

CHAPTER XIX

THE A.A.M.C., A.I.F., OBTAINS SELF-GOVERNMENT

THE time had now come when the questions of internal order and control in the A.A.M.C. were to be resolved by the appointment of a new D.M.S., A.I.F. The full powers, which the D.D.M.S., A. & N.Z. Army Corps (Colonel Howse), had for some time been advocating for this post—for which he himself was obviously designate, were opposed by the War Office; but the appointment was subsequently made, after anxious and difficult deliberations, on the recommendation of the D.G.M.S. for Australia (Colonel Fetherston), who during his visit to Europe became convinced of the necessity for it.

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The departure of Colonel Howse from Anzac for Egypt to which reference has already been made, was directly connected with the arrival of a critical stage in developments in the interior economy of the Australian army medical service. To whatever form of government it belongs, an army, with its several services and branches, works through a graduated system of command and administrative control, with corresponding grades of rank, commissioned and non-commissioned. Judicious appointment and effective promotion are among the most vital factors in military efficiency.

Within the A.I.F. the principles of autonomous command and control of interior economy, as laid down in the Order-in-Council defining the "Powers of the G.O.C., A.I.F.," had been obscured, first by that preoccupation of General Bridges in the divisional command¹ which resulted in his ceasing to issue A.I.F. orders, and then by his death. The exigencies of the campaign had given little opportunity for reconstruction.

When General Bridges was wounded, a cable from G.H.Q., M.E.F., to Australia on May 18th requested that "G.O.C. Anzac, General Birdwood" should be authorised to exercise the powers vested in the G.O.C., A.I.F. The Australian Government in reply agreed to the powers being

¹ See p. 66.

delegated to "the G.O.C. Anzac Corps . . . in the absence of the G.O.C., A.I.F." Except for a brief interval in June and July, during which the appointment was held by Major-General J. G. Legge, who had been sent from Australia to succeed General Bridges in command of the 1st Division and the A.I.F., General Birdwood exercised such rather indefinite authority as the "command" of the A.I.F. at this time implied; in respect of the medical service it hardly extended beyond Gallipoli. An Order-in-Council of September 15th specifically confirmed the appointment of General Birdwood as G.O.C., A.I.F.—in virtue of his command of the Anzac Corps. The issue of A.I.F. orders was resumed; the first (on October 5th) dealt with the promotion of officers.

The situation in respect of maintenance at strength, expansion, posting, and promotion in the Australian medical units at the base and at Lemnos has been described in previous chapters. At the front, except in the 1st Australian Division, it was little less confused than elsewhere. In that division the A.D.M.S., Colonel Howse, was able to maintain a strong grip on the organisation of the service, and, within his own limited sphere of control, he could carry out the policy in which he had been consistent from the beginning of his career in the A.I.F., namely, that of administering the Australian medical service overseas as a corps.

General Birdwood's order of October 5th defined as "units² for the purpose of promotion" in the medical service: (a) an "Infantry Division"; (b) "Lines of Communication and Base." Already in the Australian divisions the order was that, when a medical promotion was to be made, all members of the service in that division should be considered for it, and not merely those in the unit³ in which the vacancy occurred. It was laid down that promotion to "field" rank would be by selection, subject only to the approval of the G.O.C., A.I.F. Below that rank it would continue to go by seniority. The two Australian divisions thus became autonomous in this

² Not to be confused with the ordinary military use of the term.

³ Promotion of non-commissioned officers, however, both then and through the war, was by units "within authorised establishment," the word "unit" bearing its ordinary military significance.

domain, and various promotions were made on the authority of the order. Still the "unit" (or field-of-promotion) comprised in the lines of communication and base was without a co-ordinating head. The arrangement bore hardly also on the light horse and the 4th Infantry Brigade, and was in conflict with the ideal of an Australian medical corps, self-contained for promotion in the A.I.F. The consent of Colonel Howse to this local arrangement was induced by a characteristic determination to safeguard the interests of men in the field against others who, though senior, had seen service only at the base: it was prompted also by loyalty to those who served him well. The apparent inconsistency was redeemed by his conviction of its temporary character, his assurance of future reforms resting on his own determination to secure them. The arrangement held until it became merged in the wider policy which was made possible by the reorganisation of the A.I.F. and its medical service under unified command and direction.

The adjustment of the "interior economy" of the A.A.M.C. to the requirements of Imperial co-operation was bound up with the larger question of the status of the A.I.F. itself in the British Army; and that again was involved in the great problem of the constitution of the British Commonwealth of nations. By the experiences of common action under the strain of the war the question of the status of the constituent parts of the British Empire was forced to a more precise definition than had hitherto been necessary. Great Britain and the self-governing dominions could no longer escape the restraint—foreign to the British instinct for freedom from constitutional bondage—of some deliberate formula of co-operation. This fact was brought home during this first fluid year by the necessity of fitting the military forces of the dominions into the very exact organisation of the British military system. The problem was solved independently by each dominion, gradually and in ways determined by their history and environment.⁴

⁴For Australia at least, the question of independence in the matter of actual service was not in any way or at any time a part of the issue. Only the matter of "self-government" came under discussion.

The sequence of events must now be followed whereby the Assistant-Director of Medical Services, 1st Australian Division, secured for the Australian medical service overseas the opportunity of developing individuality and making its contribution to the common cause under conditions that ensured continuity of policy, discipline, and the effective conversion to the service of the A.I.F. of all the resources of the medical and allied professions in Australia while for himself he secured a foothold on the ladder which was to lead to remarkable heights of responsibility and distinction.

From the time of his appointment as A.D.M.S., Colonel Howse had closely interested himself in the question of the part to be taken by the medical service in the military business of maintaining the strength and efficiency of the force in the field. On Gallipoli he became closely associated with the developments of this problem on the military side. At the end of June, "as the senior medical officer with the A.I.F. on Gallipoli," he drew the attention of the G.O.C., 1st Australian Division, and of the G.O.C., A.I.F. (then General Legge), to the mischievous effect produced on the force, and the very great expense entailed upon the Commonwealth, by the retention overseas of men whose physical or mental condition unfitted them for service in the field, and he recommended the appointment of a permanent special board, to include an Australian medical officer with experience at the front. The recommendation was referred to the M.E.F., but for reasons of local policy the matter was "deferred." In August, on his return from Egypt, he instigated further inquiry as to the possibility of obtaining acceptance of an "A.I.F." policy applicable to all officers and men—whether newly recruited or sick or wounded from the front—who were not likely to be fit for field service. The object of this action was "to prevent a big monetary wastage to the Commonwealth." Further—in view of the "lack of co-ordination between the R.A.M.C. and A.A.M.C." (observed by him in Egypt); of the irregular distribution of reinforcements; and of the necessity for prompt decisions by medical boards in order to prevent

**The rise of
Colonel Howse**

**Active part in
military affairs**

crowding of hospitals, wastage of men at the front, and expenditure of public funds—he recommended the appointment of a “D.M.S., A.I.F. (Egypt, L. of C., and M.E.F.).”⁵

**Proposes
appointment of
D.M.S., A.I.F.,
for Levant**

In forwarding the report, General Walker, the divisional commander, drew attention to the fact that, though Surgeon-General Williams held the “appointment of D.M.S. of the A.I.F.,” he was not performing the duties of that office, and he suggested that steps should be taken to “regularise any appointment that he may be holding . . . Colonel Howse to be appointed D.M.S., A.I.F., and to administer the Medical Section of the A.I.F. Intermediate Base.” This course was recommended to G.H.Q. by General Birdwood.

With the acute recrudescence at the end of August of the matter of return to duty, the question of the more efficient direction of Australian medical affairs at the base came again into prominence. On September 6th General Birdwood recommended to General Hamilton that Colonel Howse should “be permitted to proceed to Egypt regarding the administration and working of Australian hospitals,” especially in connection with the medical boards. The moment was, however, particularly inopportune⁶ for approaching the Egyptian Command on the subject either of return to duty from Egypt or of control of the Australian Army Medical Corps there; and General Maxwell cabled sharply that “there is no necessity for this.”

On October 17th Colonel Fetherston, the acting D.G.M.S., Australia, arrived at Anzac and there discussed with Colonel

**D.G.M.S.,
Australia,
arrives and
concurs**

Howse the administration of the Australian army medical service overseas. In these appropriate circumstances was born the policy which, when given form and substance by military establishment and national recognition,

⁵ It is clear from the correspondence and from subsequent events that the limitation to the Levant of the field to be covered by the appointment was due to the prematurity of the proposal in relation to the general administrative situation within the A.I.F. It was also prompted by consideration for the position of Surgeon-General Williams. It is of interest to note that the Canadian Government had recently arranged with the War Office that all Canadian medical services abroad should be under a Canadian D.M.S.

⁶ General Maxwell resented certain implications which had been made during the interchange of views which accompanied these proposals. The crisis concerning the A.A.M.C. administration in Egypt was also at its height. The New Zealand force was at this time passing through a similar crisis.

made possible an Australian medical service, self-contained and self-conscious. Nor was that policy without influence towards determining the method and machinery of Imperial co-operation in the war. Colonel Fetherston had come to Egypt imbued with the idea that the total absorption of the Australian into the British medical service was a necessity, the Defence Department having been led to this position by the action of the Army Council in regard to General Williams. But what he had seen since his arrival led him to accept unreservedly the views of Colonel Howse. He commended—formally to General Birdwood and to the P.D.M.S.—his opinion that “to prevent serious results from disorganisation” an officer must be appointed to act under the P.D.M.S. “as administrative head and adviser on matters concerning the A.A.M.C. in Egypt, the Mediterranean, and England . . . and be given full staff.”¹

To the Defence Department he cabled recommending the appointment of Colonel Howse as “D.M.S., A.I.F.” General Birdwood communicated the proposal to the G.O.C., Egypt, and to the War Office. He considered, however, that “to ensure the subordination of this officer to the D.M.S., Egypt, and D.M.S., M.E.F., he should be a D.D.M.S.”

On arriving in England on November 1st, after his meeting with Colonel Howse, Colonel Fetherston found great confusion in the medical service, due, as he cabled to Defence, to the fact that “there was no senior officer controlling the medical service.” To the then Director-General at the War Office, Sir Alfred Keogh, he proposed the appointment of Surgeon-General Williams to control, under the War Office, the Australian medical service in England, with status of D.D.M.S. and a suitable staff. This suggestion was strongly approved by General Keogh, as was also the proposal for an

**Conflict of
views with
War Office**

¹ The report concluded:—“The following are some of the most important matters which urgently require attention.—

1. Promotion and transfers.
2. Medical Boards on Australians.
3. Fixing of establishments.
4. Nursing Service.
5. Dental Service.
6. Supervision over proceedings connected with the return of sick and wounded to Australia and the Front.
7. Supplies.”

Australian medical administrative officer to the A.I.F. in the East. But concerning the proper status of the latter there was an acute difference of opinion—one not fully resolved till late in the war, and not without some “dust and heat” of debate. A divergence of view was not unnatural, since this question involved that of the relations of the dominions to Great Britain and of the heads of the several services to one another. The War Office, in concurrence with the cable from General Birdwood and with a recommendation from the P.D.M.S.—conveyed in a strongly worded despatch dated October 25th—adhered to the view that this new head of the Australian medical service in the East should be a deputy-director, not a director, of medical services, and should be on the staff of the P.D.M.S.

The position of Colonel Fetherston was a difficult and delicate one. Apart from the Imperial aspect of the problem, General Williams, his old chief, was still technically D.G.M.S. for Australia and D.M.S., A.I.F., a strong personality, an experienced administrator, and supported by a high reputation. But it was believed by Colonel Fetherston and reported by him to Defence (without doubt correctly) that the health of the D.M.S. at this time⁸ unfitted him for any position more active or responsible than that of a deputy-director in England. On November 10th he cabled to Defence, recommending the appointment of Colonel Howse as D.M.S., A.I.F., and of Surgeon-General Williams as D.D.M.S. for Australians in England, “so that there should be no doubt as to their exact positions.” He also wrote to the same effect to the D.G.A.M.S. (Surgeon-General Keogh).

The Defence Department, however, cabled to the War Office a request that General Williams should be appointed D.M.S. for Australian troops in England, recommendation having already been made by cable to the War Office on November 5th that Colonel Howse should be Director of Medical Services “for Australian troops in Egypt and Gallipoli.” Colonel Fetherston was thus faced with the position that both the Australian Defence Department and the War Office desired that the officers should be of equal

**Defence
Department
also differs**

⁸ Surgeon General Williams died in 1919.

status, though the status proposed by the former promoted independent control of the service within a defined sphere, while the latter suggested dependence on British direction.

Approval of the two appointments was given by the War Office, in each case as "D.D.M.S."; and, being thus overruled as regards the appointment of a new director of the Australian medical services abroad, and "deferring to the superior knowledge of the Director-General" on the matter of status, Colonel Fetherston cabled Defence accordingly. Surgeon-General Williams, with adequate staff, took up the appointment as D.D.M.S., under the Director-General at the War Office, on November 27th.

On his arrival in Egypt on November 25th, Colonel Fetherston was met by Colonel Howse. The meeting was a momentous one, its outcome being a cable by Colonel Fetherston to Defence that he was convinced that there must be "one medical head for the A.I.F. who controls the whole of the medical service outside Australia and acts as adviser to the Australian Government." The War Office was cabled in similar terms. General Maxwell and the D.M.S. for Egypt agreed as to the desirability of a "D.M.S., A.I.F." The War Office, however, adhered to its decision as to status and position, though it agreed to the promotion of Colonel Howse to Surgeon-General. The Defence Department accepted its proposals. Colonel Fetherston however, as D.G.M.S., A.M.F., acting on presumed authority to make—subject to confirmation by the Commonwealth Government—necessary changes in the A.A.M.C. overseas, informed the D.M.S. Egypt that he had appointed Colonel Howse "D.M.S., A.I.F." In consultation with Howse he then proceeded to build up an administrative staff. The "Staff Officer, A.A.M.C.," was appointed "A.D.M.S."; the senior physician of No. 1 Australian General Hospital was made "Consulting Physician to the Force." A Principal Matron was also appointed. An establishment was approved for the auxiliary hospitals, but its promulgation and appointments to these hospitals were left to the new director. All the positions were made "acting," pending confirmation by

**Colonel
Fetherston
appoints
provisional
D.M.S., A.I.F.**

**Administrative
staff selected**

the Commonwealth Government. Such confirmation however, the Defence Department hesitated to recommend, and on December 2nd cabled to the Australian Intermediate Base Dépôt that "further action is left over till Colonel Fetherston returns" and desired his return to be expedited. The situation in the Australian Force at the time was, indeed, not ripe for so definite a move towards autonomy. There was as yet no personal "command" of the A.I.F. overseas. As reported by Colonel Fetherston after his return to Australia—

Every officer⁹ with whom I discussed the subject saw great difficulty in finding an exact position (for a D.M.S.,¹⁰ A.I.F.) there being no G.O.C. all Australians. . . . I found the G.O.C's Malta and Egypt did not recognise General Birdwood as G.O.C. *all* Australians in any way, and he had no authority outside the Forces at Gallipoli even after he had been appointed to General Hamilton's place.

On December 3rd Colonel Fetherston embarked for Australia, leaving the arrangements just described for final adjustment and decision by the new D.M.S., A.I.F. But on December 5th, in response to an urgent cable, Colonel Howse returned to the Dardanelles. The reason for his recall was that it had been decided to evacuate Anzac and Suvla. The acting D.D.M.S., Colonel Sutton, who had carried out the arrangements of the preliminary stage, was crippled by a severe attack of jaundice; and Generals Birdwood and Godley desired to have at Anzac in charge of the critical final stage of the Evacuation—in which the medical service was cast for a highly important rôle—a medical officer whose organising ability and resource had been proved.

⁹ That is, presumably, every officer outside the A.I.F.

¹⁰ See Glossary, *D.G.M.S.*