Hospital Ship No. VIII

The Royal Australian Navy's first and only hospital ship and her involvement in early naval operations in World War I

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The British Admiralty, as part of its worldwide planning for war, prepared a scheme whereby a number of merchant ships were to be requisitioned and fitted out as hospital ships for support of future naval operations. This is the story of the passenger ship Grantala*, which became* Hospital Ship No. VIII*.*

THE BRITISH EMPIRE declared war on Germany on 5 August 1914. Part of Admiralty planning in the event of mobilisation was a scheme in which merchant ships were to be fitted out as hospital ships in various ports throughout the world to support naval operations. Sydney was one of the ports selected and its hospital ship was to provide for the needs of a Pacific Fleet.[1]

Material for this hospital ship was in store at Garden Island. These stores had been transferred by the Admiralty to the Royal Australian Navy in July 1913. There were iron swing cots, blankets, sheets, hospital crockery, drugs, dressings and a complete hospital laundry.

Conversion and fit-out

On 7 August 1914, the passenger vessel *Grantala*, owned by the Adelaide Steamship Company, was requisitioned by the Naval Board. It was renamed *Hospital Ship No. VIII*, and conversion commenced alongside Garden Island in Sydney. Built in 1903, *Grantala* was a single screw passenger vessel with a length of 350 feet, and was used on the coastal trade between Sydney and Queensland ports. At her average speed of 16 knots, her coal consumption was stated to be 80 to 90 tons per day. She could stow 650 tons of coal in permanent bunkers and a further 950 tons in reserve in the main hold.[2]

Grantala was converted in the remarkably quick time of 3 weeks. The passenger saloons were cleared of tables, fitted with iron cots and made into wards. The doors of cabins were removed and each cabin fitted for two patients. Two cabins were padded for holding patients with mental illness. As the ship was to be used in tropical areas, some of the upper decks were fitted with iron cots and screens to make open-air wards.

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Such wards were particularly suited for nursing patients with tuberculosis, a disease that thrived in the close living conditions of warships at the time.

The poop deck was fitted out as an infectious diseases ward, with a timber roof and a forward partition covered with rubberoid material and lined inside with painted canvas.

> The operating theatre was built by navy engineers from Garden Island in a very few days and a very fine piece of work it was. It was built of sheet iron and had a composition floor.[3]

Patients could be admitted to the theatre on stretchers from the receiving room — the original second-class saloon — through a door cut in the bulkhead. The receiving room was left bare to be used for lectures, but could be rapidly fitted to hold 40 patients in canvas cots. The x-ray room was built of timber in one corner of the receiving room.

Astern of the receiving room was a ward for more serious cases; this could also be used as a triage area. A lift was fitted astern of this space, leading to the deck below, thereby communicating with the general wards in what had been the first-class saloon. The deck was cut through to allow the lift to be fitted.

There were three wards forward — the music room, the first-class saloon, and the nursery saloon being used on the three decks, respectively. A lift was not necessary here, as the stairway was broad and had an easy gradient.

The laundry was built in between decks in the No. 2 hold, immediately forward of the wards. A steam disinfector and steriliser were included. Forward and aft on the main deck, two sanitary wash places were erected in the open air for the emptying of bedpans and urinals.

In accordance with the Hague Convention (1907), the ship was painted white with a green horizontal band on her hull and with large red crosses displayed on her sides. Classed as a Merchant Fleet Auxiliary (MFA), she flew the Blue Ensign of the Royal Naval Reserve.[1]

Grantala could distil 5 tons of water a day, and most of this was used by the boilers when underway. In addition to this, she had a daily water consumption of 10 to 12 tons, which was drawn from storage in the bottom of the ship (which held about 400 tons).

The medical staff of the Grantala

Staff

Acting Fleet Surgeon W N Horsfall, who had recently retired from the Royal Navy, was appointed as the Principal Medical Officer (PMO) for the deployment. He was a graduate of the University of Melbourne and had joined the Royal Navy in 1904. When war broke out, he was in practice in Newcastle. Horsfall was "a skilful administrator and a considerate, but strict, disciplinarian… to him lies the credit for the smooth working of the ship".[4] He had served on the British hospital ship *Maine* and the United States Navy hospital ship *Solace*.

Horsfall was authorised to select the staff for the hospital ship, with the exception of the position of Consulting Surgeon. This appointment was made by the Navy Office and subject to the approval of the Minister; the deans of the medical schools at Sydney and Melbourne universities were consulted. The staff comprised six surgeons, an anaesthetist, a pathologist, and a radiographer. These people performed general medical duties in addition to their specialty.

By 21 August, all the medical staff had been engaged and a recommendation had been forwarded to the Minister that Surgeon WA James be appointed as Consulting Surgeon. James was a surgeon in the Royal Australian Naval Reserve and had seen service in the South African War, had a Masters degree in surgery, and had been on the staff of the Melbourne General and Williamstown hospitals. His appointment was delayed, as there was confusion as to the amount of payment that he should receive. In 1909, the Admiralty had advised that an amount of 5000 pounds per year would be "not excessive", but suggested a rate of 150 to 180 pounds per month. The Minister approved a rate of 150 pounds per month, noting that "it is regretted that an opportunity was not afforded to other qualified men to offer their services", but in view of the limited time, this was not an option.[5]

According to instructions laid down by the Admiralty and issued in the pre-War days, the surgeons were enlisted as civilians and did not receive commissions. However, they were engaged for "special service" in the Permanent Naval Forces. Horsfall considered this a mistake, stating that such a policy may be correct if civilian surgeons were to supplement an already existing uniformed medical staff. He commented that:

> Situated as we were with an untrained crew who were given the military ranks of Sick Berth Stewards it was certainly wrong to have surgeons without rank and commission. The tendency was to centre too much authority on myself as PMO whereas I was trying to decentralize authority on to the staff.[1]

A few weeks after *Grantala* sailed, Horsfall took it into his own hands to correct the situation. He recorded that:

> … we were in white clothing at the time so by tearing some gold lace from the sleeves of my blue uniform coat and some red flannel, our nursing sisters with needle and thread soon made shoulder straps and the surgeons became commissioned officers.[1]

Horsfall justified his actions by stating that, during the war, "the Admiralty allowed great freedom of action on the part of its officers".[1]

Hospital Ship No. VIII carried six nursing sisters and one matron. The matron was selected by the Dean of the Medical School at Sydney University, in conjunction with the Matron of Royal Prince Alfred Hospital in Sydney. They then appointed all the sisters from the same hospital. As Horsfall commented:

> … it is absolutely impossible in such a confined space such as a ship to get discipline, cohesion, loyalty to the Matron and to their ship if the nurses do not know each other but are selected from different states. As it was they were all accustomed to working together on shore and a good spirit animated the nursing staff throughout their commission.[1]

The nurses were required to purchase their own uniforms, a procedure made unnecessarily complex because they were given no guidance as to their likely destination or climate. Half an hour after leaving Sydney, they were told that their first port of call would be Townsville.

The operating theatre was placed under the supervision of Mr Alex Wilson, who had been in charge of the theatres at Royal Prince Alfred Hospital. Wilson, who designed the fittings for the theatre, was ranked "Operating Assistant" and paid at the rate of 20/- per diem, exactly twice that of a "Sister".[1] The Dispenser was James Gregg, who came from Newcastle Hospital.

The Sick Berth staff were selected largely from the Ambulance Brigade in Sydney. All volunteers, many of them were tram drivers in civilian life. They were managed by an Inspector of an Ambulance Brigade Division and a Navy Chief Sick Berth Steward. Meanwhile, the Admiralty, apparently not recognising that the RAN had assumed responsibility for the provision of *Hospital Ship No. VIII*, had dispatched a party of 30 Royal Navy Sick Berth staff, including four nursing officers. They arrived in Sydney well after *Grantala* had sailed, and returned to England on various troopships.

Rabaul

When war was declared, the nearest threat to Australian interests was the German East Asiatic Cruiser Squadron, which included two powerful armoured cruisers, *Scharnhorst* and *Gneisenau*, under the command of Admiral von Spee. In the days leading up to the declaration, the German squadron left Tsingtao and remained at sea, with its location a mystery. However, from signals intercepted from the German ships, the RAN's intelligence placed the enemy some 300 miles north-east of German New Guinea at the outbreak of war.[6]

Although the location and destruction of the German Pacific Fleet was Australia's immediate priority, the German possessions in the Pacific were realised to be of great strategic importance. The German Fleet had access to a network of bases and coaling facilities at carefully selected points, with which it could communicate by wireless. Two days after Britain's declaration of war, the British government requested the Australian government to seize the German wireless stations at Yap in the Marshall Islands, Nauru and New Guinea. A similar request was made to New Zealand in regard to Samoa.

Recruiting had already been initiated for an expeditionary force of 20 000 men (the First Australian Imperial Force), and on 9 August, it was announced that a second force, vaguely destined "for the tropics", was to be mobilised at once. The Australian Naval and Military Expeditionary Force sailed from Sydney on 19 August — just 8 days after the first man had been enlisted.

The German headquarters was at Rabaul, a comparatively new settlement on Simpsonhaven, otherwise known as Blanche Bay, in New Britain, north-east of New Guinea. Just outside the bay lay Herbertshohe, the former German capital, and somewhere in the neighbourhood there was known to be a wireless station. Acting on assurances from local officials that the Germans had surrendered, a small force was landed at Herbertshohe on 11 September and another to the east of it at Kabakaul to locate and secure the wireless station.

However, following an earlier visit by Australian warships on 11 August, the Germans had begun to fortify the approaches to the wireless station. The Herbertshohe force came under fire for several hours, with the loss of seven men before the German resistance was broken. These men were the first Australian fatalities of the war.

The wireless station was captured the next day. Rabaul itself surrendered on 12 September without serious resistance, and on 14 September, Toma (10 miles inland) was occupied by Australian troops.[7]

Grantala had sailed from Townsville on 8 September to meet the Expeditionary Force. Sister Kirkcaldie recounted that on 13 September, a Sunday, the ship's company was assembled on deck for a church service.

> We noticed on the far horizon a tiny dot that even as we watched drew swiftly nearer. The Padre, conscious of a distracting rival to his sermon, cut it abruptly short and, released, we crowded to the rail. A shot across our bows brought us to a standstill and a moment later HMAS *Yarra* circled around us. A swift scrutiny satisfied her as to our identity and she disappeared into the distance.[8] (p 22)

Soon after, *Grantala* entered Simpsonhaven. Sister Kirkcaldie described the arrival:

> The morning was wet and foggy, the kind often experienced during the rainy season in the tropics and it was only as we crept well into the harbour that one by one we recognized the ships of our small Australian Navy lying at anchor. Gradually the news of its doings filtered through to us. Even though we were actually on the field of action it was only in fragments and by word of mouth as boats visited us that we learned the tale of the last twenty four hours.
>
> As it was the reality of war soon brought closely home to us. The first shore news that came through brought tidings of young Dr Pockley's death in action. He too hailed from Prince Alfred Hospital and so was well known to us and a much valued friend and it was with real grief that we learnt of his death.[8] (p 24)

After *Grantala*'s arrival, Horsfall reported to Admiral Patey on board *Australia*, who immediately asked him why *Grantala* had not arrived the previous afternoon, as requested by signal. Horsfall knew nothing of this request, but discovered when he returned on board that *Grantala* had indeed received such a request a day or so before. However, the message had been in code and the wireless operator, a civilian, was unable to decipher it.[9] Had the Expeditionary Force sustained heavy casualties on the previous day, *Grantala*'s delay in arrival may have proved disastrous.

An hour after *Grantala*'s arrival, the ship received its first patients. They included two sailors with gunshot wounds received in the previous day's action. Sister Kirkcaldie described the initial number of patients as being relatively small — between 20 and 30 — mainly suffering from gunshot wounds to the limbs, although the medical officer's journal mentioned that 10 sailors from *Australia* and two from the rifle companies were actually admitted as inpatients.[10]

Four days later, the French cruiser *Montcalm* arrived in Rabaul and transferred 20 sailors suffering from gastroenteritis. These men remained on board as inpatients for 10 days, before returning to their ship.

Grantala stayed at Rabaul for 3 weeks, and during that time a further 12 patients were admitted from accompanying ships. These included two surgical patients: one appendectomy, and a fractured leg. The boy seaman with the fractured leg was the lengthiest admission — a period of 58 days before being able to return to his ship.

The duration of a patient's stay was not solely determined by the seriousness of the illness. Often the necessity for retaining a patient was dictated by the ability to return patients to their ships, which may have left the area, or the need to arrange evacuation back to Australia. Repatriation was possible using Fleet auxiliaries such as colliers and passenger

ships, which at that time still maintained a limited service in the South Pacific.

Suva

Following the land operations at Rabaul, the chief concern focused on the whereabouts of the German Pacific Fleet. Several times *Australia* and *Montcalm* sailed from Rabaul to investigate sightings in the area, before the Allied Fleet regrouped at Suva.

Grantala accompanied the fleet to Suva, although her week-long passage was slower than the rest of the ships. She was buffeted by strong winds, making conditions on board very uncomfortable. The passage to Suva also marked the breakdown of the laundry that had been installed during the ship's conversion.

On arrival at Suva, *Grantala* admitted 13 patients from *Australia* with influenza, together with some other sailors with minor injuries. Another 10 patients were admitted from accompanying merchant colliers. The occupational hazards of sea service at the time included coaling, and a stoker from *Montcalm* was admitted with a dorsal dislocation of his left hip caused when a sack of coal fell on his back. The dislocation was reduced under ether anaesthesia.[10]

Sister Kirkcaldie recalled that on certain days French medical officers from the *Montcalm* visited their sailors who were patients on board *Grantala*:

> On any mention of a return to their ship they managed to develop a new and strange but very acute pain which miraculously left them on the departure of the French doctors.[8] (p 27)

Presumably, recent news of the Melbourne Cup influenced an admission in late November of a 24-year-old sailor from *Encounter* with delusions that he was a racehorse. The clinical notes record:

> He, the horse Cicero, wished to run a mile and a quarter straight away. He could run the distance in 1 min 29 secs but with a feed of oats he could do it in 1 min 14½ secs.

He refused normal food and drink and was subsequently discharged for passage to Sydney.[10]

The *Grantala* remained at Suva for 9 weeks. During that time, Australian naval intelligence suggested that the German squadron was heading for South America. The Admiralty was less certain and ordered *Australia* to remain in Fijian waters in case the Germans returned to the western Pacific.[6]

In anticipation of a naval action with the likelihood of many casualties, Horsfall spent the time in harbour practising casualty drills. The ship's lifeboats were used for transporting the wounded, and it was found that by spreading the boats' oars fore and aft, strapping them down and finally covering them with mattresses, a great number of patients could be moved. *Grantala* had seven such lifeboats, as well as two motorboats that had been purchased before leaving Australia.

A system of drills was practised regularly in harbour, with the Sick Berth staff, acting as patients and labelled as to the nature of their injury, pre-positioned on board one of the other ships in the harbour. On a signal, all the boats would be lowered and towed to the ship. The patient was then attended to and either manhandled down the gangway or, if his injury did not permit this, placed in a cot and lowered over the side by means of a block and tackle. On return to the *Grantala*, the boats dropped their tow ropes in turn and lay alongside the ship so that they could be receiving the wounded simultaneously. Drills were also practised so it would have been possible to go alongside a warship after action with three or four plank gangways placed directly across from one ship to the other. Two hundred patients could be transferred in such a manner, although it would have required fairly calm conditions.

Final mission

The German Fleet had in fact continued east, and on 1 November off the coast of Chile they met two British armoured cruisers, which were destroyed in the Royal Navy's first defeat at sea in 100 years.

Grantala was then ordered to return to Sydney, arriving there with four patients on 22 December 1914. Navy personnel, surgeons, sisters and other civilian appointees were paid off, with the exception of one surgeon, Dr Trinca.

The government decided to send *Grantala* in company with another requisitioned vessel, the *Werribee*, to search for the Commonwealth trawler *Endeavour*, which had been reported missing on a voyage between Macquarie Island and Hobart. She sailed on 29 December and, after a fruitless search during which time she steamed 8000 miles, returned to Sydney on 9 February 1915. She was then returned to her owners, the Adelaide Steamship Company.[9]

Reports on *Grantala*'s service

Consulting Surgeon James, in his report dated 19 January 1915 to Rear Admiral Creswell, disclosed some of the problems encountered by the *Grantala* during her service with the fleet:

> The Ship's Company — the Stewards, Seamen and Firemen — were on the whole not robust and several were inmates of the hospital for old complaints … evidently none had been medically examined.[4]

In a later report, Horsfall outlined some of the difficulties he experienced with regard to divided command of the operations of the *Grantala*. He had a good relationship with the Master, Captain R E Brissenden, who was a civilian (as were most of the ship's company). However, it was not clearly defined which areas were "hospital" and what authority the

PMO had over non-medical staff who might be required to work in the hospital area. The PMO and some of the hospital staff were Navy and cognisant of the importance of discipline in the running of the ship.

Horsfall was somewhat of a philosopher and wrote extensively on his views of discipline and morale, based on his experiences on *Grantala* with her various groups of people. He had firemen and sailors who belonged to the ship under peacetime conditions, stewards who had been kept on with their Chief Steward in charge, naval Sick Berth staff, civilian doctors and nurses, and the Merchant Marine ship's officers. He wrote that "true discipline is the combination of two things — freedom of the individual and the sinking of self in service". He gave two examples of situations that had confronted him on *Grantala.*

The first situation occurred the day after leaving Sydney at the beginning of the commission. Some 15 of the Sick Berth staff refused to clean some paintwork, stating that they had volunteered to nurse the sick and wounded and not to clean paintwork. The men were simply dismissed to go on with their work, chiefly for the reason that Horsfall at the time did not know what course to pursue. That same evening, a deputation of three men came to him, anxiously enquiring as to what would happen. He informed them that that was his business, that he regretted the attitude that they had taken, and that they had forced him to report them and send them back to Sydney. This threat brought them to their senses, and he never had any more trouble with the men en masse.

In the second case, the firemen refused to raise steam when under orders to sail one evening. With the approval of the Master, Horsfall spent an hour in the firemen's mess smoking a pipe, seated on an upturned bucket. He described his reception as being chilly at first, but he succeeded in changing their point of view.

Aftermath

In 1919, the Navy commissioned models of two ships that were in service during World War I. One of these was a nine-foot waterline model of the *Grantala* as a hospital ship. The model was transferred to the Australian War Memorial, but has never been on display.

The Australian Service Nurses National Memorial was dedicated on Anzac Parade in Canberra in 1999. On its walls are recorded all the places around the world where Australian Service nurses served in over a century. New Guinea in 1914 is not one of them, although it is where the first Australians were killed in action in World War I and where Allied servicemen were cared for by Australian nurses on an Australian naval hospital ship.

The nursing sisters who served on *Grantala* were keen for further active service when they returned to Sydney, but were told that it was most unlikely that further nurses would be sent abroad. Not to be outdone, Sister Kirkcaldie paid her own way to England, arriving there in February 1915, where she immediately joined Queen Alexandra's Imperial Military Nursing Service. A month later, she was in the Mediterranean on board the hospital ship *Panama.* She subsequently cared for wounded from Gallipoli.[1] The nurses' experience on *Grantala* hindered rather than helped their later wartime careers.[8] Sister de Mestre told the official medical historian of World War I: "I may say that I had on return to reapply for Active Service and our work on this 'Exped' did not count towards our seniority in the AIF." She subsequently served overseas with the Australian Army Nursing Service, as did four of the other nurses.

In 1920, the RAN recognised that, although the nursing sisters had originally been enlisted as civilians, their service should be recognised as naval service and they were awarded Returned Sailors Badges.[11]

Surgeon Trinca returned to Melbourne and tried to enlist in the Australian Army Medical Corps, but was advised there was no demand for further medical officers. A month later, he departed with 100 other Australian doctors in response to an appeal from the British War Office, and joined the Royal Army Medical Corps as part of "Kitchener's Hundred".

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(Received 28 Jan 2005, accepted 3 Feb 2005) ❑