

APPENDIX No. 2

DOCUMENTS RELATING TO AUSTRALIAN ARMY  
MEDICAL SERVICES OVERSEAS

(i) CORRESPONDENCE RELATING TO IMPERIAL CO-  
OPERATION IN THE MEDICAL SERVICES<sup>1</sup>

*Letter, dated 4th September, 1917, from Lieut.-General Sir Alfred Keogh, D.G., A.M.S., to the administrative heads of the Medical Services of the Dominions (marked "Secret and Confidential") :—*

"For some time the Directors of the Medical Services of Australia, Canada and New Zealand have been in communication with me on a subject which is, I consider, of such importance that I should put it forward whether or not the statements I have to make commend themselves.

"I should premise, however, that many years ago I made an attempt to keep the Medical Services of the Dominions in touch with our own, because it was obvious that the newer services ought to mould themselves on ours—their destiny being to work with us. In the case of Australia this was effected by frequent communication of a personal nature between the Australian D.G. and myself. The former was then engaged in organising the Medical Service of Australia, and in all essential particulars it developed on lines similar to that of Great Britain. The connection with Canada was closer for we were able to secure that selected officers from that portion of the Dominions came to us for instruction in Administration, and were given opportunities of seeing the organisation and its constituent parts from Hospitals up to the W.O. branches. The result was a development in Canada along lines similar to our own. The service in New Zealand was a new formation, but the attitude of the Authorities has been sufficiently displayed by their demand that their Director of M.S. should be appointed from the Royal Army Medical Corps.

"When the present war broke out, the Canadian Divisions were the first to arrive and on my return to the War Office the old connection between the Canadian Medical Administration and myself was resumed. It soon became evident however that the Canadian Medical Service was expected to retain its complete individuality, and the connection was soon loosened. With the arrival of the services of the other Dominions, a similar condition was continued. My own instincts were against this separatist tendency but it was obvious that any attempt

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<sup>1</sup> See pp. 821-4. The reply of the D M S, Canada, is not available

on my part to weld all the Medical Services together for the common good would have been misunderstood and misinterpreted.

"These three and the other Services now work in Departments in complete isolation from the War Office although the administration of the Australian, Canadian, and New Zealand Medical Corps as well as myself much desire that it should be otherwise. The consequence as we see it is that the Empire does not receive the full benefit of what I may describe as Empire Medical Service. The very many distinguished men of the Dominions are not being effectively used with our own in the consideration of the scientific clinical and disease-prevention problems which have arisen and continue to arise—this is a failure in strength—the problems even in so far as they affect the troops of the Dominions are dealt with entirely by the British Medical profession—the professions of the Dominions are isolated.

"Having observed signs that the administration of the medical branches of the Armies of the Dominions were coming to recognise the disadvantages arising from a policy of isolation I asked them to discuss the question with me. This has been done, and I think I may say that so far as they are individually concerned they are of opinion that the medical resources of the Empire should be pooled for the common object. It is, however, not probable that the political heads of their respective Governments would concur. Nevertheless I think it well to put the facts forward and in a concrete form.

"(1) It is clear that in any scheme of combination with the Dominions, the Dominions would ask that their Medical Corps be not merged in the Royal Army Medical Corps and thus entirely absorbed and disappear, but that they should obtain a share in the control and management of what would be an 'Imperial Medical Administration.'

"(2) That there should remain the individual Medical Corps, British and Dominions, while the administration is combined.

"(3) That the individuals of the respective Medical branches should be available for scientific work, for clinical work and for administrative posts on their merits, irrespective of the services to which they belong.

"(4) That supplies should be furnished by one department instead of as at present—several.

"(5) That the waste of personnel which undoubtedly exists in the maintenance of several Medical Headquarters instead of one would be avoided by combination.

"(6) That while the personnel of the several Medical Corps would as a matter of good administration be kept at work with the Fighting Troops of their respective Armies, they could in fact be available for all and every service which might be thought necessary.

"Principles such as these necessarily mean that the administrators of the Medical Services of the Dominions would take a share in the medical administration at the War Office equal to that of the D.G., A.M.S. So far as I am personally concerned I have no objection, but as a firm believer in personal responsibility and a convinced opponent of Government by Committees, I consider this to be the weak point in the whole conception. I am not in the least anxious to evade my

responsibilities, and would prefer to stand or fall by my own work, but the conclusion that the Dominions Medical Administrators must be equal to the D.G., A.M.S., is logical.

"It should be remembered also that my impression as to the possible success of the scheme outlined above is derived rather from the knowledge I possess of the characters and abilities of the present D's.M.S. of the Dominions—their successors and my successor might not work so amicably—moreover to secure the right men the appointments of the former could not be allowed to rest with the Dominions, but should be made by the Army Council. There are obviously great difficulties but I have thought it well to acquaint you as briefly as possible with all the facts."

*Reply, dated 14th September, from Colonel W. H. Parkes, D.D.M.S., New Zealand Expeditionary Force:—*

"I have perused your memo and consider the six reasons advanced in favour of the scheme for an Imperial Medical Service are so sound and convincing that they admit of no controversy. The real difficulty and one which is likely to meet with much opposition by the Higher Command, is the question of equal representation on a Council with yourself by the Overseas Dominions. It is quite possible that a deadlock might arise in matters where the opinion of the representatives are equally opposed, perhaps on a question not directly concerning the Dominions, and although this may be a remote chance it is a contingency which might occur.

"We have all realised with yourself how important is this objection to the scheme and I candidly do not consider that the D.G., A.M.S., who practically bears the responsibility of the Medical Services of the whole British Empire, should have a share no greater in the medical administration of the War Office than Overseas representatives. One would not expect such a proposal to receive the sanction of the Army Council, and for this reason I beg to suggest a modification of the scheme.

"Why not regard the representatives of the Dominion Medical Services as your Staff Officers with a status as such recognised and confirmed by the War Office? In this capacity they would be available as an advisory council and as representing the respective Services would be in a position to advise how best to promote the proper co-ordination of the Medical Forces in the various parts of the Empire. This co-operation would, I feel sure, prove of immense value in securing the full benefit of the medical talent available but which, under the present policy of isolation, is largely wasted.

"By excluding from the scheme as impracticable the point referring to equal representation, there remains nothing to which, in my opinion, the Army Council could object, and I feel sure that the respective Dominion Governments would welcome an Imperial Medical Service possessing greater possibilities for good as a result of combining the whole medical resources of the Empire."

*Reply, dated 28th September, from Surgeon-General N. R. Howse, D.M.S., A.I.F.:—*

"I purposely refrained from answering your communication of

8.9.17 until I had an opportunity of fully discussing the matter with the Directors of Medical Services of Canada and New Zealand.

"I have carefully considered the clear and concise principles enunciated by you and assuming that I am correct in thinking a Medical Council would be of assistance to the empire and admitting this presumption, I cannot see any logical solution of the question unless each member of the council had an equal share and responsibility in the administration of the Medical Service of the Empire. I am a strong believer in personal responsibility, but might I respectfully suggest that the War has become so vast and carried on under such varied conditions that it has become practically impossible for any one man to control effectively the Medical Services.

"I acknowledge the very great compliment paid me and recognise that it would be a very great honour to be associated with you in the administration of the Medical Services of the Empire, upon which the success of the War so greatly depends; from such an association I should gain much valuable information which would assist me in advising my Government on many of the important Medical questions which must necessarily arise at the termination of a long war."

(ii) CORRESPONDENCE RELATING TO CO-OPERATION  
BETWEEN THE D.M.S., A.I.F., AND THE D.G.M.S., B.E.F.

*Letter, dated 16th June, 1916, from Lieut.-General Sir Arthur Sloggett, D.G.M.S., B.E.F., to Lieut.-General Sir Alfred Keogh:—*

"In reply to your letter of 14th instant . . .

"2. With regard to an Australian officer on my staff—the principle has not been followed in the case of the Canadians, and the present arrangements have worked very well. If one Colony is allowed a Headquarters representative others will certainly want the same. The conditions are, I fancy, very different to what existed in parts of the Mediterranean, where nobody seemed to know who was at the head of anything!

"I shall be very glad to see Howse or any other Australian representative at any time in consultation, just as I see Carleton Jones.<sup>2</sup> The D.D.M.S. of the Australian Corps is in close touch with me in the same way that Foster of the Canadians is. I need hardly say that the wishes of the Colonial troops invariably receive my sympathetic consideration, and there has never been any friction.

"3. With regard to the return of Australian medical students there will be no difficulty if the Australian Authorities at home will issue instructions similar to those for our own people."

*Letter, dated 22nd June, 1916, from Surgeon-General N. R. Howse, D.M.S., A.I.F., to Sir Alfred Keogh, commenting on the above:—*

"I have the honour to acknowledge receipt of your communication of 19th instant, with Sir Arthur Sloggett's letter attached. I respectfully submit for your consideration:—

"1. At my interview with the D.G., H.Q., British Army in the

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<sup>2</sup> D M S , Canadian Army Medical Service.

Field, I was informed that every effort would be made to employ A.A.M.C. units

(a) .....

(b) .....

"2. Sir Arthur Sloggett states with regard to an Australian officer on his staff:—

"(a) That the Canadian system works well. As I informed you at my interview I understood the D.M.S., Canadians was approaching you with a similar request to mine as he did not find present arrangement at all satisfactory.

"(b) That if 'one Colony' is allowed a H.Q. representative, others will require the same. I presume this refers to the Dominion of Canada and the Commonwealth of Australia, these being the only Dominions represented by 20,000 troops in France.

"Nobody could have extended a more cordial welcome to me than Sir A. Sloggett and I appreciated it very much on behalf of our Corps. As you know the D.D.M.S. of either of the A. & N.Z. Army Corps cannot advise in any matter outside his Corps, as he would have no knowledge of Australian units attached to any Army or L. of C. I may add there never has been any question of friction—I only wish to be in a position to assist you in every possible way.

"3. . . . I have gone to some length in answering Sir A. Sloggett's communication, because he is probably not aware of my instructions from Defence, Melbourne, and I am anxious to get official information about our units which Defence expects me to communicate in my weekly despatch.

"I can assure you that I have no wish to force an Australian representative upon the D.G., but thought it would be of assistance to him in dealing with the Australian Medical Units. Possibly you can suggest some way out of the difficulty. I return Sir Arthur Sloggett's letter herewith."

### (iii) CORRESPONDENCE RELATING TO THE TREATMENT OF AUSTRALIAN SOLDIERS IN GREAT BRITAIN

*Letter, dated 18th July, 1917, from the heads of the Australian, Canadian, and New Zealand Medical Services overseas to the Committee of the British Red Cross Society:—*

"We are of the opinion that it is advisable to provide a Special Hospital for the treatment of serious facial injuries, where troops from the Dominions of Canada and New Zealand and the Commonwealth of Australia, would be treated by surgeons skilled in plastic surgery. Such a special hospital would not only be of inestimable benefit to the wounded, but surgeons from Overseas would be given the opportunity of working with other members of the Staff, with the object of perfecting the treatment in this very difficult class of surgery.

"We are of the opinion that, if a portion of the money subscribed by the Dominions of Canada and New Zealand and the Commonwealth of Australia for the British Red Cross Society, were allocated for such a special hospital, this would meet the wishes of many of the subscribers."

*Letter, dated 9th July, 1918, from Surgeon-General R. H. J. Fetherston, D.G.M.S., A.M.F., to the G.O.C., A.I.F.:—*

“Commonwealth Offices,  
Australia House,  
LONDON, W.C.2.  
9th July, 1918

“Memorandum to  
General Officer Commanding,  
Australian Imperial Force, France.

“*SUBJECT—Australian Hospitals in England and France.*

“Some time ago when the 3rd A.G.H. was first installed at Brighton, it was felt that a long-felt want had been met in that Australian soldiers could be concentrated and treated by Australian Army Medical Corps personnel. I understand that owing to the exigencies of the war, this hospital was moved to France and has since been working at Abbeville. None of the three Australian Auxiliary Hospitals in England can in any way be considered General Hospitals and do not receive patients direct from France.

“The three Australian General Hospitals in France do not have many Australian patients, probably not more than 2 to 5%, and no system of concentrating them in Australian Hospitals exists either in France or England, not even as is done with other Colonies or with special classes of cases such as shell-shock, epilepsy, thigh cases, etc. If it can be done for one colony or for one class of case, it can be done for Australian patients. Much changing and re-arrangement of Hospitals is now taking place owing to the extra danger from aerial attacks, and this is, in my opinion, a favourable opportunity to establish an Australian General Hospital in London or other selected place or places, possibly one each at Southampton and Dover, where serious Australian cases can be concentrated, some direct from France and others at a very early date after their arrival in England and before active treatment and often major operations have been undertaken. It would not be either advisable or practicable to have a hospital large enough to take all cases of Australians who are sick or slightly wounded, but a 2,000 bed hospital should easily be sufficient to attend and care for all serious cases of sickness and injury and work in conjunction with our Auxiliary Hospitals near London. Having patients so concentrated would present many advantages and it would be most gratifying to the invalids themselves to be nursed and attended by Australians. It would also make Australian authorities responsible for correct treatment. At present no real responsibility is placed upon anyone, and it is admitted by those in a position to judge, that the standard of the general hospitals in England varies considerably; and while a member of the staff may be highly skilled in one branch, he may not be competent to undertake difficult cases of another class. The same may be said of an Australian hospital but it should be within the power of those responsible to see that such specialists as are required, are available.

“I strongly recommend that an Australian General Hospital be established in England either by the transference and readjustment of the staff of one of our present General Hospitals, and that where possible all serious cases amongst Australians be concentrated either direct from France or as soon as possible after their arrival in England. Or if

it is desired, I will recommend the Hon. Minister for Defence to raise an entirely new Hospital in Australia. This can be done without trouble and sufficient reinforcements be sent forward for the increased personnel. Should any further reduction in the personnel of the Australian Divisions take place, a considerable number of medical officers will be released for other work. Personally I much prefer using the present hospitals for this purpose and bringing together some of our Surgeons now working in non-Australian units."

*Letter, dated 18th September, 1918, from Major-General Sir Neville House to Headquarters, A.I.F., France:—*

"Reference your D.A.G. 87/60 of 24.7.18 forwarding copy of communication from Surgeon-General R. H. J. Fetherston, D.G.M.S. (Australia) dated 9.7.18.

"I have to report that when the Australian Divisions arrived in France in the Spring of 1916, the question of the treatment of Australian sick and wounded on the L. of C. in France, at the Base in France and in England, was most carefully and thoroughly considered from all aspects. It was immediately obvious that it was quite impossible to arrange that all our sick and wounded should be treated in Australian Casualty Clearing Stations and Base Hospitals in France. Unity of control of the evacuation and treatment of all sick and wounded from the British front, irrespective of what portion of the Empire they belonged to, was considered essential.

"With regard to England the former of the two alternatives outlined in General Fetherston's memorandum of 11th July last was decided on, *viz*—"To allow all invalids to be treated by the Imperial Authorities till they were fit to be transferred to Australian Auxiliary Hospitals." Some of the more important reasons for this decision, were:—

1. The hardships which would be suffered by the invalids in immediately transporting them long distances from the port of arrival in England to an Australian hospital instead of effecting the transfer at a later date when they were in much better condition.
2. The large and unnecessary additional expense of such a policy.
3. The treatment received by our invalids in Imperial hospitals has always been of the best.
4. The great educational<sup>3</sup> value of treating men from the different parts of the Empire under the same arrangements in the same hospitals."

*Letter, dated 17th September, 1918, from Major-General Sir Neville House to Headquarters, A.I.F., France:—*

"Re Food in Australian Hospitals and  
Convalescent Depots in England.

"Reference D.A.G., A.I.F. memo. 87/60 of 24.7.18. Surgeon-General R. H. J. Fetherston, in his memorandum on the above subject dated 9.7.18, makes the following statements:—

<sup>3</sup> It is clear from Gen. Howse's correspondence and other records that the term "educational" employed here by him must be given a wide significance, and be understood to connote all the social and "national" adjustments that are involved in the continued possibility of a "Commonwealth of British Nations."

1. 'While this ration may be, and is, sufficient to keep men in health and to supply their vital needs, it is at least a short diet.'
2. 'I have been told by Australian invalids on several occasions that the food was not as much as they had had in some other British hospitals which they named.'
3. 'I know that the scale of food given in New Zealand Hospitals and Homes is much more liberal than in similar Australian Institutions.'
4. 'On my return to Australia I will recommend that such food as fruits, jam, butter, sugar and flour should be sent for use in Australian Hospitals.'

"In reply I have to state:—

1. I entirely agree.
2. Australian invalids may have stated that food was better in British hospitals, but I have repeatedly made enquiries from them in reference to the position and must admit that I have never heard an Australian say so
3. This is correct, but my advisers are of the opinion, with which I concur, that the Army Council ration is physiologically sufficient and I do not think it justifiable to ask for preferential treatment for Australians over other troops.
4. If the recommendation is approved, and the articles arrive, they will be equally apportioned to all Australian Hospitals in England."