The annual camp at Aldershot in 1900 was memorable for its length. Owing to our interest in the South African War, the companies were allowed a three weeks' camp, and, including advance and rear parties, this made four weeks. Three hundred members remained for a fortnight, and 200 for the full time. The camp was on Redan Hill, and the officers, as usual, were made honorary members of the Cambridge Hospital Mess.

In 1902 our strength entitled the corps to an adjutant, and then, as always since in that respect, it was fortunate. As far as I remember, from that year to the outbreak of War, our various adjutants were as follows: Major Mason (who subsequently died during a voyage home from India from an abscess on the liver); Captain H. W. Barrow (he afterwards became a Major-General on the staff at the War Office); Captain Clements (I believe after his retirement he settled somewhere in India); Captain Wood (the last I heard of him he was D.D.M.S., Scottish Command); Captain Bridges (a delightful man who was killed by a shark off Alexandria during the War). Major Rawnsley was appointed staff officer to the A.D.M.S. in 1912.

I should like to mention the great debt we owe to the respective adjutants both before and since the above time, also to our serjeant instructors. Captain H. H. Dugdale was a never-failing philosopher, guide and friend.

Towards the end of 1907 it became known that Mr. Haldane (later Lord Haldane), the Secretary of State for War, contemplated a reorganization of the Army and of the Volunteers.

For this purpose he obtained as much information as possible by a tour of the country, and, on November 14, 1907, he attended a luncheon in Manchester given by the Volunteer Officers' Association of Lancashire at which, as President for that year, I was in the chair, and at which he expounded his views. He was assured by those present (mostly senior officers of Manchester, Liverpool, and the surrounding district) of cordial support. Later in the same day he attended at the R.A.M.C. drill hall in Upper Chorlton Road, where the whole of the Corps was assembled, and delivered a very inspiring address.

Subsequently, Lord Haldane formed a War Office Committee—himself as Chairman, twelve volunteers (two from each Command, the Officer Commanding Liverpool Scottish, and myself representing the Western...
Command), and twelve regular soldiers from the War Office staff—the idea being for the Volunteer representatives to advise him as to the possibilities of the various Volunteer Corps accepting additional duties and as to the way in which it would be best for this to be initiated. Amongst the twelve regular soldiers on that committee, General Douglas Haig, who was then Director of Training, was outstanding. The Committee considered various drafts of the new Territorial regulations which it was proposed to issue.

Almost at the same time I sat on a committee formed by Sir Alfred Keogh (Director-General, Army Medical Services), at the War Office, at which new regulations for the formation and working of the Territorial Force Medical Services were considered and drafted. There were only two or three Volunteer medical officers besides myself who sat on that committee.

The Territorial Army Regulations are familiar to all, and are very little altered in principle since that date except as regards the obligation now included for foreign service. It should be remembered that the early organization was for home service only; hence, in so far as the medical services were concerned, the Territorial Force organization was not exactly on the same lines as the regular R.A.M.C. There were several units omitted at that time from the Territorial Army organization, but which operated with the Regular Medical Services, the idea being that the deficiencies would be furnished by voluntary aid. A reference to the Voluntary Aid Detachment scheme published in 1908 will make my meaning clear.

It was under this scheme that casualty clearing stations, rest stations, convoys, etc., were to be provided through the medium of the voluntary aid detachments.

There have been many alterations since that date, and the deficiencies are now much greater in the Territorial Medical Services than was ever intended at their initiation. It is assumed that many of these deficiencies would be made good on mobilization through the medium of the new scheme (with its various subsequent alterations) for voluntary medical aid in war which was published by the War Office in 1922.

The Territorial Force Regulations in 1908 provided for an establishment of three field ambulances per Division, for medical officers of units, R.A.M.C. water men, sanitary men, and the staffing of general hospitals. The latter, though not Divisional troops, were to be organized by the A.D.M.S. of the respective Divisions.

The personnel required is illustrated by reference to our own East Lancashire Divisional medical requirements at that time, which were as follows:

Divisional Headquarters: A.M.O. (the A.D.M.S. at that time was called Administrative Medical Officer), 1 staff officer to A.M.O., 1 sanitary officer, 6 other ranks.

Field ambulances—1st East Lancashire Field Ambulance: 10 officers, 263 other ranks, 1 permanent staff.
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2nd East Lancashire Field Ambulance: 10 officers, 247 other ranks, 2 permanent staff.
3rd East Lancashire Field Ambulance: 10 officers, 252 other ranks, 1 permanent staff.

(The varying numbers in each field ambulance are accounted for by variations in the establishment of the transport section which we were allowed to continue to provide. It would be opportune to mention here the great debt which we owed to the Regular R.A.S.C. who, at that time, had a depot at the old Hulme Barracks, and to Captain Ridler, the Adjutant and Quartermaster there, who was extremely helpful in the training of our transport sections.)

General Hospital (2nd Western): 3 officers, 43 other ranks, 24 à la suite medical officers.

R.A.M.C., T.F. Training School: 1 officer (who also acted as adjutant), 1 permanent staff.

The above, of course, do not include the medical officers attached to units, and it will be noticed that the General Hospital staff was only represented by a cadre, but lists were always maintained of retired rank and file, who had signified their willingness to rejoin and so complete the establishment of the 2nd Western General Hospital on mobilization.

If you contrast the above with the present establishment, it will give you some impression of the greater difficulties through shortage which prevail at present, and it will bring into prominence the value of the Voluntary Aid scheme as a nucleus from which expansion on mobilization could be materially helped. At the present time, the establishment of the East Lancashire Territorial Medical Services is:

Divisional Headquarters: 1 regular R.A.M.C. officer, 3 other ranks.
125th (East Lancashire) Field Ambulance: 6 officers, 103 other ranks, 1 permanent staff.
12th (2nd Western) General Hospital: 10 officers, 100 other ranks, no permanent staff.

In 1920, the three original field ambulances were reformed on reconstitution of the Territorial Army, each with an establishment of 8 officers and 103 other ranks, but these were amalgamated into one field ambulance on January 31, 1931.

The casualty clearing station was reconstituted in 1920 with an establishment of 12 officers and 90 other ranks. At a later date, it was reduced to 6 officers and 61 other ranks, and finally disbanded on March 31, 1927.

In consequence of the favourable position existing here on the formation of the Territorial Force, there was no difficulty in forming the various medical units of the new organization (East Lancs. Division) from the R.A.M.C. volunteer companies already in existence, in fact, there was a considerable surplus to establishment.

At this time, the 1st Field Ambulance was commanded by Lieutenant-
Sir William Coates

Colonel J. Bentley Mann, the 2nd Field Ambulance by Lieutenant-Colonel J. K. Fairclough, the 3rd Field Ambulance by Lieutenant-Colonel J. W. Smith. The 2nd Western General Hospital was commanded by Lieutenant-Colonel G. A. Wright, and the Registrar was Major F. H. Westmacott.

The à la suite staff was complete and all the prominent physicians and surgeons in Manchester and Salford accepted appointment. You will remember that the à la suite staff only functioned on mobilization.

The sanitary officer was Major Sargent, the Medical Officer of Health for Lancashire.

No staff officer was appointed for the first three years, but about a year before I relinquished my appointment as A.M.O., Major Rawnsley was appointed staff officer.

The first adjutant after the formation of the Territorial Force was Major Wood.

The Administrative Medical Officer was Colonel W. Coates, C.B.

In organizing the field ambulances, it had to be remembered that one of the old R.A.M.C. Companies had been formed at Bolton under the command of Captain Wright, also that the Manchester Brigade Bearer Company had been largely recruited at Burnley. It was, therefore, decided to form and enrol one section of each field ambulance outside Manchester, namely one at Bolton, one at Burnley, and one at Bury, the two other sections of each of the field ambulances being formed in Manchester. This was an arrangement that answered well.

We now come to an important event, namely the formation of No. 18 Field Ambulance, Special Reserve.

The Director-General, Army Medical Services, Sir Alfred Keogh, staying at my house in connexion with one of our prize distributions in 1909, said to me that he was in a bad way for R.A.M.C. Reserves, and asked if I would help with the Territorial Force scheme for the provision of a regular R.A.M.C. Reserve which he had in mind. My reply was that as our fellows had been so badly treated in the South African War I would have nothing to do with the scheme, as during the South African War they were all separated, lost all esprit de corps, and came home disgruntled.

At the same time I made the Director-General a sporting offer that I would supply a complete field ambulance special reserve, provided he would guarantee that it would be kept absolutely together in case of mobilization. He seemed to doubt his ability to fulfil such an obligation, but three or four months afterwards I received a telegram asking if my offer might be regarded as serious, to which an affirmative reply was at once dispatched. Later, came a War Office letter setting out the conditions on which such a field ambulance would be accepted. These included the offer of some little monetary inducement (I cannot find the letter but it was £1 per quarter, I believe). The letter intimated, however, that unless three-quarters of the establishment were enrolled within nine months, the offer must be considered cancelled. In less than a month this field ambulance,
numbered 18, which was earmarked for the 6th Division Regular Army, was reported to the War Office as complete.

Lieutenant-Colonel Bentley Mann was appointed to the command and only those “other ranks” of two years’ standing in one or other of the three field ambulances were allowed to transfer into this unit. At the same time they were sworn in for an additional four years. This ensured that the best men were always in this field ambulance and there was always quite a rush for transfer into the unit.

The only difference between this field ambulance and the remainder was that it was not expected to provide its own transport.

A little pride may be forgiven if I quote an extract from the report of the General Officer Commanding-in-Chief, General Sir Ian Hamilton, Southern Command, Salisbury Plain, on the occasion of our first Divisional camp with General Fry in command in 1910:

“"The most complete and best turned-out units that Lancashire has sent to Salisbury Plain are the three field ambulances of the R.A.M.C., East Lancashire Division T.A.

"The men are a fine lot, drawn from a superior class; they know their drill and move splendidly, added to which the three field ambulances are right up to establishment and have pretty nearly every man in camp for a full fortnight.”

"From the date of formation of the Territorial scheme until my transfer to the R.A.M.C. Territorial Reserve of Officers on July 17, 1912, on completion of tour as Administrative Medical Officer, there is nothing of moment to record. The units were well organized; each had its own drill and lecture night. The officers and N.C.Os. always paraded with their respective ambulances. Saturday afternoon parades with full transport continued. Annual trainings (Divisional) took place at Lancaster, the Isle of Man, Salisbury Plain, and Garstang, and all went well, with one exception. The R.A.S.C. at the War Office strongly objected to the R.A.M.C.(T.), having their own transport. The consequence was an order came withdrawing the regulation harness which was necessary to create a good show. We were ordered to hire harness with the horses. This was a great blow and caused much dissatisfaction, but, through the superhuman efforts of our two transport officers, it was more or less overcome, although we did not present such a good spectacle on parade.

On my retirement from the command Lieutenant-Colonel Bentley Mann, at that time a most efficient officer, was appointed to succeed as Administrative Medical Officer, which position he held on the outbreak of the War and until invalided home from Gallipoli. We were firm friends and I was able to maintain a close connexion with the organization, especially as early in 1914 I had been appointed Honorary Colonel on the death of Colonel Walter Whitehead.
I was bitterly disappointed that I held no official executive position when, on August 4, 1914, the order came to mobilize. It was a very busy scene and time at the R.A.M.C. Headquarters.

Each unit embodied there—the No. 18 Special Reserve Field Ambulance, the three Field Ambulances, the 2nd Western General Hospital, and a cadre of a casualty clearing station which had been ordered to be formed only a month or so previously, and which consisted of one officer (then Lieutenant Wolstenholme), two N.C.O.s., and ten privates. It was at my suggestion that Dr. Wolstenholme, who was Commandant of a Voluntary Aid Detachment at Urmston and who I had noticed performed his duties with energy and distinction, was appointed to this command, and the majority of the N.C.O.s. and men were enrolled from the detachment.

Such equipment as was not held on charge was drawn from Ordnance. All the necessary procedures incidental to such occasions were carried out. The officers and men were billeted either at their own homes, in schools, at headquarters, or in neighbouring houses until, on August 9, the 1st, 2nd, and 3rd Field Ambulances moved to their concentration camps in the neighbourhood of Bolton, Bury, and Rochdale. The units were brought up to full strength, inoculations carried out, and the Division moved to Southampton where it embarked for Egypt on September 9, 1914, and had the proud distinction of being the first complete Territorial Division to leave these shores.

No. 18 Special Reserve Field Ambulance remained at the headquarters for fourteen days. It mobilized at full strength, proceeded to Cambridge on August 19, 1914, to link up with its own Brigade of the 6th Regular Division, and sailed with the Division to France on September 6, 1914, thus being the first unit of the Territorial Force to leave this country for the War, and preceding the 42nd Division by three days.

It is common knowledge how these units behaved in many different spheres of the War. Those who were there and have survived will have the vision for a lifetime of parching Syrian deserts, of the classic heights of Gallipoli, of the bloody fields of France and Flanders, of the windy sea and the lurking submarine, of the glancing aeroplane, and of the varied terrors and triumphs of this horrid war.

Some returned safe and sound with character strengthened by the discipline of war, and with a wider mental horizon, well fitted to guide those who followed later. Some returned braced by trial, but bearing upon their bodies the scars of honourable wounds or sickness. Some, alas! who went out in the flush of vigour and with fine purpose, never returned to gladden our eyes again.

When the "Royal Edward" transport ship was torpedoed in the Ægean Sea in 1915, a draft of reinforcements for East Lancashire R.A.M.C.(T.), of 170 officers and men were on board, and practically all were lost.

The Field Ambulances of the East Lancashire Division, together with
a small contingent of Royal Engineers, were the last units to leave Gallipoli on January 9, 1916.

Although complete transport, i.e. horses, ambulance wagons, harness, etc., was taken out with the three field ambulances to Egypt, the authorities compelled the transfer of transport sections to the A.S.C. From this time transport sections formed by the R.A.M.C.(T.), have been discontinued.

Colonel Bentley Mann was invalided home from Gallipoli. He was succeeded as A.D.M.S. by Colonel Jones, a regular officer, for a short period, and then by Colonel Matthews, who was with the Division when it left Alexandria for France on March 2, 1917, and occupied the position of A.D.M.S. to the end of the War.

A small Casualty Clearing Station cadre mobilized at headquarters under Lieutenant T. B. Wolstenholme and left on August 17, 1914, for Southampton, to take charge of No. 2 Ambulance Train in this country, remaining in that position until October 4, 1915, when orders were received for the return of the cadre to the headquarters at Manchester and that it should be recruited to full strength. This was accomplished in fourteen days, all necessary equipment drawn, and it was designated the 64th Casualty Clearing Station. The unit was left in Manchester doing casual work at the 2nd Western General Hospital until May 12, 1916, when it left for the Eastern Command and, later, for France where it did excellent service.

About the time of the departure of the first contingents from headquarters, I was recalled from the R.A.M.C. Reserve and appointed A.D.M.S., Western Command Headquarters, Chester, specially to assist the D.D.M.S. in the formation of new hospitals. As the occupant of the position of D.D.M.S. was constantly changing, and I was retained in the position of A.D.M.S. until August, 1919, much work beside that for which I was specially mobilized fell to my lot.

On the outbreak of the War there were about 300 military beds or less in the Command, i.e. just those at the 15 small depot hospitals: and when the Armistice was signed, including 10,000 beds in Command Depots which were under the administration of the R.A.M.C., 100,000 beds of one sort and another were in use in the Western Command.

Before passing to the 2nd Western General Hospital, a word may be said about the second and third lines, etc.

As soon as the first line left its concentration camp, a second East Lancashire Division had to be formed to replace it, and at first supplied reinforcements. This, of course, included the formation of three new field ambulances.

Lieutenant-Colonel Roocroft, late 5th Battalion The Manchester Regiment, had been unable to proceed abroad; and being the senior medical officer remaining, he was appointed A.D.M.S. of the new line, which was designated the 66th Division.

This Division took over at first the sites already occupied in the
Sir William Coates

neighbourhood of Bury, Bolton, and Rochdale, and rapidly recruited to full strength.

After a few weeks, the Division, with the three new field ambulances (2/1st, 2/2nd, and 2/3rd), moved to Knowsley, remaining there a few weeks, when it was transferred to Southport. The Division remained at Southport in training for some months, when it was moved to the neighbourhood of Colchester, and the three field ambulances embarked with the 66th Division from there to France on February 28, 1915.

On the departure of the 66th Division to Colchester, a third line had to be formed at Southport in March, 1915, and three additional ambulances organized, namely the 3/1st, the 3/2nd, and the 3/3rd.

This line, however, was never fully organized as a Division, but became the draft-producing unit for the two other Divisions, and for the various field ambulances serving abroad from East Lancashire.

The line moved to Codford, Wiltshire, in January, 1916, and was known as the draft-producing Reserve Unit R.A.M.C., E.L.

The headquarters at Manchester was at first called an R.A.M.C. Depot; later it became the Administration Centre R.A.M.C., East Lancashire Division, and at last No. 200 R.A.M.C. T.F. Depot. It was under the command of Major A. H. Smith, a retired Territorial regimental surgeon, and it was chiefly used as an advisory centre for R.A.M.C. on leave, or on sick leave, and for details on rejoining, for recruiting, and for posting men to the Reserve unit at Codford.

On February 15, 1916, instructions came through to recruit a sanitary section for France from the neighbourhood of Manchester. This was done by enlisting men employed by Corporations on sanitary duties. The section mobilized at the R.A.M.C. Headquarters, leaving for Colchester on March 27, 1916, and proceeding from there shortly afterwards to France.

The last unit to which attention must be called is the 2nd Western General Hospital.

In pre-war days, this unit had had a personnel of 3 officers and 43 rank and file. It was one of fourteen similar hospitals which came into existence with Mr. Haldane’s Territorial medical scheme. In addition to the personnel mentioned, there were 20 à la suite medical officers enrolled and gazetted to function on mobilization, consulting surgeons, physicians, and specialists.

The East Lancashire Territorial Association was responsible for all mobilization arrangements, and requirements generally had been well carried out by the Association’s Hospital Committee. On this Committee were co-opted several very useful members, for example, the Superintendent of the Manchester Royal Infirmary, a prominent architect, an engineer, the Medical Officer of Health of Manchester, etc.

The technical schools, Whitworth Street, belonging to the Manchester Education Committee, were first fixed upon for this hospital. Later, the location of the hospital was changed to the secondary higher grade
schools, Whitworth Street, the building of which had, in the meantime, been completed, and its greater suitability for the purpose was obvious.

Five hundred and twenty beds were to be provided on mobilization, and as the above schools were also to provide the administrative offices, the Princess Street schools, close at hand, had also been earmarked in order to provide the full number of beds and administrative offices.

Terms for payment in all these cases were agreed between the War Office and the Board of Education.

Arrangements had to be made almost immediately for taking over buildings for hospital purposes from the Education Authorities, the Poor Law Authorities, and the Board of Control (in the case of asylums), and auxiliary hospitals through the Order of St. John and the British Red Cross Society.

On mobilization, Lieutenant-Colonel J. W. Smith was the Officer Commanding this hospital, Major F. H. Westmacott the Registrar, and Lieutenant F. B. Wilde the Quartermaster.

The à la suite staff was called up as required and as time advanced many additional consultants and others had to be enrolled.

The Territorial Association had made contracts for equipping the hospital in every detail in accordance with Army schedule, and also for food supplies and all other requirements. Therefore, the hospital was ready to admit patients within ten days, and the first patients were admitted on August 16, 1914, from neighbouring camps, etc.

On September 20, 1914, the first ambulance train brought casualties from France to Mayfield Station, and from that date the hospital was in full swing until long after the end of the War.

The 2nd Western General Hospital grew to be an enormous size. My plan was to carry out expansions rather by adding smaller hospitals to existing ones than by the institution of new self-controlled hospitals. In this way, the three Western General Hospitals (Liverpool, Manchester and Cardiff) became very big concerns. From my point of view, this system answered very well, as it was far easier to expand a hospital than to create a new one.

At one time, the 2nd Western had 6,700 beds in section hospitals, schools, poor-law institutions, etc., which were entirely administered by the hospital, and 15,223 beds in auxiliary hospitals such as Union, Mental, St. John, Red Cross, etc., totalling 21,923 beds.

Every one of these hospitals was under the administration of a responsible officer, and a consulting physician and surgeon detailed from the à la suite staff were attached to each and at the call of the medical officer in charge.

In addition, these auxiliary hospitals were visited once every fourteen days by one of the responsible R.A.M.C. officers attached to the 2nd Western, and a report on all points of importance was sent to the office of A.D.M.S.

During the period of its existence, 235,900 patients were admitted into the
2nd Western General Hospital. 119,976 were surgical and 115,924 medical cases.

At a late period, Nell Lane, a large Poor Law Hospital, which had been an auxiliary to the 2nd Western General Hospital and provided 5,000 beds, was made a separate hospital under the command of Lieutenant-Colonel Parker, and a certain number of auxiliary hospitals were affiliated with this newly organized hospital from the list of both the 1st and 2nd Western General, Lord Derby's and Queen Mary's Hospitals.

It should be mentioned that the nucleus of the 2nd Western General Hospital had trained annually, previous to the War, at either York or Aldershot.

The Commanding Officers of this hospital were, in rotation, as follows:

- Lieutenant-Colonel J. W. Smith, August 4, 1914, to October 2, 1915, when he was transferred to the à la suite staff as an operating surgeon.
- Lieutenant-Colonel F. H. Westmacott, October 2, 1915, to April 12, 1917.
- Major Cunliffe, April 12, 1917, to October 2, 1917.
- Lieutenant-Colonel F. H. Westmacott, who had been serving in France, October 2, 1917, to May 15, 1918.
- Major Cunliffe, May 15, 1918, to October 7, 1918.
- Lieutenant-Colonel Ogston, October 7, 1918, to December 13, 1918.
- Major A. Wilson, December 13, 1918, until the hospital was finally demobilized.

The most serious criticism which I have to make in reference to this hospital is that, in such a large organization, the Commanding Officers should not have been changed in this manner. It created great confusion during the War; so many changes in command in so large an organization should be avoided.

The nursing staff had been previously organized by the Principal Matron, 2nd Western General Hospital (Miss Sparshott, Matron of the Manchester Royal Infirmary), the full number of trained nurses had been enrolled and were called up, and others engaged as required.

The British Red Cross Society with its V.A.D.'s was of great help in supplying V.A.D.'s, both as assistant nurses and as general service women (cooks, clerks, storekeepers, etc.).

The maximum strength at any one time of the personnel of the 2nd Western General Hospital, namely on January 16, 1917, was as under:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>R.A.M.C.(T.), officers and à la suite medical officers</td>
<td>75</td>
</tr>
<tr>
<td>Civil medical practitioners</td>
<td>37</td>
</tr>
<tr>
<td>R.A.M.C.(T.), other ranks</td>
<td>893</td>
</tr>
<tr>
<td>Principal matron</td>
<td>1</td>
</tr>
<tr>
<td>Matrons in charge of Divisions</td>
<td>4</td>
</tr>
<tr>
<td>Trained nurses</td>
<td>301</td>
</tr>
<tr>
<td>Assistant nurses</td>
<td>5</td>
</tr>
<tr>
<td>V.A.D. nursing members</td>
<td>377</td>
</tr>
<tr>
<td>V.A.D. general service members</td>
<td>566</td>
</tr>
<tr>
<td>Masseurs and masseuses</td>
<td>52</td>
</tr>
<tr>
<td>Labour women—scrubbers, etc.</td>
<td>450</td>
</tr>
</tbody>
</table>
These numbers are for the 2nd Western General and its sections alone, and do not include the staffs of auxiliary hospitals.

When the military machine came into full swing a few months after the beginning of the War, the Army Service Corps took over the rationing of all the Territorial hospitals, the Ordnance took over the provision of equipment, and the Engineers the various engineer services.

From the beginning, the British Red Cross Society, through its ambulance convoy of 100 ambulance wagons and 150 cars, took over the whole of the transport in connexion with the 2nd Western General Hospital, and also the Lord Derby Hospital at Warrington, meeting every ambulance train at Mayfield, Manchester, and at Winwick, Warrington, and, for a long time, the trains arriving at Whalley for Queen Mary's Hospital. Not one penny was charged to the Government for this service. All petrol was paid for either by the owners of the cars or the Red Cross, and it is estimated that the Government was saved over £100,000 through this service. 1,032 ambulance trains were met at Mayfield Station alone. On one occasion six ambulance trains arrived in one day from Southampton. Roughly 300 ambulance trains were also met at Winwick.

176,758 casualties were received from ambulance trains. 488,822 cases were transferred from one hospital to another.

13,827 operations requiring a general anaesthetic were performed in the 2nd Western and its sections. 11,312 further operations of a minor nature, also requiring an anaesthetic, were performed in the auxiliary hospitals.

1,638 deaths, namely, 683 medical, 952 surgical, and 3 under anaesthetics, took place in connexion with the 2nd Western General Hospital.

107,801 medical boards were held.

There were 668 officers' beds in the section hospitals, 264 officers' beds in the auxiliary hospitals, and 10,948 officers were treated in connexion with the 2nd Western.

The number of casualties arriving varied from time to time and was chiefly influenced by the battles in France and Flanders. For example, after the fall of Antwerp in 1914, there was a great rush; also in 1915 after Neuve Chapelle, and in the same year after the Battle of Loos and after the Somme, and in 1917 after the Battle of Ypres, etc. The custom was for the War Office to send secret information of impending big battles with an estimate of the heavy casualties which would be likely to be sent into this Command. Preparation was then made to receive these cases by emptying wards and beds in the section hospitals as far as possible and filling up the auxiliary hospitals, and, if necessary, by taking over new hospitals altogether. By this system, all cases in the first instance came under the care of the most experienced of the medical staff.

The organization of the 2nd Western was very complete in that special hospitals under special men were provided for almost all types of disease or injury, some in sectional schools, others in the better and larger auxiliary hospitals. The following might be mentioned in illustration:—
There were separate hospitals for dysentery, pulmonary tuberculosis, and enteric fever; a limbless hospital with workshop, a venereal hospital, an orthopedic hospital and a hospital for jaw injuries, dental centres, a hospital for functional diseases of the stomach, a hospital for ear, nose and throat diseases, an ophthalmic centre, a neurological centre, a hospital for fractured femurs, a hospital for sick and wounded prisoners of war, X-ray departments, skin departments, a heart centre, and a hospital for cerebrospinal fever.

By this means, cases requiring expert treatment were at once brought under the care of experts, and the system answered well.

This record would be incomplete without allusion to the 57th General Hospital T.F. In January, 1917, the Command was asked if from the three Territorial Hospitals in the Western Command, namely, the 1st, 2nd and 3rd Western (Liverpool, Manchester and Cardiff), the personnel of a general hospital could be organized for service in France, using officers and other ranks, and nurses from the above three hospitals, and allowing interchanges between home and abroad every six months. As A.D.M.S. I was soon able to arrange for the details, and this hospital went out to France on April 12, 1917, remaining there during the remainder of the War. Colonel Westmacott was the first O.C., and the 2nd Western General Hospital (Manchester) contributed half the staff and the 1st Western (Liverpool) the other half. The 3rd Western from Cardiff only supplied the Quartermaster and a few rank and file. An interchange from home took place at the end of six months, Lieutenant-Colonel Gemmell—the O.C. 1st Western General Hospital—replacing Colonel Westmacott. After the end of a further six months, Colonel Westmacott returned to France, Colonel Gemmell coming home, and from that time the 1st Western General gradually dropped out of the organization and the staff was provided practically entirely from the 2nd Western General Hospital.

From my point of view I consider that it was a mistake to take away from the big hospitals at home experienced O.C.'s. as was done in this case. It would have been far better to have placed the 57th General Hospital under the command of some other officer.

In addition to the 57th General Hospital, a stationary hospital was sent to Mesopotamia from this Command, and this also was staffed very largely from *à la suite* officers of the 2nd Western General with specially enrolled officers.

**Lessons to be Learnt.**

To be prepared for war is an eventuality which will be necessary sooner or later. This conclusion must be arrived at by anyone who studies the progressive history of nations. One fully recognizes both the national and international efforts which now abound with a view to preventing war, and doubtless the League of Nations may be able to limit, or sometimes prevent, war, but adequate preparation for war is the best preventive—a strong, patriotic, virile people, proud of the country’s traditions, and determined...
to encourage its old institutions, and sensible of the responsibilities owing to the Colonies and the Commonwealth, is the greatest asset towards peace.

It is futile to rely upon untrained enthusiasm. No doubt in the event of a national war everyone would flock to the colours just as before, but the principles of war, like those of every other business, have to be learned and it takes time to do this. Hence the need for a trained and disciplined supplementary army organization in time of peace.

"The popular conception of an invasion is as difficult to realize as one's own death" (Kipling). Some people think that it simply means a foreign-spoken gentleman wearing unfamiliar uniform collecting one's rates and taxes, but invasion, even partial invasion, would mean something much worse than this. It implies disorder, rioting, starvation, plague, pestilence, famine, bloodshed, anarchy, debauchery, and untold misery.

If a man in the street was asked, "What are the functions of the medical services of an army," he would reply, "To take care of sick and wounded"—a very praiseworthy and honourable role, a softening trait in a grim business. The reply is, however, very partial and incomplete. The medical services are proud of their humanitarian functions, but war is a serious business involving the existence of a nation. A General entrusted with an army must prevail over his enemy. The lives of his men and their sufferings are the price that has to be paid. Everything must be subordinate to that end. The medical services must render active military assistance. How can this be done? First, indirectly; second, directly.

First, indirectly:—(a) The political influence on a nation at large. People become disturbed when war occurs. Thomas Atkins, previously absolutely uncared for by the public, becomes a person who claims concern. If a General at the Front and his staff are worried by letters from home, etc., by questions in Parliament as to the treatment of wounded, their attention is diverted. Reference to conditions during the Crimean War, and even during the South African and other wars, will illustrate this. If, on the other hand, a Commander-in-Chief has on his staff an efficient Director-General of Medical Services with an appropriate staff, all this is averted, and the fighting men may direct the whole of their attention to winning the war.

(b) An efficient medical service is a powerful influence on the morale of an army. A soldier does not mind being killed, but he has a very great objection to being uncared for if wounded or sick.

Secondly, directly:—(a) The medical services assist directly towards the successful ending of a war by the prevention of unnecessary loss of life by disablement, disease, wounds, &c. One has only to reflect for a moment on the enormous advantages that have been achieved in consequence of improvements in hygiene, discoveries in connexion with tropical medicine, etc., to illustrate this argument.

(b) The medical services clear the front of sick and wounded, and all other non-effectives, thus affecting very considerably both the mobility and
morale of troops. If a large number of wounded are left on the battlefield, not only is it liable to afford information to the enemy, but a very depressing effect on the troops engaged is likely to occur.

(c) The medical services relieve the army authorities by clothing, housing, etc., all the sick and wounded until discharged or returned to duty.

(d) The effect of the medical services is seen also by the return to the front of seasoned soldiers as soon as possible after illness or injury, and, lastly,

(e) It is the business of the medical services to keep the men—the Army—fit. This is well shown in units by contrasting the health, physique, etc., of one to which an enterprising and well-informed medical officer is attached, with one not so favoured.

All Territorial medical officers should be familiar with the V.A.D. Scheme.

The V.A.D.'s did so well during the Great War that a new scheme under a V.A.D. Council was introduced by the War Office in 1923; the organization provides for both mobile and immobile members and specialists.

The mobile members now undertake service both at home and abroad with the Navy, Army, and Air Force, as well as with the Territorial Army. A proportion are eligible for mobilization, even before the Territorial Army, should their services be required with a small expeditionary force.

The organization provides for 15,000 mobile women and 5,000 mobile men.

As many of these would be employed in Territorial hospitals, it is important that the movement should be sympathetically regarded and encouraged by Territorial medical officers. One has only to consider for a moment the present establishment of the medical units of the Territorial Army to emphasize the importance of encouraging the V.A.D. movement. Take the 125th Field Ambulance. This has now 6 officers and 103 other ranks as against 10 officers and 263 other ranks, before and during the War. Further, as stated earlier, there is now no Casualty Clearing Station. Formerly there was one with 12 officers and 90 other ranks. After the War the personnel was reduced to 6 officers and 61 other ranks, and on March 31, 1927, the whole unit was disbanded. The 2nd Western General Hospital, on the other hand, is perhaps better placed in this respect than it was before the War except that there are now no à la suite officers (otherwise specialists) attached. Before the War there was a nucleus of 3 officers and 43 other ranks. Now this Hospital has 10 officers and 100 other ranks. Men from the male V.A.D.'s would be useful on mobilization towards filling up deficiencies in Territorial medical units.

It is hoped that this record of the past—though very imperfect—may be interesting and stimulating.