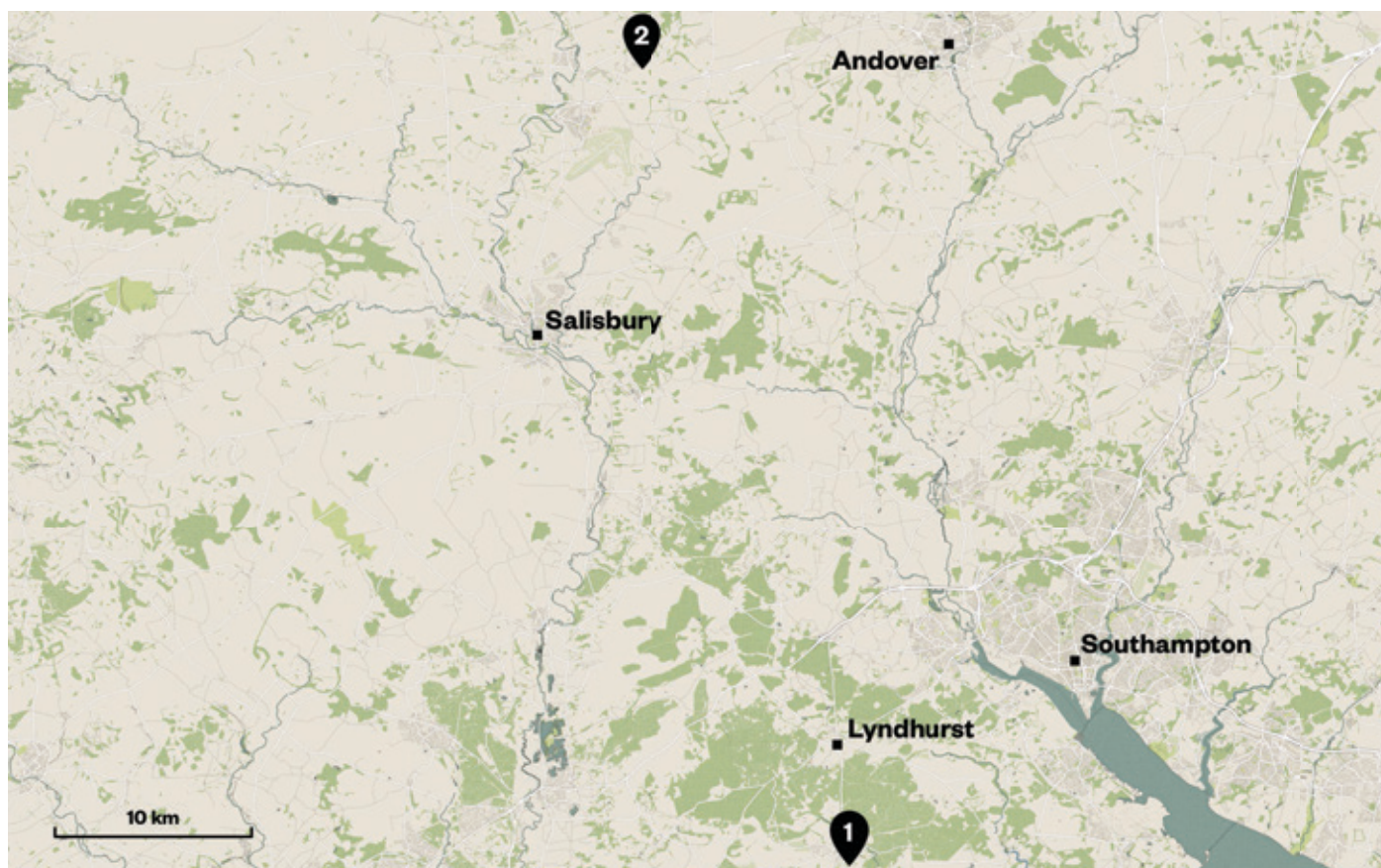




Trail 10

Brockenhurst

Sick and injured men were treated here at this large medical complex.



Taking the trail

Turn right as you leave the train station. At the T-junction take a right onto Lymington Road (A337). Continue a short way along Lymington Road to the second street on the left which is Church Lane. A signpost points towards St Nicholas Church. The church will be on your left.

Stand at the Ngā Tapuwae sign outside St Nicholas Church.

GPS

50.81434, -1.567784

Plan your time

Allow 4 - 8 hours to explore the entire Brockenhurst trail.

The Brockenhurst trail

1. **St Nicholas Church**
– *Trail overview*
2. Hospital Site
3. Sling Camp

Visit ngatapuwaenewzealand.nz/westernfront for more information on the trails.

Map based on OpenStreetMap data (licensed under ODbL) which is © OpenStreetMap contributors.

Stop 1

St Nicholas Church

Brockenhurst was where New Zealand doctors and nurses worked, and wounded soldiers came to be treated.

Must-do stop

This stop introduces the Brockenhurst trail. If you're unable to do the whole trail, this stop gives you the big-picture story in one go.

GPS 50.81434, -1.567784

Getting there from Brockenhurst Station

See directions on page 1.

Your stop

Stand at the Ngā Tapuwāe sign outside St Nicholas Church.



New Zealand soldiers perform a rifle salute at a funeral, Balmer Lawn Hotel, Brockenhurst. 1990.1717.3, National Army Museum, NZ <http://nam.recollect.co.nz/nodes/view/9949>

Story

You're standing at St Nicholas Church in the area of what was a large hospital complex taken over by the New Zealand Expeditionary Force in 1916. This is Brockenhurst, and this was where New Zealand doctors and nurses worked to treat New Zealand wounded.

To support the many thousands of New Zealand soldiers arriving in England, a huge chain of training camps and medical facilities were established.

Inevitably New Zealand soldiers spent time in more than one of these camps, either for training, medical attention, or awaiting repatriation back to New Zealand. Sling Camp near Salisbury was famous for being the first place most New Zealand reinforcements arrived at for refresher training before being sent to the Western Front.

Sling Camp was soon overflowing and so Brocton was established to train the Rifle Brigade. Other camps were set up for specialist training with the machine gunners at Grantham, the artillery at Ewshot, the engineers and Māori pioneers at Boscombe. In addition convalescent soldiers were first sent to Hornchurch and once fit were sent to Codford to harden them up before being sent back to the front. Brockenhurst was one of two New Zealand hospitals where soldiers found themselves after being evacuated from the Western Front.

There was already a New Zealand Hospital established at Walton-on-Thames, but with the move of the New Zealand Division to France and the escalation of the war in general, it became obvious that more hospitals were needed.

Brockenhurst became one of three major general hospitals established in the United Kingdom to support the flow of New Zealand patients.

"We are very busy here and have been for sometime now. This last engagement (Messines) seems to have been a ghastly affair as far as our men are concerned. One scarcely dare allow themselves to think of the many sad homes it will have made. The men are simply splendid. One never hears them growl."

– **Brockenhurst Nurse**

Torquay and Brighton were also established as convalescent homes to take soldiers who would never be fit for combat again, and who were awaiting repatriation back to New Zealand.

The English channel was constantly busy with ships ferrying troops back and forth between the hospitals and camps in the United Kingdom, and the bases in France and Belgium.

"[We] arrived at Southampton about 4 a.m. next morning after a beautifully

smooth trip. We boarded another train and arrived at this place after a short run of about half an hour. This is purely a N.Z. Hospital and is practically in the country. There is accommodation for 500 patients. The buildings are temporary affairs but well equipped."

– **Robert Brebner**

Wounded New Zealanders evacuated from France and Belgium who arrived in Dover would be sent to Walton, while those evacuated to Portsmouth or Southampton were sent to Brockenhurst.

New Zealand was very advanced in its approach to dental treatment - the field ambulances were the first to have dentists as part of the establishment. Each New Zealand Hospital had its own dental unit which could treat both minor to serious cases. It was a vast improvement to those first days on Gallipoli, where if you broke your dental plate, you had to be evacuated to Egypt.

New Zealand doctors were also at the forefront of plastic surgery, with Harold Gillies and Henry Pickerill leading the way in facial reconstruction. Pickerill was famous for his pioneering work in jaw reconstruction, and Gillies - was widely considered to be the father of plastic surgery.

Both men made significant advances in medicine and thereby gave hundreds, if not thousands, of mutilated men a future. There were also several hundred New Zealand nurses working here at Brockenhurst, and around the United Kingdom and in France and Belgium.

The injuries caused by bullet, shrapnel and shell tested the skills of the medical staff. The damage caused by a high velocity bullet was horrendous. The enormous gapping exit wound was

out of all proportion to the small incision on entry. Vital organs were destroyed and bones shattered. Artillery caused the greatest number of casualties, men would have their limbs blown off by high explosive rounds with thousands losing arms and legs.

Men would arrive, peppered with shrapnel and it the surgeons task to remove it all.

"Terrible, terrible wounds. The bullets aren't so bad but the shrapnel from exploding shells is ghastly. It cuts great gashes, ripping muscles and bones to shreds. Thirty-nine men have died on board [the hospital ship] so far and every one suffered great pain and discomfort."

– **Charlotte (Lottie) Le Gallais**

Often men had to live with these fragments for the rest of their lives, sometimes they would gradually work their way out over the years, the body's way of slowly rejecting foreign elements.

There were plenty of gas injuries as well, with victims blinded, sometimes permanently, by the gases used - mainly Mustard or 'Yperite gas' and Chlorine. Many of the survivors would feel these effects for the rest of their lives, and Mustard gas in particular had a nasty, lingering effect. Some victims had to sleep sitting up, because if they lay down the damage caused to their lungs meant that they would drown in their own phlegm.

Every conceivable type of injury, many of which people would never have survived before this war, were now being successfully treated. Despite the scale, and the types of wounds, it was a creative era for medicine, with great leaps forward. The Thomas splint was created for thigh injuries. The loss of blood from thigh wounds normally killed

most men, but the use of the Thomas splint meant that they had a much higher chance of survival and could be transported much more easily.

Treatment of gas gangrene and tetanus with serum was saving more lives, and the advancement of hygiene, and operating procedures had all improved greatly.

"The present-day methods of treating wounds have simplified things so much that patients are not living in constant apprehension of being daily tortured by having their dressings done."

– **Brockenhurst Nurse**

From 1917 onwards, blood banks were created in the lead up to battles, and successful blood transfusions were completed. There were also those with no visible scars who suffered from 'Shell-Shock' as it was known.

Right across the spectrum, a greater number of men were surviving their injuries, this had a knock-on effect it became the New Zealand governments' responsibility in terms of rehabilitation centres, and sanatoriums and this work continued on into the 1920s and 1930s.

From 1 May 1916 until the last boatload sailed for home, there were 70,000 admissions of New Zealanders into hospitals in the United Kingdom. Walton-on-Thames admitted 25,000 and Brockenhurst over 20,000.

You can imagine these injured men, being treated here in these grounds, and the nurses, doctors and medical staff, working hard to save their lives. Those who didn't make it, are buried nearby in the 93 graves, at the cemetery in St Nicholas Church.

Stop 2

Hospital Site

This site became an enormous medical complex, and home to the No.1 New Zealand Hospital.



The entrance to Brockenhurst, No.1 New Zealand General Hospital, 1918.

Alexander Turnbull Library, Wellington. Ref: 1/2-014145-G. <http://natlib.govt.nz/records/22763497>

GPS 50.81129, -1.56855

Getting there from St Nicholas Church

Continue down Church Lane for about 500 metres and you will come to a right hand turn signposted Tile Barn.

Your stop

Follow Church Lane around the corner and stand facing the Brockenhurst Heritage Walk sign on your right.

Story

You are standing at the site of No. 1 New Zealand General Hospital Brockenhurst.

This complex was initially known as 'Tin-town' and it was set up for the Indian Corps when they first went to France in late 1914 and early 1915. The New Zealanders took it over and it became an enormous complex with thousands of New Zealanders passing through.

If you can imagine, there were tents and other temporary accommodation set up all around here, on either side of this road.

The New Zealanders also took over a number of hotels in the New Forest area, which were converted into hospitals, and quarters for medical staff. They are once again luxury hotels, but during the war - they were an important part of this hospital complex.

You are standing near to where a covered walkway crossed this road from the main camp to your right, leading to the to the nurses and other "domestic" service areas on your left.

Initially, New Zealand was not going to send any nurses overseas, but as the war grew, 500 were deployed. During Gallipoli, two hospital ships were commissioned - the Maheno and the Marama, by public subscription, allowing these two passenger ships to be converted into hospital vessels.

They were staffed with New Zealand nurses who were given officer status and were to rank directly below Medical Officers. This caused some disbelief within traditional military circles, who struggled to believe that nurses were to be treated as officers.

Many women volunteered as VADs - Voluntary Aid Detachment - they assisted in the hospitals. New Zealand nurses also served with the New Zealand stationary hospital in France at Wisques and they regularly came under attack from German night bombing. They experienced directly all the kinds of horrific injuries and conditions that the soldiers were suffering from.

There were also New Zealand nurses and doctors, who came across to Europe under their own steam and worked with the French, and Belgians, attaching themselves to the volunteer organisations that were supporting those armies.

Doctors like Agnes Bennett, who were refused employment by the New Zealand Government, made their way to Cairo, and served under the French Red Cross. Later, Bennett moved to England, and then Serbia, where she was appointed commanding officer of the 7th Medical Unit of the Scottish Women's Hospital for Foreign Service. For her efforts, Bennett received the Order of St Sava, 3rd class, of Serbia

and the Cross of Honour of the Serbian Red Cross. Bennett's final service during the war was at a military hospital in Southampton before she returned to Wellington, working at Saint Helen's where she made a huge impact on maternal and neonatal death rates.

Harold Gilles was a talented New Zealand doctor working in the British Army Hospital at Sidcup who became known as the father of plastic surgery.

Gilles experimented with, and perfected techniques to graft skin and grow living tissue on patients with terrible facial wounds. He was instrumental in establishing the first facial injury ward at Cambridge Military Hospital, his work throughout the war and in the years afterwards had a huge impact, not just on soldiers' lives, but on the advancement of plastic surgery.

Henry Pickerill was the first director of the Otago School of Dentistry. During the war, Pickerill was seconded to the New Zealand Medical Corps, and he established a unit for the treatment of facial and jaw injuries at No. 2 New Zealand General Hospital, Walton-on-Thames.

This New Zealand section later transferred to Sidcup where Pickerill worked alongside Gillies. Pickerill made great gains in the fields of facial reconstruction and plastic surgery, and his work continued after the war.

Dentistry was also important here at Brockenhurst, and it was New Zealand that led the way in recognising the need for organising a proper system of dental care.

Volunteers were often rejected on account of their bad teeth, and after 1915, the New Zealand Dental Association worked with the military to provide dental care to soldiers in camp. This led to the establishment of the Dental Corps. Soon after, dental units were attached to most main hospitals in England and France, and other Armies began to follow suit.

Here, at Brockenhurst, there were three dental officers and six mechanics - or assistants, and they certainly had their work cut out for them - doing all the soldiers teeth before they were shipped out to France.

Brockenhurst itself changed rapidly during the war. The town was particularly busy with soldiers and medical staff having some much needed 'time-off', and the restaurants, pubs and cafes would have done a lively trade.

During the war over 20,000 New Zealand soldiers passed through here, and many lives were saved, owing to the hard work of the nurses and doctors who served here.

Stop 3

Sling Camp

New Zealanders trained here before leaving for the Western Front.

GPS 51.19384, -1.71494

Getting there from the Hospital Site

Continue along Church Lane and you will come to an intersection with Lymington Road (A337). Take a right onto the A337. Continue on the A337 which is signposted through the centre of Lyndhurst. Continue until you come to a roundabout. Take the first exit onto the A31 towards Brook. At the second roundabout take the second exit onto the B3079 towards Brook. Continue on the B3079 for about 8.5 km through Brook and then through Bramshaw and then Landford. After Landford you will come to a T-junction. Take a left on to the A36 towards Salisbury. Continue on the A36 until you reach Salisbury (about 15 km) At the roundabout take the second exit to stay on the A36 towards Warminster. At the second roundabout take the first exit to stay on the A36 towards Warminster. At the third roundabout take the third exit onto the A345 towards Amesbury. Stay on the A345 for about 12 km. At the roundabout take the third exit onto the A303 towards Bulford. After about 2.5 km take the left fork towards Bulford camp.

Follow this road for about 4.5 km through Bulford camp. Follow the right fork onto Tidworth Road. Continue for about 1 km and you will come to a track on your right.

Your stop

Find a park on Tidworth Road and follow the path on the right up to the kiwi, the walk is steep in places and reasonable footwear is a must.



'The Kiwi' as seen from Sling Camp, Bulford, England. 1919. Reproduced courtesy of Museum of New Zealand Te Papa Tongarewa under a CC BY-NC-ND licence (0.031996)

Story

You're standing next to the famous 'Kiwi' - that looks down on Bulford Camp, at the part, that was once known as Sling Camp.

The kiwi was carved into the chalk here in 1919, after the war, by New Zealand troops, who just wanted, above all, to go home. Officers at the camp needed to find something, anything, to keep the men busy, so the idea of the kiwi was conceived. It definitely would have kept the men busy, because from the kiwi's feet to the top of its back - is around 130 metres high.

In 1914 Sling Camp was set up as part of a much larger British camp at Bulford to train the New Zealand volunteers who became the British section of the New Zealand Expeditionary Force. New Zealand, by 1916, had developed perhaps one of the most efficient reinforcement systems in the world.

It had to be efficient, because shipping was scarce and so unlike Australia and Canada who took new recruits through the door as they came in, New Zealand needed a different system. A New Zealand volunteer would front up to the recruiting hall and after he was signed-up, he was then sent home again to be called-up in monthly batches of 2,000, to report for initial training at Trentham.

He would then go for advanced training at Featherston Camp, before marching

back over the Rimutakas then being sent on final leave before going overseas. It was an efficient system.

If you had previous territorial force experience, your training was accelerated, but if you were not fit enough or could not shoot you were put back to a later reinforcement draft, so that by the time you left New Zealand you had completed your musketry training, you were fit, and you'd marched over the Rimutakas - a rite of passage for all recruits.

These green soldiers then had this six or seven week voyage to the United Kingdom, arriving at Liverpool or Southampton, and they were then taken by rail to their training depot.

Infantry were trained at Sling, with the Rifle Brigade at Brocton. The machine gunners were trained at Grantham, and there were separate engineer and artillery depots, with the engineers and Pioneers at Boscombe and artillery at Ewshot.

As warfare evolved, the techniques and training also had to change to keep pace. Men were introduced to new weaponry and technology, and they had to learn about the equipment in detail. This included the Lee Enfield Rifle, grenades, mortars and the Lewis light machine gun.

As the war progressed, the way armies fought changed as well. At first it was the techniques of open warfare that were taught, then it settled into trench warfare, and then - back to open warfare again, but now it evolved into a highly-mobile open warfare, with machine guns, artillery, tanks, aeroplanes, gas and flamethrowers.

Teams of men were trained to fight in small groups, employing assault tactics to destroy enemy machine guns nests - one by one. All this training happened at Sling.

A New Zealand soldier could spend eight to ten months in the training process, going from New Zealand to England, then on to France or Belgium, before getting to the front - but it was a regular and sustained process.

James Allen, the Minister of Defence, was responsible for the organisation of New Zealand military forces during the war and he was instrumental in introducing conscription in 1916. Allen fought hard to keep the size of the New Zealand force to a division, and he recognised that the small, specialist pool in New Zealand could easily be wiped out if everyone volunteered at once.

You simply couldn't have, for example, all of the Otago Medical School enlisting as stretcher bearers as they did for the Gallipoli Campaign in 1915. Training them to be doctors was more important and so they were sent back from Egypt to continue their medical training.

In 1917, an extra infantry brigade was raised, but this was reduced again in 1918. Allen carefully measured what the country could sustain, and even then the tragic cost of this war meant that New Zealand, of all the Dominions in the British Empire, still sent the highest percentage - nine percent - of her population to the war.

This was 100,000 men out of 240,000 men of eligible age. There were close to 60,000 casualties, including 18,000 dead.

Below where we stand at the Kiwi were the New Zealand barracks at Sling Camp. In 1919, with the armistice signed and the war over. This emblem was carved to keep bored men busy before they could be sent home. It is now a reminder of the thousands of New Zealanders who passed through here on the way to the Western Front.