INTRODUCTION

Serving Australia and serving humanity

In World War I, about 60 000 Australian soldiers were killed and more than 155 000 wounded. In World War II, the respective figures were nearly 19 000 and more than 22 000. It was the job of stretcher-bearers to alleviate the suffering of the human beings behind those numbers. The cry of 'Stretcher-bearer!' was heard on every Australian front in both world wars, from Gallipoli to Kokoda, the Somme to Tobruk, Beersheba to Borneo. And wherever and whenever it was heard, with no exceptions, Australian stretcher-bearers believed they must respond to it.[1]

The impulse to remove the wounded from the battlefield is as old as warfare itself. Before the nineteenth century, armies did not employ systematic means of evacuating their wounded. An aristocrat might be helped to safety by his retainers, but the wounded common soldier's main hope of succour was from comrades who might put him on a shield or carry him on their shoulders, although this practice was officially discouraged because it removed not only the wounded but also able-bodied men from the fray.[2]

The early nineteenth century brought the first signs of a systematic approach to saving the wounded. Among Napoleon Bonaparte's forces, Baron Percy organised *brancardiers* (from *brancard*, or stretcher) to remove casualties, while Baron Larrey introduced ambulance wagons and mobile hospitals. The Duke of Wellington's chief medical officer, Sir James McGrigor, created field hospitals, emphasised hygiene and established his status as the father of the Royal Army Medical Corps. Nevertheless, at Waterloo in 1815, the evacuation of casualties was still haphazard. Bandsmen, apart from drummers, were entrusted with bringing the wounded to the nearest surgeon. They were not trained, not provided with stretchers and were few in number at a battle where tens of thousands were wounded. They dragged or carried casualties to help, often on makeshift stretchers such as blankets, planks and doors. The lucky went on a horse or spare horse-drawn vehicle.[3]

As the nineteenth century proceeded, various animal-drawn stretchers were tried, notably paired chairs, known as *cacolets*, slung across the backs of mules. These were used in the Crimean War and American Civil War, and will appear in our text on the backs of camels. Purpose-built wooden hand-held stretchers also appeared – for example, the Union Army used more than 50 000 in the Civil War. At more than 60 centimetres wide and 2.4 metres long, these were slightly larger than the World War I and II stretchers.[4] The manual, *Royal Army Medical Corps Training 1911* (reprinted in 1915), set out the dimensions and nature of the standard Mark II stretcher, used by the Australian as well as the British Army and destined to be the type employed in World War I. A tanned canvas was fastened to each pole by copper

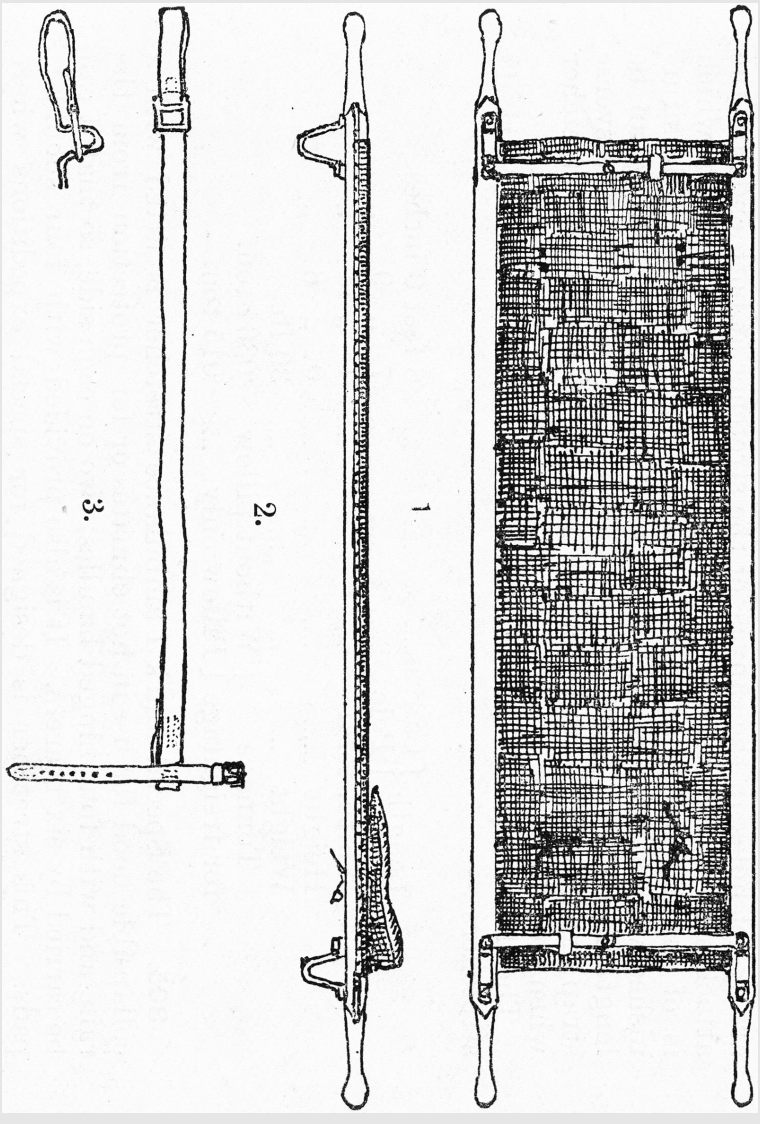

Figure 1: Ambulance stretcher, Mark II: (1) plan of underside of stretcher showing traverses; (2) side elevation of stretcher with cushion in place; (3) sling and detail of adjustable loop in detail view.

nails through an edging made of leather. The 'poles are square and kept apart the required distance by two flat, wrought iron, jointed bars called traverses'. When extended, these hinged bars kept the stretcher rigid, but they would fold when the stretcher was closed. The stretcher was fitted on the underside with steel, U-shaped runners. Each stretcher came with an attachable pillow – although, as the photos in this book show, often these purpose-built ones were unavailable. The stretcher also came with a pair of shoulder-slings, made of tanned web, with a loop at either end. One loop had a brass grip-plate for lengthening or shortening the sling according to the height of the bearer, while a transverse strap on the other loop could be fastened around the stretcher to secure it when closed (see figures 1 and 2).[5] Its dimensions are shown in table 1.

This was the apparatus, often blood-stained, that Australian stretcher-bearers would use from the landing at Gallipoli to the last stages of the war on the Western Front in 1918. Although designed in a period when casualties on the scale of those that occurred in World War I would have seemed unimaginable, it did the job required. Indeed, it would undergo only minor changes for World War II, being of the same dimensions and retaining its folding canvas and wooden poles.[6] Its shape had major implications for the experience of bearers, but also had to be taken into account in the design and siting of the aid posts, dressing stations and ambulances into which these unwieldy objects had to be taken. Two men could lift one, but if it were to be carried any distance four bearers would be needed – one on each handle – and four was the standard size of a stretcher party.

The official description of a 'wound' established in 1916 was: '. . . an injury caused by or arising from the enemy, and includes injuries by rifle and gunfire, by bombs, bayonet, liquid fire, etc. Shock to the nervous system caused by bursting shell, and the effects of inhalation of poison gases, although producing no visible trauma, are to be regarded as wounds.' Not every wounded soldier was carried from the field on a stretcher. Many, perhaps most, were able to walk from the field. Estimates of the proportion of 'stretcher cases' to 'walking wounded' vary between 20 and 50 per cent.[7] Even if we take a low estimate of 33 per cent of all wounded as stretcher cases, this still means more than 50 000 Australians in World War I and 7000 in World War II being carried on a stretcher. Moreover, many of these men were carried by more than one stretcher 'party': casualties were often carried in relays, especially in the many cases when conditions were difficult. Hence the number of wartime 'hand carries' or 'carries' by stretcher number in the hundreds of thousands in the Australian Army alone.

Most stretcher casualties were carried by at least two groups, which brings us to a vital distinction between types of stretcher-bearer. They fell into two main organisational categories: the regimental stretcher-bearers (RSBs) and the ambulance bearers.

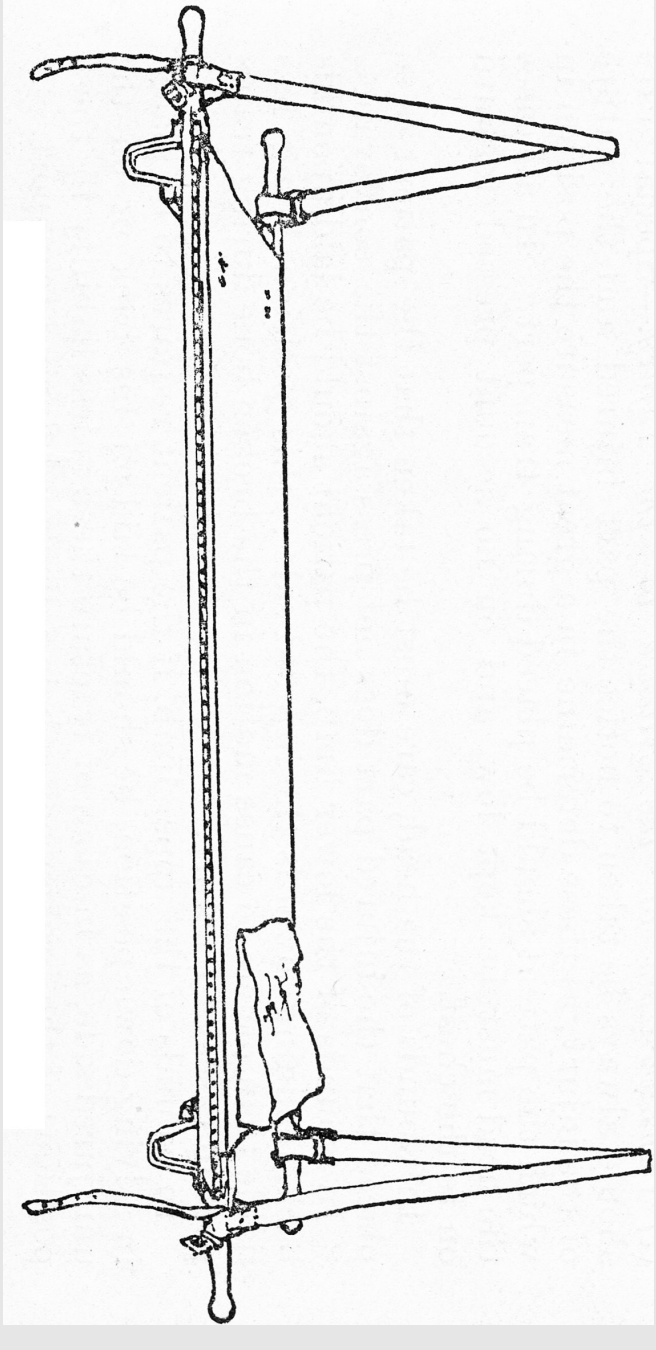

Figure 2: Ambulance stretcher, Mark II: ready for use.

Table 1: Dimensions of the Mark II stretcher

Length of canvas	6 feet 0 inches (183 centimetres)
Length of poles	7 feet 9 inches (236 centimetres)
Width	1 foot 11 inches (58 centimetres)
Weight	30 pounds (13.6 kilograms)

Regimental bearers were part of fighting units, especially the battalions that selected and organised them and the companies to which most were attached. On their left arms they were supposed to wear brassards with the letters 'SB'. A reversal of those letters brought the comical description 'body snatchers' among British and Australian troops, although some Australians also quipped that 'SB' stood for 'silly buggers'.[8] The regimental stretcher-bearers' main task was to go to the wounded on the field, render first aid to those who could not walk to cover, and carry them on stretchers to the Regimental Aid Post (RAP). That post, the battalion's medical facility, was under the command of a regimental medical officer (RMO), who also commanded the regimental stretcher-bearers. These usually numbered 16 in World War I (with up to 16 trained bearers in reserve) and just over 20 in World War II.

The RMO would treat casualties, try to assuage their pain and give them rest and sustenance, and triage (sort) them according to the severity of their wounds. A casualty whose wounds were minor would return to the line, but usually a casualty who required a stretcher to take him to the RAP needed to be carried back – with details of his identity and wound on a card or ticket – for more treatment at larger and better equipped medical stations, such as an Advanced Dressing Station (ADS), a Casualty Clearing Station (CCS), a Main Dressing Station (MDS) or an Australian General Hospital (AGH). This is where the ambulance bearers became involved. They were members of units called field ambulances and were distinguishable by the red cross armbands they were supposed to wear on their left arms. In World War I, a Field Ambulance's 224 other ranks included some 112 bearers, while in World War II's more mobile equivalents, this number eventually fell to between 72 and 80.[9] Their task was to carry wounded from the RAP to the next stage, such as an Advanced Dressing Station or a 'loading post', after which wheeled transport would take over. Often there were relay posts on the way – usually at intervals of about 400 metres – from the RAP. Ambulance bearers were members of the Australian Army Medical Corps (AAMC), unlike the regimental stretcher-bearers, although some AAMC personnel were attached to battalions, and they sometimes acted as bearers. Ambulance bearers were less likely to come under heavy fire,

although this was not a universal rule. For example, at Gallipoli, ambulance bearers were indistinguishable from regimental bearers in the early chaotic days, and even when a *modus operandi* was established, no place on Gallipoli was safe from enemy shelling and/or snipers. Hence many ambulance bearers were killed or wounded on the beach. On the Western Front, too, German artillery shells often struck ambulance bearers and their patients. In World War II, ambulance bearers were considerably safer, partly because of greater motorisation and, in the Pacific, a lack of enemy artillery to pound positions behind the front. Bearers were still vulnerable to aircraft, which were a threat on a much bigger scale and which in the Middle East forced wider dispersal of medical facilities and some long carries. The most famous stretcher-bearer in Australian history, Jack Simpson, was an ambulance bearer. Regimental stretcher-bearers were considered combatants, ambulance bearers non-combatants. Only the latter came under the protection of the Geneva Convention, although from 1929 the Convention gave regimental bearers protection if they were captured.[10] This was no comfort to bearers captured by the Japanese, who had not signed the Convention. Regimental bearers were trained as combatants and could carry arms. From 1917 and throughout World War II, they were attached to companies, which made them less distinguishable from other combatant troops. Still, they seem rarely to have used weapons in 1914–18 and in 1941, but did so more often in the Pacific in World War II, where many carried revolvers and grenades. Bearers very seldom fought in action.[11]

Why did Australian men become stretcher-bearers? In writing this book, I heard some fascinating myths about them. One was that they were conscientious objectors, made to carry casualties rather than fight. Another was that they were homosexuals, keen to seize the opportunity to get their hands on helpless young men. With regard to the conscientious objectors notion, it is important to remember that all Australian soldiers in World War I and nearly all in World War II, were volunteers. If they were conscientious objectors, there was no legal compulsion for them to join the Australian Imperial Force. The only Australians who fought in World War II unwillingly were some of the conscripts to the Citizen Military Forces. Of the hundreds of stretcher-bearers researched for this book, only a few were conscripts. In short, the vast majority of Australian stretcher-bearers had chosen to go to war. That does not mean that they wanted to kill, and Charles Bean, the official historian, notes that when the First AIF was formed, stretcher-bearing was seen as a job for those less willing than others to kill. He says too that many who became bearers 'deep in their hearts preferred being killed to killing'.[12] A number of the World War II photographs in this book feature another category of men who were compelled to work as stretcher-bearers for the Australian Army: namely, the indigenous people of Papua New Guinea conscripted by the Australian Government to assist as bearers.

They were not consulted about their attitude to war. That they had no choice did not detract from the efficiency and compassion with which they carried out their work.

As to the gay stretcher-bearer theory, in all the private diaries and letters I have read for this book and for 25 years previously, I have never seen any hint of homosexuality. Many of the bearers discussed here were writing to wives or girlfriends. Some were hospitalised for venereal disease (VD). Given the natural proclivities of humanity, presumably there were homosexual stretcher-bearers, as there were homosexual riflemen and generals. In short, stretcher-bearers were not predominantly homosexuals.

So how were regimental stretcher-bearers really selected? An AAMC captain and former RMO, Peter Braithwaite, wrote in a 1943 medical article that they tended to be recruited three ways. First, if the unit was raised in a recruit training depot, 'the undesirables and rejects are made stretcher bearers'. Second, they may be selected because in civil life they had studied first aid. He attributed this to their being 'temperamentally unsuited to play football and drink beer as normal people do' and described this group as 'undersized' and 'medically unfit'. The third category was the band, and his cynical comment here was: 'The man who is to save his comrades' lives is chosen because he is a good drummer . . . At the best, the band consists of a group of temperamental musicians, and as a group it reacts poorly to the stresses of action.'[13] Braithwaite was trying to prove a point, namely that the RMO should insist on selecting his bearers, who, as long as they had '"guts" and common sense' and were 'men who are men', could readily be taught what medical knowledge they needed.

His criticisms contained a grain of truth, but were largely a slur, especially on bandsmen. In both world wars, the regimental stretcher-bearers of the infantry battalions were generally drawn initially from the unit bands. This was a long-standing and widespread tradition, based not on any medical abilities in bandsmen but on their musical abilities being superfluous once fighting began. Although the bandsmen did train as bearers, sometimes there was a necessity to choose between music practice and first aid practice: this applied for example to bandsmen-cum-bearers in the lead-up to the Gallipoli landing. As World War I proceeded the use of bandsmen was discontinued, partly because casualties prevented bands from their important work of cheering the troops between battles and partly because it was considered important to select bearers according to their physique and outlook.[14] Under pressure from people like Braithwaite, this process was repeated in World War II. In 1942, for example, the 2/28th Battalion had to recruit new bearers after it lost 11 bandsmen at Ruin Ridge, where they were stretcher-bearing for their surrounded unit.[15] Some soldiers volunteered to become regimental

stretcher-bearers because it entailed getting out of hated 'fatigues'.[16] Another RMO, Guy Robertson, remembered that the bearers in the 2/24th Battalion were selected by officers and, with the exception of one man who had been a bearer in World War I, were initially unhappy at being denied the chance to fight. This attitude evaporated after their first action in Tobruk, when they realised their own value and experienced the gratitude of wounded comrades and respect and praise from others.[17] Men allotted to field ambulances included volunteers with experience in first aid, such as work with the St John Ambulance Association, with militia medical units or as hospital attendants.[18]

Bean claimed that those who enlisted as stretcher-bearers in the original field ambulances included 'a good many boys of tender upbringing and high education'.[19] Private Syd Banks-Smith of the 5th Field Ambulance is probably an example, for he wrote in a reassuring letter to his mother in March 1915 that he had 'been put in the stretcher bearers section, that is a good job right behind the firing line'. Similarly, Private Bert Reynolds originally joined the infantry but transferred to the greater safety of the field ambulance after an overheard conversation among mates made him worry about the fact that he was leaving his mother to fend for herself.[20]

In World War I, and especially in the field ambulances, stretcher-bearers were sometimes considered 'cold-footers'; that is, men unwilling to face the heat of battle. A prejudice existed that working for the Army Medical Corps was risk-free.[21] Masculine self-esteem was for many Australians undoubtedly a factor in their enlistment, so this accusation affected some of the bearers, who became keen to transfer into a more 'manly' corps. Banks-Smith served in the Gallipoli campaign, where he saw some intense and frightening action and was one of the last to leave the peninsula, but in 1916 he left the ambulance, saying in a letter, 'I am no more a red cross man now I've pulled that symbol off my arm and not with reluctance as I have a sort of idea that we are not considered among the gallants.'[22] His new task was the less gallant one of driver at 5th Division Headquarters, but he later joined the Australian Flying Corps and was killed in an aircraft accident in July 1918.

Even after going through Gallipoli and the Western Front, Bert Reynolds wrote to his mother in April 1917: '. . . I often feel that I ought to be in one of the Battalions carrying a rifle instead of in this unit, but I could do no more with a rifle perhaps.' A World War II regimental stretcher-bearer, John Holmes, described a fellow bearer trying to become a rifleman instead, because he 'yearned for a role that had more relevance to the fight'. On the eve of the Gallipoli campaign, stretcher-bearer Private Jocelyn Carr of the 1st Field Ambulance expressed doubts, writing: 'Am almost wishing I was doing the real work of fighting as we seem to be only hangers on to the

army who do the real work. However am quite sure the stretcher bearing when it comes will be strenuous enough.'

Just two days after the landing, Carr could write of a transformed reality: 'Splendid tributes being paid by troops and naval men to the Field Ambulances. Some called us chocolate soldiers on boat but now they cannot say too much to us.' On 29 April, stretcher-bearer Private Ralph Goode of 2nd Field Ambulance noted that 'the infantry say we are all heroes'. They had worked for that reputation. One piece of shrapnel had already glanced Goode's cheek, while another had lodged harmlessly in his clothing. 'Nobody can imagine the work we've done. I've never worked so hard in my life', he asserted proudly. When Gunner Stephen Boulton's mother wrote to him and suggested he transfer to the medical corps for an easier life than the one that saw him transferred ill from Gallipoli, he wrote, 'Even in the AMC the job of Stretcher Bearer is as bad as any other and the SBs on the Peninsula did excellent work and were complimented by everyone.'[23]

As we shall see, the reputation of bearers did indeed rise rapidly during and after Gallipoli, largely because the bearers established the unexpected principle that 'wherever the infantry went, they went'.[24] By war's end stretcher-bearers had such a reputation that they were often singled out by men of all ranks, from General Monash to the humblest private, as exemplars of courage and self-sacrifice. The Australians who served as fighting soldiers in World War II also repeatedly expressed gratitude and admiration for stretcher-bearers. Hence we read in the army official history account of an Australian attack near Lae, New Guinea, in September 1943 that 'as usual, the Australian medical orderlies and stretcher bearers were not far behind the attack. In both leading platoons there were several men who owed their subsequent recovery, if not their lives, to these men.'[25] Such tributes, particularly in the writings of World War II soldiers, prompted me to write this book. Naturally the bearers' achievements set up expectations among other soldiers. On being hit, Australians thought immediately of stretcher-bearers. One story tells of an Australian shot through the head and managing to murmur 'Stretcher-bearer' as he fell dead.[26] Bearers answered such calls, risking their own lives to save others who were already dead or doomed.

Bearers earned their great standing because of the courage and self-sacrifice that were inherent in their job. It was dangerous. Bean declared that the work of stretcher-bearers in the First AIF 'was, if anything, more deadly than that of the riflemen, and was recognised as such'.[27] This applied especially to regimental bearers, as Bean noted, but a diary extract well illustrates the risks to ambulance bearers. Private Frank Shoobridge, a stretcher-bearer with the 2nd Field Ambulance, gassed and wounded at Pozières in July 1916, met some mates from the unit in September and recorded his comrades' recent experiences thus:

> Rose and Thompson killed by a shell. Sgt Fish killed and Sgt Cambell [*sic*] seriously injured by a bomb. Boman got shrapnel through both wrists. Waterman killed by shell. Malphy hit in thigh by shrapnel. Trowbridge hit in back by bit of shell (serious). Stredwick is believed to have died in hospital in England (Correct) Webb and Strempal strained backs and shell shock. Sims killed. Allen wounded in arm (fracture) and others. (Sprague shell shock and gas) Charlie Ireland killed, hit through sholder [*sic*]. Tom Scott, Bert Lewis – knee. Douglas (stomach).[28]

Frequently bearers operated in full view of enemy riflemen, machine-gunners or observers for the artillery. To some extent they depended on the kindness of their enemies. The sight of a stretcher party with their raised red cross flags often led the enemy to cease fire. Sometimes there were even truces that allowed both sides to send out bearers to aid their helpless compatriots. Misunderstandings about the use of red cross flags occasionally led to bearers being shot, but there were many more occasions when bearers were deliberately attacked. For example, in November 1916 when 24th Battalion Australians at the front heard a cry for stretcher-bearers from no man's land, officers initially refused bearers' request for permission to go out, but the persistent cries of pain proved irresistible to two bearers; on climbing out of their trench, both 'fell riddled with bullets'.[29] In the Pacific, Japanese ruthlessly shot down stretcher-bearers. Even when the enemy sought to avoid harming stretcher-bearers, artillery bombardments were usually directed at areas rather than individuals, so bearers going to pick up wounded in locations plastered with shells had to take their chances. In World War I, the Germans often saturated areas with gas shells, which affected many bearers, including one who lost his voice for months.

If danger went hand in hand with stretcher-bearing, so did physical strain. In the words of a history of one of the First AIF battalions: 'The work of regimental stretcher-bearers is not only dangerous, but also the most strenuous duty on a modern battlefield.' At the end of his first day in action, at Pozières, ambulance bearer Private Edward Munro declared stretcher-bearing 'the hardest toil I ever struck'. The prejudice that work in the AAMC was for the physically weak ignored the fact that bearer work required, in the words of a decorated medical officer, 'as stout a heart as any man in the [infantry] Division, and, more than that, an iron frame'.[30]

One consideration for bearers in their struggle to get casualties to further assistance as quickly as possible was the weight of their casualty. Private Reg Hind, who served with the 6th Field Ambulance at Gallipoli, wrote in his diary: '. . . had to carry another patient round. He was a terrific weight having all his equipment and ammunition on. Died on the way.'[31] Hind was 19 years old and only 169.5

centimetres tall. No wonder he wrote in another entry of having a 'crook back'. It did not prevent him from winning a Military Medal and Bar. Other considerations for bearers in minimising the time their patient had to be carried were the distance, difficulty and danger of the terrain. On the Western Front, it sometimes took up to eight hours to carry casualties just three kilometres. On the Kokoda Track and elsewhere in New Guinea there are recorded carries of up to 12 hours.[32] Not surprisingly, some bearers sought to get out of the job, as they found it too strenuous or dangerous.

Stretcher-bearing required great teamwork for, as one field ambulance history says when describing six-man teams negotiating the treacherous mud and waist-deep water-filled shell holes of Ypres, 'if more than one bearer slipped at a time – and to slip meant no recovery – there was absolutely no chance of keeping the stretcher up'. Another bearer wrote of being relieved from the front in 1917 'after a 52 hrs term and retired to bed absolutely fatigued and aches all over especially in the legs and shoulders'.[33] Bearing at night was especially challenging, as men could easily become disoriented or fall into shell holes, trenches or other obstacles, which were hard enough to avoid when carrying a stretcher in daylight. In the jungle during World War II night-bearing was very dangerous. That was apparent in the case of Private Len Wood of the 2/19th Battalion, who, while moving around gently tending the wounded at night near Parit Sulong in Malaya, was mistakenly identified as Japanese and killed by his own men.[34] Night-bearing was rarely risked in the Pacific.

As well as carrying casualties, bearers treated them. Every front-line soldier was issued with a first field dressing, a bandage, and if wounded, often he or a comrade applied it, although it was inadequate for treating most wounds. It was the stretcher-bearer's job to halt serious haemorrhage, apply a splint where necessary and apply dressings – known as 'shell dressings' – to protect the wound. A decorated field ambulance officer stated that regimental stretcher-bearers dressed wounds 'rapidly and remarkably efficiently', and indeed they were usually expert enough at doing so to ensure that the RMO rarely needed to adjust these bandages before sending the patient on. Bearers had tourniquets, and, in World War II, morphia. Because these bearers were not medical personnel, their only training was from the medical officer and his orderlies. Their introduction to treating casualties was not in the quiet of a medical facility but on a battlefield. The first real casualty they saw was one they themselves had to treat. The ambulance bearers received more training, but it was simple: initially two weeks, then three weeks in World War I and similar in World War II.[35] Ambulance bearers were more thoroughly trained in first aid but tended to carry stretcher cases rather than bandage them, although there were exceptions, notably at Gallipoli.[36] One ambulance bearer said that only once in 16 months on the Western Front did he have to perform an important emergency dressing.