beginning of the Gallipoli Campaign there was no more than a handful of nurses at the Base in Egypt and these were already fully employed. This shortage was accentuated by the fact that two General Hospitals Nos: 15 and 17 had come out without any female personnel under the assumption that the hospitals were destined for Gallipoli. In the beginning, except for the two Acting Matrons, Q.A.I.M.N.S., these units had to depend on scanty local resources which consisted of a few trained nurses, some semi-trained, and voluntary helpers of all nationalities. Within a few days of the first landing on Gallipoli the wounded began to pour into Egypt almost without intermission. No fewer than 16,000 cases were landed and distributed among the hospitals ashore in the first ten days. Reinforcements of nurses were already on the way out from home and at an early stage in the crisis fairly adequate supplies had arrived in Egypt. The extreme difficulty however of coping with the demands made upon the Nursing Staff cannot well be overrated. There were not only the hastily improvised hospitals in Egypt to staff; and the ships bringing the wounded from the seat of war, and the hospital trains transporting so many of them to Cairo and elsewhere had to be supplied with nurses. For the latter duty the services of local Voluntary Aid Members were requisitioned.

At the end of July 200 nurses arrived and under orders from the D.D.M.S. were despatched direct to Mudros. They were accommodated on the P & O. S. S. "Simla" and drafted to



carrying wounded as required. Many of these ships called "carriers" were most unsuitable and devoid of appliances and comforts, but it was imperative that the wounded should be sent off rapidly and I think that everything that was humanly possible was done to alleviate their sufferings. The ship's officers and crew even vied with one another in giving all the help they could in their spare time. From September 1915 onwards proper hospital ships began to arrive and brought fresh contingents of nurses for duty in Egypt. On Oct. 19th 1915 the Nursing Staff of No. 1 New Zealand Stationary Hospital embarked on S. S. "Marguette" for transfer to Salonika. This ship never reached its destination owing to enemy action and nine nurses lost their lives. The survivors 26 in number returned a month later minus all their belongings and most of them suffering in some degree from shock. On Nov. 12th 1915 I embarked on H. S. "Delta" in order to visit first, the site of a new hospital at Port Said, and then to see those on Mudros which had only recently been supplied with nurses.

The weather unfortunately was extremely bad when the ship arrived at the latter place and it was most difficult to land in the first place and then get from point to point. The cold was intense and the wind overpowering, but all this enabled me to realise how hard the conditions were, and the discomforts that both sick and well had to suffer during the winter months. Eight Hospital Ships were anchored, waiting to transfer their patients to H.S. "Aquitania" a most difficult and risky process in a storm. On the Island of Mudros, there were :- No. 3 Australian General Hospital, three Stationary Hospitals Nos: 15, 16 and 18 and No. 27 General Hospital. I managed to visit all the above units, but it was very difficult to form an opinion under such weather conditions as prevailed during my stay of four days. I gathered however that the patients were happy and contented and considered themselves in clover after their experiences



experiences on the Beaches. In February 1916 these hospitals were evacuated and moved to Egypt and I was able to supply nurses for Salonika and Mesopotamia as the demands were urgent especially for the latter place. Nos: 15 and 16 Stationary Hospitals were brought up to strength and left for German East Africa. No. 27 General Hospital was established in Cairo. Our own line had now to be extended Eastwards and hospitals arranged at Ismailia, Kantara, Port Said and Suez.

Great preparations were made for the evacuation of the troops from the Dardanelles. Convalescent Camps and Homes were opened to which every man who was fit was sent. Beautiful Hotels overlooking the Nile were taken at Luxor, and gave accommodation to nearly 2,000 patients, many of whom must have become quite learned in Egyptology during their stay.

Fortunately there was no rush of wounded and our beds came in useful for invalids from Mesopotamia as they had to wait in Egypt until onward passage could be provided.

In April 1917 our troops came into touch with the Turks at Katia and once more the hospitals were busy with wounded. After this, there was a lull, until on August 4th 1917 the battle of Romani was fought and five days later the hospitals were overflowing with wounded. There were great numbers of Turkish prisoners for whom camps and hospitals were needed. Four nurses were supplied to a special hospital to help with the operations which were many and severe.

In April 1917 No. 36 Stationary Hospital had moved from Suez to Mehemediah on the North Sinai Coast and was thus the nearest properly equipped hospital to the firing line. Patients were admitted from Romani and when convalescent were evacuated to No. 31 General Hospital, Port Said, by light railway on the sea shore.

In November the second attack on Gaza took place and loaded our hospitals with very bad cases. Many of the patients were in a pitiful condition and the Nursing Staff were taxed to the utmost. It became necessary at this time to appeal once more for local help and a good response was made.

As the Turks retreated, hospitals were moved up. Nos: 43 and 45 Stationary Hospitals were established at El Arish in fine positions close to the sea. Nos: 36, 44 and 48 Stationary Hospitals took up places at Gaza and Nos: 69 and 78 General Hospitals at Belah about an hour's journey from Gaza. The sick and wounded had now several fine hospitals ready for their reception and were spared the long journey to the Base.

After the entry of General Allenby into Jerusalem nurses were sent there and attached to a Casualty Clearing Station which was established in the partially constructed Italian Hospital. They had a heartbreaking time at first as a C.C.S. carries very little equipment of use in a building. Patients had to be nursed on stretchers or on mattresses on the floor as bedsteads were not available. However with the help of the B.R.C.S. and the Australian Red Cross much was done to supply deficiencies, and a great difference was noticeable on my second visit. Jaffa was the next place to be staffed with nurses and there the same difficulties had to be overcome.

After the final surrender of the Turks in Syria a terrible time ensued as both British and Turkish troops went down with influenza of a virulent type. Thousands of the enemy, sick and well, had to be provided for in addition to our own troops. Almost at an hour's notice No. 70 General Hospital in Cairo had to be emptied of British soldiers and prepared for Turks and Germans. Great numbers of the former died every day as they appeared to be half starved and very weak.

Room had also to be found for German women and children who were interned at Helocean in a former German Health resort.

Early in 1917 all Class A men of the R.A.M.C. were withdrawn from the hospitals for the firing line and raw Arab

boys

boys were sent instead. These could not speak a word of English, were dirty and unreliable and naturally could not be trusted to undertake the smallest nursing duty. They were useful for fetching and carrying but needed so much supervision that the labours of the nurses were greatly increased. When the country became settled nurses were sent to Beyrout and Aleppo and at these places too the pioneers worked under very trying conditions. Their services were much appreciated as they soon made their presence felt.

One of my constant difficulties was finding accommodation for large batches of nurses which often arrived without notice, not only from England, but from India. In Alexandria we were fortunate to have lent to us by an Egyptian Pasha an hotel which would house 200. As there were no quarters attached to most of the hospitals the nurses lived at the hotel and were conveyed to duty by Ambulance. On one occasion 20 trained nurses and 100 V.A.D. Members arrived unexpectedly and so great was the strain in Alexandria that an enemy hotel in Cairo had to be hastily opened for their reception. Adequate arrangements had also to be made for the nursing of sick nurses. In Alexandria a small hospital attached to a school was secured and in Cairo the Matron of the Citadel Hospital made arrangements. Later on a Convalescent Home was opened at El Arish in addition to one at Alexandria. Twenty-two nurses and V.A.D. Members died from sickness or accident and eight were drowned within sight of land.

(Sgd:) S. E. Oram,  
Late Matron-in-Chief,  
Egyptian Expeditionary Force.

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