

YOUR VIRTUAL VISIT - 70

TO THE AUSTRALIAN ARMY MUSEUM OF WESTERN AUSTRALIA



Throughout 2021, the Virtual Visit series will be continuing to present interesting features from the collection and their background stories. The Australian Army Museum of Western Australia is now open four days per week, Wednesday through Friday plus Sunday. Current COVID19 protocols including contact tracing will apply.

Medical Evacuation Chain in the AIF

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.

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. Stretcher-bearers worked in relays. At least 36 stretcher-bearers handled 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

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

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.



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

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.

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.



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

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.



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.

LINKS FOR FURTHER ENJOYMENT

Visit the Australian Army Museum of Western Australia web site

<https://armymuseumwa.com.au/>



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).

https://en.wikipedia.org/wiki/List_of_Australian_Army_medical_units_in_World_War_I

<https://www.thehistorypress.co.uk/articles/evacuation-of-the-wounded-in-world-war-i/>

<https://thewest.com.au/news/wa/bravery-of-a-ministering-angel-ng-ya-377279>

New exhibits and displays in the World War One Gallery will soon focus on the role of medical services during the Gallipoli campaign and on the Western Front.

The Vernon Lorimer display of sketches and watercolours, primarily from Stationary and Auxiliary Hospitals has a focus of rehabilitation and mental health. It will open in the Temporary Exhibition Gallery on 29 September coincident with the relaunch of the Victoria Cross Gallery and Hall of Valour, just prior to Veterans' Health Week, 16 -24 October.