

**WITH THEM  
THROUGH HELL**

*Love drives me back to grope with them through hell.*

Siegfried Sassoon, 'Banishment'

# WITH THEM THROUGH HELL

New Zealand Medical Services in the First World War

ANNA ROGERS



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# CONTENTS

## INTRODUCTION

6

## Part 1: Feeling the Heat

### CHAPTER 1

#### CROSSING THE SEA

30

### CHAPTER 2

#### GETTING IT WRONG

52

### CHAPTER 3

#### SICK AND TIRED

78

### CHAPTER 4

#### FROM DESERT TO DISASTER

100

### CHAPTER 5

#### SURVIVING IN THE SAND

126

## Part 2: From Chaos to Care

### CHAPTER 6

#### MEDICS IN THE MUD

146

### CHAPTER 7

#### NOT FAR FROM THE FIGHTING

174

### CHAPTER 8

#### A GOOD HOME

192

### CHAPTER 9

#### SAFE AT SEA

218



## **Part 3: Unexpected and Unsung**

**CHAPTER 10**  
**TEETH TROUBLE**  
244

**CHAPTER 11**  
**CARING FOR  
THE ANIMALS**  
264

**CHAPTER 12**  
**HOLY MEN AND  
HEALING HANDS**  
290

**CHAPTER 13**  
**WOMEN AT WAR**  
314

## **Part 4: Maimed and Mended**

**CHAPTER 14**  
**VISIBLE AND INVISIBLE**  
336

**CHAPTER 15**  
**MAKING IT BETTER?**  
358

**CHAPTER 16**  
**BROKEN SURVIVORS**  
386

**MAPS**  
409

**ABBREVIATIONS, NOTES,  
BIBLIOGRAPHY, ACKNOWLEDGEMENTS,  
ABOUT THE AUTHOR, INDEX**  
412

# INTRODUCTION

Whilst we honour our soldiers, let us not forget the medicos . . . There are no exceptions, wherever you go it is the same, just an unassuming attention to every need. Not in the limelight does such heroism shine, but the angels see it and take notice.

— Chaplain Thomas Fielden Taylor, *Grey River Argus*, 17 February 1917

**O**n the night of 11 August 1917, 24-year-old John Moloney of the New Zealand Rifle Brigade was digging a trench near the River Warnave in France when he and his companions were hit by a shell. ‘Two poor lads working on either side of me were cut to ribbons. I could see their vertebrae. One whimpered and died. It was an awful scene, the cries of the wounded and dying sounded on all sides.’ A ‘melancholy procession’ managed to reach the dressing station of medical officer Richard (Dicky) Barron.

The lad on the stretcher in front of me . . . was wounded in the throat, he breathed with a heavy spluttering gurgle that got fainter and fainter . . . One fine big fellow sat propped up in a corner, his face ashen coloured. He had been badly smacked in the lungs, and there was foam at his mouth. He called gently ‘Mother!’ and his head dropped. He was gone . . . One little fellow had a left hand that looked like raw meat, it was mangled so. Dicky had a big shears and snipped off hunks of flesh. He whispered to me that the poor fellow couldn’t feel it.<sup>1</sup>

There were many ways to be wounded or killed in the First World War. Bodies were pierced and mangled by the red-hot metal of shrapnel; limbs, hands and feet were torn or blown off; bones were shattered; tendons and arteries severed; faces mutilated beyond recognition. Men suffered brain injuries and deafness from the constant blast of shellfire. In close-quarter fighting there was the threat of stab wounds from bayonets or entrenching tools. Gas blinded and blistered and excoriated throats and lungs. The petroleum from flamethrowers caused appalling burns.<sup>2</sup> Added to terrible physical assaults were the high risk of infection and nerve damage, and the psychological effects of severe trauma. Although this was the first major

conflict in which there were more combat deaths than fatalities caused by disease, serious sickness was widespread — dysentery, influenza, typhoid.

The thousands of men, wounded and ill, who were brought into regimental aid posts, dressing stations, casualty clearing stations and hospitals were cared for by another, less familiar fighting force, armed not with guns but with scalpels, bandages, drugs and compassion.<sup>3</sup> During the First World War, hundreds of New Zealand doctors, nurses, stretcher-bearers, orderlies and ambulance drivers, dentists, chiropodists, pharmacists, physiotherapists and chaplains carried out this vital work, often at great personal risk, as veterinarians also did for the horses, mules, donkeys and camels that provided essential military transport. Their extraordinary contribution has not always received the attention it deserves.

There is, of course, a central irony here. People trained to mend and heal were required to make hurt and ill soldiers and animals fit enough to fight again, so they could once more be wounded — or killed. There is an easy answer to this conundrum: to wage war a nation needs healthy troops, and the means of restoring them, without delay, to their place on the front line. This was certainly how New Zealand's military leaders, and its government, saw things, and the men themselves knew that unless they received a severe wound or were extremely sick, they would inevitably return to the front. One way of dealing with the ethical dilemma was to remove altogether the conflict between practising medicine and fulfilling military duty. 'We doctors simply go on healing the sick and patching up broken bodies . . . the enemy to us is not even an enemy but only part of our job of care. For a doctor there is no war, or at least there need be no war.'<sup>4</sup>

There is another paradox: war can stimulate significant medical advances. Many of the innovations born of the First World War are now second nature in military medicine: triage (ranking the urgency of casualties' condition to decide the order of treatment), debridement (the removal of unhealthy tissue from wounds to help healing), effective blood transfusions, the widespread use of X-rays, the vital importance of inoculation and vaccination, treatment of psychological war damage, life-altering maxillo-facial and oral surgery, and the role of physical therapy and rehabilitation in recovery. In the memorable words of medical historian Leo van Bergen, 'War was a colleague, war was a teacher. War was the doctor of doctors.' But, as he also notes, without improved medical care the terrible battles of the First World War would have been fought with far fewer men and would probably have ended before November 1918. It is worth remembering, too, the extraordinary advances, such as the discovery of penicillin, that have *not* been associated with war. As Bergen asks, 'Why don't we ever say: peace is good for medicine?'<sup>5</sup>

Because the sophisticated new weaponry of this war enabled attacks from a much greater distance, wounds and death were meted out far more impersonally and far more unpredictably: places of complete safety were rare. Slow, painful deaths were common, but most men died almost before they knew they had been hit.<sup>6</sup> The number of casualties in the First World War can never be certain — some 18 million were killed and 23 million wounded. Of New Zealand's 1.1 million inhabitants, almost 100,000 served overseas. Over 18,000 of them died during or soon after the conflict, and more than 40,000 were wounded or suffered from disease.





The cost of war. Allan McMillan, a Dunedin miner, was just shy of his 26th birthday when he was severely wounded in France in September 1916. He received a bad gunshot wound to his right hand, and his left forearm eventually had to be amputated. Although he returned to New Zealand in 1919, he died on 21 June the following year of broncho-pneumonia and emphysema. TE PAPA,

O.031469





New Zealand's high commissioner to London, Sir Thomas Mackenzie (1853–1930), with Te Rangi Hīroa (Peter Buck) during a visit to New Zealand troops in France. Hīroa (1877?–1951), who was decorated for his work on Gallipoli, was the only Māori medical officer to serve in the war. Mackenzie was a kindly and sympathetic figure with a deep concern for the welfare of New Zealand soldiers overseas. His son, Clutha, was blinded on Gallipoli.

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*The New Zealand Medical Service in the Great War 1914–1918*, written in 1924 by Andrew Carbery, a surgeon who was a serving officer, is a detailed and comprehensive account. Carbery was given an unenviable brief, especially when the principal technology available to him was a typewriter: one year to research his subject, six months to write it, and three to six months to see the book through the press. Particularly under these constraints, he did an admirable job — for a man of his time writing in an official military context only a few years after the war ended. Inevitably, there are omissions — the almost non-existent coverage of the nurses' role is the most glaring — and Carbery tends to gloss over or sidestep areas of controversy. There is, too, understandably, a strong imperial spirit, but the book is thorough and readable.

For that reason, and because it is written a century after the First World War ended, *With Them Through Hell* concentrates on telling the story of the men and women of New Zealand's medical services, where possible in their own words. Its scope goes beyond traditional military medicine to embrace others who fought to keep the men and animals of the war alive and healthy. For reasons of size, it focuses on those serving overseas.

It is very largely a Pākehā story. Only one Māori, Te Rangi Hīroa, also known as Peter Buck (Ngāti Mutunga), served as a medical officer in this war, with the mainly Māori Pioneer Battalion in the Middle East, Gallipoli and France. (Although not a front-line fighting unit, the battalion, which built roads, dug trenches and fulfilled other engineering and logistical duties, often found itself in perilous situations, working under fire.) He was twice mentioned in despatches and received the DSO. Māori served as stretcher-bearers, both officially and otherwise, and their pioneer role also made them invaluable in other ways. At Passchendaele, for example, they 'did yeoman service in bringing up planks and laying them crosswise to give a foothold' in the mud for the struggling stretcher-bearers.<sup>7</sup>

New Zealand's First World War medical story has much to say about the relationship with and attitudes towards the British. This was a period in which the regular newspaper headlines, 'New Zealanders at Home' and 'Our Boys in Britain', meant the same thing: Kiwis were serving the empire and Britain was home with a capital H. They certainly faced prejudice from some British doctors and nurses. The New Zealanders soon realised, however, that they were the equal of, if not often superior to, the Mother Country's military medics, and their reputation would grow as the war went on. The often-repeated idea that New Zealand discovered its nationhood in this war, particularly on Gallipoli, is clichéd and sweeping, but, like the troops, the men and women of the medical services certainly discovered that their skill, courage and devotion needed no imperial imprimatur.

**T**he medical care for the men who fought in the New Zealand Expeditionary Force during the First World War went from head to toe, and from enlistment through often multiple experiences of sickness and wounding to their return home. Doctors (almost all male), nurses (and VADs — members of the Voluntary Aid Detachment), stretcher-bearers, orderlies and ambulance drivers were, of course, to the fore, but others played a significant part. Dentists looked after the soldiers' teeth, so they could chew their rations; chiropodists cared

for their feet, so they could march; experts in massage (physiotherapy) encouraged wounded and disabled men towards recovery; pharmacists ensured they received the right drugs. There was skilled care, too, for the animals, from the New Zealand Veterinary Corps.

After a man was wounded on the battlefield, he moved along an evacuation chain that stretched from hasty, immediate front-line treatment to a casualty clearing station (CCS) to a stationary and/or a base hospital, and then, perhaps, to a cot on a hospital ship bound for Britain or home. New Zealand would send two stationary hospitals overseas during the war — despite their name, they moved about with the troops.<sup>8</sup> These served in Egypt and Salonika, and in France at Amiens, Hazebrouck and then Wisques. Wounded Kiwis were sent to British base hospitals in France and to New Zealand's three general hospitals in Britain, at Brockenhurst, Walton-on-Thames and Codford. The women of the New Zealand Army Nursing Service (NZANS) served in hospitals, in CCSs and on hospital ships. Although not allowed in the front line, they were often close to it. Untrained, but also essential, were VADs, who assisted with domestic and nursing work in hospitals and elsewhere, and the members of safe sex campaigner Ettie Rout's Volunteer Sisterhood.

Twenty-six medical officers (MOs), about a third of them from the volunteer New Zealand Medical Corps,<sup>9</sup> had accompanied the troops who fought in the 1899–1902 South African War. Each of the 10 contingents took at least one doctor, the larger ones two or more. They both acted as regimental medical officers (RMOs) and were posted to British military hospitals. But the imperial arrangements and equipment were poor. A hundred and thirty-nine New Zealand soldiers died of disease, usually typhoid, principally as a result of vestigial sanitation and ineffective treatment. Seventy-one were killed in action or died of wounds.<sup>10</sup> The treatment of the wounded and sick needed to be better in this war.

By 1914, what was now the New Zealand Medical Corps (NZMC) had been in existence for six years, but despite changes in the wake of the 1909 Defence Act, and regular camps at which field ambulance men practised such skills as 'stretcher drill, searching for wounded, the loading and unloading of ambulance waggons, and the placing of patients on and off stretchers',<sup>11</sup> the NZMC had problems. The various units were widely scattered, especially in rural areas, busy doctors had little time to devote to military work, the few officers were too far apart to easily share knowledge, and it was hard to make progress without a qualified, full-time Royal Army Medical Corps (RAMC) instructor. Despite the laudable enthusiasm and energy of the men themselves, 'New Zealand was not, from a medical point of view, prepared for war'.<sup>12</sup>

Sufficient medical personnel — four medical officers, two dental surgeons, 67 NCOs and men, plus six (later seven) nurses — were rapidly found for the Advance Party of the New Zealand Expeditionary Force that left in August 1914, in response to a request from Britain, to occupy the German colony of Samoa. The 48 officers who accompanied the Main Body of the NZEF when it departed for war in October were all volunteers with years of NZMC service behind them; some, like Christchurch surgeon Percival Fenwick, had served in South Africa. Almost all the 328 NCOs and other ranks were also corps men.<sup>13</sup> An outbreak of respiratory diseases, measles and cerebro-spinal meningitis at Trentham camp in the winter of 1915 killed 27 recruits and caused a nationwide scandal, laying horribly bare the faults of a



'loosely organized part time territorial medical service'.<sup>14</sup> Some sensible improvements were subsequently made.

Medical men throughout the country stepped up both to go overseas and to staff the training establishments at home. Until 6 October 1915, when Awapuni camp, at the racecourse outside Palmerston North, became the NZMC training centre, medical instruction at Trentham, amid the general preparation of hundreds of recruits, was 'haphazard'.<sup>15</sup> Ormond Burton, who would serve with the field ambulance, nevertheless found it 'interesting and very practical indeed. We had to look after the health of two thousand men and deal with incidental accidents. The doctors . . . were mainly young men who had recently qualified with a sprinkling of older men to stiffen them. Not a bad lot!'<sup>16</sup>

There were, however, complaints from doctors on Gallipoli about ill-prepared orderlies, and the first 20 who ended up at the New Zealand hospital in Cairo were not acceptable, in the view of commanding officer William Parkes. 'I regret that [they] are for the most part untrained,' he reported at the end of October 1915, 'and would strongly recommend that a proper course of instruction be given in Camp prior to embarkation and that a Medical Officer be detailed to continue instruction during the voyage.'<sup>17</sup> Not all the orderlies were below par. In May 1915 MO Thomas Ritchie felt compelled to 'say a word of praise' about his, a man named McCann. 'Although he had absolutely no knowledge of nursing or of drugs he has carried out my instructions to the letter . . . What he lacks in experience he makes up for in gentleness & application. He works night & day in the little hospital with another new chum from amongst the troops to help him.'<sup>18</sup>

General Alexander Godley, the General Officer Commanding the NZEF, had been concerned about the state of New Zealand's military medical services before Gallipoli. In February 1915 he was 'afraid that our men have not really got quite sufficient experience for managing a large number of casualties if we get them'. At the front he accepted the offered services of Englishman Colonel Neville Manders, a distinguished entomologist and military surgeon who would serve on the peninsula with the New Zealanders and Australians.<sup>19</sup> By April, wartime defence minister James Allen agreed that an experienced Royal Army Medical Corps officer was needed to head and instruct the NZMC at home,<sup>20</sup> and Colonel Robert Henderson arrived in New Zealand on 6 September 1915 to take up his duties as surgeon-general. Henderson made the establishment of the dedicated Awapuni camp one of his first initiatives.

For the 350 to 400 medical men training at Awapuni at any one time, the experience was not luxurious. Although amenities were added — lights, vegetable gardens and a 'shower bathroom' — the accommodation arrangements continued the bracing and money-saving pattern set when the camp had housed sick men sent from Trentham. 'There are,' the *Dominion* reported on 17 January 1916, 'neither tents nor hutments.'

The officers and n.c.o.'s sleep on the balconies of the stewards' stand and secretary's offices, and the men have their quarters in the grandstand, sleeping in the upper part of it and taking their meals in the portion used as the public dining-room on race days . . . The end of the grandstand, which is exposed to the prevailing wind, is sheeted in with railway tarpaulins.

The men have their beds on the broader of the ledges and place their gear in the seat above them. Everything is kept in ship-shape order and the quarters are comfortable and tidy.<sup>21</sup>

The camp was initially headed by the local military district commander, with Auckland doctor Major James Hardie Neil in charge of all the training, but by early 1916 Henderson had decided that an NZMC man should head the camp.

For everyone other than officers, the challenging programme comprised nine weeks of basic instruction at Awapuni, a month of practical hospital work at Featherston or Trentham, seven days of leave and then a final week back in camp. Norman Gray's practical experience was gained at Trentham. Because an NZMC man 'may have to act as a bearer, a nurse, a sanitary engineer, a water expert, a cook, a clerk, a storeman, or a driver, and these are only some of the positions', Gray and his companions took turns 'doing all the work of the place, nursing one week, on guard the next, sanitary work, cookhouse, dustmen, officers, orderlies'.<sup>22</sup> As well as ambulance drill with stretchers and wagons, there was 'field work reproducing as nearly as possible actual service conditions', along with lectures on everything from anatomy and physiology, wounds, fractures and bandaging to shock, fits, suffocation, 'choking, cold, foreign bodies in the eye and ear, drowning, poisoning, and so on'. The hospital work and nursing instruction included 'the use of surgical instruments, anaesthetics and antiseptics, the administration of medicines, surgical nursing, the treatment of infectious cases, observation of the sick'. Territorial officers gave lectures on such topics as discipline, military law, map-reading, judging distances and signalling. There was also drilling in infantry formations, to develop a 'soldierly spirit'.<sup>23</sup> It was little wonder, as the *New Zealand Herald* noted, that the men were 'busy from reveille — 5 a.m. — with short intervals for rest, until nightfall'.<sup>24</sup>

Those training at Awapuni could not choose their role in the NZMC; the authorities decided who went where. Some men who enlisted 'with an eye on a hospital ship' and missed out became 'very indignant'. They were, apparently, under the impression that such a post was a 'soft snap' but, said the *Dominion* sternly, and correctly, 'They are mistaken. It is very hard work'.<sup>25</sup> It was all relative, though. Front-line men like Gray would come to feel that some 'drafted to Stationary and Base Hospitals and Hosp. Ships . . . work all manner of "slinters" [tricks] to stay there for the duration' and 'should be given a chance to show their prowess at stretcher bearing and whizbang dodging . . . There is absolutely no comparison between the 2 kinds of work'.<sup>26</sup> Not all NZMC medics served overseas. Many were needed to staff the camps at home to ensure that the recruits were healthy and well cared for while training, and there were frequent calls throughout the war for more men, sometimes those not fit enough to return to the front, to do such work.

Awapuni-trained ambulance men sailed on the first charter of the hospital ship *Marama* in December 1915, and then left for overseas at regular intervals. As the *Dominion* reported in January 1917, 'every week fresh drafts have been going in to take the place of those who go on active service'.<sup>27</sup> The men continued to prepare while they waited to depart. Those embarking on the other hospital ship, the *Maheno*, in January 1917 travelled south to Christchurch to camp at the A & P showground at Addington, where they were 'revising their training with all kinds




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*above* A somewhat distant and formal figure who was not always liked or understood by the men he led and admired, British-born Alexander Godley (1867–1957) was General Officer Commanding the New Zealand Expeditionary Force throughout the war. ALEXANDER TURNBULL LIBRARY, 1/4-009477-G




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*below* James Allen (1855–1942), who was knighted in 1917, held the challenging post of New Zealand defence minister from 1912 to 1919, and also acted as prime minister for lengthy periods while the country's joint leaders, William Massey and Joseph Ward, were overseas. He drew some criticism for his handling of the portfolio but was stoic and hard-working, especially in the face of his son John's death on Gallipoli in June 1915. ALEXANDER TURNBULL LIBRARY, 1/1-013396-G

of ambulance work [and] being kept in condition by route marches'.<sup>28</sup> The learning continued during the voyages. When not on duty, the 25 NZMC other ranks going overseas with 500 Australian troops on HMS *Persia* in August 1915 practised stretcher drill and bandaging. 'All the Hospital work has fallen to our unit,' MO Ronald Orbell reported when the ship reached Suez, 'and I and my officers have taken every opportunity of teaching the men as much as possible of the ordinary hospital routine.'<sup>29</sup> Gray, on the *Tahiti*, considered 28 October 1915 'One of the best days so far, from our training standpoint' — lectures on the blood and circulatory system and the causes of disease were supplemented by 'signalling and stretcher drill'.<sup>30</sup>

Extra NZMC training was added in April 1917, when the Tauherenikau racecourse in Wairarapa became the venue for four weeks of practical instruction in military hospital and nursing work after a month of squad and stretcher training at Awapuni. At the racing club's expense, many alterations had been made, including converting the totalisator building into a 40-bed ward. The men also attended lectures and demonstrations, for which 'anatomical exhibits and specimens are provided'.<sup>31</sup>

New Zealand's medical profession was eager to serve. The nurses would have a much harder job convincing the authorities that they should go overseas — 550 would eventually do so — as would female doctors, but male doctors and surgeons were accepted without question. It is hard to put an exact figure on the number who served overseas with the NZMC. Carbery states that 385 of New Zealand's 700 or so registered doctors left the country, along with 3248 other ranks — recruits trained to work as orderlies and stretcher-bearers. But painstaking research by Pat Clarkson reveals a doctor/surgeon total nearer 430.<sup>32</sup> A number of New Zealand doctors also served with the RAMC, often because they were working in Britain and enrolled there when war broke out. The pay was better, too, in the British service.<sup>33</sup> Some later enlisted with the NZEF. Although the medical school at the University of Otago had opened in 1875, many of the older, more experienced doctors who served during the war were trained in Britain, particularly at the University of Edinburgh.<sup>34</sup>

Not everyone wanting to enlist was able to do so immediately. Initially, preference went to the waiting list of NZMC men — like Auckland surgeon Arthur Purchas, who had been with the volunteer force and then the territorials for 29 years when he enlisted on 26 August 1914<sup>35</sup> — as Thomas McKibbin from Hastings discovered when he tried to volunteer as a surgeon on 8 April 1915. He had been a territorial officer, but his membership had lapsed and the authorities regarded him as a civilian; he did not leave as an NZMC officer until mid-August. The Mother Country was calling too. In June 1915 the War Office requested an additional 100 New Zealand doctors, who would be 'temporary lieutenants of the R.A.M.C.' Those keen to apply were to do so via the inspector-general of hospitals or, if they were NZMC members, the director of medical services in Wellington.<sup>36</sup>

Some medical men, desperate to go but unable to get an NZMC place, headed overseas on their own initiative — and at their own expense. Louis Barnett took leave of absence from the chair of surgery at Otago University to sail for England in March 1915. From May to August,



thanks to a temporary RAMC commission achieved with the help of New Zealand's high commissioner in London, Thomas (later Sir Thomas) Mackenzie, he was chief surgeon of the 1200-bed Imtarfa military hospital on Malta. 'I have got a splendid position at this great institution. I am busy from morning to night and am happy in the thought that I am doing something worth while.'<sup>37</sup> Barnett was then attached to the NZEF at Godley's request and in mid-1916 was appointed the force's consulting surgeon.

There were clearly some initial administrative problems. In a letter to the *Auckland Star* in July 1915, 'Sawbones' maintained that 'applicants who volunteered months ago have not yet received even the customary courtesy of an acknowledgment of their letters, much less any intimation as to whether they are, or will be, required . . . Only last week two junior resident medical officers left the local hospital for Australia, after waiting in vain for news for months.' The correspondent also believed that some doctors were "'wired" to proceed to Trentham at a few days' notice' and expected to wind up their affairs 'like the itinerant scissors-grinder his working outfit'.<sup>38</sup> There were also mistakes later in the war. NZMC Captain Edward Edie was serving in France in August 1918 when he felt obliged to write to the *Southland Times*, which had reported his calling up in the latest ballot (conscription had been introduced in 1916). 'For your benefit and also the benefit of others (including the Defence officials) I wish to state that I have now been sixteen months in France — all of that time (except a few weeks in hospital, the result of a wound) — I have spent as medical officer to a Battalion, which is not the softest of positions in this great game over here.'<sup>39</sup>

Speed in applying could be a factor too, even for NZMC members. The telegram Gore surgeon William McAra sent to his local MP expressing his willingness to serve overseas was forwarded to Allen on 12 August 1914; on the 16th he was told that he had 'delayed his application so long that when he applied, all the openings were filled and many wanting to take a chance of any vacancy that might occur'.<sup>40</sup> He did leave in December. One who moved swiftly was Major Charles Hand-Newton, 'who had only been a short time in practice' and had just been appointed to Christchurch Hospital as assistant surgeon. Two days after war was declared he and Dr Neil Guthrie went into camp at Addington; the next day they were transferred to Awapuni. Hand-Newton was appointed second in command of the Mounted Field Ambulance because he had been 'an active Territorial Medical Officer'. The other original MFA officers, all from Christchurch, were James Bell, Charles Hercus and Alexander Trotter, plus freshly graduated student doctors William Aitken, Donald Milne and Robert Withers. Their commander was South African War veteran Lieutenant-Colonel Charles Thomas from Timaru.<sup>41</sup>

The doctors who remained at home did their bit. On 10 August 1914 the *Nelson Evening Mail* reported that Wellington GPs would 'give free medical attendance to the wives and children of men who go to the front' and 'carry on the practices of doctors accompanying the troops'.<sup>42</sup> Reports like this, in the *New Zealand Herald* of 17 January 1916, became common. Alexander Grant, who had been acting superintendent of Auckland Hospital for 11 months in place of Charles Maguire, who was serving in Egypt, 'has received a commission as captain in the New Zealand Medical Corps . . . and will leave for the Awapuni camp to-morrow evening'.

He had 'been the recipient of several presentations': a silver spirit flask, an officer's kit-box, a travelling case and 'an enlarged photograph of themselves' from his returned soldier patients.<sup>43</sup> But the enthusiastic medical response, often by senior and highly trained men and women, left New Zealand badly short of medical professionals. In July 1917, the *Press* could report that 'in Christchurch alone, 23 out of 46 doctors in practice are either on service or have been'.<sup>44</sup>

The doctors who signed up had the requisite medical knowledge. Many, though, as NZEF officers, had to acquire military expertise, which included training and handling the men they would be commanding, ordering supplies and learning such unexpected skills as digging latrines. After Awapuni, they had a week's final leave before departing for duty. The pressure to keep the training cycle going was clear in an April 1916 letter from the camp commandant, Scottish-born Auckland surgeon Russell Tracey-Inglis. To get an extra two medical officers ready for the Twelfth Reinforcements, he would have to 'push on' with their training and cut their time by a week. Once they and others already chosen left, he would have only two men still in training, 'so that if you want officers trained to go with the Thirteenth Reinforcements I shall need them in camp at once'.<sup>45</sup>

William Barclay, who served on the second charter of the *Maheno*, certainly remembered a briefer experience. 'We had to get some military training so we went up to Awapuni [where they] tried to teach us to give instructions to squads. We were two weeks there and then back to Wellington to equip ourselves with a suitable uniform — Khaki serge and gabardine lighter uniform, riding breeches, spurs and sword [available from the barracks for £3], as we discovered to our consternation at the last moment.' Some returned their swords and got their money back.<sup>46</sup>

As the war went on, doctors and surgeons who had already served overseas or were home on leave shared their expertise as camp instructors. At the beginning of June 1916, the *Free Lance* reported that 'Doctor Arnold Izard — we beg his pardon, Captain Izard — has been spending his time ashore in the N.Z.M.C. Camp at Awapuni and instructing the "Linseed Lancers" (as they term themselves) in many things.' Izard was 'the most popular as well as the most practical officer in camp . . . the friendly little chats the Captain has with his own section during "smoko" or a "breather" are eagerly listened to by the boys, and [are] the proper way . . . to make soldiers aware of the dangers of the East [brothels] and the proper and manly way to meet or avoid these pitfalls'.<sup>47</sup> When No. 2 Field Ambulance was at Awapuni, it 'had the inestimable benefit of the services of Major A. A. Martin, who trained the men at the Palmerston North Public Hospital, and of Matron [Ada] Kilgour, of the Old Men's Home at Awapuni, under whose careful tuition they became remarkably efficient in ward duties and nursing'.<sup>48</sup> Returned doctors also often gave lectures about their experiences, to encourage recruitment and to inform and enthuse the public.

The medical men who left New Zealand with the Main Body included 21 Otago medical students in their final (fifth) year, who had responded with 'quite remarkable speed' when news of the outbreak of war was received. That very day, 5 August, they signed a letter stating their willingness 'if qualified, to place their services at the disposal of the New Zealand Government as Medical Officers for the Expeditionary Force'.<sup>49</sup> Among them was William Aitken. 'To meet

the medical emergency,' he recalled many years later, the final exams were held in August rather than December, so 'I became qualified to practise medicine three months earlier than expected. At once I volunteered for service overseas and a week later a telegram came to say that I had been appointed a lieutenant in the N.Z. Mounted Field Ambulance which was being mobilised at Awapuni.' Aitken was on a train next morning.<sup>50</sup> Also eager to serve was a sizeable group of third-year students, whose first professional exams were brought forward; many who passed volunteered as stretcher-bearers. Others at various stages of their training would also enlist. Fourth-year student Thomas (Tom) Denniston, 'a very popular young fellow, of a most engaging disposition', was only 24 when he died of enteric fever (typhoid) on Malta after serving as a sergeant in the NZMC.<sup>51</sup>

Gallipoli was a brutal shock for these enthusiastic but inexperienced young men. John Russell of the 1st Battalion Wellington Infantry Regiment, who reached the peninsula in time for the horrors of Chunuk Bair, and did much to help the wounded, described 'an open-air operating theatre where . . . a very-severely wounded chap [was] being operated upon by an ex-Wanganui boy, Dr. Raymond Kitchen, for the removal of shell splinters from his middle area'. Twenty-one-year-old Kitchen, a first-year Otago student, would be mentioned in despatches for conspicuous gallantry at the Dardanelles. Later in the Gallipoli campaign, a number of the medical students who had left New Zealand in 1914 were sent home to complete their studies. Several returned to serve again.<sup>52</sup> Admirable though the students' patriotism had been, it was clear that proper preparation was required. Accordingly, a voluntary Officers' Training Corps was established at Otago University in mid-1916 to 'provide medical students in the Dominion with a standardised medico-military training' spread over four years.<sup>53</sup> Several of the students who went overseas in 1914 served with distinction. Aitken was awarded the Military Cross; both Kenneth MacCormick and Philip Jory received DSOs. After being mentioned in despatches for his work on Gallipoli, Aubrey Short won the MC in France.

Matters of age and experience caused problems when, in March 1915, all NZMC lieutenants who had sailed with the Main Body were promoted to captain, regardless of medical achievement. This meant that young, recently qualified men had the same rank as surgeons who may have held important hospital or university appointments.<sup>54</sup>

**T**here was no question that male medics would be permitted to care for New Zealand's war casualties, but female nurses and doctors were another matter entirely. The New Zealand Medical Corps Nursing Reserve had been gazetted on 14 May 1908, and Janet Gillies, who had nursed in South Africa, became matron-in-chief. Her reserve, however, had no nurses and the authorities stonewalled her attempts at recruitment. Organisation was not her forte and living in Nelson made communication a problem. She faced, too, a determined and ambitious force in the redoubtable Hester Maclean, assistant inspector of hospitals in the Department of Hospitals and Charitable Aid, a vital force behind the New Zealand Trained Nurses' Association and the founding editor of the nursing journal *Kai Tiaki*. Close to the government, Maclean had power and influence, and knew how to use them.

In June 1910 a frustrated Gillies stepped down and Maclean stepped up, though she was not made matron-in-chief and asked to set up a New Zealand military nursing service until August 1911. Despite some progress, bureaucratic to-ing and fro-ing was still going on when war broke out. Since 'it would be likely a body of Nurses would . . . be sent with the troops', wrote an exasperated Maclean, would it not be sensible to ask for volunteers, sign up nurses and then deal with the red tape? The authorities disagreed. 'It is not intended to send any Nurses with the Expeditionary Force,' came the reply on 6 August, 'and you would be doing us a great favour by letting this be known among Nurses, as much time is spent in answering the numerous applications which are coming in.'<sup>55</sup>

But suddenly everything changed. On the morning of 7 August Maclean was asked to organise six nurses to travel to Samoa with the Advance Party, and by the next day she had approval to enrol women for the New Zealand Army Nursing Service. This did not, however, amount to a real beginning for the organisation: the authorities simply wanted replacements for the German nursing staff in Samoa.

Maclean and the government were deluged with impassioned requests from both nurses and untrained women burning to serve overseas. Mary Duff, for instance, had both a first aid certificate and 'a great deal of experience in nursing . . . I am most anxious to go, and do what I can for the brave fellows, who have to face so much danger and suffering.'<sup>56</sup> Allen remained unmoved. As he told Duff, 'we are not sending any nurses with the Main Expeditionary Force. I am grateful to you for the offer of your services, but under the circumstances you will see that they cannot be accepted.'<sup>57</sup> Allen was unwilling to budge: 'until the Mother Country asked us to provide nurses it would be almost a presumption to send them. It would look like interfering with the Imperial arrangements.' But pressure from other quarters, including a deputation from the New Zealand Trained Nurses' Association, and the realisation that more and more men were leaving to fight, finally propelled the defence minister into action. On 7 January 1915 the governor, Lord Liverpool, offered 50 nurses 'for service with British troops or with the French Red Cross if desired'.<sup>58</sup> London accepted, and by the end of January the decision was made; the nurses would, of course, be escorted overseas by Maclean. Later that year she could report that, although an amendment of the Defence Act was required, 'The New Zealand Army Nursing Service has at last been formed.'<sup>59</sup>

Liverpool had also asked Australia if New Zealand nurses could







In their dark-grey  
Petone woollen cloth  
travelling dresses and  
coats and grey silk  
bonnets, the first 50  
New Zealand Army  
Nursing Service nurses  
who left Wellington  
on the *Rotorua* in  
April 1915 looked old-  
fashioned even in their  
day. They came from  
all over the country.

ALEXANDER TURNBULL  
LIBRARY, PACOLI-0321-001



be considered for their overseas nursing contingent. On 25 March, Maclean received a cable requesting two sisters and 10 nurses to sail six days later, to join Australian nurses bound for Egypt. She hastily chose the required number from the reserve and volunteer lists, and the lucky dozen departed on 1 April 1915, a week before the first 50 left the capital.

All the women in the main NZANS group were Pākehā — no Māori nurses have been identified<sup>60</sup> — had at least six years of nursing experience and were single. Their average age was 27. All the women were farewelled by their own districts, with good wishes and helpful gifts. After reaching Wellington and organising their paybooks and uniforms, they received their badges at Parliament on 7 April. When she boarded the SS *Rotorua* the next morning, Mabel Crook from Palmerston North had with her ‘Whisky Flask, Electric Torch, Hamper, Chocolate, books. Deck chair. Writing case in leather (officers style). Travelling Cabin Trunk. Suit case. Fountain pen. Hot water bag. Nail file. Woollen gloves, Muslin caps. Collars. Cuffs. Leather Purse bag (2). Gold Brooch. Gold chain. HRfs [handkerchiefs?]. Cushions (2). 2 blouses.’ In warm Indian summer sunshine, the crowds on Wellington’s Glasgow Wharf cheered as the *Rotorua* departed on the afternoon of 8 April. ‘Had beautiful basket of flowers presented to me on board boat before leaving,’ Crook wrote. ‘Held strings of ribbon to those on wharf. Band played Tipperary, National Anthem & should old acquaintance . . . Many eyes held tears.’<sup>61</sup>

The nurse/orderly relationship was not always straightforward, as some NZMC men resented answering to women, but, like the patients, they more often appreciated the nurses’ dedication and skill. While on night duty on the *Maheno* in Lottie Le Gallais’ ward in 1915, orderly Guy Farrell wrote a letter to *Kai Tiaki* ‘to draw your attention to the devoted and untiring work of our Sisters . . . one cannot fail to notice their splendid efforts to soothe the sick and wounded men . . . I shall never forget, the first few days on our initial trip to Anzac Bay . . . My poor Sister worked like a Trojan and it beats me how she kept up so long and with such frightful cases as we were getting.’<sup>62</sup>

Male prejudice was not absent, however. While travelling to war on the *Aparima* in 1917, Wilfred Smith told his wife, ‘I have changed my opinion dear about having Nurses aboard Transports, it is only a farce because they don’t do anything, but fool round with the Officers . . . and I really think that they do much more harm than good.’<sup>63</sup> As Claude Weston of the Wellington Infantry Battalion suggested, too, some wounded men, accustomed to being in command, could find it difficult ‘to be controlled by the other sex . . . The sisters and nurses naturally like doing their work in their own way, and the soldiers have grown accustomed to insisting on everything being done as they ordain.’<sup>64</sup>

Gaining recognition of their rank and status proved difficult for the nurses. Despite a February 1916 directive that matrons, sisters and nurses held officer rank and were to be ‘accorded the usual courtesy salute’, this seldom happened,<sup>65</sup> and although many doctors showed respect and admiration, some foolish discrimination took place. Wellington nurse Edna Pengelly, travelling on the *Marama* from Egypt to England in June 1916, reported the putting up of a notice: “Sisters are to have no communication with the officers on any account unless in the discharge of their duties.” I suppose someone has been silly and so the whole crowd of us are to be treated in this fashion . . . There is a chalk line on the deck to divide the



*above* Hester Maclean (1859–1932) was a woman of extraordinary energy. As well as being matron-in-chief of the New Zealand Army Nursing Service, which she fought to establish, she was assistant inspector of hospitals for the Department of Hospitals and Charitable Aid from 1906 to 1923 and a driving force in the New Zealand Trained Nurses' Association. In 1908 she founded the nursing journal *Kai Tiaki*, which she edited until her death. She defended the rights of nurses and their status as highly trained professionals. ALEXANDER TURNBULL LIBRARY, PACOLL-0785-1-106-02



*below* The nurses were almost universally admired by their patients, who often described them as angels. Images of improbably clean and pretty white-clad women, with equally immaculate patients, were often used on postcards and in recruiting material. Nurses were also the subject of poetry — ‘When Peter dishes out the wings, he’ll say in accents terse/Now stand aside, you soldiers! Step forward Angel Nurse!’ — and, as this album cover shows, symbols of romance. NATIONAL ARMY MUSEUM, 1992.1156.2

men from the women.’<sup>66</sup> As she wrote later, ‘It is a great pity, but it seems to me that the NZMC think that the sisters have no status at all . . . Clinical machines is what we are supposed to be — or ought to be, I suppose — to please them.’<sup>67</sup>

Like the doctors and men of the NZMC, nurses came and went from New Zealand, as new recruits joined up and were trained, or personnel were rested or returned to their pre-1914 civilian posts. Hester Maclean and Mabel Thurston, who was matron-in-chief for the NZEF in Britain, were constantly corresponding about nurses and their situations and placements.<sup>68</sup> While at No. 3 New Zealand General Hospital at Codford in July 1917, Pengelly noted, ‘Miss Thurston has just asked for the names of the sisters who have not yet done service, either in Egypt or in France. I expect there will be a flutter soon, as some will be going and others returning.’<sup>69</sup>

**O**rdelies had an extensive range of duties, not all of them medical. It was they who ‘carried the stretchers, who wheeled patients to the operating theatre, who set trays, dished out meals, and took on the less pleasant chores connected with bedpans’. They also washed and shaved men unable to care for themselves, and carried those whose legs had been amputated.<sup>70</sup> As Pengelly observed, they also had to deal with criticism from patients, though ‘Orderlies are a genus quite distinct by themselves, and no doubt can put up with it all’.<sup>71</sup> Most of them had no medical background, save their pre-war training, and their suitability varied. In Weston’s view, ‘some should not have been allowed near a Hospital; there are others whose steady, sure hands seem to know instinctively how pain can be avoided and where ease lies’.<sup>72</sup>

Not everyone was happy to be in the NZMC. In January 1915 Walter Carruthers was hoping to soon ‘be able to say that I am in the infantry . . . as there is a transfer going through’. He was particularly aggrieved at ‘not even being a stretcher-bearer’, but ‘behind the firing line altogether’. He would not advise anyone to join the ambulance: ‘There is no promotion out of the N.C.O. part of the business unless you are a qualified medical man.’ In July he wrote, ‘I don’t want to go to England to look after wounded. That’s a woman’s or old man’s job. I’m young and hefty and would much rather be in the thick.’ Carruthers eventually got his wish, entering officer training early in 1918. He was killed in action on 29 September.<sup>73</sup>

Doctors often got good press, and the popular men featured frequently in letters and memoirs. Dentist Arthur Logan, the only non-doctor officer in No. 1 Field Ambulance during the first year in France, considered that ‘a finer lot of mates to live with under any sort of circumstances, either grave or gay it would be very hard to find’.

I believe that Army life to the average medical man is, except of course during those periods when active military operations are taking place, a relaxation and even a rest from the worries and trials of a busy medical practice. Consequently they can, as it were, let themselves go more and be more human than is expected of them in ordinary life.

With one or two notable exceptions, I always found them most unassuming and friendly and, indeed, exceptionally good company.<sup>74</sup>

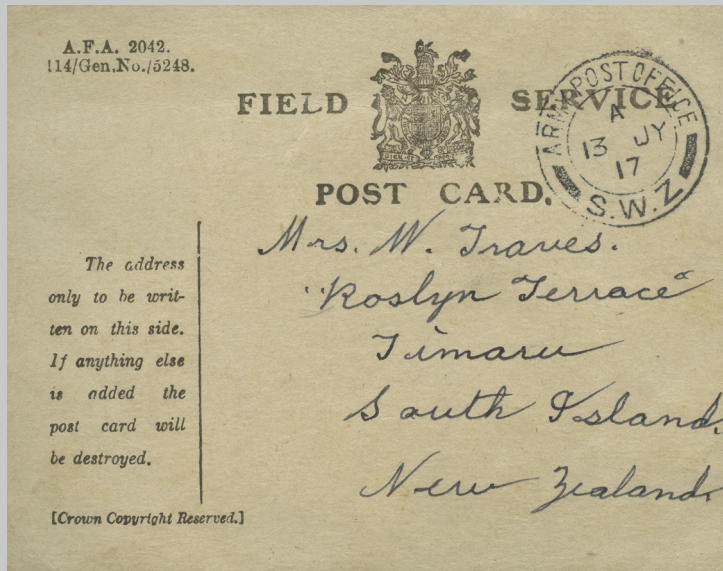
After MO William McAra was evacuated from Gallipoli with dysentery he was pleased to be visited in hospital by James Hardie Neil: 'Just same jolly old case as ever, only very thin.'<sup>75</sup> At one New Zealand hospital Sister Jeanne Sinclair heard many patients say of George Home, 'This Major is no good to me, he cures us too soon!'<sup>76</sup> The nurses, too, had their favourites. When wartime MO Mathew Holmes, who led the medical contingent to Samoa, died of influenza in 1918, *Kai Tiaki* remembered him as 'always . . . one with whom nurses were fellow-workers, to whom he accorded their just place in either hospital or private work'.<sup>77</sup>

There could, however, be discontent with — and even accusations of cowardice towards — the higher ranks of the medical service, though some of this may have stemmed from hearsay and gossip, or amounted to no more than traditional grouching about the top brass. On 8 May 1915, for example, when No. 1 Field Ambulance moved from Anzac Cove to Cape Helles on Gallipoli, John Thomson noted that 'Fanny (Capt. [Ernest] Boxer) is in charge, hence much messing about'. On the 14th he wrote: 'Also heard that Col. [Charles] Begg our O.C. got some shrapnel. There were no crocodile tears shed; the unpopularity he acquired in Egypt has not been lessened by his obvious disinclination to risk his own hide.'<sup>78</sup>

Godley, himself the subject of considerable, and not always merited, dislike, was very hard to please when it came to medical personnel. His wartime correspondence with Allen is full of impatient and often patronising complaints, particularly about those in top administrative positions and those he thought were insufficiently tough on malingerers. Although New Zealand's medical service had 'never been worse than anybody else's', he wrote in March 1916, 'of course, one would have liked to have had them much better'. Percival Fenwick, he considered, 'had neither the administrative ability nor the strength of character to cope with the situation' and 'William Parkes, I am afraid, is by no means a strong man, and I cannot find a strong one. But he is very sincere and painstaking and does on the whole very well.'<sup>79</sup> Godley had promoted Parkes to deputy director of medical services (DDMS) 'simply because I could not get anyone else', and would have preferred an RAMC man.<sup>80</sup> In August he told Allen, 'The Chaplains and the Doctors give us more trouble than anybody else. Begg is persistently tiresome.'<sup>81</sup>

But all these problems, whether of organisation, training, rank or personal unsuitability, were, finally, secondary to the enormous task that lay ahead of the men of the NZMC and the women of the NZANS as New Zealand went to war.





Soldiers could use a field service card with pre-printed sentences to send those at home a quick message of reassurance without having to worry about the censoring officer. Only a date and a signature were permitted to be added. Former ploughman George Traves from Timaru sent this one home after he received gunshot wounds to both arms in September 1917. SOUTH CANTERBURY MUSEUM, L2014/005.04

## REGRET TO INFORM YOU

Informing distant loved ones when men were sick or wounded was a complex task, but the government was thorough in its response. When William Smallfield was admitted to a French hospital with trench fever in August 1917, his family received a telegram from defence minister James Allen and messages from Prime Minister William Massey and his coalition partner Joseph Ward on the same day. After Wilfred Smith died of wounds on 8 October 1917, his wife Ethel received cables from both Allen and, later, the governor-general, and a letter from Mackenzie.<sup>82</sup>

Sending the wrong message could cause undue alarm, as could the time lag involved with letters. Nurse Mary Grigor, who survived the sinking of the *Marquette* on 23 October 1915 (see Chapter 4), wrote from Alexandria on 10 November: 'New Zealand people will, I know, be worried until they hear from those they have over here. I cabled my father when I returned here, saying I was safe and well . . . nothing was mentioned in the Home papers about the *Marquette*, and he did not know I was on board, so . . . he must have wondered why I cabled. However, my letter to him will explain everything.'<sup>83</sup> When Len Coley was wounded and gassed at Messines, he was sent to No. 22 British General Hospital near Boulogne, where he soon discovered that he had been officially reported killed. 'I knew what that meant. I was out of bed like a shot. I found a doctor, explained and got him to cable my mother in New Zealand.'<sup>84</sup> When William McAra performed an appendectomy on Gallipoli in July 1915, 'Capt. tried to get me to agree that it was wise to cable as boy improving & so avoid frightening his people. Told him this was a mistake as boy not out of danger & would be great shock if first they knew was that he was dead.'<sup>85</sup>

NOTHING is to be written on this side except the date and signature of the sender. Sentences not required may be erased. If anything else is added the post card will be destroyed.

[Postage must be prepaid on any letter or post card addressed to the sender of this card.]

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I am quite well.

~~I have been admitted into hospital~~  
 { ~~sick~~ } and am going on well.  
 { ~~wounded~~ } and hope to be discharged soon.

~~I am being sent down to the base.~~

~~I have received your~~ { letter dated \_\_\_\_\_  
 telegram,, \_\_\_\_\_  
 parcel " \_\_\_\_\_

Letter follows at first opportunity.

~~I have received no letter from you~~  
 { lately  
 for a long time.

Signature } 10/7/17.  
 only

Date H. G. Graves.

Wt W34977293. 29246. 6000m. 9716. O. & Co., Grange Mills, S.W.

Because the official cabled information was, of necessity, basic, commanding officers, comrades, chaplains, and even busy doctors and nurses, also sent letters to relatives. 'I have been very busy writing,' padre Ronald Watson explained in December 1917. 'You have no idea what a difficult job it is. Still I want to do all I can, because the anxiety of relatives for all the news possible is pathetically great.'<sup>86</sup> When Frederick Welsh was killed on Gallipoli on 4 October 1915, two days before his twenty-first birthday, McAra wrote to his mother, Jessie, in Christchurch. The young man, ill with dysentery, was en route to a hospital ship when McAra and his ambulance men took him in for the night. Next morning, several patients were hit by Turkish shells, and 'your poor boy received a large piece of shell right into the lung. He did not suffer at all, but never rallied from the shock. He knew he was going, and smiled quite bravely at me as he told me that "he was not afraid".'<sup>87</sup> Such letters often blurred the truth, or lied, but Welsh did in fact die without trauma, as McAra noted in his diary: 'no pains — internal haemorrhage'.<sup>88</sup>