Kendal's Stramongate Hospital and the Battle of the Somme

Bryan Rhodes

In August 1909, *The Lancet* revealed that the War Office had announced a scheme for organising new hospitals and 'Voluntary Aid Detachments' through the Territorial County Associations (T.A.) and the British Red Cross (BRC) in the event of a new war or a threat of invasion. The War Office announced more details at the end of 1910.

In early 1914 there were just 7,000 hospital beds in the UK. In August that year, as large numbers of casualties started to return from France, it was clear that a large expansion of hospital provision was needed – and quickly!

For the seriously injured soldier in France or Flanders there was a series of medical facilities that he could encounter during his return to the UK. Sir Anthony Bowlby had recognised early in the war that the type of injuries seen in France and Flanders meant that mobile hospitals or Casualty Clearing Stations (CCS) would need to be established as close as possible to the front lines. Larger and better equipped Base Hospitals offered more specialised care closer to the ports. Transfer to England took place by Hospital ship to ports such as Southampton and Folkestone.

"Where a particular wounded soldier went to depended on a lot of factors. Some hospitals specialised, for example Sidcup for facial injuries and a 1917 publication lists all the hospitals throughout the country and how many beds they had, if for officers or soldiers and if for specific injuries or diseases.

*At the UK port was an embarkation officer and he would decide which central hospital to send the wounded to. At the start of the war the wounded soldier would hopefully go to a central hospital near to his home but it became difficult trying to fill a hospital train with wounded all going to the same location close to their homes and there might not be beds available in those hospitals. So it really started to become impossible to use the criteria of sending close to a patient's home. It really was available bed spaces and what was the nature of the injury and did it require a special hospital."*¹

In Westmorland there were seven British Red Cross (BRC) Auxiliary hospitals and of these three were designated 'Primary' hospitals as they could take casualties directly from the hospital trains. Stramongate was by far the largest. This article describes the Stramongate Auxiliary hospital in Kendal and some of the doctors who worked there and also served overseas. I will also discuss the work of the West Lancs/34th CCS.

"The personnel of the 34th CCS was for the most part recruited from Westmorland, and this territorial influence had much to do with the keen and excellent work exhibited on all occasions" – Lieut.-Col. W.B. Cockill.²

July 1st 2016 will mark the 100th anniversary of the start of the Battle of the Somme. This article charts the evolution and deployment of a key part of the medical services designed to

treat casualties during the battle and the medical officers who served in it. One of just 14 frontline hospitals (casualty clearing stations or CCS's) in place on the 1st July 1916, the 34th CCS started life as the West Lancs Casualty Clearing hospital in Kendal. The development of this unit was linked closely with that of Kendal's Stramongate Auxiliary Hospital.

INTRODUCTION

Haldane's Territorial and Reserve Forces Act produced a root and branch reform of the Armed forces in 1908 with an Expeditionary Force and a reorganised Territorial Force. One effect of the Act was that the Cumberland and Westmorland Territorial County Associations moved from the Northern to the Western Command and therefore became linked to the West Lancs Division based in Liverpool.

When war was declared in August 1914 the Expeditionary force (BEF) was rapidly assembled and so were the medical units to support it. This included six CCS units staffed by Royal Army Medical Corps (RAMC) officers which embarked within two weeks of war being declared. Each CCS had a fixed structure with eight Officers and 77 Non – commissioned officers and other ranks. The eight officers would usually include one quartermaster and seven medical officers.

As casualties began to return to the UK, a rapid expansion of hospital provision was required and this was achieved in a variety of ways. The Territorial Forces Western Command was tasked with forming one large General TF Hospital in each of its three divisions: West Lancs, East Lancs and Wales. These were established in Liverpool, Manchester and Cardiff respectively. Alongside these hospitals, each division was tasked with forming Field Ambulances and a single Casualty Clearing Hospital (later renamed Casualty Clearing Station). Although the intention to form these Territorial Force CCH's had been signalled in 1913 these units were just 'a nucleus'³ at the start of the war. The West Lancs TF Division chose to form their West Lancs Casualty Clearing Hospital in Kendal.

THE WEST LANCS CASUALTY CLEARING HOSPITAL (CCH)

Dr. William Baron Cockill served as Anaesthetist to the Westmorland Memorial Hospital from 1886 until its closure when he joined the staff of the new Westmorland County Hospital (WCH) as Hon Anaesthetist in 1908.⁴

He also had a general practice based at Maude street in Kendal and in 1906 was joined by a new partner there: Dr William Boyd Jack.

Dr Cockill was also a commissioned officer in the Territorial Force. In August 1910, Major Cockill joined the 3rd West Lancashire Field Ambulance which was based in St Helens but

Dr. W.B. Cockill. Photo – Wellcome Foundation

Dr. G. Simpson. Photo – Wellcome Foundation

had three subsections; B section being based in Kendal. In the West Lancs Division the General Hospital was established in the new fever hospital at Fazakerley, Liverpool but it was decided that the new CCH would be set up in Kendal. In April 1914 Lieut-Col Cockill was appointed as Commanding Officer of this new unit which was called the West Lancs CCH. Staff-Sergeant H. Ward has described in detail the recruitment of staff to this unit⁵ which started as a 'nucleus' of just four men from the 3rd West Lancs Field Ambulance. This 'nucleus' of the CCH undertook their first duties on an ambulance train between August and November 1914. At a Mayor's Parade in Kendal on 15th November the West Lancs CCH consisted of just two officers and five other men. After this, recruitment drives to produce a complete CCH unit took place with a series of recruiting events in the towns and villages of Westmorland. Physical drills would take place at the Drill Hall in Kendal. By January 1915 there were enough men to undertake some route marches.

On 18th January Captain George Simpson, a 33 year old assistant surgeon working at the Royal Southern Hospital in Liverpool, joined the new CCH.⁶ Col. Cockill and Capt. Simpson gave lectures to the new recruits at the Market Hall in Kendal and on the 27th January a party of four of the men witnessed operations at WCH. In February, regular shifts were undertaken by all the men of the unit at WCH so that they could become fully acquainted with the running of a general hospital. Daily physical drills were accompanied by weekly exercises that included stretcher drills and 'rubber bandaging' exercises. Between 4th and 11th March 1915, the men of the West Lancs CCH helped with the work of converting Stramongate School Hall into a new British Red Cross Auxiliary hospital with 72 beds.

Officers of the West Lancs CCS, permission from Oxford University WWI collections

STRAMONGATE HOSPITAL

The expansion of hospital provision in the UK was achieved by using a combination of extensions to existing civilian hospitals, establishing special military hospitals, and the creation by voluntary organisations of a large number of auxiliary hospitals. 12,000 beds were created in the Territorial Forces general hospitals but it was the new British Red Cross Auxiliary hospitals that resulted in the largest increase in provision and the North West played its part.

The Order of St. John assisted the British Red Cross Society in the delivery of these auxiliary hospitals. They were often private houses volunteered for use and staffed by volunteer nurses and support workers and varied in size considerably. During WWI over 5,000 properties were offered and 3,244 were accepted for use. By 1917 a total of 81,505 beds were provided by auxiliary hospitals (25% of total beds). By the end of the war an incredible 364,000 hospital beds were available. Most of the nurses in these units were VAD (Voluntary Aid Detachment) nurses identified by the pre-war War Office preparations.

According to the official record,⁷ Stramongate Auxiliary Hospital was established by 'Donors' who were the 'Trustees and Teachers of the Friends 1st Primary School, Mrs Mary Wakefield and the Vicar and Churchwardens of St Thomas School'. Mary Wakefield was a patient of Dr Cockill and her husband Edward had enlisted with the Cheshire Regiment in September 1914. It appears that Mary and Col. Cockill were the prime movers in setting up the hospital at Stramongate and they were signatories on the 3rd March agreement to use the School Hall as a hospital.⁸ The Hospital officially opened on Thursday 11th March 1915. The first casualties arrived in the early hours of 12th March by ambulance train and 70 injured servicemen were transferred to the new hospital. Initially the medical staff and other staff were all provided by the West Lancs CCH. In mid-March they were joined by a new recruit fresh from medical school – Dr T.H. Somervell.

Almost all the nursing staff were local VAD nurses – 46 from the Kendal VAD and a smaller number from adjacent detachments and some nurses from WCH. Initially the medical staff were all provided by the West Lancs Casualty Clearing

Hospital (CCH) but after they left on 4th June 1915 the medical staff were all drawn from Kendal and the Westmorland County Hospital: G.W. Brumwell, James L. Cochrane, W. B. Jack, R.W. Leeming, P.P. Manning, A.J. McCallum, D. Riddell, P.F. Sturridge and retired surgeon S.C. Noble.

The hospital was designated a 'primary' auxiliary hospital indicating that it took casualties directly from hospital trains. Despite the complex evacuation pathway some casualties from the battle of the Somme were returned to Stramongate within 48 hours of their injury.

*Patients and staff outside the Stramongate hospital.
Photo – Margaret and Percy Duff*

The largest auxiliary hospital in Westmorland, Stramongate had a maximum of 130 beds and an operating theatre. The hospital opened on 11th March 1915 with 72 beds and the small four bed Hying Annexe, in Levens, opened July 1915. An additional annexe of 25 beds at Grange over Sands was added in July 1916. On 6th October 1915 the number of beds in Stramongate increased to 86, and on 28th September 1916 it increased again to 100 beds and finally, on 6th September 1918 it increased for a final time to 130 beds.

I have not been able to find records detailing the operations carried out at Stramongate but it is clear from a variety of accounts that a number of surgical procedures were performed there. Hubert Simpson recorded in his diary⁹ that during an operation to remove shrapnel on 1st June 1915 performed by Lieut. West-Watson the patient stopped breathing and 'artificial respiration' had to be performed for 10 minutes. Beatrice Collinson, Nurse Commandant of Stramongate Hospital and an old girl of the school wrote in the September 1916 edition of the Stramongate School magazine¹⁰ that

"One of the most interesting events in the hospital was a case of skin grafting when three patients gladly gave pieces of themselves to help heal a comrade. It is pleasing to know that the operation was quite successful, and there was keen competition as to which boy's flesh grew the best".

CAPTAIN T. HOWARD SOMERVELL OBE (1890–1975)

Howard Somervell was born in Kendal and descended from the family that established the shoe making company that became 'K Shoes'. Educated at Rugby he knew at an early age

Dr. J. Cochrane. Courtesy of the James Cochrane Medical Practice

H. Somervell. Courtesy of David Somervell

that he wanted to become a surgeon. As a teenager he also developed a love of climbing whilst exploring the Lake District.

He started medical school in Cambridge and at the start of WWI he had just begun his final year of clinical studies in UCH, London. For some years he had been in the Officers Training Corps but when he offered to sign up at the War Office in 1914 he was advised to finish his medical studies instead. As soon as he had qualified in 1915 he joined the RAMC and was posted to the West Lancs Casualty Clearing Hospital in Kendal just after the Stramongate hospital had opened.

THE 34TH CASUALTY CLEARING STATION

On 4th June 1915, the men of the West Lancs Casualty Clearing Hospital moved by train to Weeton camp near Blackpool. Whilst there they were joined by Lieut. Merson completing the allocation of medical officers to the unit – seven in total with Cockill, Simpson, Somervell, West-Watson, Moffat and Levick. Just before it transferred to France in November the West Lancs CCH was renamed the 34th Casualty Clearing station (CCS). After a few months of training at the base hospitals near Boulogne and short periods at Carcassonne and Daours, the 34th CCS received orders to move to open land at Vecquemont near the Somme Front on 9th May 1916. The next month was spent doing hard physical labour creating the CCS and the road network and facilities required for it. A small number of nurses joined the CCS during this period. On 18th June the first two patients were admitted; both with scabies. The 34th CCS was well sited – close to the railway line and next to the 45th CCS in the southern part of the battle zone. It was also close to the Canal de la Somme and some casualties were transferred by ambulance barge from Vecquemont during the forthcoming battle.

The Battle of the Somme

The 34th CCS was one of just 14 CCS Hospitals dealing with British casualties near the frontlines on the 1st July 1916. The frontline CCS units became more specialised later in the war but in 1916 they were arranged geographically – the 34th CCS was designated to take seriously wounded soldiers from XV Corps and lightly wounded from III Corps. This small unit was expected to deal with a wide variety of major injuries (just one patient with spinal injuries was transferred to 39th CCS on 1st July) though the plan for the battle had included special provision for abdominal injuries at Heilly.

On the eve of the battle in late June 1916, the 34th CCS was told to expect up to a thousand casualties. The reality was much worse. After the war Howard Somervell wrote of this period:

*"The first 48 hours of work after July 1st brought us nearly ten thousand * wounded. Never in the whole war did we see such a terrible sight. Streams of motor-ambulances a mile long waited to be unloaded.... The wounded had to lie not merely in our tents and shelters and in the adjacent farm buildings but also in the whole area of the camp, a field of 5 or 6 acres, completely covered in stretchers placed side to side ... We surgeons were hard at it in the operating theatre, a good hut holding four tables. Occasionally we made a brief look round to select from the thousands of patients those few fortunate ones whose life or limbs we had time to save. It was a terrible business... Abdominal cases and others requiring long operations simply had to be left to die. Saving of life by amputation or saving of limbs by the wide opening of wounds had to thought of first. There all around us lying maimed and battered and dying was the flower of Britain's youth – a terrible sight if ever there was one, yet full of courage and unselfishness and beauty"¹¹*

Despite the careful planning in the months before the battle, the numbers of casualties overwhelmed the medical services initially and inadequate numbers of hospital trains were available in the first 48 hours. Reinforcements were provided; on 3rd July an additional surgical team was sent to each of the 2 CCS's at Vecquemont (45th and 34th). Also on the 3rd July, 50 emergency stretcher bearers were sent to the 34th CCS to speed up the transport of casualties.¹²

The 34th CCS admitted over 43,700 casualties between June 1916 and December 1917 carrying out over 5000 operations during this period. The official war diary figures record only 17 deaths among British servicemen in the 34th CCS between 1st and 4th July 1916 (in addition to two German soldiers).

The Aftermath

Col. Cockill returned to England in Sept. 1916 on sick leave due to 'enteritis' and does not appear to have returned overseas. On 30th September, an interview with him was published in the Westmorland Gazette in which he praised the stamina and teamwork of the 34th CCS. Capt. Simpson was promoted to Colonel and assumed command of the 34th CCS. An additional anaesthetist, W.R. Pierce was appointed to support the CCS. The 34th CCS moved several times during the war, on each occasion moving all their equipment with them. The locations were Grovetown, Peronne, Tincourt, Zuydcote and St. Omer. The experiences in July 1916 at the Somme led to the grouping of CCS's together in units of three or four and when battles were due to start additional staff and surgical teams would be sent to reinforce the CCS ahead of the battle. The increased availability of the Thomas splint in 1916 and the introduction of citrated blood transfusion in 1917 also improved survival rates for casualties. Between June 1916 and 1919 the 34th CCS was open for 102 weeks admitting 65,500 casualties and performing 8,000 operations. 3,511 servicemen were discharged to duty and 1,111 died in the CCS during this period.

Howard Somervell worked as a surgeon in the 34th CCS throughout the war and George Simpson's promotion gave him additional responsibility within the operating theatre.

In quiet periods he also developed his artistic skills as a painter with encouragement from official war artist William Rothenstein. After the war, Somervell spent two years doing orthopaedic surgery in Leeds and Liverpool including a period at Alder Hey with 'truly great surgeon Sir Robert Jones' who had been 'Director of Orthopaedics' during the war. He then decided that he wanted to return to civilian practice and returned to UCH initially as house surgeon and then as house physician!

Somervell had continued to build a reputation as one of the leading rock climbers of his generation and was chosen to join George Mallory and a crack team of mountaineers for the 1922 expedition to climb mount Everest. One of the other climbers was Dr. Arthur Wakefield (also from Kendal and the brother-in-law of Stramongate donor Mary Wakefield). Wakefield had also served in a CCS during the battle of the Somme – the 29th CCS at Gezaincourt. Somervell established a new altitude record of over 26,800 feet in the 1922 expedition. He returned for the ill fated 1924 expedition where he narrowly avoided death after suffering frostbite in the mucous membrane lining of his throat.¹³

In 1924, alongside Arthur Wakefield, he was one of twenty-one recipients of an Olympic gold medal awarded at the Winter VIII Olympiad in Chamonix for achievements in mountaineering.

Although Somervell was in line for a lucrative career as a London surgeon, his experiences in the war and whilst travelling in southern India led to a change of direction and he decided to join a mission hospital in Travancore in south India. From 1925 to 1949, Somervell worked at the south Travancore medical mission, which became one of the largest missionary hospitals in the world. He attracted new staff, and built an innovative viewing gallery in the operating theatre where friends and relatives of patients could observe operations. He was also an early pioneer of the treatment of leprosy. Somervell's work as a doctor in India was officially recognised in 1938 when he was awarded the Kaiser-I-Hind Medal. Somervell became an associate professor of surgery at Vellore Christian Medical College in 1949, a post he would hold until his retirement in 1961. He was awarded an OBE in 1953 and on his retirement in 1961 he returned to Westmorland. Somervell died in Ambleside in 1975 and is buried at Brathay. A teaching hospital at Karakonam, Kerala (the Dr. Somervell Memorial CSI Medical College) is named in his honour.

Although originally from Leicestershire, George Simpson returned to Liverpool after the war and was awarded the OBE in 1919. He continued his work with the Territorial Forces and between 1922 and 1926 was Commanding Officer of the Liverpool Territorial Field Ambulance. He became Consultant General Surgeon to the David Lewis hospital in Liverpool and was also Associate Professor of Anatomy at the University of Liverpool. He was President of Liverpool Medical Institute in 1937 and throughout his career was known as 'the Colonel'.

FINALE

Stramongate Auxiliary hospital closed on 31st May 1919. In total, Stramongate treated 2009 injured servicemen; 1822 out of the total of 2009 casualties arrived directly from a port via hospital trains.¹⁴

Just over 3 weeks later, on 23rd June, the men of the 34th CCS arrived in Kendal by train.

Writing after the war Dr Cockill stated; "The personnel of the 34th CCS was for the most part recruited from Westmorland and this territorial influence had much to do with the keen and excellent work exhibited on all occasions."¹⁵

Note * The official war record entries indicate the number of admissions to be closer to 2 thousand though adding the 'walking wounded' would produce a much higher figure.

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