

Introduction

Being wounded was one of the most common experiences of the Great War. On the Western Front, almost every other British soldier could expect to become a casualty, with physical injuries ranging in severity from light wounds to permanent, life-changing disabilities. Yet in the historical record of the First World War, the wounded and the men and women who cared for them are an undiscovered, somehow silenced group. As readers of Great War history, we have become accustomed to the noise of the blasting, thumping barrage and the shrieks of officers' whistles ordering the men over the top. We are much less accustomed to the sounds of the voices of the wounded. The scale and power of the fighting has drowned them out. But their stories deserve to be heard and understood – just as we have learned to listen to the words of the war poets – for everything they can tell us about suffering and war.

Much of what we do know about the wounded of the First World War comes from writers of fiction. Bestselling books such as *Birdsong* and *Regeneration* tell beautiful and moving stories of casualties, nurses and doctors, and the extraordinary play *War Horse* is set at a medical aid post where Joey and Topthorn pull ambulances. These works are based on detailed historical research but they are not – nor are they intended to be – history. *Wounded* is about the real men and women who inspired these writers. It is a work of historical rediscovery but it is not a conventional history. Like a novel, it uses a continuous narrative to interweave

the testimonies of injured soldiers and stretcher bearers, doctors and surgeons, nurses and chaplains, orderlies and hospital train staff, and volunteers in train stations in France and Britain. By bringing together all these different voices for the first time, the book guides the reader through the world of the wounded and those who cared for them.

Writing *Wounded* in this unconventional way was not simply a question of preference for one representational style over another. As I researched the book, I came to realise that the only choice I had as a historian was to tell the story unconventionally – or not tell it at all. The conventional approach would require an analysis of the official archive of military medical operations during the Great War to create a comprehensive overview of the planning and process of medical care. Policy documents from the War Office would be meshed with implementation reports from the Army Medical Services. Treasury financial records would coordinate with Royal Army Medical Corps staffing reports. Hospital archives would align with casualty statistics. Finally, some personal testimony would be added to provide colour and human detail to the history of the huge operational undertaking. Yet such a conventional approach proved impossible, for one simple reason: very few of those documents are still available. Most of the material that was in the national archives relating to the medical conduct of the war is gone; what is left is at best partial. In the mid-1920s no one could think of a reason to keep the mass of official documents relating to such a relatively narrow aspect of the war, so no one did.

Thus the history had to be written with what was left, and it turned out that what was left was enough. I began to gather testimonies of individuals, most of them unpublished, and bring them together in a collective narrative. Some were tucked into a file in an archive, faded and almost forgotten; some were just a page or a fragment from a hastily scribbled letter home. Others were well-organised, neatly written accounts spanning the entire course of the war. There was the rough and unschooled voice of

the stretcher bearer and the smooth, educated prose of the surgeon's memoir. Nurses' diaries told of the dreadful nights when they were almost overwhelmed by casualties coming to them straight from the Somme, but also of how they coped living so close to the war. Orderlies wrote of the unexpected moments of happiness they experienced – moments that could confound them as much as the never-ending violence of the front. Some of the most valuable testimony came from a group without previous medical training or experience: the army chaplains who took on new and unexpected roles in hospitals, aid posts, and sometimes on the battlefield, as they tried to find ways of offering service in a place of suffering. Bringing all these voices together I began to assemble a history of the central experience that was repeated hundreds of thousands of times up and down the Western Front and went beyond rank or status: the wounding of a soldier and the struggle of medics to save his life.

And then there are the voices of the wounded themselves. Each of the chapters in this book tells an individual story (and sometimes a number of stories) but collectively they follow the path taken by the wounded soldier: his journey from injury on the battlefield to recovery in a hospital in Britain. The wounded spent a surprising amount of time on the move during their medical treatment, and to many their first journey felt like the longest of all. To survive they had to get off and away from the battlefield. Sometimes they travelled on a stretcher, sometimes on the back of a comrade and sometimes they were on their own, crawling a few feet at a time to find help at the aid post. There the Regimental Medical Officer tried to make sure they could survive the next leg of the journey – from aid post to casualty clearing station. Here they met the nurses who would resuscitate them and the surgeons who would operate on their wounds. For some, this was the end of their journey. Either they went back to their battalion or they took the shorter path to the moribund ward and then to the cemetery, where they would be buried by the chaplain.

For those too ill to return to duty, there was another journey to take and another world to discover. The medical system relied on trains to move large numbers of wounded around France and back home to Britain. These journeys could last for days. Hospital trains had the lowest priority on the rails, after troop, ammunition and supply trains. They waited in sidings for hours, sometimes days, for other trains to pass by, and then slowly made their way north to the coast. They were called 'hospital trains' for a reason: each carriage was a ward full of patients, cared for by nurses and orderlies for however long the journey took.

Travel by hospital train had a flaw. Long delays meant connections missed and the wounded soldier detrained at stations in both France and Britain often found that no one was waiting for him. His journey stopped in a dark, chilly terminus, where he might lie throughout the night unattended on a concrete platform until the system got working again and he was moved on. Medical officials were never able to get to grips with this disconnection but all over France, and in London, individuals did their best to solve the problem independently. If he was lucky, the wounded soldier would meet one of these volunteers on a platform while he waited. It might be a nurse taking mugs of hot soup and sandwiches round on trays, or one of the indefatigable volunteers of the London Ambulance Column at a mainline London station who made sure the wounded soldier got to his destination – a hospital bed in Blighty – quickly and with as little pain as possible.

The focus of *Wounded* is the British Army on the Western Front. Here the military medical system faced its greatest challenge, failed and was rebuilt. In 1914 the Army's medical staff had been installed in a well-organised network of base hospitals, newly fitted out in towns and cities well away from the front. They were experienced; many had served in South Africa and in Britain's other colonial wars and felt they knew what to expect. But then the first soldier arrived on their operating table and they realised that everything they knew about treating casualties was useless.

So in early 1915, after the offensives slowed, with both sides gasping for breath and facing each other in hundreds of miles of trenches, the medical services began to adjust to the new war and its new wounds.

The Flanders casualty was almost torn apart. Gone were the neat round holes made by rounded ammunition that flew slowly in the hot, dry African sun, could be easily located and extracted, and didn't leave much damage behind. Instead, the cylindrical bullet fired by the new powerful weaponry hit fast and hard, went deep and took bits of dirty uniform and airborne soil particles with it. Inside the human body, it ricocheted off bones and ploughed through soft tissue until its energy was spent. Shrapnel fragments were just as bad. They created jagged wounds, huge blooms of trauma that didn't stop bleeding and, if the casualty could survive long enough, provided the perfect environment for infection and sepsis. And there were so many of them. At the base hospitals soldier after soldier arrived with the most dreadful injuries: deep, ragged wounds to their heads, faces, limbs and abdomens.

In France the medics realised that there was no point having a well-organised network of hospitals with bright modern operating theatres full of lights and antiseptic procedures if none of their patients survived long enough to get there. Too many men bled to death or died of shock before their ambulance was even halfway to the hospital. Speed was vital. The journey from wounding to treatment had to be made as short and as quick as possible. There was only one way to do that: surgeons and hospitals would have to get closer to the wounded.

In the first months of 1915, with the Western Front fixed in the position it would hold until the last few months of the war, the entire British military medical system moved. Leaving their well-equipped base hospitals behind, surgeons set up units as close to the battlefield as they could get. They weren't starting entirely from scratch. There were medical facilities already there – the casualty clearing stations. They were tented and equipped to

provide dressing changes and drinks to casualties, but they were run by teams of qualified medical officers and nurses and were easily adapted. And although no one thought to change their name, within months these casualty clearing stations became fully staffed, fully equipped hospitals in the field where the wounded could get to them quickly and directly. It turned out that it didn't matter that the surgeons were operating in a wooden hut or a canvas tent in earshot of the guns, or that improvisation was often the order of the day. What mattered was that they and their staff were close and undaunted so that lives were saved that would otherwise have been lost.

But it wasn't quite enough. Although hospitals had been brought close to the battlefield, casualties were still dying before they could reach them. Advanced first aid for the serious casualties needed to happen sooner – as close to the moment and place of wounding as possible. As with the casualty clearing stations, the solution was already there but it needed significant adaptation. At the beginning of the war, stretcher bearers were seen as little more than donkeys. All the qualification they needed was to be strong enough to pick up the wounded and move them to wherever they could be given treatment. This had to change. A dedicated stretcher-bearer corps was created. Bearers were specially recruited and trained in advanced first aid, including the vital skill of controlling haemorrhages. They became the very first step in the care for the wounded, finding and treating them where they fell in the middle of the fighting. In under a year, and in time for the battle of the Somme, a new and essential medical trade was created on the Western Front.

Although a century has passed, and wars have been transformed, the British system for caring for its wounded remains the same: its primary component is the clinically capable forward surgical facility. Today's field hospitals are more accurately named than casualty clearing stations, but they are based on the models conceived by the medics of the Western Front. The field hospital at Camp Bastion in Afghanistan looks and operates very much

like its predecessors in the Great War. It is located as close to the fighting as possible. It can be adapted instantly to meet the needs of the incoming casualties. It is staffed by extraordinary men and women who drive it forward by their courage and ingenuity. And the stretcher-bearer corps has its direct descendants, too. The men and women of the Medical Emergency Response Teams (MERT) know how to find and treat a wounded soldier whilst under attack. While they may arrive by helicopter, they also use their special skills and training to save lives and keep them saved, no matter what the journey.

Author's Note

For readers wanting to engage more closely with the world of the wounded, the notes and references at the back of the book list the primary sources I have used and provide an overview of the academic context for medical care during the Great War. Readers will also find a timeline which puts the story of *Wounded* into the context of the general history of the war. The notes for each chapter also include a short list of relevant poems and paintings from the period that relate directly to the material presented in the text. All the works can be found in standard anthologies or online.

A note on the subtitle. 'Blighty' is a word of Hindu origin, being the anglicized form of the Indian word *vilayti*, meaning European or foreign. It became commonly used by British troops in India to refer to something from England, that is, from home. When regiments from India were sent to France, they brought the word with them and it entered general army slang. It acquired a particular meaning on the Western Front where a 'Blighty wound' or 'Blighty one' meant that an injury was so severe that the sufferer was certain to be sent home either for treatment or medical discharge. The word is still used in the British Army today.

I

Wounded

Mickey Chater, Neuve Chapelle, 12 March 1915

I'm not one of those adventurous sportsmen who are always up for this kind of thing but I am convinced that it is the plain duty of every man who can, to go out if one is called upon . . . I am sure it would be a most splendid experience for those who come back.

Mickey Chater, 3 August 1914

Somewhere along the Boulogne road the motor ambulance bumped and jolted awake the young soldier hanging on a stretcher in the rear. Other ruts and more bumping kept him conscious and he tried to remember who he was and what had happened to him. Then more lurching, and all that mattered was the terrible pain that burned out from his face and took over his body and mind. A steady piece of road gave him some breathing space, enough to gather himself and focus on something else. When he tried to open his eyes to see where he was, only one eye would open; the other was stuck shut with something. As he tried to lift his head, the pain tore through him again, so he lay back and tried to breathe calmly, looking up at the ambulance roof of narrow wooden slats and peeling paint spattered with blood, some dried and old, some redder and fresh. It couldn't all have come from him. Then another rut threw the ambulance into the air, the soldier almost bumping his nose against the bloody roof. Instinct made him turn his head away, but the movement brought back the pain, and darkness engulfed him again. Just before he

lost consciousness he heard other cries in the ambulance. He realised he was not alone.

With the soldier silent, the ambulance struggled on. The driver would have been grateful for the moments of quiet, with none of the howling that had accompanied him from the minute he started the engine and pulled away from the ruined farmhouse that served as a medical post. He had tried to keep the ambulance steady, avoiding the holes and ruts in a road that had been chewed up by hundreds of other vehicles, horses and gun carriages going towards the battle of Neuve Chapelle, as well as scores of other ambulances going back and forth between the front and the hospitals at the coast.¹

The driver realised that whatever he did made the howling worse. If he went faster, he hit the ruts harder and the ambulance bumped a foot or more into the air, before crashing down on its thin rubber tyres. But if he went slower, the vehicle might get stuck and would have to be pushed out. And slowing down only emphasised all the smaller bumps in the road. He had watched the men being loaded – broken and soaked in mud and gore – and, like all the other ambulance drivers, he knew he needed to drive fast. The hospitals were too far away from the battlefield and he didn't think the wounded men had enough blood in them to survive. So he accelerated away again. As the cries rose up from the back, he pressed his face close to the dirty windscreen and tried harder to find a piece of road with no craters, praying that they would be there soon.²

When the soldier regained consciousness he remembered who and where he was. He had fought at Neuve Chapelle, with the Gordons, and his name was Mickey Chater. He had been woken early on the first day of the battle by men creeping into the forward trenches; then there had been the sound of clanking metal and a faint smell of stew as their hot meal was passed around, amid hushed, nervy chatter. However much he had hoped to be joining them, he would not be. Instead he went to his battalion post to the rear to resume the work of digging relief

trenches that his men had been doing all week.³ Then, at first light, they heard clattering as gun crews wheeled pieces of artillery past them to get into position for the barrage that signalled the beginning of the battle.

At 07.30 the guns crashed into life and it seemed to Chater that the noise rang in his ears even now, as he lay in the ambulance. He had never heard anything like it. They had to stop work as both air and earth became one quivering jelly.⁴ He remembered squadrons of aircraft flying overhead, and larks – hundreds of them, screaming a kind of frantic song as they were scared off the fields surrounding the town of Neuve Chapelle. He was surprised that even now he could still hear them above the thundering in his memory. Then the Gordons had watched the town being destroyed. Chater remembered seeing the trees that had lined the town square being blasted into the air, with broken boughs and branches landing pell-mell amongst the rubble. Shells hit a brewery, blowing it apart and sending hundreds of empty wooden barrels thumping down the streets. Soon he couldn't see the town any more through the clouds of dust. Everyone agreed that nothing could have survived the shelling. At 08.00 the soldiers went in.

Within an hour or so reports reached the Gordons that the forward troops' advance had been quick and successful; progress would continue to be made for three hours that morning. But then the reports began to change. First, returning artillery officers told of finding the town's cemetery blasted open, spilling corpses that had been buried there after the British Expeditionary Force's (BEF's) first desperate defence of the area six months earlier. It had to be a bad omen. Then the British advance slowed and stopped altogether in late morning. There was so much rubble in the town that troops were finding it difficult to make their way forward. They found themselves shelled by their own artillery, and all contact with the reserves who waited somewhere on the flanks had been lost.⁵ Telephone cables were cut in more than fifty places.⁶ And then the walking wounded began to emerge from

the dust clouds. Chater and the Gordons broke off from their digging to help them sit down and to find them water. They learned that most of the enemy's barbed wire had survived the barrage, as had their snipers and camouflaged machine-gun nests, and the Germans were cutting men down like wheat at harvest time.

In the afternoon the Gordons saw a force of Royal Engineers advance towards the town to help fortify the place. Apart from the steady stream of stretchered wounded, no significant numbers of troops came back, so the Gordons assumed that those who had taken the town were holding on. By late afternoon it had become too dark to fight and things went quiet. Chater and his battalion thought they would be rested until morning, but an officer dashed over and ordered them out onto the battlefield to dig a new communications trench. The work took all night and was as back-breaking as it was demoralising, for all around them burial parties were retrieving uncountable numbers of corpses. It was dawn when they clambered back into their trenches for a quick meal and to await orders. As the sun came up, it showed the town wreathed in mist. There was no sign of the enemy.

The Gordons were ordered to join a regiment of Grenadier Guards and lined up for the attack. There were rumours that so many shells had been used the day before that, for the second morning of the battle, each gun had been allocated only five rounds. It was indeed a much shorter artillery barrage, and Chater barely had time to nod acknowledgements to those around him – some friends, some strangers – in the forward trench. Then shouted orders and whistles signalled the advance, the trench ladders went up and the men went over. In his ambulance, Chater tried to remember what had happened after that, but it would not come to him. His memory, sharp and clear until the very point of seeing his own muddied hands gripping the sides of the wooden trench ladder, failed him.

Perhaps it failed because, for the remainder of his battle of Neuve Chapelle, Chater would have been operating on raw instinct, trying to survive, with no time for thinking, and with

the terrifying sound of the enemy artillery barrage coming closer and closer. Later he would remember that he pressed on, one boot in front of the other, trying to find a foothold in the rubble of stone, metal and splintered wood. And it was freezing – his hands white and numb gripping his rifle, and his breath puffing out like dragon smoke. Then a new sound: the cracking of enemy rifles firing directly at the approaching troops.

Chater stayed upright for a few more minutes, scrabbling to stand, desperately searching for shelter, and even managing to fire off a few rounds in the direction of the enemy. He could smell the battlefield as if it were a living thing, sweating cordite and blood, twisting and writhing as if trying to shake him off its back. His ears rang as bullets and shells burst close by, their jagged fragments ricocheting in all directions. One more step, and then another, and then an explosion, too close. A rag of hot metal slammed into his face, clawing its way through the soft flesh of his cheek and blasting away his teeth and the bones of his jaw.⁷ As he rocked on his feet, absorbing the impact, a second fragment tore into his shoulder, bringing him crashing to the ground. Blood streamed into his eyes, blinding him, and the pain brought him to the edge of consciousness as his comrades pushed past him, continuing their desperate advance.

Chater remained where he had fallen, drifting in and out of the light, almost giving in to the darkness, when from somewhere he heard the shrill sound of an officer's whistle calling a halt to their advance. He could feel the pounding of heavy boots coming towards him, so he gathered up his last scraps of energy and managed to moan loudly enough to attract attention. He was hoisted up on strong arms and dragged away to the forward trenches. From there, the regiment's last remaining bearers managed to get him to the aid post in an abandoned farmhouse.⁸ They laid him carefully down where the Regimental Medical Officer (RMO) would see him. They had little hope for the lad. Chater was drenched in blood, his face and shoulder ragged and filthy, and his breathing sounded as if all the debris of the town

was stuck in his windpipe. The RMO had been treating the wounded of Neuve Chapelle all day and he was fighting to save every life he could.⁹ He managed to slide a couple of morphine tablets into Chater's wreckage of a mouth, along with some splashes of water. Then, once the young man had calmed and his breathing had eased, he could gently dress his wounds, holding the pieces of his fractured face in place, easing open his clenched fists and murmuring something comforting that he hoped the soldier could hear. When he had done everything he could, the RMO called for bearers to take the stretcher to the next ambulance leaving for the hospital, sixty miles away up the Boulogne road.

In the ambulance, the morphine had begun to wear off as Chater drifted in and out of consciousness. Then there was another bump, but this time he heard the squeak of a handbrake and tyres crunching on gravel. The canvas flaps at the rear were folded back and he heard footsteps and voices, as the driver briefed the nurses and orderlies who had come to collect his load. Then the pain was back again, rolling in waves stronger than ever, as hurried hands jostled his stretcher out of the straps and into the open. He cried out as he was moved into the daylight, set down and then carried inside by two orderlies.

A nurse leaned over him, not able to see much past his blood-soaked bandages and matted hair, but knowing from his grey skin and his moans of agony that he was close to death. She had lost count of how many men she had escorted up the once-pristine flagstone steps of the hospital – 800 patients had arrived in just the thirty-six hours since the beginning of the battle, each one in a worse condition than the last.¹⁰ At least Chater had seen a medical officer, if only for a minute or so; most men came in straight from the battlefield, covered in mud and dust, their wounds undressed, their blood dripping onto the floor of the ambulance or onto the man on the stretcher beneath. Sometimes ambulance drivers jumped down from their vehicles on arrival to warn orderlies and nurses that all had gone quiet in there a while back, so there was probably no hurry to unload. In one ambulance they

had opened the doors to find a single survivor, trapped among the corpses of his comrades, having endured the sounds of their agony as they died one by one.¹¹

Inside the hospital, the two bearers gently carried Chater on his stretcher as the nurse led them to the ward for the very worst cases. There was almost no room left and they had to carry him with the greatest care so as not to step on the stretchers lying between the beds, in the middle of the ward and out into the corridors. If Neuve Chapelle had been a victory, as everyone was saying, then the staff would hate to see a defeat. A doctor was brought to see Chater immediately and the nurse set to work removing his uniform and cleaning his face. She gently sponged away the blood that had caked one of his eyes shut. Chater blinked several times and then opened his eyes wide: no more blood splatters, just a white ceiling and the kind, tired face of a nurse drifting in and out of his vision. He was scheduled for surgery, she quietly explained. Nothing to worry about. He was safe now. As he finally fell asleep, he wondered at his war. Months of waiting and then just minutes of fighting. There would be no great victory for him to remember, only this pain. But also something else: the faces of all the men and women who had appeared before him, determined to fight for his life. Those were memories worth saving.

Bearers

Earnest Douglas, William Young, William Easton

There was one thing I wanted to be, but feared I would not be equal to it. That was a stretcher bearer.

William Young, March 1917

The call for bearer teams was the last thing a soldier heard in the forward trenches before the final order to attack. 'Bearers up!' were clear words in a human voice, echoing up and down the line. Then everyone tried to look away as the Commanding Officer (CO) checked his watch for the last time and reached for the whistle around his neck. As the soldiers tried to distract themselves for the minutes or seconds remaining, they jostled the bearer teams who were trying to squeeze in at the back of the trench. They bumped up against the heavy wooden stretchers, as if that would somehow charm them against being brought back on one of them later. They yelled at the bearers to 'get a rifle' or 'do some fighting'.¹ Other soldiers turned their backs on the bearers altogether, knowing what their presence meant and blocking out the sight of the stretchers. The bearers themselves stayed silent. They had done their talking back at the dugout, when they checked on supplies, the final location of the aid posts and exchanged addresses so that they knew who to write to, if one of their team was killed.²

Then came the shriek of the whistles, sounding everywhere along the line. Everyone turned to face forward. The soldiers panted and

roared, pushed themselves over the top and hurled themselves against the enemy. They shoved past the bearers, standing stock-still, waiting for the trench to empty. Then the bearers pushed the heavy stretchers out over the top and climbed the ladders, stepping onto the battlefield, slowly and silently, each keeping an eye on the others to make sure that the team stayed together. They pressed forward behind the men, straining to hear the first scream of agony amongst the roar of the attack. After the battle of Loos one bearer wrote home that it was very easy 'to do gallant deeds with arms in hands and when the blood is up but the courage demanded to walk quietly into a hail of lead to bandage and carry away a wounded man, that is worth talking about'.³

When Earnest Douglas joined the bearer corps he wanted to explain to his family what his job entailed and why he wasn't quite a soldier any longer. But he couldn't write to his parents directly because his mother couldn't stand the worry of seeing a letter with an army postmark. So instead Douglas sent his letters to their next-door neighbour, Gladys. Gladys would signal through her window that a letter had arrived, and his father would come and collect it and check its contents, before passing it on to his wife.

Well, I'm a stretcher bearer. Whilst in the line . . . I've seen some very nasty sights and carried some nasty cases down, all under shell fire . . . Up past the knees in mud – balancing on the edge of shell craters, slipping and sliding, shells bursting above and in the earth all around us, it's God's mercy that we get through but we have the *patient* to think of and quickness probably means saving *his* life so we go right through it, not caring a damn and somehow – when you get to the sap-head and safety, you laugh and joke at all the capers we've been having and how 'that one' just missed us and so on . . . they talk about a soldier going out and fetching a comrade in under shell fire – and he gets the MM or DCM. We are always under shell fire and can't dump our *stretcher* and *run* for it to a safe spot, we have to *plod* on . . .

What annoys me most is when we get a chap 'serious' and make a dash and he dies at the door of the dressing place – love's labours lost. But I suppose it's God's will and he's 'the boss' . . . I am contented but if they gave me my ticket they wouldn't see my arse for dust in my rush for Blighty. If you hear anyone running a field ambulance down, tell 'em to allez and try it. I'm here Dad, and it's no good worrying.

Douglas hadn't become a stretcher bearer by default, as had been the case in the first few months of the war, when casualties had been dragged around the battlefield by bandsmen or pipers, or by anyone too big or too stupid to do proper soldiering. Douglas might have been unschooled, but he was bright and was immediately taken by the idea of the newly formed bearer corps when the Royal Army Medical Corps recruiter mentioned it to him. From the recruiter's point of view, Douglas fitted the official specifications perfectly: 'Stretcher bearers should be men of intelligence who are actually interested in their work, and on no account should they be men who have been selected because they are useless or physically incapable of regimental work.'⁴

Douglas had been particularly drawn to the training courses for the new stretcher-bearers corps. Like many of the men 'enlisting to apply the bandage', he felt that they were receiving a proper qualification that might come in handy after the war.⁵ It didn't much feel like a proper qualification during the first four weeks of the course, though. Douglas needed to develop the physical strength and fitness required for bearing, so there were hours of marching up and down Box Hill in Surrey carrying a heavily weighted stretcher.⁶ The tall ones in his class were always put on 'top-shelf duty', getting down stretchers from the top rack of the training ambulance. Several hours of that would do your back in. But, once they were strong enough, the course moved to the Army's own hospital, the Cambridge at Aldershot, where Douglas prepared to learn how to treat his patients as well as carry them.⁷

The course had its own textbook, *The Stretcher Bearer*, part of

the Oxford War Manuals series, rushed into print in early 1915.⁸ The book was well designed: small enough to fit into a tunic pocket and full of photographs showing splints, slings and wound dressings. It made things so clear that reading didn't even feel like studying, and it made Douglas eager to get to the front. But then came a taste of what he could expect in France. He was called out at night to unload real casualties from hospital trains at Aldershot station, and then used as a pall bearer for the funerals of those patients that the Cambridge couldn't save.

The course lasted ten weeks and, when it had finished, Douglas was sent across the Channel to the war itself. Some of his course-mates had expressed concern that their new skills might not be properly respected in France, but their supervisors told them not to worry: the days when stretcher bearers were treated like donkeys were over. Regimental medical officers had also been getting some training. A new directive sent by the Royal Army Medical Corps (RAMC) set it all out clearly:

The RMO should always have the keenest regard for his own personnel of medical orderlies and the stretcher bearers. On the knowledge, initiative and courageous spirit of these men both he and the unit will have to rely greatly. Good orderlies and stretcher bearers are worth any amount of trouble. He should know them all by name, get to know their histories, should cultivate their acquaintance and understand their individual characteristics, so as to learn which of them is fit to be a leader in any undertaking . . . generally he should care for them in all ways to the very best of his powers.⁹

Not only would each bearer have the respect from his medical colleagues that his skills deserved, explained the supervisor, but his training would continue at the front line. The RMOs would be giving a weekly lecture on medical subjects – a proper lecture, not skipped or rushed.¹⁰ Everyone, including the RMO, would go on learning.

And so it was when Douglas got to France. Once a week, provided they weren't needed out on the battlefield, Douglas's medical officer gathered his bearers around him in his dugout and told them to start a new page in their notebooks. The heading for one of the very first lectures Douglas heard was 'PANNIER'. Panniers were used to carry a bearer's supplies. They were made either of wicker, like fishing creels, or canvas, like satchels, with a red cross painted on the side. Every bearer was responsible for his own pannier and for the supplies inside it. If they lost an item, they had to make sure they went and got a replacement before going back out for casualties. Scissors, for instance, were lost as easily on the battlefield as lives, slipping out of cold hands down into the mud, never to be seen again. But scissors were essential. You needed them to trim dressings to size and to cut through uniforms so that you could get to the wounds.

Douglas learned he should always check that his water bottle was full and, if there was room, take a spare. Wounded men were often badly dehydrated and gulped down a bottle's worth in one go. In a little square tin there were blue morphine tablets. If the casualty couldn't swallow them on his own, you could slide the tablet under his tongue and let it dissolve. But you had to remember how much morphine you'd given him or there could be a problem later on. Make sure you take your crayon to make a note, or write on his forehead so that the medics at the aid post can immediately see if he's had a dose. And stuff dressings into every spare inch of the pannier. Dressings weren't only used on simple wounds, but were crucial to the control of haemorrhage, as they'd called it back at the Cambridge – Stopping the bleeding, in other words. Take a big handful of dressings and press them down on the bleed, and keep pressing down until it stopped or you got to the aid post. Tourniquets were only to be used as a last resort. Leave a tourniquet on too long and a limb could be lost. But let a patient bleed too long and a life could be lost. How to stop a bleed was perhaps the most important thing Douglas had learned on his course. If you couldn't stop a bleed, there wasn't much point even coming to France.

It was several months before Douglas went home on leave, and when he did his mother grasped his hands and wept at the state of them. Everyone at the front could spot a bearer by his hands. The wooden handles of the stretchers quickly started to deteriorate. They got shot at, or had bits broken off, and the splinters were the very devil. In the wet the wood rotted, splitting the handle ends. All that bearers could do was wind a length of wire round the handles to keep them together, but the wire would cut their hands to pieces. Gloves weren't much help. They made it difficult to get a grip on the wood, and no one ever kept a pair of gloves for very long at the front. Douglas had bearer's hands: a mix of blisters and calluses, first rubbed raw and then scar-cracked and worn.

He couldn't hide his hands, but during the rest of his leave Douglas took care not to take off his shirt in front of his parents. His back and shoulders were in an even worse state. His patients were often dead weights – he had trained with a twelve-stone weight, but he often had to carry more, plus blankets. And although the official bearer complement was six, there were rarely enough men available, so two or three were more usual. The load was concentrated all on one shoulder under a wide leather halter strap, crossed over the head. The strap bit down through tunic or greatcoat, and gradually the ache turned to a burn, as the flesh rubbed raw and the muscles and joints strained. Bearers folded up sandbags and put them under the straps, but after a while – and especially in the wet – these didn't make much difference. Slowly the strap would slide off the shoulder and down onto the neck, and a bearer would gasp out that he was choking and they would all stop. Then the straps were taken off and the sandbags rearranged, and after a few deep breaths they would continue.¹¹ If they were lucky they managed to travel another 200 yards or so before having to stop again. Even the shortest trips could take hours.

After his mother had cried herself to sleep after his first day back home, Douglas sat up with his father and tried to answer his

questions. Most of what he did was 'the carry' – getting a casualty on their stretcher to the aid post. There were hardly any easy carries. Night carries were probably the safest. Both sides had their bearers out then, and their sanitary squads were collecting the dead, so mostly you didn't get shot at. But you still didn't flaunt yourself. Sometimes Douglas carried a torch – if the batteries had stayed dry – and flashed it on and off so that the team could see where they were going, but they still tripped over corpses or duckboards and got tangled up in barbed wire. Sometimes they simply got lost and lumbered about for hours, looking for familiar landmarks.¹² And the night-time battlefield had its own lullaby, with bearers calling out and listening for any response. Back and forth, back and forth they called, not too loudly, to avoid alerting the enemy, but hopefully loud enough for those trapped in shell holes to hear them; then they fell silent, straining to catch any reply. When they finally got back into the trenches, they found that the soldiers there had been listening – their lullaby had not sent them to sleep, but kept them awake, in fear for their fallen comrades.¹³

But when Douglas came to think about it, the one thing that really affected them badly was the weather. If it was warm, they had to take off their coats and then their backs really got a mangling.¹⁴ Sweat dripped into their eyes, making it difficult to see where they were going – and when they rubbed their eyes with their muddy hands, they cursed that now they couldn't see anything at all. But then cold weather wasn't any better. Cold froze the ground and made it slippery. It numbed their hands and feet. And cold often killed a patient before they could get him to the aid post.

By far the worst was the rain. It saturated their clothes – an army greatcoat could absorb seven or eight pounds of water on its own – and those of their patients, as well as any blankets or bandages. Wet leather straps stiffened and rubbed more than ever. Wet hands slipped on wet stretcher handles. Worst of all, rain turned the battlefield into mud, threatening to suck you down to your doom. The bearers put layers of empty sandbags over their boots to give them extra grip in the mud – one soldier said he

looked like a stage elephant going out in layers of grey folds – but that too was of little use.

In deep mud after heavy rain one of the team had to lead the way so that they wouldn't fall or become trapped. Some shell holes were big enough to bury a bus in and, when they got wet, their edges could easily subside. If one of the bearers slipped and fell, he could drag everyone down to the bottom. Then they had to gather themselves, disentangle the stretcher straps, reload the patient and crawl out again. Douglas had to focus hard on listening to the leader call each step on their journey. It took a huge effort to remain calm while you crawled along like a big muddy tortoise.¹⁵ What he didn't tell his father was that stopping could mean death. At Arras, one entire team and their patient were killed after they became stuck in the mud and were blown to pieces by enemy shelling – the last bearer falling over the stretcher as if to protect the man they had been carrying.¹⁶

But stretcher bearers didn't always mind the rain. If there were no carries, they went outside and held up their faces and their callused hands so that the rain could wash away the grime.

William Young was a soldier in the Post Office Rifles when he made his first carry. One day, out on the battlefield after the fighting had stopped, he had found a mate badly wounded in the stomach. He ran back to the aid post, but there were no bearers left. The harassed Medical Officer (MO) gave him some dressings and a water bottle and told him what to do for the casualty. Young did his best, but realised that the man was too heavy for him to move on his own. So he stayed with him, waving and calling out for help until he attracted the attention of some soldiers. Together they loaded up the man and carried him to the aid post. Young was transformed by the experience: he had saved one life among so much death. After his first period of service was over, he immediately re-enlisted in the RAMC and, after some time in the training trenches at Étapes, was transferred to a Field Ambulance for the second Line Battalion, 174th Brigade.¹⁷

One of his first jobs was to bring back a wounded man lying in a deep shell hole. When Young ran over, he was spotted by an enemy sniper, who began to fire at him. It was now too dangerous for his teammates to join him, so Young stayed in the hole with the casualty, with the sniper pinning him down for hours, firing every time he moved.¹⁸ All Young could do for the man was slowly turn his head so that he faced him, and hold his hand. He whispered a few words, told the soldier his name and that everything would be all right: eventually the bloody sniper would get bored and move on. He tried to smile, but he wasn't sure the man could see his expression through the mud on his face. When he saw that the soldier was crying, Young squeezed his hand and tried to comfort him. The soldier shook his head almost imperceptibly and then looked away. It wasn't the pain, he whispered. He was so sorry – he didn't deserve to be saved. He'd been one of those who had ridiculed the bearers while they waited to go over the top. The man was sobbing openly now, and Young was worried about the sniper hearing them. He shushed the wounded man firmly. It didn't matter any more, he whispered – the bearers understood.

Finally the soldier calmed, but the sniper had heard him and started firing again. The men lay together in fear and silence for what felt like hours, the bearer holding his patient's hand. Then the sound of the shots drifted away. The sniper had found another target. Carefully Young got up onto his elbows and started dressing the soldier's wounds, giving him water and morphine. He now saw that the man was small and light, so he could probably carry him on his own. By now it was dark and it was getting cold. Young felt he couldn't wait any longer. Hoisting the patient up onto his back, he climbed out of the crater. When the sniper saw them and began firing, it was too late to go back, so Young ran for their lives. Shots followed him all the way back to the British lines, but he ducked and weaved and managed to keep them both safe. At the aid post, he laid the soldier down and re-dressed his wounds. He had spent so much time with him, in such danger, that he was reluctant to let him go. Most bearers felt like that about their patients,

particularly after a long carry. As one bearer put it, sometimes their going was like that of an old friend, who shared the rigours of the journey.¹⁹

But Young's war as a bearer really began in April 1917 at Bullecourt during the battle of Arras, where thousands of wounded men lay abandoned on the great, bloody Douai plain. His team arrived in the evening and were setting up their post when a group of soldiers ran up. Their mates were trapped in a shell hole, they told the bearers, all of them badly hurt. They had to find them, quickly. One of the soldiers tried to show them on a map where the wounded men were, but Bullecourt had been completely destroyed and Young and the team spent hours stumbling over barbed wire and mud, constantly under enemy fire, having to find their way. When they finally reached the spot the soldier had marked on the map, no one was there, alive or dead. So they struggled back and it took them two hours in the dark and cold to reach their trenches.

Young didn't know what was worse: not finding any casualties or not being able to get to them. One of the bearers had been at Mametz Wood the previous year, where they had been pinned down in shell holes and trenches and all they could do was listen to the screaming of the wounded. They hadn't expected to survive, let alone get to the men. But when the fighting stopped they found that their troubles had only just started. The wood was full of smashed, upturned trees and deep troughs and ditches, which made it impossible to use a stretcher. Every single casualty had to be brought out on someone's back, in the dark. The bearers stumbled and fell for hours, cursing and apologising to the wounded, many of whom bled to death as they carried them.²⁰

Young didn't sleep much for the remainder of his first night at Bullecourt. He had been a soldier and, if you reported the location of wounded comrades, you usually didn't get it wrong. As soon as it was light he would go out again. His teammates had been given other carries, so he found some volunteers from the wounded men's regiment and loaded them up with panniers and

stretchers. They got permission from the officers, on condition that the chaplain said a special blessing over them. It didn't bode well, but out they went, under heavy enemy shelling – and the chaplain's blessing seemed to work. Young and the volunteers found the shell hole and the twelve casualties lying at its bottom.

Young thought he had never seen anything worse. The wounded had been abandoned for days and were dehydrated, gangrenous and paralysed with fear. He began to dress their wounds and give out morphine and water, instructing his volunteers to follow his example. Even Young's expert handling caused them to cry out in pain, never mind the fumbblings of the soldiers. But Young kept steady, reassuring the wounded men: they'd all soon be in a nice warm hospital bed or back in Blighty, not to worry. But all the while he knew that many would end up on the amputation table or in the moribund ward.

Finally they were ready to move. Young's best friend in the bearer team, George, had found his way to the shell hole in search of his comrade. The two bearers now showed the volunteers how best to move the men onto stretchers and, one by one, they sent them back through an old trench network to avoid enemy shells. When Young turned to pick up the last casualty he found that they were one stretcher short. The soldier was just a boy and his leg was almost gone, so Young hoisted him up onto his back and carried him down himself, alternating with George. The old trench network was collapsing and the men were struggling to make their way through it, so whichever bearer wasn't carrying led the way. The last part of the carry was over open ground, and shells slammed into the earth around them as soon as they left the trenches. But somehow they made it. The colonel and the chaplain were astounded. After being summoned to the adjutant's tent for cocoa – it was all he had to offer them at that moment – Young and George returned to their tent at the field ambulance, where they talked about their day for a good while.

At Passchendaele, Young was leading a team of bearers and thirty walking wounded when a shell struck the group, killing

several bearers and their casualties, and injuring many more. Young kept his nerve and managed to lead the survivors into a nearby pillbox. It wasn't much, but it was safe from shelling. The men had few stores, very little water, and some of the wounded had begun to cry that the enemy would find them, throw in a grenade and they would all be killed. All night the bearers treated the severely wounded men, rationing the water, cutting the dressings into ever smaller patches. As the pillbox gradually grew quiet, Young found himself looking after a big, strong man who had lost half his head. Young sat by his side, trying to calm the raging soldier who struggled to get up and leave until the moment he died. When the water finally ran out, they had to leave the pillbox. Outside, the enemy guns had presumed them dead and moved on. But the danger wasn't over. The ground was liquid mud and the bearers had to wade their way back to their lines, stretchers held high. It took them three trips, but everyone made it. There wasn't an aid post where Young expected to find it and no doctor either, so he set up his own post and treated the men for three more days until he was relieved.

On quiet evenings the bearers gathered together in one of their tents. Often they talked while mending their uniforms, which had been torn when the men they were carrying clawed at them in agony. One of them had a sewing kit and another a little tin of buttons, which he passed round. This was a time to think back, to make sense, to try and mend – not just their tunics, but themselves.

Everyone had a story of madness to tell. One of them had recently been at an aid post where a bearer team had just returned, covered in blood (and worse) literally up to their waists. It turned out they'd been carrying all night, and at dawn they had got back to the head of a communication trench crowded with soldiers waiting for the whistle. The leading bearer dropped down into the trench and waited for them to move. None of them did. Bloody infantry, he thought. His team was still up there, becoming

a target, as the offensive was about to begin. He gave the usual call of 'Gangway stretcher bearers!' Everyone normally moved for the gangway call, for it meant that a wounded man was on board. It had no effect. He tried again: 'Make way for wounded!' Still nothing. When he walked over and pushed at the shoulder of one of the men leaning on the trench wall, the soldier's head lolled back. He was dead. It turned out that every last one of them was dead, hit where they stood, the trench too crowded for anyone to have fallen back. The shelling was heavy and they had no choice but to use the trench; leaving the stretcher on top, they started to push the dead soldiers over. Then they got the stretcher down and told the casualty to keep his eyes shut and not to open them, whatever happened. They set off over the human mound, two of them dragging the stretcher behind them, the other two up ahead, pushing over the corpses to make a path. They kept tripping up, their legs squishing down into the soft corpses, but they carried on and returned covered in blood.²¹

At least corpses were quiet. If most bearers thought about it, they probably preferred a trench full of dead soldiers to living ones. They all hated arriving with a casualty at the top of a forward trench full of excited, adrenalin-fuelled soldiers, ready for the attack. When they dropped down into a trench with the torn-up patient on their stretcher, there was usually a stunned silence. The bearers could sense the men's excitement draining away and hear stifled sobs of fear.²² So they kept their heads down and hurried as best they could. But then bearers were probably, the maddest of them all. Look at us, said one of the battle-hardened team leaders: sitting here in a tent, sewing on buttons like old maids, with the toe of a boot on a German corpse sticking up through the floor and all of us pretending not to notice.

William Easton of the 77th Field Ambulance often thought about how much he had learned since he became a stretcher bearer. 'INOCULATIONS' was one important lesson. The MO had taught him how to give injections, and now his team went around

inoculating whole battalions against typhoid. 'FEET' would have been another heading in his notebook. Bearers spent hours rubbing frozen soles and toes to keep away frostbite and trench foot, and watched out for marching injuries such as sores, blisters and damaged tendons.²³ 'MORPHINE' was a section they kept adding to as they grew more experienced as bearers. In the beginning they had all doled out the blue morphine tablets to anyone who so much as groaned, but as they came to understand the carry, they tried not to give out so much. An unconscious patient was a dead weight; patients who were awake were lighter and could tell you what hurt and if they were suddenly beginning to bleed. Moreover, giving out morphine on the carry meant there was less available for patients at the aid post. So, like most bearers, Easton had become good at negotiating with wounded men who begged for morphine; sometimes just calm confidence had the same sort of effect.²⁴

Bearers understood the weight of a casualty better than anyone. If you ran out of stretchers, you shouldn't use a greatcoat or a blanket to fetch someone in. Everyone made that mistake in the early days, but the patients got too bumped in a bundle, their wounds opened up again and it was much more effort than it looked. Instead you should take them on your back. You could get further than you thought, once the patient was hoisted up, and the weight of him kept you going somehow.

Then there was 'GAS'. In 1916 the bearers' training course was expanded to include time at 'Gas School'. Easton was one of those who had learned about the effects of gas, how to carry a gas mask, and how to get a mask on a patient whilst he tried to wrench it off. His notebook might also have included a page headed 'AID POST'. It wasn't just a question of dumping down your stretcher when you got there. Sometimes the MO was busy, or even dead, so it was up to the bearer to keep the post going. On arrival the bearer would often fill out a Field Medical Card (called a 'ticket'), cut a patient's hair away from a head wound and trim back tunic rags. He would try to keep his patient alive until the MO or the

ambulance came, and would then give them details of his wounds and what he had done for him. Working in the aid post always made Easton want to learn more about medicine. There was a Canadian bearer team that had assembled a small library containing first-aid and medical textbooks sent by one of their wives.²⁵ Easton, like many bearers by 1917, could take a parade of the sick and run an aid post, if there was no MO to do it.

But there were other things he had learned that didn't make it into his notebook. German, for starters. Bearers often had to supervise groups of POWs to help with carries to the rear.²⁶ Sometimes you even had a POW as a patient on your own carry. Either way, it helped to know a bit of pidgin German, but Easton didn't think it would be sensible to write down his vocab in his notebook. You never knew who might get the wrong idea. Quite often they came across German medical supplies and discovered that they were much better than their own. German bearers had big absorbent pads for wounds and sticky tape to fasten them with – much more efficient than the thin cotton wads with tails that Easton had to use. Any time you found German supplies, you kept them, although as the war went on, you had to be careful. Sometimes the retreating Germans left behind a cache of supplies that was booby-trapped. One of the bearer teams kept a fishing rod so that they could prod desirable items, such as binoculars, from a distance, to be sure they were safe.²⁷

Then there were the things he had learned about on the battlefield itself. After two years of war the trench networks were beginning to crumble and collapse. But new trenches weren't always built with the bearer in mind. They were so deep and narrow that, once you got down in them, it could suddenly be very dark except for the strip of sky above.²⁸ They had sharp angles and corners where you had to lift the stretcher up high to pass through. Some of them weren't more than two feet wide, and a queue of bearers could build up on top waiting for a space to lower their carry – and a queue of bearers drew snipers. Easton didn't really care much for the new style of trench. Those wretched

engineers dug them so quickly that it was easy to get lost in a labyrinth of new routes. Then you had to go back up and try and get your bearings – without getting shot – and remember the changes so that you could put them on your map.

‘MAPS’ – a single sheet of paper, but so important. Medical officers or senior bearers had to be good at drawing. New maps were issued just before the beginning of an offensive, and whole evenings were spent poring over them, crayons in hand, adding new trenches or erasing collapsed ones. Bearers wrapped their maps in a small piece of oilskin cloth to keep them dry.

Easton could have thought of other lectures to add to the stretcher-bearer syllabus. One of them would be about ‘WALKING WOUNDED’. Bearer parties attracted long lines of lightly wounded men who followed them, knowing they would lead them to the nearest aid post. Yet lines of bandaged men also attracted enemy fire, so bearers had to learn to keep the group together and out of sight. They also had to be inventive when it came to organising ‘TRANSPORT’. One team fully loaded with stretchers, and with many walking wounded behind them, came across a working party of twenty Scottish soldiers who were digging a roadside ditch.²⁹ The bearers persuaded them to stop their work and use their wheelbarrows to carry those on the point of collapse.

‘SLEEP’. A bearer should sleep whenever he could. He should be able to sleep in spite of the sound of guns thump-thumping all night long. He should also ignore the smell of decomposing human flesh: it was the exhalation of the battlefield.³⁰ One bearer returning from forty-six hours of continuous duty at the second battle of Ypres simply dropped to the floor of his billet and went instantly to sleep as the battle raged around him. Sometimes Easton could only snatch a few minutes here and there on a stretcher at a medical post or casualty clearing station (CCS). The nurses carefully stepped over him because they knew how much he needed the rest.

‘FOOD’: bearers should eat whatever, and whenever, they could

and should learn to scavenge. Rations were often late and small, so during any lull in the fighting bearers should look for food on the bodies of the dead. A corpse had no use for a tin of bully beef, and sometimes you came upon abandoned rations and stores.³¹ One of Easton's friends, who had been a bearer at Loos, still talked about the magnificent meal conjured up by one of the men in his battalion, who had managed to brew up some tea, make some toast and bacon and even find a slice of sultana cake. Bearers should never go hungry. Ask your family to send food, and use your own wages to buy extra. A younger member of a team of bearers seemed to grow an inch every month, so whilst most of his colleagues spent their money on beer and brandy, he bought himself supplies of chocolate, bread and eggs. He too would rather have had the beer, but life as a stretcher bearer gave him a tremendous appetite.³²

Perhaps the last lecture ought to be on 'ANIMALS', with a subsection on 'MOLES'. There was no defeating a mole. One bearer team was trying to get some sleep in a new dugout, but was woken by clods of earth landing on their faces. It was a company of moles digging their route away from the battlefield. For several nights the bearers bayoneted the area, but the guns kept firing and the moles kept coming, so eventually they gave up and moved to a different dugout.

'PETS' were better company. If the team was based in one place for a while, it should think about getting a pet, preferably a dog. There were plenty of dogs roaming the battlefield, abandoned by their owners. Having a pet gave you something to look after that wasn't a broken man. And pets were funny. One team, on an easy carry, came across a small puppy that was about to drown in a flooded shell hole. One of the bearers found his way to the bottom and rescued the dog. They wrapped him in a tunic and stowed him between the boots of the casualty they were carrying. Back at the aid post, they used a mountain of dressings and blanket rags to clean him up. A neat white terrier was revealed beneath the sludge, which responded quickly to his treatment of

tinned sardines and small pieces of chocolate, so the team decided to keep him. But when the tent flap was opened unexpectedly the dog ran out and flung himself in the nearest puddle, rolling around in the mud until not a trace of white fur could be seen. It seemed that the puppy had also learned how to survive on the Western Front. 'These men,' complained one medical officer of his bearers, 'will keep pets under any circumstances.'³³

There was plenty of hard work that needed doing when the bearers weren't out on the field. They mended broken trenches and dug aid posts. They hollowed out resting places in trenches along their communication routes, so that they had somewhere to safely stow a casualty during a long carry. If they remembered a particularly tricky length of trench that needed widening, they did it themselves.³⁴ They left caches of stretchers and blankets in forward dugouts, to have them readily available when the attack came.³⁵ And they found wood and built tables and benches to furnish new aid posts. It was hard work, for sure, but bearers never really minded the grind of repair and rebuilding. It kept them busy and fit for the carries to come.³⁶

Easton needed all his resources, physical and mental, when he travelled on the Menin Road in September 1917. Sappers had hung tarpaulins between the trees along one section of the road, to screen the bearer teams who were going back and forth to a small aid post in a cottage that was filling with casualties. But when the enemy spotted and shelled the place, everyone was killed. Easton's team found itself trapped on the blood-drenched road, the men flinging themselves into a ditch to protect themselves and their casualties.

When the enemy fire finally died away, Easton headed for another aid post located in an elephant dugout, a metallic prefab thought to be the safest form of shelter on the front. He left his casualties there and went back for more wounded from the field. When he returned he found that a shell had hit the dugout, penetrating its metal walls and ricocheting around the structure, killing everyone inside. Easton sat with his casualty and waited

until the sanitary squad arrived. He tried not to watch them as they cleaned out the shelter, but he couldn't help overhearing that they had been told to bring sandbags rather than blanket coffins, as everyone inside had been cut to pieces. After that, Easton would never touch another sandbag, no matter how blistered his shoulder or how muddy his boots.

Bearers learned more about death than any other men on the battlefield. They learned how to read the iron voices of the guns, how to hear them shout their power and know what sacrifices they required that day.³⁷ They learned not to fear death, as it followed them on each carry. They learned to recognise its work, to see instantly who was dead and who was still alive. They learned to watch men die. They learned how to help them out of this world, either with soft words or with a strong dose of morphine.³⁸ They learned how to turn away from the dying and find others who would live. It was never easy. One bearer left a man to die because others needed him more. But it troubled him all day, so in the evening he went back, found that the man was alive and fetched him in.³⁹ He never found out if the soldier survived, but at least he was able to sleep. Bearers also got used to the seriously wounded men who waved them away, sending them to more deserving cases nearby. And they always made sure there were matches and cigarettes in their panniers, kept dry in their oilskin alongside their map, so that they could give a dying man a last smoke.

They learned not to mind the long, desperate carry that ended with the casualty going straight to the moribund ward, where a chaplain waited for him, rather than a surgeon, or those they delivered straight to the sanitary squads for burial. Sometimes it helped them to keep little memories of the men they hadn't been able to save, like a bloodstained paybook or a button pressed into their hand as a parting gift.⁴⁰ They got used to getting up on mornings when their first task was to check on the casualties laid outside the aid post and remove the dead from stretchers that were needed by the living.⁴¹ And they learned about death among

their own: sometimes they would need to build new teams when the old one had been utterly destroyed.⁴² They learned not to get annoyed when a new back wasn't as broad or as strong as that of an old comrade. The new arrival would soon learn; his hands would toughen, and the carry would go on.

One of the chaplains at the front marvelled at the determination and courage of the bearer teams around him. He watched them closely, often going out on the carry with them, and he listened as they spoke to their casualty along the way. He noticed the little phrases they repeated over and over again as they went about their work, and one day he wrote them down and found that together they made a poem:

Easy does it – a bit o' trench 'ere,
 Mind that blinkin' bit o' wire,
 There's a shell 'ole on your left there,
 Lift 'im up a little 'igher.
 Stick it, lad, ye'll soon be there now,
 Want to rest 'ere for a while?
 Let 'im dahn then – gently – gently,
 There ye are, lad. That's the style.
 Want a drink, mate? 'Ere's my bottle,
 Lift 'is 'ead up for 'im, Jack,
 Put my tunic underneath 'im
 'Ow's that, chummy? That's the tack!
 Guess we'd better make a start now,
 Ready for another spell?
 Best be goin', we won't 'urt ye,
 But 'e might just start to shell.
 Are ye right, mate? Off we goes then.
 That's well over on the right,
 Gawd Almighty, that's a near un!
 'Old your end up good and tight.
 Never mind, lad, you're for Blighty,
 Mind this rotten bit o' board.

We'll soon 'ave ye tucked in bed, lad
'Opes ye gets to my old ward.
No more war for you, my 'earty,
This'll get ye well away,
Twelve good months in dear old Blighty,
Twelve good months if you're a day,
MO's got a bit o' something
What'll stop that blarsted pain.
'Ere's a rotten bit o' ground, mate,
Lift up 'igher – up again,
Wish 'e'd stop 'is blarsted shellin'
Makes it rotten for the lad.
When a feller's been and got it,
It affec's 'im twice as bad.
'Ow's it goin' now then, sonny?
'Ere's that narrow bit o' trench,
Careful, mate, there's some dead Jerries,
Lawd Almighty, what a stench!
'Ere we are now, stretcher-case, boys,
Bring him aht a cup o' tea!
*Inasmuch as ye have done it
Ye have done it unto Me.*⁴³