INTRODUCTION

MORE THAN A MAN AND HIS DONKEY

On 25 April 1915, when John Simpson Kirkpatrick set foot on the Gallipoli peninsula as part of the Australian Imperial Force (AIF), it is unlikely that he had an inkling of the frequency with which his story would be told, retold and mistold to generations of Australians. Nor is it likely he had any idea of the extent to which that story would grow, distort and become part of Australia's national creation myth. The idea that the Australian nation was 'born on the shores of Gallipoli' through the sacrifice, endurance, initiative, resourcefulness, mateship and larrikinism of the Anzacs codified the First World War as a moment of national significance in the formation of an Australian identity. Kirkpatrick's story is entirely enmeshed in this myth-making; as 'Australia's most famous stretcher-bearer', he has come to embody both the 'Anzac spirit' and the work of the Australian Army Medical Corps (AAMC) in the First World War.[1]

Born in South Shields, County Durham, in 1892, Kirkpatrick joined the British merchant navy in 1909 and deserted his ship in Newcastle, New South Wales, in 1910. He worked as a labourer in Australia until the outbreak of the First World War when, in an attempt to get free passage home to England, Kirkpatrick enlisted in the AIF as John Simpson, dropping his surname in what appears to have been an attempt to hide his previous desertion. He became a private in the 3rd Australian Field Ambulance, a unit of the AAMC, and embarked for war only to find that the Australians were not destined for England but for North Africa. Diverted to Egypt, the Australians trained and prepared for battle in

and around Cairo before setting off for Gallipoli as part of the Mediterranean Expeditionary Force (MEF).

Landing with the rest of his unit as part of the 1st Australian Division, Kirkpatrick was among the first ashore on the morning of 25 April. Along with his fellow stretcher-bearers, he was tasked with providing first aid to wounded soldiers and carrying those who could not walk to the relative safety of medical aid posts. Kirkpatrick commandeered a donkey – reports differ as to whether he annexed, found or stole it or even smuggled it ashore – and began to use it to ferry wounded soldiers through difficult terrain down from the front lines that ran across the cliffs of Gallipoli.[2] He soon became known as 'the man with the donkey' and, until his death during the fighting at Anzac Cove in May, he and his beasts of burden (he used more than one) worked to bring in the wounded.

Figure 0.1 Not Simpson and his donkey. Private Richard Alexander Henderson, a stretcher-bearer in the New Zealand Expeditionary Force, with donkey and patient. The bearer in this photograph was mistakenly identified as Simpson, and a number of paintings of Simpson's famous escapades were based on this image. (AWM P03136.001)

Kirkpatrick was not the only stretcher-bearer to undertake this work, but, having been singled out for heroic deeds in *Glorious Deeds of Australasians in the Great War*, a piece of wartime propaganda, he is the one who has been remembered.[3] He was Mentioned in Despatches for his work and went about casualty retrieval in this manner with the permission of his commanding officer. Yet the prevailing narrative of this man is of a rogue operator, heroic in his efforts but unrewarded by Australia. Tales of him saving the lives of three hundred men and routinely putting himself in greater danger than other bearers are overblown.[4] Rather than warranting the award of a Victoria Cross, his efforts have been rewarded with a similar degree of recognition as other stretcher-bearers. 'Having peeled back layer after layer of half-truth, mistruth, falsehood and fabrication' when researching this enigmatic character, Graham Wilson 'came to two conclusions: first, that John Simpson Kirkpatrick was an extremely likeable but otherwise wholly unremarkable young man; second, that just about every statement ever uttered or written about Simpson is false'.[5]

Despite their story having been untethered from reality, Simpson and his donkey(s) have become the iconic images of Australian medical care in the First World War. They are synonymous with the Anzac legend, which has 'extraordinary currency' in Australian society.[6] Their likenesses have been cast in bronze and placed at the entrance to the Australian War Memorial in Canberra and on the banks of the River Torrens in Adelaide. In 1997, the Australian chapter of the Royal Society for the Prevention of Cruelty to Animals (RSPCA) awarded one of his donkeys, Murphy, 'and all the donkeys used by John Simpson Kirkpatrick' a Purple Cross for 'the exceptional work they performed on behalf of humans while under continual fire at Gallipoli'.[7] Their efforts are the subjects of numerous histories and children's picture books.[8] They are the stuff of legend, but there is, of course, much more to the story of Australian medicine at Gallipoli, and in the First World War after 1915, than the exploits of one man and his four-legged friend(s).

The Australian Army Medical Services (AAMS) were integral to the work of the AIF in the First World War. As one of its constituent parts, the AAMC served from the beginning of Australia's involvement until the discharge of the final servicemen. Its efforts extended across a broad geographical area, with units working in Australia, the Pacific, the Middle East, the Mediterranean, Egypt, Europe and the United Kingdom and on the ships that transported men between theatres. In addition, the AAMC demonstrated breadth in the range of medical

concerns for which it had responsibility. It was involved in the medical assessment of recruits, the maintenance of soldiers' health and fitness, the prevention of disease, soldiers' treatment when wounded, and their rehabilitation and return to duty. Also, members of the AAMC were involved in decisions about the extent of an individual's degree of disability on discharge from the armed services.

In delivering this range of medical care, the AAMC occupied an unusual place in the Australian war effort. The First World War is often discussed in terms of two separate, although interacting, spheres: war and home. However, combat support units, like the AAMC, disrupt this idea and suggest something more akin to a continuum. The AAMC linked these two spheres and bridged the divide between the front line and the war effort at home, working at every stage in between. From collecting casualties from No Man's Land, right through to treatment and discharge in Australia, the AAMC provided care and relief from war injury in service of the war effort.

While the geographical, temporal and therapeutic range of the AAMC's work in the First World War all suggest that it was significant in the Australian war effort, it was the sheer scale of the problem it faced that made the AAMC's contribution integral to the AIF. Colonel Arthur Graham Butler, who was initially Commanding Officer of the 3rd Australian Field Ambulance before he became the official historian of the Australian Army Medical Services, suggests that 60 per cent of the Australian force in the lines in 1918 were men who had recovered from previous illness or injury.[9] More recently, David Noonan's statistical analysis of the AIF exposed flaws in Butler's history.[10] He found that Australia's 318 100 effective embarkations – that is, men who made it to a theatre of war – were admitted to hospital as a result of wounds, injuries and illnesses on more than 737 000 occasions.[11] If hospitalisations for venereal disease are included, the number is well over 750 000. In his official account, Butler suggests that wounded soldiers were hospitalised on only 155 000 occasions, so Noonan's number is around five times higher than Butler's.[12] Noonan's revised statistics suggest that, on average, each effective embarkation was admitted to hospital 2.3 times. This reassessment of the extent of wounding, illness and injury in the AIF goes a long way towards explaining why the medical services were under sustained pressure throughout war, but Noonan does not provide an analysis of how the medical services coped with the scale of the casualties. Therefore Butler's assessment of broader problems over the course of the war warrants revisiting.

Figure 0.2 Arthur Graham Butler, CO 3AFA. He became Official Historian of the AAMS in the First World War. (AWM H18932)

This book investigates how medical care was provided to Australian soldiers in the First World War and where sites of medical–military authority were located. It examines the work of the AAMC across three critical types of care: casualty clearance and evacuation, rehabilitation, and the prevention and treatment of venereal disease (VD). The investigation of these three forms of medical care enables an analysis of three important points of contact between doctors, patients and the army. Each significant in its own right, these were three areas where the AAMC had direct responsibility for sick and wounded Australian soldiers. Previous medical histories discuss these areas in isolation, obscuring the underlying principles that shaped the provision of medical care. What this book reveals is that the AAMC demonstrated consistency in its practice across these three distinct types of care – despite differences in the purpose of that care, the distance from the front lines and the involvement of different actors.

Much more than a history of military administration, this book exposes the ways in which traditional hierarchies – imperial, military,

medical and gender – came into conflict in war. At different times, those hierarchies were quietly subverted, openly transgressed, subtly reinforced and strictly upheld. As a result of the conflict between the competing forms of authority, those hierarches were ultimately blended as the Australian medical men of the AAMC sought to establish their expertise, assert their authority, and consolidate and extend their control over sick and wounded Australian soldiers.[13]

Structures of medicine in war

The AAMS had a number of constituent parts during the First World War, including the Australian Army Dental Service, Pharmaceutical Service, Nursing Service and Massage Service. The largest was the AAMC. While many doctors had some experience in the militia, the peacetime medical corps had only four officers. Its rapid expansion once war began meant that almost all the doctors in the AAMC were civilians, a factor that distinguished it from its British counterpart, the Royal Army Medical Corps (RAMC). Commissioned as officers, doctors commanded the other ranks of the AAMC, who, like Simpson of donkey fame, worked as stretcher-bearers and orderlies.[14] These members of the AAMC were most often deployed as part of either the Australian Field Ambulance (AFA) or a hospital unit. AFAs were paired with a combat brigade and, as a general rule, they provided casualty clearance and evacuation when their respective unit was directly involved in the fighting.[15] There were also stretcher-bearers within the brigade, known as 'regimental stretcher-bearers', who had responsibility for clearing the wounded back to the regimental aid post (RAP). Staffed by the Regimental Medical Officer (RMO), this was the first unit in the medical evacuation chain. The RMO was a member of the AAMC but was under the command of the combat brigade Commanding Officer (CO). When his brigade was not engaged in combat, the RMO served in a similar way to a general practitioner serving a community. He provided medical assessments and care for ailments as well as monitoring general health and morale in the unit.

AFAs were divided into bearer and tent subdivisions; bearer subdivisions transported and carried the wounded, and tent subdivisions staffed medical posts. If a soldier could not be immediately patched up and sent back to fight, he was evacuated from the RAP to an advanced dressing station (ADS) and then to a main dressing station (MDS). If a soldier's wounds needed surgical intervention, the AFA evacuated him to a casualty clearing station (CCS). These hospitals were staffed by dedicated teams and, over the course of the war, they developed into large and complex

units.[16] As well as marking the point at which the AFA's area of responsibility ended, the CCS was also the point at which Australian control of Australian casualties ceased. CCSs were largely stationary and served the area ahead of them in the evacuation chain, irrespective of which nation of the British Expeditionary Force was deployed there. Consequently, Australian soldiers were frequently evacuated to British CCSs, and Australian CCSs often received casualties from British and dominion forces. From here, casualties were transported back to base hospitals, including 1st Australian General Hospital (1AGH). If further medical treatment was required, Australian casualties were transported to England for treatment in British military hospitals before being sent to an Australian auxiliary hospital (AAH) for rehabilitation. Once recovered, Australian soldiers proceeded to an Australian command depot (ACD) or, if they were unfit for further service, they sailed back to Australia for further treatment and discharge from service. Clearly, the system of medical care for sick and wounded soldiers was a complex and multinational one, which required coordination and communication between units.[17]

While the degree of cooperation between units and across national boundaries varied between theatres of war and the stage of the war, in theory it was possible because the imperial forces were designed to work together. The British army went through a series of major reforms in the aftermath of the South African War of 1899–1902. Including contingents from the pre-Federation Australian colonies and (after 1901) the Commonwealth of Australia, the force Britain assembled 'was not so much an army as it was an "aggregate of battalions" from across the empire – disparate, disorganized, and depressingly ad hoc'. Douglas E. Delaney suggests that 'it compared most unfavourably with continental armies that had standard military organizations and procedures, peacetime formations that were the same as those they would use in war, and general staffs to guide them in both their training and their fighting'.[18]

By 1911, a new system was in place. An imperial standard existed for infantry and cavalry divisions, the dominions organised and equipped their military forces in line with British standards, and the War Office disseminated the *Field Service Regulations*. Furthermore, officers from Britain travelled to the dominions to help consolidate these 'adjustments'.[19] This standardisation of military units applied to medical as well as combat forces, and the structure of the AAMC at the beginning of the First World War was virtually the same as that of the RAMC, with only minor alterations owing to their relative size. After the First World War, Delaney suggests that the dominions were less dependent on Britain and 'more confident in their ability to manage their own military and diplomatic affairs'.[20] A study of

the AAMC in the First World War provides the opportunity to assess whether Britain managed to maintain a standardised imperial force in the face of the nascent nationalism of the dominion soldiers.

Assessing the relationships between the AAMC and its officers with other units, groups and individuals highlights the different forms of authority with which they had to contend. The AAMC contested the role of the Mother Country in the care provided for Australian soldiers, and questions of national identity emerged from discussions of responsibility for care. Military hierarchies subordinated civilian expertise, so the reliance of the AAMC on civilian doctors with limited military experience required them to establish their expertise in a military context. Medical hierarchies privileged those with medical training over those without, and gender hierarchies differentiated between competing masculinities as well as promoting men over women. None of these forms of authority can be completely disentangled from the others, and in many ways they seamlessly overlapped. In figure 0.3, military and medical hierarchies blend, with the most senior person in the medical hierarchy also occupying the

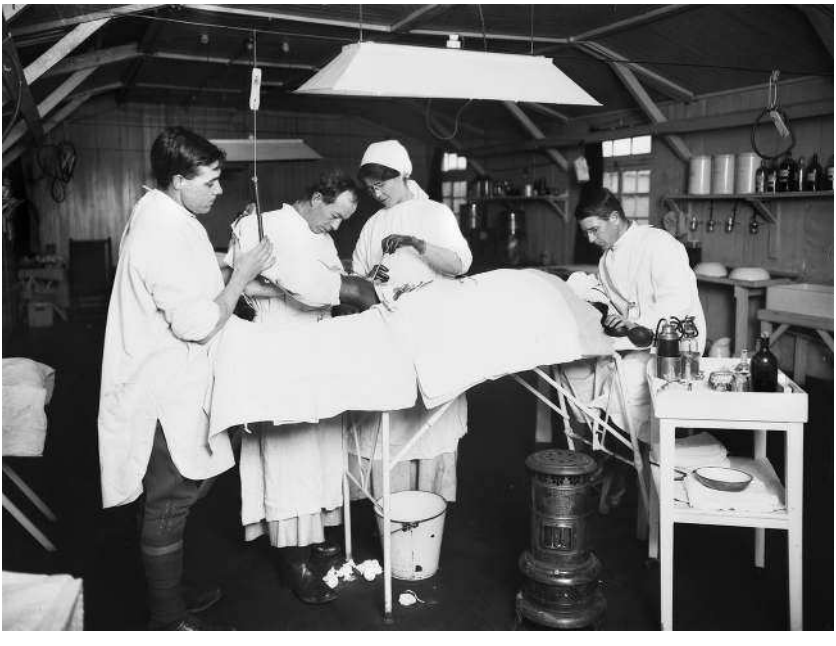

Figure 0.3 The operating theatre at 1ACCS in 1917 demonstrating both harmony and conflict in the blending of military, medical and gender hierarchies. Left to right: Sergeant Haswell, Lieutenant Colonel McClure, Sister Murphy, Major Featonby. (AWM E01304)

highest military rank of those in the room, in this instance the surgeon, Lieutenant Colonel Fay McClure. On the next rung down the ladder in both medical and military terms is the anaesthetist, Major Featonby. After him, things get messy. Sergeant Haswell was ranked lower than Sister Murphy, as nurses held the rank of honorary officers, yet her authority extended only as far as her medical expertise, and she could not exercise any authority beyond nursing matters.[21] These limits on authority and the inversion of the gender hierarchy caused some consternation among the members of the AAMS. The AAMC continually renegotiated its relationships during the war, and this saw the emergence of Australian medical men as the primary decision-makers in the provision of medical care to Australian soldiers.

Histories of medicine in war

Butler's Official History of the AAMS was the first to examine the provision of care to Australian soldiers in the First World War. Published in three volumes in 1930 (with a second edition in 1938), 1940 and 1943, it has remained largely unchallenged as the definitive account of medical care provided to Australian soldiers during the war. However, it is not without its problems. Its scope leaves many questions unanswered, the statistics collated have recently been scrutinised and found wanting, and it has been implicated in the development of Australia's national creation myth.[22] This was, in part, because it was overseen by Charles Bean, author of the general Official History of Australia's involvement in the war and an advocate of the 'Australian Ideal'.[23] The official account was intended to communicate developments in medical treatments to a wider audience yet, under Bean's influence, it also assumed a tone similar to his official history and attempted to convey to the reader the heroism, innovation and determination of the members of the AAMC.

Despite covering a broad range of issues and theatres of war on three continents, Butler acknowledges from the outset that an Australian medical history of the war must be limited in its scope, as the only theatre in which Australia had full responsibility for medical care was the work of the Australian Naval and Military Expeditionary Force (ANMEF) in the Pacific.[24] In the medical sphere, Australian authority did not extend outside Australian personnel so Butler's work does not venture far into the relationships between British and Australian medical units, asserting that the 'study of what may be termed the medical strategy of the war belongs, therefore, properly to the Imperial history, and therein has been admirably presented'.[25] However, AAMC officers did attempt to influence

plans made by their British counterparts, and discussion of these examples feature in the official account. Butler acknowledges that there was conflict in this relationship. He writes that 'the carrying out in a dominion army of certain principles laid down by the medical authorities of the British army opens up the whole field of the relations of the dominion service to that of the Mother Country'. He continues by suggesting that the problems in that relationship and 'the experience of the medical service in their gradual solution, are matters which, so far from possessing a merely academic interest, come white-hot from the furnace in which have been moulded the latest changes in the British Commonwealth of Nations'.[26] Furthermore, Butler suggests that conflict between the Australian medical services and the British General Staff is one reason the AAMC pushed for greater independence.[27]

Given the national creation myth that surrounds Australia's participation in the First World War, the relationship between Australia and Britain and its effects upon medical care warrants further investigation. Butler routinely places the blame for problems within the Australian medical services on the British command, the RAMC and occasionally Australian government officials, while presenting the members of the AAMC, and the AIF generally, as valiant heroes doing the best they could in spite of the conditions in which they found themselves.[28] In a discussion of the merits of the Australian and British official medical histories' analyses of the Gallipoli campaign, Mark Harrison concluded that 'while it is rather too accepting of Australian versions of events, Butler's account stands the test of time rather better, having identified some of the key structural weaknesses which dogged medical aspects of operations on the peninsula'.[29] This conclusion can be carried through to other theatres of war where Butler also identifies key weaknesses and successes, with the caveat that the weaknesses are invariably British and the successes Australian.

Aside from a few notable examples, since the publication of Butler's official history, little has been written about the work of the AAMC in the First World War. Michael Tyquin's analysis of the medical services at Gallipoli in 1915 provides a critique of the work of the Australian medical services that is more nuanced than Butler's official account.[30] Tyquin argues that the system, rather than individuals, was responsible for the medical problems faced at Gallipoli and concludes that there was a distinct disadvantage for Australia in being dependent on Britain for medical and logistical provisions. His assessment that Australia was disadvantaged by its deference to Britain is sound, although neither Australian nor British officials attempted to demarcate explicitly where one's