

THE PATH TO TREATMENT IN THE FIRST WORLD WAR

ROYAL ARMY MEDICAL CORPS

At the Battle of Waterloo in 1815, the main infantry weapon was the muzzle-loading musket, which fired up to four shots a minute. At the Battle of the Somme, just over a century later, machine gunners could fire off 600 rounds a minute. High velocity rounds wreaked havoc in the body, twisting tissue and splintering bone. Fighting on farmland fertilised by manure meant that wounds quickly became infected; gangrene was rife. Faced with this challenge, new equipment and techniques were invented that, across four years of fighting, would end up saving thousands of lives.

Conditions in a World War One hospital were tough. The men and women working there had to provide care for terrible injuries without much of the basic materials and equipment that is taken for granted today.

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STRETCHER BEARERS



A man's chances of survival depended on how quickly his wound was treated; modern warfare was now producing vast numbers of casualties requiring treatment at the same time. Medical treatment was to start as soon as feasible, and as near to the front line as possible, for this reason Regimental Aid Posts were set up. The Battalion Medical Officer, his orderlies and stretcher-bearers, attended these.

When not in action this is a Camp Reception Station or Medical Inspection Room for infantry battalions (or other arm) and contained two to six beds for short-term holding. The Regimental Medical Officer has a RAMC Sergeant or Corporal

attached to him and perhaps 1 or 2 RAMC other ranks. In action, the Regimental Aid Post was situated a few metres behind the front line, this could have been in a dugout, in a communication trench, a ruined house, or a deep shell hole. The RMO had the same staff, but this became augmented by Regimental Stretcher-Bearers, usually the regimental bandsmen or others. When under pressure, he could be further augmented with bearer teams from a Field Ambulance.

The facilities were only sufficient to carry out first aid. The RMO's equipment was supplied by the Advance Dressing Station consisting of Anti-Tetanus Serum, Assorted Bandages, Plain Gauze, Shell Dressings, 1st Field Dressings, Sulphur Ointment, Boric Ointment, Cotton Wool, Blankets and Stretchers. There were also a Primus Stove, a Beatrice Stove, Short trench stretchers, an Acetylene Lamp, a Vermoral Sprayer, Reserve boxes of all of the above, and a hamper containing medical comforts such as Brandy, Cocoa, Bovril, Oxo, Biscuits etc.

The Regimental Aid Post had no holding capacity. Wounded men were to either make their own way or be carried, usually by a member of his own Unit. The object of the exercise was to patch them up and either return them to their duties in the line or pass them back, via hand carriage, wheeled stretchers, or walk if he was able to, to an Advance Dressing station. Those who were in need of further treatment were collected by RAMC Stretcher Bearers from the Advanced Dressing Station and taken to the ADS.

In battle a casualty is to be transported direct to the ADS, however, in the Great War situations necessitated Collecting Posts and Relay Posts to avoid congestion.

This meant there were teams of Royal Army Medical Corps (RAMC) stretcher bearers, strung out over miles of ground unpassable by motor or horsed transport, which shuttled between the posts and passing the wounded on to the next team. A "carry" could be anything up to 4 miles over muddy or shell-pocked ground, either in trenches or above ground. The equipment for these posts was the same as for the RAP.

Walking Wounded also had a route between Walking Wounded Collecting Posts. Where possible, there were car posts where casualties could be transported by ambulance. Advancing troops were not allowed to stop and care for wounded soldiers. All men carried an emergency field-dressing and if possible attempted to treat their own wounds. The wounded soldier then had to wait until the stretcher-bearers arrived. There were only four stretcher-bearers per company and so it was often sometime before they received medical help.

Some dragged themselves into a shell-hole for protection, but this was dangerous as many sank into the mud and drowned. One man with a broken thigh spent two days dragging himself backwards with his hands, until he reached his own trenches. Another soldier who had been shot in the chest, lasted eleven days in 'No Man's' Land before being found.

In good conditions two men could carry a wounded man on a stretcher. However, after heavy rain it took four men to lift a stretcher. They not only had the problem of dragging their feet out of the mud after every step, but they also had to make sure not to rock the stretcher as this would increase the pain of the wounded man. The pain of shattered bone ends grating together was so intense that the wounded man was likely to die of shock.



One stretcher-bearer working in the mud in 1916 reported that: "as one carried a wounded man you got stuck in the mud and staggered. You put out a hand to steady yourself, the earth gave way, and you found you were clutching the blackened face of a half-buried, dead soldier."

dead soldier."



Captain Charles Hudson of the 11th Sherwood Foresters, later argued: "Stretcher-bearers were wonderful people. Ours had been the bandsmen of earlier training days. They were always called to the most dangerous places, where casualties had already taken place, yet there were always men ready to volunteer for the job, at any rate in the early days of the war. The men were not bloodthirsty. Stretcher-bearers were unarmed and though they were not required to do manual labour or sentry-go, this I am sure was not the over-riding reason for their readiness to volunteer."

Once he had been picked up by the stretcher-bearers, the wounded man would be taken to the regimental aid post that was usually based in the reserve trenches. After the wounds had been cleaned and bandaged the injured man was taken to the Casualty Clearing Station where surgery was carried out.

On one night patrol Anthony Eden discovered a wounded man in No-Man's Land. "We were about fifty yards from our front line when I heard what seemed a groan at my left hand. Signalling to the others to go on I moved a few yards to investigate. There I found Harrop lying in the lip of a shallow shell-hole bleeding profusely from a bad bullet wound in his thigh and two riflemen trying to help him.

Harrop was weak from loss of blood, but still calm and decided. As we fixed a tourniquet on his leg he kept insisting, "Tighter, tighter, or I'll bleed to death." If he were to have any chance, we must get him back to our line without delay. The question was, how. The firing was now sporadic rather than intense, but as I crouched beside Harrop I knew we must have a stretcher if we were to get him in before dawn. I said so, and one of the two young riflemen with Harrop, Eddie Bousefield, at once volunteered to go.

In a few minutes he was to go back in our line, had collected a stretcher and a fellow rifleman, and rejoined us without being spotted. Then came the difficult decision. We had only fifty yards to go, and even though stooped, we would all four have to stand up to carry Harrop's stretcher. The longer we waited the better the hope of the night growing quieter, but the worse for Harrop and the more extended the risk for all of us. I wanted to get it over with, and we did. To this day I do not know whether the enemy saw the stretcher and held his fire, or saw nothing in the flickering light."

REGIMENTAL AID POST



Regimental Aid Post (RAP) is a front-line military medical establishment incorporated into an infantry battalion or armoured regiment for the immediate treatment and triage of battlefield casualties.

The RAP has traditionally been staffed by the unit's Medical Officer, a Medical NCO, and a small number of medical orderlies. Additionally, units have employed stretcher-bearers, and more recently trained medics, for the evacuation and immediate treatment of battlefield casualties.

The RAP has usually been the first stop in the evacuation chain for seriously injured personnel, who are then transported to casualty clearing

stations and other larger medical units further to the rear. RAPs are not usually equipped to provide surgical treatment or long-term care.

FIELD AMBULANCES

The Field Ambulance was a mobile front-line medical unit (it was not a vehicle), manned by troops of the Royal Army Medical Corps. Most Field Ambulances came under command of a Division, and each had special responsibility for the care of casualties of one of the Brigades of the Division.

As with all other units, the Field Ambulances relied heavily on horses for transport and had an establishment of fourteen riding and fifty-two draught and pack horses. They worked the twenty-three wagons, three water carts, three forage carts, six General Service wagons, ten ambulance wagons and the cooks wagon. The Field Ambulance also had a single bicycle. By the end of 1914, each Field Ambulance also included seven motor ambulance vehicles. A workshop to maintain them was added to the Division, although in 1916 it was absorbed in the Divisional Supply Column. They provided initial treatment, including establishing Advanced Dressing Stations and Main Dressing Stations. They also provided rest areas and sick rooms. The war also led to the development of motorized ambulances, which revolutionized ambulance duties on the front.

The theoretical capacity of the Field Ambulance was 150 casualties, but in battle many would need to deal with very much greater numbers. The Field Ambulance was responsible for establishing and operating a number of points along the casualty evacuation chain, from the Bearer Relay Posts which were up to 600 yards behind the Regimental Aid Posts in the front line, taking casualties rearwards through an Advanced Dressing Station (ADS) to the Main Dressing Station (MDS). It also provided a Walking Wounded Collecting Station, as well as various rest areas and local sick rooms. The Field Ambulances would usually establish 1 ADS per Brigade, and 1 MDS for the Division.

CASUALTY CLEARING STATIONS.

The Casualty Clearing Station (CCS) was part of the casualty evacuation chain, further back from the front line than the Aid Posts and Field Ambulances. It was manned by troops of the Royal Army Medical Corps, with attached Royal Engineers and men of the Army Service Corps.

The Casualty Clearing Station was the first large, well-equipped and static medical facility that the wounded man would visit. Its role was to retain all serious cases that were unfit for further travel; to treat and return slightly wounded cases to their unit; and evacuate all others to Base Hospitals. It was often a tented camp, although when possible the accommodation would be in huts. Casualty Clearing Stations' were often grouped into clusters of two or three in a small area, usually a few miles behind the lines and on a railway line.

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No 10 Casualty Clearing Station near Poperinghe, the exterior and interior of a tented ward, operating tent, water tanks, officers' mess tent, and officers' quarters.

The Field Ambulance would provide relays of stretcher bearers and men skilled in first aid, at a series of "bearer posts" along the route of evacuation from the trenches. All involved were well within the zone where they could be under fire.

The field ambulance was a mobile medical unit, not a vehicle. Each British division had three such units, as well as a specialist medical sanitary unit. The Field Ambulances provided the bearer posts but also established Main and

Advanced that is, forward Dressing Stations where a casualty could receive further treatment and be got into a condition where he could be evacuated to a Casualty Clearing Station.

Men who were ill or injured would also be sent to the Dressing Stations and in many cases returned to their unit after first aid or some primary care. Once treated at a Dressing Station, casualties would be moved rearward several miles to the Casualty Clearing Station. This might be on foot; or on a horse drawn wagon or motor ambulance or lorry; or in some cases by light railway.

A typical CCS could hold 1,000 casualties at any time, and each would admit 15-300 cases, in rotation. At peak times of battle, even the CCS's were overflowing. Serious operations such as limb amputations were carried out here.

Casualty Clearing stations were usually grouped in twos or threes and would have worked in relay, that is, one would be closed and treating casualties for evacuation by train or ambulance to the Base Area, whilst the other would be empty and ready to receive new casualties. When this became full it would close, but the first would by now be empty and ready to receive new casualties again. A third would only be treating the sick, but would evacuate to receive battle casualties in an emergency.

Some CCS's were specialist units, for nervous disorders, skin diseases, infectious diseases, certain types of wounds, etc. CCS's did not move location very often, and the transport infrastructure of railways usually dictated their location.

Most evacuated casualties came away from the CCS by rail, although motor ambulances and canal barges also carried casualties to Base Hospitals, or directly to a port of embarkation if the man had been identified as a "Blighty" case. In 1916, 734,000 wounded men were evacuated from CCS's by train and another 17,000 by barge, on the Western Front alone. There were 4 ambulance trains in 1914 and 28 by July 1916.

The serious nature of many wounds defied the medical facilities and skills of a CCS, and many CCS positions are today marked by large military cemeteries. CCS's also catered for sick men. Generally, considering the conditions, the troops were kept in good health. Great care was taken in reporting sickness and infection, and early preventive measures were taken.

The largest percentage of sick men were venereal disease cases at 18.1 per 1000 casualties; trench foot was next with 12.7. Until mid-1915, the CCS was known as a Clearing Hospital. Generally there was one provided for each Division.

There were six mobile X-Ray units serving in the British Expeditionary Force during the Great War and these were sent to assist the CCS's during the great battles. The Rontgen Tube had been in use during the South African War of 1898-1902 and complete trailer X-Ray equipment was attached to every CCS from very early in the Great War.



French and British wounded having their wounds dressed at No.29 Casualty Clearing Station, Gézaincourt.

CS moved into Belgium and Germany with the army of occupation in 1919 too. Female volunteers who wanted to help were allowed to work as nurses at CCS's. Some drove ambulances. This was usually the closest they were allowed to get to the front line, but it was still close enough that they might be hit by enemy fire. Most worked 14-hour days and sometimes even longer when there were lots of injured soldiers. The soldiers liked having women around because they reminded them of their mothers, wives and sisters.

Throughout the Great War of 1914-1918 Poperinghe, or "Pops" as the British soldiers called it, was used by the British Army as a gateway to the battlefields of the northern Ypres Salient. It was an important rail centre behind the front line and was used for the distribution of supplies, for billeting troops, for casualty clearing stations and for troops at rest from duty in the forward trench areas. Thousands of troops passed through this small town at some time or other.

The main square formed the hub of five main roads leading into the town and, therefore, was constantly bustling with military traffic, military personnel and those civilians who had stayed on in the town. Because of its importance to the military behind the front Allied lines, the town was frequently targeted by long range German artillery.



During the Third Battle of Ypres (31 July - 10 November 1917) Poperinghe and the surrounding area was bombed by German aircraft. Some bombs landed on the Casualty Clearing Stations nearby.

Narrow-gauge light railways were often used to evacuate wounded soldiers from battlefield dressing stations to a Casualty Clearing Station (CCS) further behind the lines.

MOTOR AMBULANCE TRANSPORT

When the British army entered the Peninsular (1807–1814) and Crimean (1853 – 1856) wars, no efficient method of hospital transport existed. The situation was not much better in August 1914 when the expeditionary force landed in France. Although the Director-General of the army medical service had appealed repeatedly for motor ambulances, these had not been sanctioned. Motor ambulances had never been used in war possibly the general staff feared that the convoys of these unreliable vehicles would congest the roads. The wounded men of 1914 were therefore shaken and rocked in horse-drawn ambulance wagons. Journeys were agonising, especially over the stone roads of northern France.

The Times appealed for ambulance funds in October 1914, raising enough for 512 vehicles. One vehicle cost £400 (approximately £17,500 today) and the appeal raised enough money to buy 512 ambulances within three weeks. An example of local support was the Berkshire Branch who raised £2,109 12s 7d for the 'Times Appeal' three weeks. By the end of January 1915, more than 1,000 ambulances and motor vehicles of all kinds had been despatched and had carried 100,000 patients.

Transport of sick and wounded soldiers Red Cross volunteers unloaded trains and placed the wounded in ambulances, attended to luggage and stretchers, and provided hospital squads to await the arrival of the ambulances.

On 12 September 1914, a small meeting was held at the Royal Automobile Club, at which a few members offered to place themselves and their cars at the disposal of the Red Cross. The Red Cross established the motor ambulance department, which sent 3,446 motor vehicles, including 2171 motor ambulances, to various destinations throughout the war.



In total, 94 ambulances were destroyed by the enemy and subsequently scrapped. Motor cars also played an important part in transporting the wounded. Private owners lent and often drove their own cars in order to transport patients. The motor vehicles were often used to supplement motor ambulances, carrying patients who could sit up. Though the ambulances were mainly used for base work, drivers were sometimes placed in the line of fire when transporting wounded men from the Front. The majority of ambulance drivers were taken from male VADs.

As more men enlisted, many women volunteered as ambulance drivers. An example of a female ambulance convoy in France was at Étretat: "From the nature of the work and the difficulty of providing suitable accommodation it was never possible to substitute women for men drivers at Havre, but Women VAD Drivers were established at Étretat in April 1916, where a small Convoy of 13 Ambulances carried out the evacuation in connection with the Hospital and Camps in that area under the supervision of the Havre Headquarters.

The 'Dennis-Bayley fund' and the 'transport of wounded fund' helped maintain the vehicles and there a number of cars were presented as gifts to the Red Cross.

A soldier and vehicles of the 960 Motor Transport Company, ASC. This unit was also known as 34 Auxiliary (Petrol) Company.

The 'British farmers Red Cross fund' raised money mainly through agricultural markets. Around 1,600 were organised during the war. The proceeds were donated to particular schemes, such providing motor ambulances, cars and lorries for the various battle-fronts. More than 150 ambulances were provided in this way. Hospitals, known as British farmers hospitals, were supported by this fund in Belgium, France and Serbia.

Boulogne was the site of the Red Cross ambulance garage. From October 1914 and during the first battle of Ypres, hospital trains of wounded men arrived, and patients were transferred from the trains to hospitals in the city.



British Maudslay 3-ton lorries parked up alongside the wreckage of German motor transport destroyed by shell fire during Third Army's attack on Quéant.

During the war, the Boulogne ambulance convoys transported 1,823, 458 sick and wounded men. By May 1915 there were 50 mechanics in the ambulance department at Boulogne although many of the mechanics also volunteered to drive ambulances or carry the wounded when necessary.

In April 1918, the War Office asked the territorial force association to raise at the earliest possible moment 18 volunteer field ambulance sections for service at home, in the event of an emergency. In response to the appeal by the county director, a number of Red Cross men's detachments joined the scheme but after the armistice they were no longer needed.

From the early days the Friends Ambulance Unit were largely dependent on the British Red Cross and the Order of St John for vehicles to supplement the small fleet provided by members of the Unit, and when in the summer of 1915 it was decided to withdraw the small Red Cross Branch which had been established at Dunkirk for work with the French, several of the ambulances and lorries attached to that Branch were handed over to them.

The work of the Unit at that time consisted principally in Civilian Relief, but the ambulances provided by the Joint Committee enabled it to provide two ambulance convoys, SSA 13 and SSA 14, for service with the French Army. These two convoys were employed on front-line work at the extreme north end of the line, and as there were considerable movements of French wounded in Dunkirk, a third Unit, which was called the "FAU Groupement," was established to deal with this work."

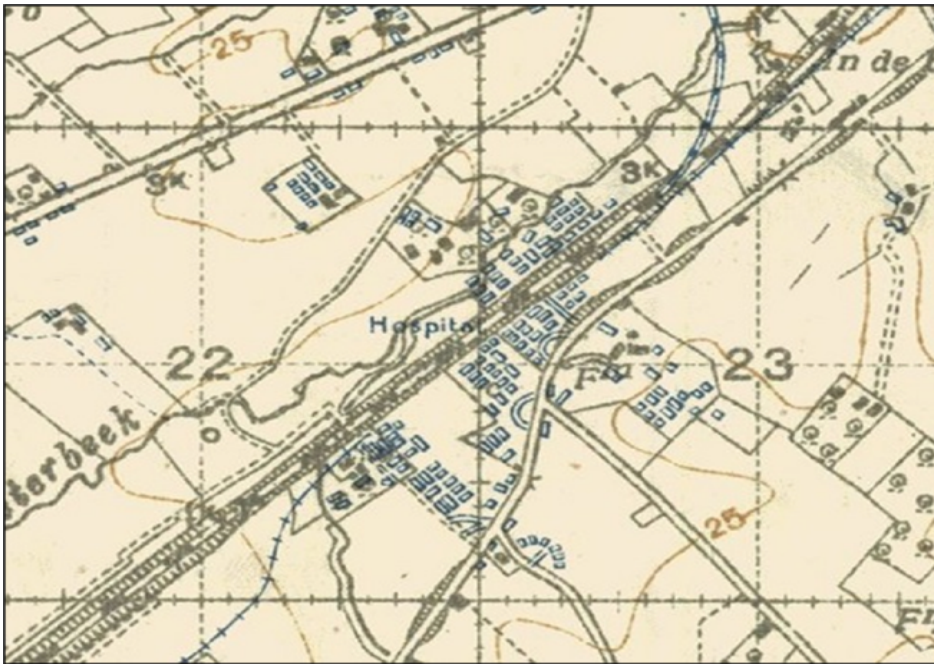
The Unit also rendered service to the Belgians and French in connection with Sacré Coeur hospital at Ypres and the Hospital Elisabeth at Poperinghe and with temporary civilian hospitals at Hazebrouck and Watten.

It also undertook extensive work in Belgium, such as anti-typhoid inoculation, water purification at Ypres, the evacuation of exposed villages in 1915 and 1916 and the evacuation of civilians during the general advance on the Lys front in 1918, with further relief operations during and after the Allied advance into Belgium. The Unit's Civilian Health and Sanitary Section also made house-to-house investigations of civilian conditions in Belgium.

As hospital centres were established at Boulogne and along the coast the Red Cross was invited to undertake the transport of the wounded until all the work from Dunkirk to Deauville was entrusted to the ambulances and personnel of the Joint Committee or of two Societies working under the Red Cross Commissioner – the Scottish Branch of the British Red Cross and the Friends Ambulance." Early in the First World War the Duchess of Sutherland organised an ambulance unit in Belgium and later set up one of the first Red Cross hospitals in France.

BASE HOSPITAL

Once admitted to a Base Hospital, the soldier stood a reasonable chance of survival. More than half were evacuated from a General or Stationary Hospital for further treatment or convalescence in the United Kingdom.



This map of May 1918 gives an impression of the great extent of the CCS's established at Remy Farm, Lijssenthoek, in the rear areas of the Ypres sector. The blue rectangles are huts and buildings of the CCS's. Note the railway line passing through the camp. The inevitable cemetery at Remy Farm became one of the largest on the Western Front.

The Stationary Hospitals, two per Division, could hold 400 casualties each. The General Hospital could hold 1040 patients. They were located near the army's principal bases at Boulogne, Le Havre, Rouen, Le Touquet and Etaples.

The establishment of a General Hospital included 32 Medical Officers of the RAMC, 3 Chaplains, 73 female Nurses and 206 RAMC troops acting as orderlies, etc. The hospitals were enlarged in 1917, to as many as 2,500 beds.

THE HISTORY OF HOSPITAL TRAINS

The first hospital train was built during the Crimean War in the 1850s. Poorly operated logistical supply networks and inadequate health provisions for the British army encamped around the Russian port of Sevastopol caused a public outcry in England. To alleviate these problems, the Grand Crimean Central Railway was initially built by a partnership of English railway contractors led by Samuel Morton Peto in 1855, to supply ammunition and provisions to Allied soldiers.



Within three weeks of the arrival of the fleet carrying materials and men the railway had started to run and in seven weeks 7 miles (11 km) of track had been completed and was a major factor leading to the success of the siege. Although the railway's primary function was the supply of armaments and equipment, the train was also used for the transport of the wounded. The first such instance of this occurred on April 2, 1855, when the train was used to carry the sick and injured from the plateau down to the dock at Balaclava.

Towards and during the second winter, the supplies carried by the railway were different. The siege had ended, carriage of ammunition was less important, and the supplies related more to the accommodation and comfort of the troops. These included huts to replace tents, clothing, food, books and medical supplies. Following the completion of the Sardinian branch, the railway had reached its limit. In all, it measured about 14 miles (23 km) plus a few miles of sidings and loops.

Hospital trains were subsequently used during the Franco-Austrian War, the American Civil War and the Franco-Prussian War. They were also used extensively during colonial campaigns, notably in the Anglo-Zulu War. However, these hospital trains remained primarily as troop trains, with the passengers

restricted to the wounded and dying. They had little or nothing in terms of onboard medical facilities, although nurses travelled with the wounded and the carriages of the trains were painted with red crosses to indicate their humanitarian role and to prevent enemy attack.

The Princess Christian hospital train, was transported to South Africa to be used during the Boer War (1899–1902). The train supplied the wounded with clothing and during the First World War toiletries and removed the more seriously injured.



This real-photographic card titled simply 'Guerre 1914', was published by J. Courcier of Paris. Originally in black and white, the image had been improved by hand-colouring. It depicted members of the Royal Army Medical Corps. A black and white version of the image also appeared in an issue of the popular *The War Illustrated* - with this caption, "Types of the men who daily risk their lives for stricken comrades-in-arms. Members of the British R.A.M.C. on their way to the front from a base in France where they have just arrived by train."

The first British ambulance trains, which operated on the Western Front, consisted simply of a few empty French goods wagons with straw laid on the floor. At the end of August 1914, the Royal Army Medical Corps were given three locomotives and a further number of goods wagons and a few carriages.

They were converted and divided into three 'trains.' Each consisted of wards, surgical dressing rooms and dispensaries and were designated British Ambulance Trains 1, 2 and 3, respectively.

The Royal Army Medical Corps. continued converting French rolling stock up to train number 11, and in November 1914, the first specially built medical train was sent out from the UK and designated number 12. No train was given the number 13 and near the end of the war, number 43 arrived in France



A British ambulance train has arrived at Treport. Royal Army Medical Corps personnel are off-loading a casualty into an ambulance provided by the Canadian Red Cross. The card was locally produced and would have been on sale to British and Allied soldiers at the large camp and the many hospitals in the locality.

During the First World War that trains began to be used as mobile medical facilities along the Western Front and other subsidiary theatres of the War. Ambulance trains were organised with onboard surgical wards and essential medical supplies. Trains were used to evacuate over 100,000 British casualties from the battlefield at Flanders in one

month of 1914 alone.

As with the ambulance cars, several of the trains were built with voluntary contributions. For example, number 12 was Lord Michelham's and No. 15 was Princess Christian's as mentioned. These trains were able to connect with hospital ships at French channel ports in order to repatriate wounded British soldiers back to England. There are numbers of extant journal entries from those who experienced the hospital trains of this era, many being referred to as "Great White Hospital Trains", as the carriages were often painted white or red and white.

The no. 4 hospital train, known as the 'white train', was used during the First World War. In the First World War the UK Flour Millers' Association presented the Red Cross with two specially built and equipped ambulance trains constructed by Great Western and Great Eastern Railways. The three trains carried 461,844 patients throughout the course of the war.

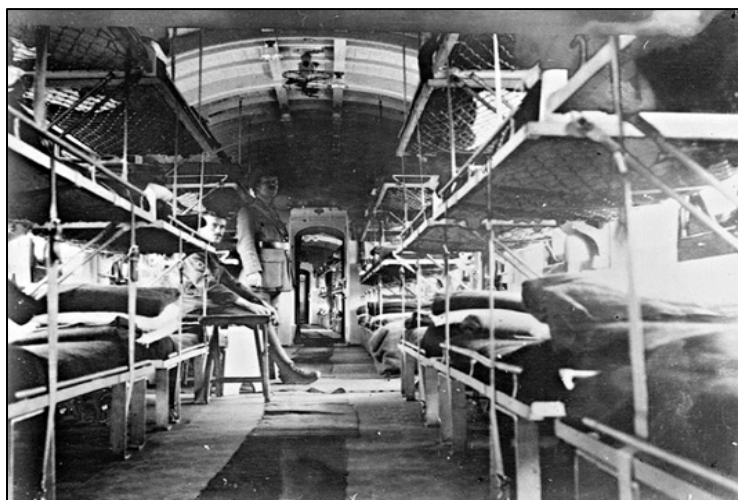
Early in the conflict, a group of regional railway companies donated 12 ambulance trains to the army medical services and very soon, they were carrying patients from Southampton to different parts of the U.K.

As the home bound casualties mounted, four emergency trains made up of corridor coaches and dining cars came into service to accommodate 'sitting' patients. In addition, a number of North-Eastern Railway Company vans were fitted out for ambulance use and coupled to ordinary passenger trains. These special vans transported the wounded landed on the northeast coast bound for hospitals at Selby and York.



The wounded from the Western Front and elsewhere, were carried by hospital ship to the UK and while still at sea, the ship would cable information ahead of the various categories of patients they had on-board and their estimated time of arrival at port.

Each patient was labelled with details of his wound; another label was marked with one of five areas in Britain nearest his home. If a man was seriously injured a plain red label was also attached to him, indicating that he required 'special consideration.' Before disembarkation began, huge "reception sheds on the quayside were lit and heated." Beyond the sheds the ambulance trains waited.



The role of ambulance trains in the United Kingdom was different from those on the Western Front. There, patients were entrained from medical units scattered over a large area and their wounds only received emergency treatment.

On the train to the base, patients received proper medical attention. This continued at the base hospital and in the hospital ships that carried them home. Consequently, when they arrived at home ports most casualties were already in a reasonably stable condition.

Interior of Ambulance Train at Boulogne.

HOME HOSPITALS

Existing military hospitals were expanded; many civilian hospitals were turned over in full or part to military use; many auxiliary units opened in large houses or public buildings; and many private hospitals also operated. These military hospitals were manned and operated by the Royal Army Medical Corps and Queen Alexandra's Imperial Military Nursing Service, supplemented by voluntary workers from a number of organisations including the Voluntary Aid Detachments, Red Cross, St John's Ambulance and YMCA.

Several military hospitals existed before the Great War, some even pre-dating the Boer War and going back to the Crimea. With the wide range of serious injuries before faced, hospitals began to specialise in certain types of injury in order to provide the best treatment, with soldiers being sent by train to the relevant hospital. Many large houses and hotels were used as Convalescent Hospitals.

Those being treated wore a blue uniform with a red tie, known as "Hospital Blues", once a soldier was deemed fit enough to leave convalescence, he would return to one of the Command Depots for the rehabilitative training after which they would be allocated to a battalion, frequently a different battalion or regiment to that in which he had previously served, as his place would have been taken by another man to maintain numbers.



Those who did not recover sufficiently to return to active service were issued with a Silver War Badge (SWB), to wear on their lapel, this signified that they had completed their war service. The badges were individually numbered, and numbers are recorded on the medal cards of those who received them.

Silver War Badges were also issued to soldiers who had completed the length of service they had signed up for, mainly regular soldiers who had served before the war and whose period of service expired before the end of the conflict.

One positive outcome of the horrific injuries suffered, was the advance in medical science. Innovative and often desperate solutions which would not have been considered in peace time were undertaken, those which showed promise were developed further.

Essex Hospitals

- Ardleigh Red Cross Hospital, Ardleigh.
- Auxiliary Hospital Earls Colne
- Auxiliary Hospital For Officers Blake Hall Ongar.
- Bishops Hall Romford.
- Brookfield Hale End Woodford Green.
- Coombe Lodge Great Warley.
- Great Eastern Railway Hotel Harwich.
- Guisnes Court Tolleshunt D-Arcy.
- Hanover House Woodford Green.
- Huskards Ingatestone.
- Ingatestone.
- Ivylands Epping.
- Newbury Park Ilford.
- Ormonde House Buckhurst Hill.
- Rivercourt and Extension Maldon.
- Stanstead Hall Halstead.
- The Glen Southend-on-Sea.
- Bois
- Theydon Towers Hospital Theydon Bois.
- Town Hall Hospital Waltham Abbey.
- Valentine Mansions Ilford.
- Walden.
- Wethersfield House Braintree.
- Woodford
- Woodhouse Great Horkelesley.
- Arncliffe Auxiliary Hospital,
- Auxiliary Hospital Witham
- Braeside Loughton
- Budworth Hall Ongar
- Down Hall Harlow
- Greenstead Hall Halstead
- Hamilton Home Thorpe Bay Southend
- Hillsborough Red Cross Harlow.
- Ingatestone Court
- Marshalls Park Romford.
- Oakwood VAD Hospital Chigwell
- Overcliff Westcliff-on-Sea
- St Lawrences Hall Upminster.
- Stanway Rectory Stanway.
- Theydon & Grays Retreat Theydon
- Thorpe Le Soken Auxiliary Hospital
- VAD Hospital Braintree
- Walden Place Hospital Saffron
- Woodford Memorial Hall Sth
- Writtle House Writtle Chelmsford.

Local Hospitals

Although there were no Military Hospitals specific to the Basildon area, there were establishments nearby including:

Orsett Auxiliary Military Hospital

In 1917 Orsett workhouse only accepted sick paupers and allowed Orsett VAD 50 beds for wounded soldiers. In October 1917, an appeal was launched to raise money for a recreation hut for use during the winter. A committee was formed which included Essex Red Cross Commandant Mrs Violet E Whitmore, Mrs J R Hall, Mr T Ridgwell and Rev. J W Eisdell (Rector of Orsett).

Orsett Basket Works

This was sited in a purpose-built block of huts in nearby Pound Lane. The basket works were operated by the Department of Labour as a training facility for wounded soldiers who were unable to return to the army or take up their previous civilian employment due to injuries received in the war. Many of the men from Orsett Auxiliary Hospital attended the works.

The nearby Orsett Hall was used as an isolation hospital during World War One taking civilian and military cases. It was not staffed by the VAD.

Purfleet Military Hospital

Purfleet Military Hospital, a few miles to the west, was a large military hospital which was not staffed by the VAD.

The Hamilton Convalescent Hospital, Southend on Sea

The Hamilton Convalescent Hospital on the Esplanade at Thorpe Bay was fitted out and ready to accept patients in late 1914.

The Glen Auxiliary Hospital Southend on Sea

The Glen Red Cross Hospital in Southchurch Road, Southend on Sea was fitted out and ready to accept patients in October 1914. The Glen was formerly the Glen Holiday Home which meant that it was comparatively easy to adapt and provided 12 small wards for about 60 patients. The hospital was supported by 34 and 28 Essex VAD staff. By Christmas 1914 the Glen had 50 British and Belgian wounded soldiers who enjoyed a Christmas dinner and received a message from the King.

The Territorial Force General Hospitals

A number of hospitals had been identified before the war for use by the Territorial Force. They were generally based at existing hospitals and other large facilities. For example, the 1st Southern General Hospital was based on the Great Hall at the University of Birmingham. They did not exist as such prior to the war other than for training purposes, but were mobilised in August 1914. All were expanded during war time, not only on the primary sites but with the addition of Auxiliary Hospitals and annexes. They were staffed by a mixture of TF Nursing Service personnel and volunteers from many different organisations.

As the demand for hospital beds increased, one of the actions taken to provide more capacity was to turn over existing pre-war asylums for military use. Land either on existing army bases or acquired nearby for the purpose was converted into major hospitals. A large numbers of public and private buildings (often large houses) were turned over for use as small hospitals, most of which operated as annexes to larger hospitals.

Specialist hospitals

Some hospitals were developed as, or became, specialist units. Categories of specialist included mental hospitals, units for limbless men, neurological units, orthopaedic units, cardiac units, typhoid units and venereal disease.

Convalescent hospitals

These establishments did not have the usual civilian meaning of convalescence; they were formed from March 1915 onward to keep recovering soldiers under military control.

Command Depots

Once discharged from hospital men were sent to various locations for convalescence, depending on their circumstances. Many went to the military Command Depots.

Norman Bambridge
Basildon Borough Heritage Society
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