

Abbreviations

ASC	Army Service Corps
BEF	British Expeditionary Force
GHQ	General Headquarters
LOC	Lines of Communication
RAMC	Royal Army Medical Corps
QAIMNS	Queen Alexandra's Imperial Military Nursing Service
VAD	Volunteer Aid Detachment (and its members)

RAMC Field Formations

Battalion Dressing Station

Surrey: 5th & 6th / East Surrey Regiment
4th & 5th / Queen's Royal West Surrey

First treatment point for casualties and soldiers with an illness.

One per battalion-sized unit.

From Battalion Band: 2 orderlies, 16 stretcher bearers.

Attached from RAMC: 1 Medical Officer, 1 NCO, 4 Rank & File

Field Ambulances

These units retrieved casualties from battalion dressing stations, provided first aid and in extreme cases emergency surgery to stabilize patients, then transported them to clearing hospitals. There were no beds for holding patients. In Regular Army field ambulances, transport to clearing hospitals was handled by attached ASC soldiers. In the Territorial Force, the field ambulance's own RAMC men provided this service. Field ambulances were located within the combat zone but beyond the range of enemy artillery fire. These units deployed in 2 or 3 sections each with a stretcher bearer, tent, and transport division. The tent division provided the emergency medical care and support for the unit's members. To each combat brigade was attached a field ambulance and its organization for cavalry brigades differed somewhat from that for infantry brigades. The units for cavalry were known as "Mounted Field Ambulances." TF Infantry Field Ambulances, upon mobilization, would split into a foreign service (1st) and home service (2nd) unit.

Early in the war, field ambulances were split into Advanced Dressing Stations and a Main Dressing Station. An advanced station was about 400 yards from the battalion dressing station while the main station was further back about 3 miles, just outside the range of enemy artillery fire.

Ernest Hemingway describes the workings of a field ambulance in his acclaimed novel, *A Farewell to Arms*. After rejection by the US Army for military service due to poor eyesight, Hemingway joined the Italian Army's medical service. In June 1918, he arrived at the front on the Piave River and was assigned to a field ambulance. After one month, he became bored and volunteered to serve in a front-line soldiers' canteen. Shortly after arrival at his assigned canteen, he was wounded by mortar fire and sent to an army hospital. After recovering, he returned to field ambulance service but then came down with jaundice. He spent the remainder of the war as a patient in an American Red Cross hospital.

Field Ambulance - Mounted (100 casualties)

War Strength: 6 Medical Officers, 8 NCOs, 2 Buglers, 60 Rank & File
Attached from ASC: 2 NCOs, 4 Artificers, 42 Rank & File
Plus 1 Storeman and 6 Rank & File (replacements) at rear area base.

Territorial Force (14 units)

6 Medical Officers, 4 Other Officers, 103 Enlisted Men

Attached from ASC: 2 NCOs, 4 Artificers.

Upon mobilization would receive an additional 9 RAMC Enlisted Men.

Subordinate Formations:

HQ & A Section

B Section

Field Ambulance - Infantry (150 casualties)

Surrey: 3rd Home Counties Field Ambulance

War Strength: 9 Medical Officers, 1 Quartermaster, 13 NCOs, 3 Buglers, 165 Rank & File
Attached from ASC: 3 NCOs, 6 Artificers, 33 Rank & File
Plus 1 Storeman and 17 Rank & File (replacements) at rear area base.

Territorial Force (52 units)

9 Medical Officers, 1 Quartermaster, 185 Enlisted Men

Attached from ASC: 3 NCOs, 6 Artificers

Upon mobilization would receive an additional 31 RAMC Enlisted Men

Subordinate Formations:

HQ & A Section

B Section

C Section

The Surrey unit went to France in December 1914 with the 27th Division as the 83rd Field Ambulance, RAMC.

Clearing Hospital (200 patients)

Surrey: Home Counties Division Clearing Hospital

These hospitals provided initial surgical treatment of casualties. They were in the Lines of Communication just outside the combat zone. Complex case casualties received preliminary surgery; their final surgery would be at an army general hospital. ASC lines-of-communication companies transported the casualties to general hospitals.

One per combat division.

War Strength: : 7 Medical Officers, 1 Quartermaster, 9 NCOs, 1 Bugler, 67 Rank & File

Territorial Force (14 units):

2 Medical Officers, 1 Quartermaster, 42 Enlisted Men

Like with the infantry, TF Clearing Hospitals, upon mobilization, would split into a foreign service (1st) and home service (2nd) unit.

For both the Regular Army and Territorial Force medical officers could include contracted civilians.

Surrey would not be able to field a clearing hospital until 1916 by which time the War Office had restyled such facilities as "casualty clearing stations." In May of that month, Surrey's 1/1st Home Counties Clearing Station arrived in France to serve as the 47th Casualty Clearing Station, RAMC.

General Hospital

The bulk of a general hospital's 300 members deployed to the rear Base Area while the rest went to the Lines of Communication where it established a "stationary" hospital. Patients traveled from the stationary hospital to the base general hospital by train. Those that needed no further treatment but would not be fit for combat anytime soon, were sent by train to ports for embarkation. Upon arrival in England, they went to an army hospital or an army auxiliary hospital (convalescence/rehabilitation). Medical officer strength could include civilians who worked under contract.

One per combat division.

Nursing Service Personnel: 43 distributed between the two hospitals.

Stationary (200 Beds)

War Strength: 7 Medical Officers, 1 Quartermaster, 8 NCOs, 1 Bugler, 76 Rank & File

General (520 Beds)

War Strength: 20 Medical Officers, 1 Quartermaster, 15 NCOs, 2 Buglers, 126 Rank & File

Medical officers can include contracted civilians.

Territorial Force (23 units)

2 Medical Officers, 1 Quartermaster, 43 Enlisted Men

Upon mobilization, TF general hospitals would reach wartime strength through mobilization of surgeons, physicians, and dentists who had previously agreed to serve with the unit and 185 new recruits. Recruits would be civilian hospital attendants and members of St. John Ambulance Brigades. The Territorial Force Nursing Service would provide licensed nurses.

Convalescent Depot

Attached to stationary hospitals to hold casualties expected to return shortly to their units.

Regular Army Only.

War Strength: 1 Medical Officer, 1 Civilian MD, 1 Quartermaster, 2 NCOs, 2 Rank & File

Ambulance Train (396 stretcher cases)

Regular Army Only, 1 per infantry division.

War Strength: 2 Medical Officers (1 may be a civilian), 1 Quartermaster, 3 NCOs, 42 Rank & File

Nursing Service: 2

Hospital Ship Medical Staff (220 beds)

Regular Army only.

War Strength: 5 Medical Officers (including civilians), 1 Quartermaster, 6 NCOs, 32 Rank & File

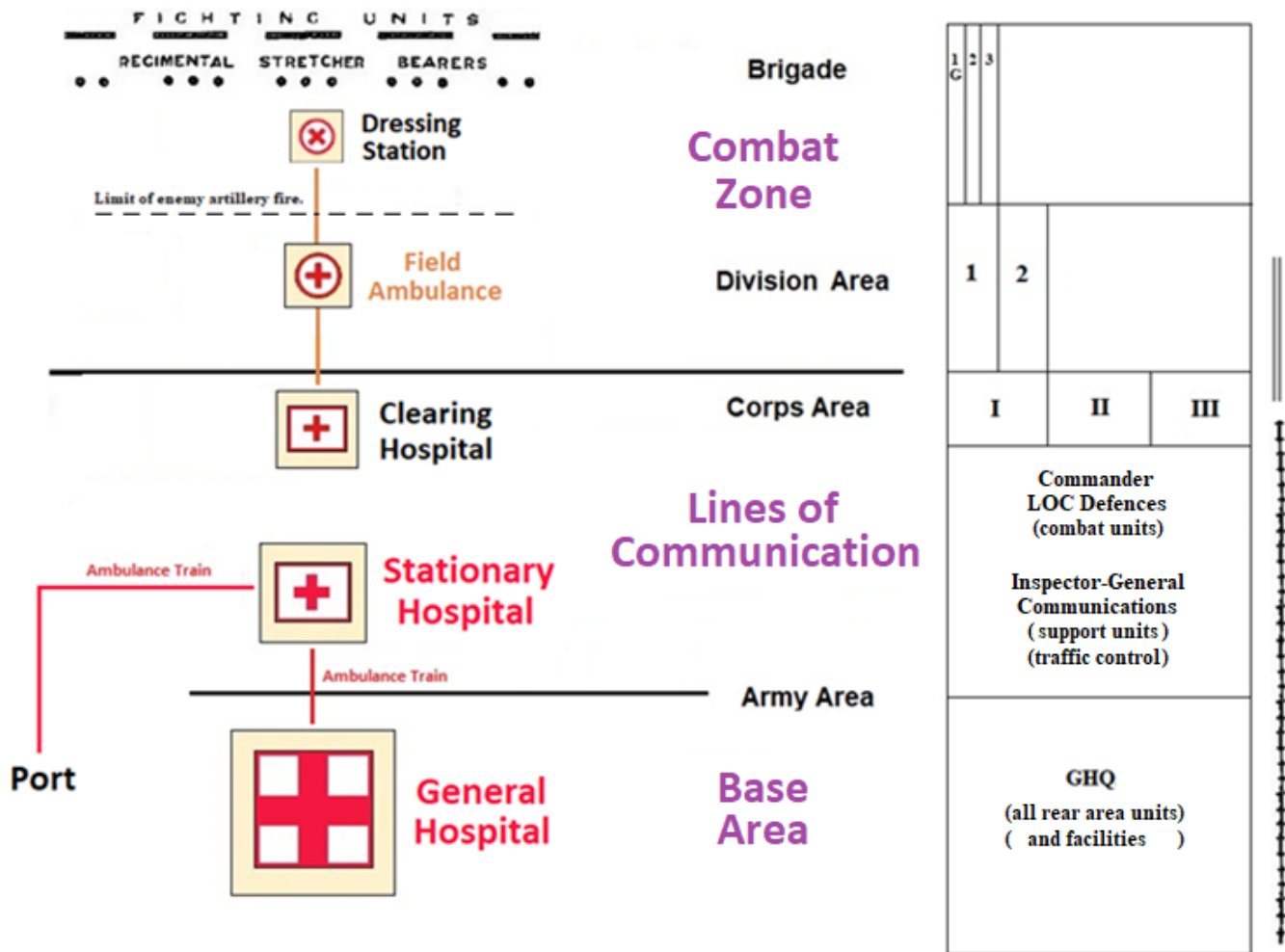
Nursing Service: 9

Sanitary Company

The War Office formed sanitary units in 1908 to police disease prevention and control measures of expeditionary forces. Regular Army sanitary police personnel served in sanitary detachments of about 10 men, all ranks, but there were two Territorial Force companies, both in London. Regular Army sanitary detachments had both medical and administrative officers. When the BEF arrived in France it had its full complement of such units. To bolster their authority, administrative officers took to wearing military police brassards.

Territorial Force (2 units) assigned to 1st London and 2nd London territorial divisions.
 5 Medical Officers, 9 NCOs, 91 Rank & File

Casualty Evacuation Chain, August 1914



Combat Zone

Area fronting on enemy positions. Extended back to a point a few miles outside of enemy artillery range, no more than 10 miles. Enemy artillery fire could reach 3 to 4 miles into this area. The combat zone was divided into divisional areas, each with a field ambulance.

Lines of Commuication

“The systems of communication by rail, road, and waterways between the army and its bas, together with the district through which they pass.”

Base Area

“A place where the LOC originates, where magazines of stores are situated and maintained under direct military management, and where the business of supply is located and organized under the military authorities.”

Army Nurses

Upon declaration of war, August 5, 1914, licensed nurses available for the British Army were as follows:

Queen Alexandra’s Imperial Nursing Service (Regular):	297 serving.
Queen Alexandra’s Imperial Nursing Service (Reserve):	337 enrolled.
Territorial Force Nursing Service:	2,783 enrolled.

The main reason there were few QAIMNS nurses, regular and reserve, was the strict rules in place at the time. Personnel had to be single, aged over 25 years, and of a relatively high social status. Many applicants were rejected by the QAIMNS for lack of experience or simply because the matron-in-chief found them “unsuitable.” These restrictions had to be removed during the war when there were so many casualties. Over 12,000 qualified nurses joined the Queen Alexandra's Imperial Military Nursing Service which for the first time included married women and those of a lower social class. A further 5,000 joined the Territorial Force Nursing Service.

Nurses held the rank of Staff Nurse, Nursing Sister, or Matron. Matrons were the QAIMNS “officers.” The hospital uniform for staff nurses was hospital whites; nursing sisters hospital whites plus grey capes. Matrons, who were administrators, wore grey uniforms that included capes. The most senior rank was Principal Matron, equivalent to a hospital’s chief of nursing. The head of the QAIMNS had the rank of Matron-in-Chief. About 5% of nurses held matron rank, 40% nursing sister, and 55% staff nurse. In 1914, the War Office gave the rank of matron-in-chief to the senior QAIMNS nurse on the GHQ staff, BEF in France.

Remuneration and Leave Queen Alexandra’s Imperial Nursing Service (Values in Pounds Sterling)

	Annual Pay	Years to Max.	Allowances:		Annual Leave	Equivalent Army Rank
			Housing	Other		
Matron-in-Chief	305-350	3	102	39	6 weeks	Lt.-Colonel
Principal Matron	175-205	3	76	47	6 weeks	Major
Matron *	75-150	7	56	47	6 weeks	Captain
Nursing Sister	50-65	3	56	47	5 weeks	1 st Lieutenant
Staff Nurse	40-45	2	56	47	4 weeks	2 nd Lieutenant

* Hospital chiefs of nursing received an additional £10 to £30.

Army nurses had officer status; however, as shown above, basic pay was much less than that of rank-equivalent army officers. Considering allowances, QAIMNS personnel were paid about the same as their civilian counterparts. Nurses stationed abroad received a daily field allowance of 3 shillings (£50 per annum). It raised their total remuneration to that of their army rank-equivalents. Note that the housing

allowance could provide for a respectable, urban row-house large enough to accommodate one or two live-in servants (similar to the Bloom's residence at 7 Eccles Street, Dublin).

Reserve members signed 3-year contracts which obligated them to serve with the army if called upon. They were not required to train and received an annual retainer of £5. Nurses of the Territorial Force received nothing; however, they were under no obligation to serve.

QAIMNS nurses aged 50 with at least 10-years' full-time service could retire with a pension. The pension was 30% of their final year's pay plus 2% for each year of service exceeding 10 years. The maximum pension was 70% of pay. Retirement was mandatory at age 55. A nursing sister with 25-years' service received an annual pension of only £39. Without supplementary income or family support, retired army nurses, like retired soldiers, would live in extreme poverty. Hardly any did as nurses were of middle-class families. Retired nurses who had reached matron rank could live independently as their pensions were £105 (matron) or £143 (principal matron).

Hospital Volunteers

During the war, 40,000 civilians served in Red Cross Voluntary Aid Detachments as nursing assistants, clerks, cooks, and housekeepers. Nursing assistants numbered 8,495. In 1915, the War Office authorized VADs aged 23 to 42 to serve abroad at rear area facilities. On foreign service, VADs received £20 to £30 per annum in pay, about the same as infantry privates and corporals. In addition, they received the same field allowance as did QAIMNS members. VADs also received uniforms, room and board, medical care, and paid leave. The War Office paid for their transport-ation from and to the UK.

While most VADs abroad worked in military hospitals, some served in Red Cross and charitable organization facilities. Such establishments were rest stations, hostels for relatives of wounded officers, convalescent homes, recreation huts, Red Cross hospitals, and Princess Victoria's Rest Clubs for Nurses.



Nurse War Dead

During the war, 220 army nurses and 5 nursing VADs died. Enemy action caused 36 of those deaths.

QAIMNS:	26
QAIMNS Reserve:	164
VAD	5
Territorial Force Nursing Service:	30

Of the dead, 7 held matron rank and all were of the QAIMNS.

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