“Bearers Up!” The creation and operation of the first specialised Stretcher Bearer Corps in Britain’s Great War

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The First World War changed all preconceived ideas about military casualty and its treatment. In the American Civil War and in Britain’s colonial wars of the late nineteenth century, war-born epidemics such as typhus, diphtheria, cholera, smallpox, and yellow fever accounted for seven out of every ten soldier casualties, spreading all too easily in the overcrowded military camps and overwhelming the medical system. By 1914, the grip of infectious disease had been much loosened by improvements in public health and sanitation and mass inoculation programmes.

These weren’t the only improvements that had been achieved in the decade before 1914. Systems of anti-sepsis drove the creation of the modern operating theatre. Patients no longer went under the knife in dread of potentially fatal postoperative infection and complication, although anaesthetics were still a considerable ordeal. Operating theatres were tiled, well-lit, and clean, with expert auxiliary staff working alongside a generation of surgeons who grew up expecting that their skills enabled them to save lives previously thought lost. In Britain, many young surgeons took those skills out to South Africa to treat the wounded of the Boer War as part of the new Royal Army Medical Corps (RAMC). The result was considered a great improvement on previous campaigns such as the one in the Crimea.

When the call came in 1914 to go to France, those same surgeons went with confidence, were installed in a well-equipped network of hospitals, and waited for their patients. Then the first soldier arrived on their operating table and they knew everything they had previously learned was useless. The first casualties of the Great War were almost torn apart. Gone were the neat holes made by rounded ammunition that flew slow and hot in the African sun, that lay shallow and could be easily found and extracted, that left little residual damage or infection. Instead, the new ammunition was cylindro-conical and exploded at very high speeds from new powerful weaponry, developed from the early mass-manufactured weapons of the American Civil War to a very high technological specification. Smooth bullets hit hard and fast, went in deep and took bits of dirty uniform, and airborne soil particles in with them. They went on moving inside the human body, ricocheting off bones and ploughing through soft tissues, their energy destroying far more than the impact trauma would indicate. Shrapnel fragments were just as bad. They tore open jagged wounds, huge blooms of trauma that bled and bled, and if the casualty could survive the blood

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loss, provided the perfect environment for infection and sepsis. These wounds had been the exception in South Africa; on the Western Front they were the norm.¹

Surgeons knew that they had the skill to deal with such injuries but that in the current system of military evacuation they could not get to the casualties quickly enough, so thousands of men simply bled to death on the battlefield, in a trench, or in the back of an ambulance bringing them to the military hospitals. The solution was to leave behind the brand-new operating theatres and relocate field hospitals within a few miles of the front. There was an instant impact, particularly with soldiers who had serious abdominal wounds. By January 1915, one surgeon could write home that he got the same excellent results with abdominal surgery at his converted field hospital five miles from the front as he had back home in a London teaching hospital.²

But it wasn’t quite enough. There was still a gap in between the wounding and the treatment of a casualty - a gap that could all too easily prove agonisingly fatal. What was required to bridge that gap was nothing less than the creation of an entirely new medical trade, staffed by men strong and brave enough to carry a wounded man over miles of battlefield and expert enough to keep his life saved along the way. The fixing of the Western Front in May 1915 gave time and space for the specialist stretcher bearer corps to be developed, transforming the way medical care was administered on the battlefield, and providing the model for the systems we use today in twenty-first century warfare.³

In the early months of the Great War, Regimental Medical Officers (RMOs) found themselves in charge of medical aid posts but with no bearers to bring them the wounded. The military medical organisation did not yet stretch to formally recruiting bearers and there weren’t enough volunteers for the posts, so RMOs found themselves regulators in a kind of medical press gang, enlisting anyone sitting around not doing any obvious soldiering - large numbers of bandsmen and pipers found themselves in the early bearer teams. The remainder were men deemed too stupid or physically incapable of doing regimental work by field officers who were only too happy to offload them on to the RAMC. Little more than donkey thinking and donkey work was expected of these men who now found themselves assembled in teams of six outside the often unfinished medical aid posts, trying to work out what to do with the heavy wooden stretcher they were told under no circumstances to lose. Despite the absence of any real preparation, some bearer teams coped and did their best to learn from their experience of battle casualties in during the winter of 1914.

¹ B. Hughes, H.S. Banks, *War Surgery from Firing Line to Base* (Bailliere, Tindall and Cox, 1918), p.29.
Neuve Chappelle, one RMO for the Gordons regiment wrote that his bearer teams were:

more than ready for the battle ahead, being endowed with immense courage, as had been proved through the ghastly days of the first battle of Ypres, when, sans experience of war, supervision by superiors, or anything but sheer guts and mother wit, they had carried out a brilliant evacuation of the wounded, contemptuous of danger and oblivious of fatigue.4

The spring offensives of 1915 would be the last battles at which stretcher bearers would have to rely solely on guts and wit. The horrifying casualties of the war’s first six months caused Britain’s Royal Army Medical Corps to completely reorganize its military medical system on the Western Front. Central to the reorganization was the creation of a specialist stretcher bearer corps. The new bearers would be medically trained to offer life-saving treatment as soon as they found their casualty, even if it was out on the battlefield and under fire. Recruitment for the new corps got underway immediately. Volunteers in Britain were asked if they would prefer medical service to military, and the RMOs in France were told to build themselves new teams from the men already in their battalions. A directive sent to them in late 1915 was clear about how this rebuilding should be achieved:

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.5

The training programme devised for the recruits reflected the complex demands of their new posts. First they had to develop the physical strength needed to load and transport heavy casualties, the process that would become known as “the carry.” This meant days on end tramping up and down Box Hill in Surrey with a twelve-stone weight on their stretcher. Then four weeks at the Army’s own hospital, the Cambridge at Aldershot, to learn the medical skills that would be necessary in the field. The curriculum of the course was technically demanding for men who had often had a rudimentary education. They learned how to splint broken limbs, to clean wounds, to administer morphine. They learned how to assess a wound and communicate its details clearly to their medical officer. Above all, they learned the vital skill of controlling

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4 ‘A Memoir of Neuve Chappelle’ by RMO John Linnell (private collection).
haemorrhage. In the first six months of the war, thousands of British soldiers had bled to death because no one with the skill to stop their bleeding got to them in time. The new bearer corps was there to make sure it didn’t happen again, so they listened carefully as the trainer showed them how to take two field dressings and press them down firmly over the bleed. If possible, the pressure should be maintained all the way back to the aid post. Tourniquets, usually a bandage or their own puttees (canvas leggings), were only to be used as a last resort and they were to make a careful note of when the tourniquet was applied so that it could be removed in good time.

No records remain of who devised the stretcher bearer courses at the Cambridge Hospital, but whoever it was had given a great deal of thought into providing as thorough a training as possible. Bearers had their own specialist textbooks, part of The Oxford War Manuals series that provided technical information for the medical teams serving at the front. The Stretcher Bearer volume used photographs as the main teaching method, rather than ornate text. Clear images showed the correct methods for carrying and loading a stretcher by teams of six, four, or two, and by the type and severity of wounds suffered. The books were small and portable and posed no problem for men who might otherwise have been intimidated by pages of print.

Beyond the hospital gates, trainees were provided with an opportunity to experience at first hand the reality of casualties from the Western Front. They were formed into teams and called out at night to unload casualties from ambulance trains arriving from the hospital ships from across the Channel. All of the patients at the Cambridge were severely injured: shattered faces, amputated limbs, abdominal trauma, and terrible head injuries. This was far beyond lugging dead weights up Box Hill. It took great skill to move wounded, bandaged men from train carriages into ambulances, then up the stairs of the Cambridge into the wards and onto beds, all the while making sure the men were as comfortable as possible and that their paperwork got to the right ward sister or doctor. Foreshadowing other work they would do in France, the teams were also used as pallbearers for the funerals of those patients the Cambridge couldn’t save.

Training didn’t end when they got to France. As the war continued and the trench system established itself, a training camp was built at Étaples on the coast in the Pas de Calais. The camp was a trench system in miniature, including shell holes, mud, and barbed wire. Stretcher bearers were sent there to learn how to manoeuvre their stretcher in and out of trenches and shell holes, day and night. Later in the war, they would go back to Étaples to repeat the training but this time encumbered by gas masks for themselves and their

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6 See the papers of Captain Angel for details of the course at the Cambridge Hospital, the archives of the Imperial War Museum London, 88/46/1.
casualties. When they were posted to their battalions, their training was maintained and developed by weekly sessions from the RMOs who were under strict instruction to not skip or rush the lectures that could refresh the technical skills of bearers or alert them to new medical developments such as gas casualty or influenza. As they grew more experienced at the war itself, bearers took it upon themselves to broaden their medical knowledge. One bearer wrote home to his wife that she should seek out books on trench first aid and send them to him as he felt the others he had were ‘no good for up the line’. He and his fellow bearers were more than good for up the line - they had become an essential. The Royal Army Medical Corps’ own journal emphasised this to the officers who now worked so closely with their teams at the aid posts along the front:

The RMO should always have the keenest regard for his own personnel ... the stretcher bearers. On the knowledge, initiative and courageous spirit of these men both he and the unit will have to rely greatly. Good medical 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.

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“Bearers Up!”

These were the words that summoned bearers to their work. The teams made last minute checks of their kit. Each man carried a pannier, a canvas or wicker satchel containing dressings, morphia tablets, water bottles, bandages, a crayon for notes and marking, and a map. They reminded themselves of the locations of all the relay and supply posts in their sector. They knew all too well what lay ahead and newly formed teams exchanged addresses so each would know who to write to if the other was killed. Then it was out from the medical posts and headed for the nearest communication trench. Then, holding their stretcher vertically, they dropped down amongst the soldiers of their battalions and squeezed into the back of the crowded trenches. The men who surrounded them were nervous and twitchy and resentful of anyone they perceived as not being properly involved in the attack. Bearers were often yelled at to “get a rifle” or “do some fighting” or otherwise soldiers looked away, their nervousness

\footnote{Letters of a Canadian Stretcher Bearer (Little, Brown, 1918), p.90.}

\footnote{‘The Whole Duty of an RAMC Officer’, The Journal of the Royal Army Medical Corps, 32 (1916), p. 289.}
increased by the foreboding of inevitable casualty. Then the officers blew their whistles and the soldiers roared and scrambled up over the top, into the fighting, firing and falling in the tumult.

Bearers went out last, heaving themselves and the heavy stretcher out, and keeping an eye on each other so the team stayed together. No adrenalin drove them on and they minded deeply the aspersions cast on their bravery:

It is 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.\(^9\)

Walking quietly into a hail of lead did indeed demand a very special type of courage. It was always shocking to face the firestorm - during one battle a bearer remembered the air around him ‘was vicious with bullets - a million invisible birds flicked their wings very close to my face’.\(^10\) In daylight, even if there was no frontal assault, bearer teams were under constant attack - a group of six men, moving slowly with a heavy, highly visible load - too tempting for snipers and gun aimers of both sides. A hard lesson to learn was that their status as medics meant nothing; in the early days, teams complained that this was because they had no Red Cross armband as worn by the medical officers - they only had one marked “SB.” But then medical officers were also killed in similar numbers regardless of their armband, and bearers stopped complaining. Once a sniper or a gun crew got a team in their sights they never let go and it was common for whole teams to be killed, one after the other as they bent down to pick up the straps from a man just fallen. The presence of snipers often meant that once bearers had found the casualty they could do nothing more than lie stock still for hours next to him, whispering words of comfort and reassurance, trying to keep him quiet and perhaps pressing down on a bleed, until the firing stopped or found another target.

Once they were able to focus on their casualty, their expertise in emergency first aid came to the fore. They bound up haemorrhage, and quickly and lightly repositioned and splinted broken limbs. Where possible, they would remove large bullet or shell fragments from open wounds. This could cause bleeding and great pain and had to be done with the gentlest of care, but they knew the pain would be greater on the bumping carry back to the aid post as the fragments jarred in the wounds. Stroking the casualty’s hair back from his face, they studied his palor. A grey, shivering appearance, with shallow, snatched breaths meant shock - every bit as fatal as a serious shrapnel wound itself. They wrapped him in their coats or with pieces of blanket from their panniers to


\(^10\) For all details of bearing, see Mayhew, *Wounded* (ref. 3).
warm him, and held his head up to give him water. In cases where the pain was excruciating, they slipped a morphine tablet under his tongue to dissolve and marked his forehead with a cross, but generally they came to prefer an undrugged carry. It was easier if a casualty could tell them how much he was hurting or if one of his dressings had come undone, and morphine at the start of the carry meant less at the end, when it was really needed, during treatment by the medical officer. Sometimes their quiet assurances worked just as well, but not always. One soldier was in so much pain he punched the bearer while he was applying a field dressing. The man apologised, crying all the time. Other soldiers wept and apologised for different reasons, mortified that they had once insulted the men who now saved their lives. But bearers hushed them and told them not to worry. Then they positioned themselves around the stretcher, gathered its thick leather straps over their shoulders, and set out on the carry.

For bearers, day or night, the carry was about pain. Not just the pain of their casualty whose life was in their hands, but often their own pain. Their hands were torn and roughened by splintered wooden stretcher handles - you could always spot a bearer by his hands - and their shoulders were rubbed raw by the thick leather straps that took the stretcher’s weight. Almost no weather conditions made the carry easier - warm weather made them sweat more, grime running down their faces, blurring their vision when they needed it most. Cold froze the ground and made it treacherous, and it killed a shocked casualty all the more quickly. But by far the worst was rain. Wet clothes made everything heavier - army greatcoats could absorb seven or eight pounds of water, adding to the dead weight of a casualty. They put sandbags under the stretcher straps on their shoulders to stop them rubbing, but the thick leather twisted in the wet and slipped off, throwing the team off balance and causing them to stop and regroup. Rain meant mud, when the battlefield itself turned against them, trapping them on its back, every step a struggle as the mud sucked at their boots each time they lifted a foot and tried to take a step forward. More sandbags went over their boots to gain greater traction but nothing worked in the wet. The worst conditions of all came in during the offensives of 1917, when from Arras to Passchendaele rain flooded the battlefield, drowned the wounded and trapped everyone from tanks to bearer teams in a sodden, filthy nightmare.

Despite the dangerous slog of the carry, getting off the battlefield down into a trench did not always mean safety or relief for bearers. Close to the front line, the trenches were hastily built, narrow, and crumbling, even in the dry. Bearers wound their way along to find part of the trench completely collapsed and had to turn back on themselves to try another route or go back out over the top in search of an intact trench. Bearers often made a note of particularly narrow or collapsed trenches and in quiet spells returned to the spot to try and widen or repair them.

In the labyrinth of trenches old and new, bearer parties could easily lose their way and maps, carefully drawn by their medical officers, were a vital part
of the kit in their panniers. Bearers took care to keep their MO up to date with changes or repairs to the trench network and they re-sited aid posts accordingly. During the Battle of the Somme, one medical officer realised that the landscape around them had been blasted into miles and miles of featureless wasteland, so he prepared a new map and a list of easily memorable directions for his bearer teams to find him at his field ambulance aid post at the Stuff Redout:

Trip from Zollern to Stuff in order:
1) Trenchboard over a wide trench
2) Then make due N for a smashed up harrow
3) A smashed Bosche timber cart in a shell hole
4) Then 2 dead humans also lying in a shell hole and then 50 yards in front we drop into trench leading to Stuff Road.11

Once out of the trench system to the rear, bearers were relieved to be marching on hard, flat roads. Here behind the lines they were in less danger than before, but their responsibilities changed. Previously only responsible for the casualty on their stretcher, bearer parties attracted lines of walking wounded who followed them obediently, knowing they would lead them to the nearest aid post. A small bearer team could quickly turn into a long procession of limping, bloody, wounded men, silencing the troops marching in the opposite direction to reinforce the front. Bearers had to keep the group together, to call instructions to those men supporting wounded comrades. They had to develop good negotiating skills that would enable them to commandeer empty wagons or any kind of transport coming back alongside them and load them up with wounded men. Almost anything or anyone could be turned to good purpose. One team came across a work party digging communication trenches. They persuaded the work party to use their wheelbarrows to help the bearers carry those walking wounded at the point of collapse. Parties of prisoners of war, under guard, were often assigned to bearer teams to help with large groups of wounded. All bearers learned a little basic German so they could direct German wounded and calm those they came across on the battlefield.

Once the bearer teams reached the aid post, they had to prepare the casualties for medical attention. First they had to find space for the patient to be comfortably set down. They had to find blankets for those suffering from cold or shock and remove temporary dressings, tourniquets, and splints. When the medical officer got to each patient, the bearer told him quickly and clearly what had happened to him and if they had given any kind of treatment during the carry. If the patient had a head injury, they would cut away his hair or any uniform rags that could get in the way of treatment of a wound. Often the bearers’ last task for their casualty was to load them on to an ambulance cart for

11 From the papers of Alfred Hardwick, archives of the Imperial War Museum London, 98/12/4.
the next stage of their journey to the field hospital or ambulance train. Yet despite the pain and struggle of a long and desperate carry, bearers were often sorry to relinquish their casualty to other medics. Close bonds had been forged on the carry along the line and as one bearer described after handing a badly wounded young soldier over: ‘his going was like that of an old friend, who shared the rigours of the journey’.

There were rigours to all aspects of the life and work of bearers on the Western Front, but the teams adapted and were often surprised to find they could get used to almost anything. It wasn’t just bullets which seemed ‘such little things … in the midst of all the pandemonium of battle’. Bearers got used to the smell of decomposing human flesh which surrounded them in the trenches. It became part of their daily lives, almost natural; as one of them put it, just ‘the exhalation of the battlefield’. A team of bearers found themselves allocated trenches in Neuville St Vanst, where they were expected to sleep but ‘owing to the heavy losses sustained by the French in holding the position, we were surrounded by dead bodies and these were troublesome on damp sluggish nights’.

They focused on what was important for their own survival. Sleep was too precious a commodity to waste, so they learned to sleep among the dead and the never-ending pounding of the guns. One bearer returned from 46 hours continuous work at the Second Battle of Ypres in 1915, and when he finally reached his billet he simply dropped to the floor and went instantly to sleep. Sometimes even sleep could be dangerous - after a long hard spell of carrying, one team leader slept so heavily that the sanitary squad mistook him for a corpse and made plans to bury him, getting the fright of their lives when he suddenly woke up.

Bearers ate whatever and whenever they could. One bearer, who spent three-and-a-half years at the front, recorded in his diary how he spent all his pay on chocolate, bread, and eggs rather than beer and brandy as was more usual. He had debated doing so but resisted as ‘this life gives one a tremendous appetite’. Long periods spent at the front meant that bearers often got through their supplies very quickly. Rations were unreliable, so they scavenged where necessary. A lull in fighting meant searching for bully beef tins from corpses in shell holes - everyone took food from the dead who longer needed it. A bearer at Loos was summoned to a magnificent meal 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. Fruitcake was always popular with men at the front - it was flavoursome, filling, and lasted a long time; families sent thousands out to the front, and slices in commemorative boxes from weddings were always popular.

Animals could bring some of the very few moments of light relief on the Western Front. One team, on a relatively easy carry came across a small puppy, drowning in a flooded shell hole. The casualty didn’t mind being put down for
a few moments, so one of the bearers went to the rescue, and the mud-saturated
dog was added to the carry. Back at the aid post, one member of the team took
charge of the animal, taking him back to their tent and using aid post dressings
to clean him up. A neat white terrier was revealed beneath the sludge, who
responded quickly to his treatment of tinned sardines and small pieces of
chocolate. All at once the team decided to keep him and set him down on the
floor so he could explore his new home. Then the tent flap was opened
unexpectedly and the dog flew out and flung himself in the nearest puddle,
rolling and rolling until not a trace of white fur could be seen. Just like the
bearers, he had learned what it took to survive in No Man’s Land. The team
still kept him, but outside the tent, and they called him Mud. ‘These men,’
complained one medical officer, ‘will keep pets under any circumstances.’ Not
all animals were so welcome. Moles, disturbed by the barrage of shells landing
on the battlefield, dug tunnels to get away. Their digging kicked small deposits
of earth on bearers as they tried to sleep in their dugouts. No amount of
bayoneting drove the moles in another direction, so the bearers gave up and
relocated.

For doing all that the war asked of them and more, the bravery of bearers
was recognised with the highest award, the Victoria Cross. At Lens, Private
Michael O’Rourke worked for three days and nights without stopping, bringing
wounded to safety and administering first aid in an improvised aid post. He was
continually under shell and machine gun fire and was knocked down and buried
several times but dug himself out to go on. On the last day he saw a blinded
man stumbling about in No Man’s Land in full view of enemy guns and went
out to rescue him. Lance Corporal Walter Parker at Gallipoli received multiple
machine gun wounds as he crossed and recrossed a heavily machine-gunned
area to assist a group of Marines who were all wounded. There were many men
who owed their lives to Lance Corporal Frederick Room, who led a party of
bearers bringing in and treating them under intense enemy fire. Private George
Clare spent two days carrying and dressing casualties under heavy enemy fire
and then crossed the battlefield to a group of casualties where each was
seriously wounded. He stayed with them and treated them on his own for hours
until he was relieved. While carrying a casualty on his back, he became aware
that gas attacks were imminent and ran to each company post to warn them to
put on their gas masks. Private Thomas Young went out on nine separate
occasions to bring in men from places everyone else thought were unreachable,
as did Private Arthur Poulter, who carried ten badly wounded men back, one at
time, on his own, through heavy fire. Two of them were shot while on his
back. Finding a group of 40 casualties, he set up an aid post and dressed their
wounds in full sight of the enemy. Private John Francis was equally defiant of
enemy artillery, cutting across the battlefield again and again to get supplies to
tend to a large group of wounded. On his final trip he guided back a group of
bearers and they evacuated the wounded. Lance Corporal William Coltman
went alone into a heavily machine-gunned area and found a group of casualties
that had been abandoned. He dressed their wounds and took them all back to
safety on his back, one by one, working for 48 hours without stopping. 12

From the first day they carried a coffin to the cemetery from the
Cambridge Hospital as part of their training course, bearers learned more about
death than any other man on the battlefield. They learned not to fear the sound
of its footsteps as it followed them on each carry. They learned to recognise
when it had got there before them - to see instantly who was dead and who still
lived. They got used to the fatally wounded man who waved them away, saying
there were more deserving cases around him. Often those who knew they were
dying simply requested a match for their last cigarette so bearers always made
sure to have matches and cigarettes in their panniers together with their precious
maps wrapped in an oilskin to keep them dry. They learned to watch men die -
sometimes they could sit back on their heels in the mud and wait with them for
a few minutes until it was over. They learned to help some of the dying out of
this world, either with soft words or with a dose of morphia. They learned to
turn away and find others who would live, leaving them to do their dying on
their own. They learned to leave men not yet dead when they had no more
strength, or room on their stretchers or their backs, or it was simply too
dangerous to remain. They carefully kept the property of the dead, stowing
watches, rings, and identity tags in their pockets and then passing them on to
someone in the battalion who could get them back to the bereaved families.
They spent hours digging graves of the men they couldn’t save and performing
the last carry to the cemetery, standing respectfully by the graveside as
congregation while the chaplain read the Committal.

Bearers stood at the edge of the war, but they did all that was asked of
them by those fighting at its centre. They never complained. Instead they
stayed still and silent at the back of the trench as the whistles blew and the men
roared, listening ‘to the iron voices of the guns to hear what sacrifices they
required that day’. Then, when everyone had gone:

Off they [would go], grimey, tired, feet stuck in sandbags over their boots
to stop them slipping, making them look like stage elephants, steel helmet
stuck on at any angle, gas helmets on alert. Off they go to bring in the
next case … Perhaps it is a bad night. Shell dropping on the tracks, the
frost gone but raining hard, everywhere mud and shell holes, parties full
of troops going up sometimes knocking the stretcher squad off the track,
into muddy shell holes full of water, their hands all raw from carrying in
the wet. Cursing, grumbling, panting, sweating, such is the life of the
stretcher bearer, working in small parties, lonely often, no excitement to

12 For details of all Victorian Cross citations in the Great War, see Max Arthur, Symbol of Courage: A
spur them, until somebody gets wounded, small thanks.

(NB For interested readers, a copy of Emily Mayhew’s book Wounded: The Long Journey Home from the Great War is now in the LMI Library.)