HISTORY

Sir Neville Howse (VC), Private John Simpson Kirkpatrick and Private Martin O'Meara (VC) and their contributions to Australian military medicine

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'Australian Cobbers' statue, Fromelles Battlefield, Northern France. (Image by Peter O'Meara)

Abstract:

Medical personnel serving with the Defence Forces have contributed to the evolution of trauma treatment and the advancement of prehospital care within the military environment. This paper investigates the stories of an Australian Medical Officer, Sir Neville Howse, and two stretcher bearers, Private John Simpson Kirkpatrick and Private Martin O'Meara. In particular it describes the gruelling conditions under which they performed their roles, and reflects on the legacy that they have left behind in Australian society.

While it is widely acknowledged that conflicts such as World War One should never have happened, as civilian and defence force paramedics, we should never forget the service and sacrifice of defence force medical personnel and their contribution to the body of knowledge on the treatment of trauma. These men and women bravely provided emergency care in the most harrowing conditions possible. However, men like Martin O'Meara may not have been given the same status in society today as Sir Neville Howse or Simpson and his donkey, due to the public's lack of awareness and acceptance of war neurosis and conditions such as post traumatic stress disorder, reactive psychosis and somatoform disorders which were suffered by many soldiers during their wartime service and on their return home after fighting in war.

Keywords: Australian defence force medical personnel; military medical personnel; stretcher bearer; World War One; Victoria Cross

Introduction

The care of wounded soldiers in the battlefield has evolved over time in response to the destructive and lethal advances of warfare.¹ With the outbreak of World War One, the rudimentary military medical system of the day was not designed to contend with the overwhelming numbers of casualties created by weapons such as machine guns, heavy artillery and gas leading to sub-optimal treatment for many wounded soldiers.^{1,2} Although prior to the 19th century there was rarely any organised evacuation and treatment of injured soldiers on the battlefield,^{1,3} distinct individuals such as Napoleon's Surgeon General, Baron Dominique Jean Larrey and his flying Ambulance, and Florence Nightingale, had an impact on the future direction of military prehospital care.³ In 1870, aero-evacuation by hot air balloon was also utilised in Paris during the Franco-Prussian war to evacuate 160 French battle casualties from the Prussian siege.³ Aero-medical evacuation also occurred in the latter part of the Second World War with the advent of helicopters and is considered the norm today.³

The evolution of trauma medicine has occurred out of necessity, especially when military weaponry and tactics have advanced at a greater rate than medicine such as in World War One.⁴ At the beginning of World War Two, trauma medicine and surgery had really not advanced since 1918.⁵ The subsequent war from 1939 to 1945 saw a significant evolution in trauma medicine and surgery⁵, as did the Korean war, Vietnam war⁴ and now the Afghanistan war. As a result of medical advancement through armed conflict, and faster evacuation times from the front line to definitive care, the rate of dying from wounds on the battle field has reduced from over 20% in World War One, where most died of haemorrhagic shock or sepsis due to evacuation times of 12–18 hours, down to 2.3% in the Vietnam conflict and Afghanistan today, with aero-evacuation of wounded taking less than 35 minutes.³ Wartime advancements in trauma medicine and surgery have played a large role in modernising the civilian healthcare system as we know it today.⁴

This paper examines the stories of three Australian Soldiers; Sir Neville Howse (VC) who was a Medical Officer with the NSW Medical Corp in the Boer War, and John Simpson Kirkpatrick and Martin O'Meara (VC) were stretcher bearers in World War One. The conditions in which these men performed their roles, as well as the challenges they faced when providing prehospital care and medical aid to wounded Commonwealth soldiers on the battlefield will be highlighted.

The Victoria Cross

To date there have only been two Victoria Cross' awarded to Australian Soldiers acting in a medical capacity, one being Sir Neville Howse, a Medical Officer in the Boer War, and the other Martin O'Meara a World War One stretcher bearer.⁶

The legend of Private Simpson and his donkey, along with his heroic bronze statue outside the Australian War Memorial in Canberra, may lead Australians to think that it was Simpson who was awarded a Victoria Cross for bravery at Gallipoli, however this is not the case. Private, later Sergeant, Martin O'Meara, who was a stretcher bearer attached to the 16th Battalion Australian Imperial Force (AIF), was awarded the Victoria Cross for his actions near Pozières on the Western front in 1916.

The Victoria Cross, with its brown mat finish, and crimson ribbon is the highest, most honoured, and converted military decoration within the British and Commonwealth armed forces. It is only awarded to an individual that possesses supreme courage, a disregard for danger and complete devotion to duty. "It must only be awarded for the most conspicuous bravery or some daring or pre-eminent act of valour or self-sacrifice or extreme devotion to duty in the presence of the enemy".⁷

A total of 97 Australians have been awarded the Victoria Cross, 6 in the Boer War, 64 in world war one, 2 in North Russia, 20 in the Second World War, 4 in Vietnam and 1 in Afghanistan.⁸

Although Private John Simpson's efforts with his donkey are legendary, he was never awarded a medal for his bravery. Even though he joined the Australian Infantry Force (AIF), he did so under his mother's maiden name, due to earlier desertion from the British Merchant Navy in 1910.⁹ 'Whether it was due to his desertion or due to the wrong paperwork being submitted by his commanding officer, in the absence of any factual evidence, the reasons why Simpson never received a bravery award are still the source of much debate.'

The Boer War

The southern tip of Africa was acquired by the British Empire through the Napoleonic wars in the early 1800's, and the territory shared between British colonials and the Dutch –Afrikaner settlers known as the Boers.¹⁰ The relationship between the Boers and the British was always tense, leading to skirmishes and the First Boer War in 1880, in which the Boer inflicted high casualties on the British Forces. In 1880, gold and diamonds were discovered in Boer territory and British colonials filled the area. This discovery heightened the tension between the two groups. Along with a revived British Imperial ambition and the Boer's desire to remain a republic, the Second Boer War was pre-emptively declared by the Boer against the British in 1899.¹⁰ Initially in 1899, the Boer had the upper hand due to their highly mobile fighting force. The British counter attacked in 1900, capturing the Boer's major towns and settlements. Following this, the Boer pursued guerrilla warfare from 1900 to 1902.

Prior to Federation in 1901, Australia sent troops in the form of six colonial contingents. After 1901, the Federal Government continued to support the conflict sending troops from a unified Australia. These troops were comprised of soldiers from the Australian Colonial Militia and 'Imperial Bushmen'. The Australian troops were well regarded for their ability to shoot straight whilst riding on horseback, however, the majority of Australian troops received little to no training prior to being sent into battle on their arrival in South Africa.¹⁰ The fighting conditions were harsh for both soldiers and their horses. Many British and Colonial soldiers died of disease, exhaustion and starvation on long treks of 3000 kilometres or more. Australian troops were utilised in sweeping the countryside preventing Boer guerrillas from returning to their homes. Their farms, houses and livestock were destroyed and the inhabitants, often women and children, were sent to concentration camps where thousands died. Around 16,000 Australians fought in the Boer war. Of this, more Australian soldiers died of disease (286) than those killed in combat (282).¹⁰

World War One; Gallipoli and the Western Front

The Gallipoli Campaign was commenced with the hope of forcing Turkey out of the First World War, opening supply lines to the Russian front.¹¹ Australian and New Zealand Army Core (ANZACs) encountered problems in the Gallipoli campaign from the beginning. On the 25th of April 1915, 17,000 Australian and New Zealand troops landed a mile further north

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than intended at what is now known as 'ANZAC Cove'.¹¹ The ANZACs were not expecting to encounter steep cliffs and rough mountainous terrain. Over the following months, outposts were established at Quinn's, Courtney's and Steel's Posts.¹¹ The communication and supply lines to these outposts were via the extremely rugged terrain of Monash Valley. The Turkish forces had an exceptional view of these supply lines from the ridges above and took advantage of this situation, with snipers and artillery fire causing many casualties.¹² At Quinn's post, the strain of holding the Australian Trenches was evident from stories told by the ANZACs about constantly dodging grenade like bombs and fighting off Turkish counter attacks until their rifles became so hot that they jammed, barrels glowed red and bayonets became twisted.¹² Injured Australian soldiers had their wounds attended to where they fell, as each soldier carried field dressings.¹¹ The injured were then passed to the rear and evacuated by stretcher bearers, such as John Simpson and his donkeys, down Monash Valley to ANZAC Cove.

After the several costly battles and the overall failure of the August Offensive, the British High Command started to consider the evacuation of Commonwealth Forces from Gallipoli in October 1915.¹² Commonwealth Forces were finally evacuated from ANZAC Cove on the 19th and 20th of December 1915. Of the 50,000 Australian soldiers who served at Gallipoli,¹³ there were 26,111 casualties including 8,141 killed.¹⁴

In comparison to Gallipoli, the conditions and fighting on Western Front in France and Belgium were sheer and utter hell.¹⁵ Although artillery was utilised in Gallipoli, the heavy artillery on the western front was constant and more destructive in nature.¹² The first battle the Australian Infantry Force (AIF) was involved in on their arrival in France was the battle of Fleurbaix, or Fromelles. On the 19th of July 1916 this battle began, and raged for around 24 hours. Of the 12,000 Australians involved, 5,533 became casualties, with 1,917 being killed.¹⁵

Ramsay,^{16, p.90} a stretcher bearer in the 1st Division, 3rd Field Ambulance gives a harrowing account of the conditions stretcher bearers had to contend with:

High explosives (shells) were bursting everywhere and machine gun bullets were spraying the trees in front of the front line. Men were falling down dead or wounded all over the place. From every direction they were calling for medics and stretcher bearers were run off their feet even before the attack had started in earnest. By the time they (stretcher bearers) got back from the rear to collect more wounded, the front line had gone over the top and others had taken their place, but their own numbers had been depleted. Shells were catching them and the wounded as they struggled back along the narrow communication trenches. Stretcher bearers had no relief all night".

Downing,^{17, p.12} who fought on the Western Front, stated that:

For three days, hundreds of wounded lay in their torment in our line. The survivors were few by comparison with the dead. It was an hour's hard work to carry one (casualty) to safety ... We carried (wounded) till the mind refused its task and the limbs sagged, and always there were hundreds for whom each minute decreased the chances of life ... We left the hopeless cases undisturbed for the sake of those whom the surgeons could save".

In World War One from 1914 to 1918, the British and Colonial Armed Forces utilized stretcher bearers to treat and evacuate battle casualties.¹⁸ Regimental stretcher bearers were responsible for locating wounded soldiers, applying first aid in the field and then carrying them from the front line trenches and no-man's land to the Regimental Aid Post (RAP). In the middle of an offensive, this process often took hours and possibly days. The RAP was located

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close to the Unit Headquarters and contained a Regimental Medical Officer (RMO). The RMO oversaw the initial stabilisation of the wounded. Field Ambulance stretcher bearers then carried the wounded from the RAP to collecting posts behind the front line. From here the wounded were transported via holding stations such as the Advanced Dressing Station (ADS) and Main Dressing Station (MDS) to the Casualty Clearing Station (CCS). The ADS and MDS were re-dressing stations and maintaining facilities only. Walking wounded proceeded by any available means of motorised transport directly to the Advanced Dressing Station (ADS) and avoided the RAP. Triage began at the RAP and was continued at the collection, loading and transport posts through to the CCS. At the CSS, the wounded who were seriously disabled were sent to Home Base Hospitals in London. Those who could be rehabilitated were sent to Base Hospitals in France and returned to the front line when they were fit for duty.¹⁹ The evacuation process is shown in Diagram 1.

Diagram 1: Evacuation Process for Wounded Commonwealth Soldiers.⁸

The above transport times are based on the Third Battle of Ypres 1917. The time spent in aid posts and dressing stations are not listed.⁸

The next major offensive that the AIF was involved in was the battle of Pozières. This battle began on the 22nd of July 1916.¹⁵ Charles Bean, the official AIF historian, describes Pozières as the worst killing field of all, describing the Pozières Ridge as “more densely sown with Australian sacrifice than anywhere else on earth”,¹⁵ and that it was an “insatiable factory of ghastly wounds.”^{16, p.100} The conditions were horrendous with machine gun fire, trench mortars, poisonous gas and high explosive shells. In describing the constant heavy artillery bombardment experienced by the Australian forces at Pozières, one soldier wrote:

It was hell ... everywhere in the vicinity of the firing line was suddenly converted into a horrible roaring chaos, great masses of earth and debris flying skywards on all sides ... The sight of such masses of dirt being hurled up was sufficient to strike terror into the stoutest hearts, but most terrifying of all was the great variety of horrible nerve racking noises ... it was obvious suicide to stay there ... in constant expectation of being buried or blown to pieces ... Beside me two men were buried ... there were no shovels about, so got to work scratching the loose earth away with my hands ... By this time my nerves were well and truly gone, and I wished I could be killed outright ... It was not death we feared, but those terrible nerve-racking shells...^{15, p.180}

Approximately 23,000 Australians were killed at Pozières over a seven week period.¹⁵

In 1917, Ypres and Flanders in Belgium and Northern France received a higher than average rainfall. As trenches and years of shelling had destroyed the landscape, natural creeks and water drainage routes on the battle field, trenches began to flood and the ground turned to

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sticky mud.²⁰ Due to the mud underfoot, it often took in excess of 12-18 hours to move a casualty no more than six to seven kilometres.¹⁶ Furthermore, the sticky mud and congested trenches made conditions worse for stretcher bearers. As a result, many risked their lives venturing into no-man's land during the day, as opposed to the safety of night, dodging shellfire, slipping, with their casualties into rancid water-filled shell holes, and then fighting for their lives in order to extricate themselves and their patients out of the water and slimy muddy sides of the shell hole. Rations often didn't arrive, with soldiers going without food, fresh water and other essential supplies for days. In the winter months, the mud froze, and in addition to the cold and wet conditions, frostbite and trench foot were very common, not to mention infection.¹⁶ In all 416,809 Australian men and women volunteered for active service in World War One. Of these, 60,000 were killed and more than 156,000 were injured.¹⁵

Sir Neville Howse (VC)

Sir Neville Howse was born on October 26 1863 in Somerset, England.⁶ He completed his studies in Medicine at London Hospital in 1886.²¹ His poor health resulted in him immigrating to Australia, firstly to Newcastle and later to Taree.²¹ He returned to London in 1895 to undertake post graduate work in surgery. On completing this, Sir Neville Howse set up a practice in Orange, New South Wales (NSW), Australia in 1897.²¹ In January 1900 Sir Neville Howse was commissioned as a lieutenant in the NSW Medical Corps and was sent to South Africa. He sailed out with the 2nd contingent to fight the Boer. In action at Vredefort, July 1900, Sir Neville Howse ventured out under heavy cross fire to rescue a wounded soldier. For this he was awarded the Victoria Cross in June 1901.⁶ He was later captured by the Boer, and released as he was not considered to be a combatant.²¹

In August 1914 when World War One commenced, Sir Neville Howse was appointed the principal medical officer to the Royal Australian Navy and Military Expedition Force in German New Guinea. In December 1914 Sir Neville Howse was promoted to Colonel and appointed as the assistant medical director of medical services for the 1st division AIF. He served in this role both at Gallipoli and the Western Front. On returning to Australia, Sir Neville Howse was knighted in 1919 and went into politics, being voted in as the Mayor of Orange on two occasions, representing Australia at the League of Nations in 1923, and later holding the portfolios of Minister of Defence and Minister for Health from 1925 to 1927. He was instrumental in developing the Federal Health Council in 1925 and the College of Surgeons of Australasia in 1928. He died in England in September 1930.²¹

Private John Simpson Kirkpatrick

John Kirkpatrick enlisted into the AIF on the 24th of August 1914. Simpson (as he was called) was posted into the 3rd Field Ambulance regiment attached to the Australian Army Medical Corps. He departed Fremantle docks in Western Australia for Egypt on the 2nd of November 1914.²² Following his training in Egypt, Simpson arrived at Gallipoli at dawn on the 25th of April 1915. Shortly after his arrival, he befriended two donkeys¹⁸ and soon developed a heroic reputation for himself amongst the Commonwealth Forces who landed at Gallipoli. He treated wounded soldiers, many of whom were seriously injured, transporting them on his donkeys via a terrifying trip down Monash Valley and Shrapnel Gully, under heavy artillery, sniper and machine gun fire, to the beach for more definitive care. Private Turnbull (8th Battalion) witnessed Simpson in action, and stated:

"He had a donkey with a Red Cross band tied across its forehead. He had one wounded (soldier) on the donk (sic) and was helping another chap along with his arm around him. He returned with his donk singing and whistling along that awful shell swept gully. He was going backwards and forwards all night."^{18, p.46}

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On the 19th of May, John ‘Simpson’ was mortally wounded in Monash Valley. From an eye witness account:

“At midday ‘Simmie the Donkeyman’ (sic) was killed. He had a wounded man on his donk (sic) and was about to enter a gap leading over the ridges to the dressing station when a sniper on Dead Man’s Ridge got him. We were watching him from our camp across the gully. He spun around and dropped. An Indian (soldier) who was at a well nearby rushed out and picked him up and carried him to shelter in the gap. But poor Simmie was gone.”^{18, p.47}

While Simpson was mentioned in dispatches, he never received any bravery awards under the imperially governed system.²²

Private Martin O’Meara

Martin O’Meara was born in County Tipperary, Ireland in 1885. He migrated to Western Australia where he worked as a labourer. He enlisted in the AIF at Blackboy Hill Camp, on the 19th of August 1915.⁶ He was attached 16th Battalion from the 12th group of reinforcements. After being sent to Egypt for training in December 1915, O’Meara arrived at the Western Front in France on the 17th of March 1916.²³ Here O’Meara witnessed the beginning of the Battle of the Somme in which he served as a stretcher bearer. In the first day of this campaign at the battle of the Somme, 20,000 Commonwealth soldiers were killed, and 60,000 were injured.¹⁵ O’Meara’s battalion avoided the Battle at Fleurbaix, or Fromelles, on the 19th of July 1916, however he was wounded in the abdomen on the 12th of August 1916.²³

The Victoria Cross was awarded to O’Meara for his actions at Mouquet Farm, North west of Pozières. In this battle, there were 11,000 Australian casualties over a three week period.¹⁵ Between the 9th of August and the 12th of August 1916, O’Meara, went above and beyond his call of duty as a stretcher bearer by repeatedly venturing out into no-man’s land to bring in Australian casualties. He was described by Lieutenant W.J. Lynas as the “most fearless and gallant soldier I have ever seen”.²⁴ Lieutenant F. Wadge also stated in dispatches that O’Meara rescued more than 20 soldiers from the 15th AIF and Suffolk Battalions under high explosive and machine gun fire that was “intense beyond description.”²⁵ On another occasion, Captain R. Harwood witnessed him rescue a further six soldiers from no-man’s land under heavy artillery and machine gun fire.²⁶ O’Meara, as stated by Lieutenant Colonel E.A.D. Brockman, Commanding Officer of the 16th Battalion, continued to venture out into no-man’s land after his company had been relieved, delivering first aid to the wounded, digging out soldiers who had been buried by high explosive shells, and carrying the wounded back to the dressing station. All of this occurred under intense machine gun and heavy artillery bombardment.²⁷ O’Meara received the Victoria Cross on the 9th of September 1916.²³

Martin O’Meara continued to serve as a stretcher bearer with the 16th battalion AIF and was further wounded, sustaining a gunshot wound to the face, at Bullecourt on the 9th of April 1917²³ and again at Ypres on the 8th of August 1917, receiving wounds to his buttock, right thigh and back.²³ He didn’t rejoin his battalion until the 18th of January 1918.²³ After returning to his unit O’Meara was promoted to Corporal on the 13th of March 1918 and then Sergeant on the 27th of March 1918.²³ He left England on the 15th of September 1918 for Australia. After returning to Perth, O’Meara suffered from post traumatic stress disorder and reactive psychosis, resulting in his admission to Perth’s Claremont Mental Hospital.²³ His file, at the National Archives of Australia states, “The O.C. No 24 A.A.H (Stromnesh) advises this patient (O’Meara) is suffering from Delusional Insanity, with hallucinations of hearing and

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sight, (he) is extremely homicidal and suicidal and requires to be kept in restraint. He is not hopeful of his recovery in the near future.”²³ He remained at Claremont until his death on the 20th of December 1935. According to the National Archives of Australia, “the cause of his death was accepted as due to war service.”²³

In comparison to O’Meara, Simpson died looking after his fellow soldiers in the line of duty, whereas service personnel suffering from post traumatic stress disorders, reactive psychosis and somatoform disorders on their return were removed from society’s view.²⁸

Summary

Military conflict and the development of new treatment techniques for wounded defence force personnel has lead to the advancement of trauma medicine to where it is today. As a civilian and defence force paramedics we should never forget the service and sacrifice of defence force personnel and their contribution to the modernisation of healthcare. Defence force personnel have, and continue to deliver emergency care in the most harrowing conditions imaginable; however, many returned service personnel have not been given the same recognition in society due to suffering from mental illness on their return. Let us not forget!

Note

The author, Peter O’Meara wishes to advise that he is not a descendant of Private Martin O’Meara.

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