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Introduction

In this “total war”¹, both the military and voluntary organisations gave their contribution to the war effort, especially in the care of diseased and wounded soldiers. Among these organisations were the Red Cross Societies, created since the 1864 Convention, which approved what had been defined the previous year in Geneva. The aim was for healthcare providers and organisations to care for soldiers on a neutral basis under a same distinctive sign (red cross or red crescent)². The origins of the Portuguese organisation go back to 1865, when a first commission was created, which became, in 1887, the Portuguese Red Cross Society³. This voluntary organisation collaborated with the official military authorities during the First World War.

Since August 1914, in order to secure its overseas colonies, Portugal had started reinforcing its military presence in Angola and Mozambique, where confrontations occurred with German troops. Despite this, Portugal remained neutral until the seizure of German ships that had taken refuge in Portuguese waters since 1914. This was the cause for the German declaration of war on 9 March, 1916. As a consequence, Portuguese troops were sent to Northern France in the following year⁴. With the arrival of the Portuguese on the

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European theatre of war, specifically in the Nord-Pas-de-Calais, in the British sector, a healthcare system was organised to provide first care and, if necessary, evacuation from the trenches. Thus, on the front lines, there were “advanced first-aid posts”, i.e. mere shelters in which a doctor and two male nurses could provide urgent medical care. Men could then be evacuated to “first-aid posts” and from there to one of the nine “ambulances” - akin to present-day field hospitals – where they could receive more complex treatments than those provided in the trenches, and in better facilities. In some cases, tents were used as ambulances while in others, former schools, houses, hotels or warehouses were adapted to receive injured and ill soldiers. Two of these ambulances were later transformed into “blood-hospitals” that were located between the second line and the rear-guard. In these structures, the sick and the wounded could receive intricate medical care. Those who needed a longer recovery or specific surgery could be evacuated to base hospitals behind the front. In 1918, there were two Portuguese base hospitals in France, located by the coast, in Ambleteuse, between Calais and Boulogne-sur-Mer. Along with these hospitals, there was also a “convalescent camp” with 1.000 beds, which allowed men to rest and recover for a couple of days, keeping the hospital beds free for those who needed medical care.

Aside from these structures, built and run by the Portuguese army, voluntary organisations were also building their own hospitals to receive sick and wounded soldiers, namely the Portuguese Red Cross. What was the role of the Portuguese Red Cross in France during the Great War and how did it collaborate with the allied nations? For a better understanding of the impact of the Portuguese Red Cross Hospital in France in the care of sick and wounded soldiers during the war, a qualitative and quantitative analysis of the records held at the Archive of the Portuguese Red Cross (ACVP) in Lisbon was done. Apart from maps and photographs they mainly contain the correspondence between the President of the Portuguese society and its members in France. Furthermore, the quantitative analysis of the admission books of this Red Cross Hospital would reveal how many patients were admitted, the causes for each hospitalisation, its duration, and what their condition was when they left the hospital. The Portuguese Military Historical archive (PT-AHM) also holds relevant documents on this subject.

Probably due to its short existence, this healthcare structure has so far gone unnoticed and has been studied neither by the international historiography nor in local studies. Despite the recent interest and a growing number of

works on the Portuguese participation in the First World War, very little research focused on the role played by the Portuguese Red Cross and even less on its collaboration with other nations or its presence in France. The theme is under-researched, and only some general references to it and some press articles can be found, particularly on the issue of female Portuguese nurses\(^6\). Although these societies played an important role on the issue of war prisoners\(^7\), this is not the scope of this article. This paper focuses on the Portuguese Red Cross Hospital in France, first by underlining some major aspects of the international cooperation that contributed to its construction, then by examining the patients’ data and lastly by underlining some aspects concerning the staff that worked for this institution.

**Transnational networking**

Following the declaration of war, the Portuguese Red Cross opened a “war subscription” to raise money to open a hospital in France, amongst other activities\(^8\). One year later, in March 1917, a group was sent to prepare the establishment of this hospital. Among its members were the matron Maria Antónia d’Atouguia Ferreira Pinto, the Red Cross commissioner Luís Bettencourt and the doctors Jorge Cid (hospital director) and Alberto de Azevedo Gomes (head of the surgery section)\(^9\).

At their arrival in Northern France, they visited several hospitals of the French and British Red Cross societies. The aim was to collect as much useful information as possible for their future hospital\(^10\). Maria Antónia had personal and friendly relations with people from these societies and hoped to use her contacts in favour of the Portuguese Red Cross\(^11\). The members of this study team started to hold meetings with the Portuguese military authorities, whom they were subordinate to, and with the British Red Cross commissioner. Several letters underlined the lack of support from the Portuguese


authorities, mentioning on the other hand, how well the study team had been received by the French and British authorities. According to the historian Maria Lúcia de Brito Moura, the Portuguese Red Cross felt isolated and disregarded by the political elite because it was associated with the monarchy and Catholicism. Therefore, the Republican and anticlerical government saw it as a threat and was reluctant to support its actions. This somehow explains the limited role played by the Portuguese Red Cross during the First World War, which contrasts with that of other nations where these societies were closer to the military authorities, thus raising questions on their neutrality.

With limited support from the Portuguese government, the Portuguese Red Cross established a cooperation with the British institution essentially to build its hospital in France. Although the Portuguese Red Cross society did not have any previous collaboration with the societies of other nations, Maria Antónia established a network with allied nations. Despite the absence of information on this matter, it is important to remind that the Portuguese were in the British sector and extremely dependent on them (including in health issues), probably helping establishing direct contacts with the British Red Cross. This strengthened the relations between the two Red Cross societies to the detriment of the French ones, with whom the Portuguese do not seem to have direct contact. For the same reasons, it is likely that the Portuguese obtained from the British the contact of the American Red Cross, with whom a collaboration was also established. This collaboration corroborates that idea sustained by several historians, that the First World War was a turning point for humanitarianism becoming a global conscience with a shared humanist culture, particularly for the Red Cross societies. The Great War helped establishing transnational networks in the medical field caring for soldiers and civilians. However, these were not neutral but belligerent and focused on the needs of allied countries, which was particularly evident in the case of the British and the American Red Cross societies. Nonetheless, this conflict con-
tributed to the consolidation of the Red Cross societies, particularly the British one.\textsuperscript{16}

One might ask what advantages the British Red Cross drew from this collaboration, aside strengthening its actions and developing possible future actions with the Portuguese institution. Certainly that this hospital could be useful to care for British soldiers, if needed, and above all to reduce the number of Portuguese admitted in the British healthcare structures. At the time of the negotiations, in 1917, the Portuguese were already in France without any rear hospital of their own so sick and wounded soldiers were forwarded to British healthcare structures.\textsuperscript{17} Furthermore, through this collaboration, the British decided what type of hospital, how and where to build it, even having their own architect drawing the plans and controlling the construction, as we will see.

Back to the networking relations, the members of the Portuguese study mission met with the commissioner of the British Red Cross, Lord Donoughmore, on several occasions. He offered to help them by providing all that was needed for the future hospital, except the building itself and the vehicles, for free. During the several meetings that took place, he advised on what should be done, explaining, for example, that the British army was already using all the major buildings of the region and that it would be too expensive and complicated to convert an existing one into a hospital. Therefore, the Portuguese institution decided that it would be better to build its own from scratch.

Following this advice, Lord Donoughmore and the British Red Cross suggested a hospital with barrack-buildings, following the Canadian models that were, at the time, considered to be the best and which the British army was using in France. In the beginning, the members discussed the construction of a hospital consisting of four wooden pavilions with a total of 200 beds. This construction would take three months and cost between 5 and 6 thousand pounds. The British Red Cross also volunteered to have all the works that were to be done surveyed by reliable constructors.\textsuperscript{18}

The choice of location relied on an agreement between the British and the Portuguese commanding officers. This was not an easy decision, as described by the commissioner Luís Bettencourt. According to him, they were visiting

\begin{flushleft}
\textsuperscript{18} – “Letter from Azevedo Gomes to the PRC President” (19/04/1917), ACVP F-WWI Ambleteuse 1.
\end{flushleft}
properties just about everywhere, almost begging for a place to build their hospital. In June 1917, when they finally chose a location, he was unsatisfied because it was a “low land, dry and exposed, like no other, to the winds from the North”. The Portuguese team was disappointed and demanded another location. Maria Antónia negotiated with the commanding General of the British base and managed to obtain a patch of land in Ambleteuse, close to a road and not too remote from the houses that would accommodate the officers and nurses\(^\text{19}\). According to Dr Jorge Cid, when referring to these negotiations, the British mentioned that the matron was so motivated and persistent that they feared she would start building the hospital without permission\(^\text{20}\). The road near the location obtained was the former Route Nationale 1, or National Road, that linked Paris to Calais, crossing Ambleteuse (Map 1). João Paulo Freire, who went to Northern France with the Red Cross staff in November 1917, wrote several chronicles about their adventures, which were gathered in a book, and mentioned that the chosen site was in a high place with a view over the sea and the countryside\(^\text{21}\).

![Map of Portuguese Red Cross Hospital in Ambleteuse (1918)](image)

**Map 1.** – Portuguese Red Cross Hospital in Ambleteuse (1918).

\(BH\ 1 – \text{Base Hospital 1} ; BH\ 2 – \text{Base Hospital 2} ; PRC – \text{Portuguese Red Cross.}\)

Source: ACVP F-WWI Ambleteuse 1. © OpenStreetMap contributors (adapted).

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20. – “Letter from Jorge Cid to the PRC President” (18/07/1917), ACVP F-WWI Ambleteuse 1.
The site was rented for over 25 francs per month, paid by trimester, and the members of the Portuguese Red Cross also decided to rent three chalets (Eole, Sourire d’Avril and Brise de Mai) and the Hotel de la Paix, in Ambleteuse, to accommodate the officers and nurses that would be working at the hospital. The houses were located in the Rue de Lille, about 500 meters from the hospital, and rented for 2800 francs per trimester. The chosen constructor was Somerville & Co., the only one having applied. Mr. Limming, the British Red Cross architect, drew new plans and defined the specifications of the hospital, that was then budgeted at 11.500 pounds.

Since the study team would eventually return to Portugal, Lord Donoughmore and Limming supervised the construction and the accounting. Consequently, before leaving France, Mr. Bettencourt left 200,000 francs to the British Red Cross to cover the expenses for the construction of the hospital. It should also be mentioned that the study team bought some equipment for the future hospital in Ambleteuse – like books, bags, blouses, aprons and caps for the nurses – under the supervision of the British Red Cross in France.

A couple of weeks after the departure of the team, Lord Donoughmore wrote to the President of the Portuguese Red Cross explaining that the construction was not progressing and that it was not their fault. The wood that was needed to build the barracks was still in England, and the British authorities had only just then given their authorisation to ship them to France. This led Lord Donoughmore to think that things would go “smoothly” from then on. However, the situation was quite different, and the construction of the hospital was delayed for several reasons. First, Lord Donoughmore went to India and was replaced by Sir Arthur Lawley, who luckily accepted all the terms and conditions of the agreement done by his predecessor. Second, the British architect changed the project twice, and each change required superior approval, which also delayed the works. Then, there were other problems linked to the wood, the lack of materials or workers, as well as the terrible weather conditions with rain and mud. The hospital should have been ready by the beginning of October 1917 but when the matron returned to Ambleteuse, there were only foundations for two barrack-buildings wards.

22. – “Letter from Luís Bettencourt to the PRC President” (n.d.), ACVP F-WWI Ambleteuse 1.
23. – Idem.
25. – “Letter from Lord Donoughmore to the PRC President” (23/08/1917), ACVP F-WWI Ambleteuse 1.
26. – “Letter from Maria Antónia Ferreira Pinto to the PRC President” (11/10/1917), ACVP F-WWI Ambleteuse 1.
The hospital plan of October 1917 included twenty\textsuperscript{27} wood-barrack buildings of different sizes (Plan 1, Figure 1). There were two U shaped main medical wards and a long surgery ward, provided with 60 beds each. The latter was linked via a covered corridor to the surgery house, which had a surgery room with sterilisation and anaesthesia and two smaller wards with 20 beds (one for special cases and another for officers). Behind, there was a smaller building with laboratories and different machines, like the X-Ray. Before the wards, the hospital had a reception with bathrooms and several rooms to perform first-aid dressing and patient triage. The facilities also included dorms (one for sergeants and another for the enlisted personnel working at the hospital) and messes (one for sergeants and enlisted soldiers and another for officers and nurses), along with other buildings such as bathrooms, a kitchen and an administration building with a pharmacy. The Portuguese Red Cross complex also included other facilities such as a morgue, an incinerator, a disinfecter as well as stores for food and health material. Almost all buildings, including the wards, the administration, the dorms, and the messes, had heating\textsuperscript{28} (Figure 2).

\textbf{Plan 1. – The Portuguese Red Cross Hospital in Ambleteuse (1918).}

\begin{itemize}
  \item 1 – Medical Wards
  \item 2 – Surgery Ward
  \item 3 – Surgery House
  \item 4 – Laboratories and X-Ray
  \item 5 – Reception
  \item 6 – Sergeants’ Dorm
  \item 7 – Enlisted Soldiers’ Dorm
  \item 8 – Sergeants and Enlisted Soldiers’ Mess
  \item 9 – Officers and Nurses’ Mess
  \item 10 – Bathrooms
  \item 11 – Kitchen
  \item 12 – Incinerator
  \item 13 – Administration
  \item 14 – Stores for food and health material
  \item 15 – Disinfector
  \item 16 – Morgue
\end{itemize}

Source: ACVP F-WWI Ambleteuse 1.

\textsuperscript{27} – Other plans indicate another building projected as a bathhouse for officers behind the mess. “Maps and plans of the hospital”, ACVP F-WWI Ambleteuse 1.

\textsuperscript{28} – Idem.
As mentioned earlier, the cooperation established with the British Red Cross did not include a vehicle that this organisation could use. Therefore, almost since the beginning, Luís Bettencourt tried to buy a car, which was not an easy task. Thus, the delegation of the Portuguese Red Cross in London finally offered a Daimler car and spare parts, in October 1918.

As agreed, the British Red Cross provided everything necessary for the hospital including food supplies, medical and pharmaceutical material but not nursing staff. As other authors have underlined, the Portuguese presence in France was totally dependent on the British resources from supplies to communications and this hospital is not an exception. When the Portuguese were in need of something specific, they would ask them first. For example, in December 1918, the hospital needed blankets, and it was difficult to buy them in France due to war deprivation. When asked, the British Red Cross could not provide any so the London delegation of the Portuguese Red Cross

30. – The Portuguese Base Hospital 1 had female nurses that were British until February 1919. “Ordens de Serviço do Hospital da Base 1”, PT-AHM-DIV 1/35/0674/01.
31. – F. R. de MENESES, op. cit., p. 15.
bought 420 brightly coloured cheetah blankets and offered them to the hospital\textsuperscript{32}.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{fig2.png}
\caption{Ward at the Portuguese Red Cross Hospital (1918).}
\end{figure}

\textbf{Source:} ACVP.

Not only did the British contribute to this hospital but so did the American Red Cross. While it was still under construction, the American organisation offered 25,000 francs for its electric installation, which included a fuel engine and an accumulator battery. The place where the hospital was built was not connected to the electricity network, so it was necessary to have an engine. This would provide an “electric installation” for the X-Rays to perform surgeries day and night. Once more, it was up to Maria Antónia and Luís Bettencourt to conduct all the negotiations for this cooperation\textsuperscript{33}. On 31 January 1918, the American Red Cross commissioner, J. H. Perkins, wrote to his Portuguese counterpart to confirm their financial support, stating that it was “an evidence of our co-operation and interest”. Moreover, he justified

\begin{footnotesize}
\textsuperscript{32} – “Letter from Luís Bettencourt to the President of the PRC Delegation in London” (12/10/1918); “Letter from Luís Bettencourt to the PRC President” (03/12/1918), ACVP F-WWI Ambleteuse 2.
\textsuperscript{33} – “Letters from Luís Bettencourt to the PRC President” (14/12/1917 and 30/12/1917), ACVP F-WWI Ambleteuse 1.
\end{footnotesize}
their aid by saying that “the friendly relationship between our countries and
the great service Portugal is rendering the Allies make it particularly appro-
priate that we should in some measure recognize the objects we are all so
anxious to attain”34.

Despite this financial aid, in August 1918 (four months after its opening),
the hospital was still waiting for electricians from Paris to complete the elec-
tric installation in some of its buildings. Nevertheless, “this was the only hos-
pital with such improvements in the region”35. Other letters indicated that due
to the lack of fuel, the engine could not work and so, now and again, the hos-
pital would want electricity and would have to use petrol lamps. Such was the
case on October 13, “a few days before completing the electric installation”,
and the situation lasted until the end of the month36. Because of these delays,
the final cost of the electric installation was 32,000 francs, almost 30 % more
than what had initially been defined. The matron and the Portuguese com-
missioner requested the American institution to pay this difference37.
However, nothing indicates that this was actually done. Though, the
American Red Cross proposed to donate warm clothes to the Portuguese war
prisoners that were being released38.

It seems that no form of cooperation was established between the French
Red Cross Societies and the Portuguese one. Nonetheless, a French univer-
sity gave a boat to the institution so that the convalescent Portuguese soldiers
could fish. It was just as important for the hospital as for the people of
Ambleteuse since it allowed them to overcome the scarcity of fish in
wartime. According to several documents, the hospital staff fished quite a lot
with this boat, enough to ensure the patients’ and the staff’s meals and give
some to the local population39.

Various members of the Portuguese Red Cross mentioned that this hospital
offered total comfort. They also stated that it received several compliments
and was seen as a “model-hospital” that surpassed the Canadian ones40.
Although difficult to compare, it is easy to consider this statement as exag-
gerated, especially if we consider that the hospital was a copy of the
Canadian, with the plans being drawn by a British architect and all medical
and hospital supplies provided by the British. According to the director of the

34. – “Letter from J. H. Perkins to Luís Bettencourt” (31/01/1918), ACVP F-WWI Ambleteuse 1.
35. – “Letter from Luís Bettencourt to the PRC President” (12/08/1918), ACVP F-WWI Ambleteuse 1.
36. – “Letters from Luís Bettencourt to the PRC President” (13/10/1918 and 31/10/1918), ACVP F-
WWI Ambleteuse 2.
37. – “Letter from Luís Bettencourt to the PRC President” (18/11/1918), ACVP F-WWI Ambleteuse 2.
38. – “Letter from Luís Bettencourt to the PRC President” (03/12/1918), ACVP F-WWI Ambleteuse 2.
39. – “Several written and iconographic documents”, ACVP F-WWI Ambleteuse 1.
40. – Boletim Oficial da Sociedade Portuguesa da Cruz Vermelha, III° série, vol. III, Lisboa, Casa
Portuguesa, 1919, p. 8, p. 155.
surgical services of the Portuguese army in Ambleteuse, the Red Cross hospital did have good conditions, better than Base Hospital 2, although similar to Base Hospital 1. He pinpointed a certain number of flaws in the Portuguese hospitals, including in the Red Cross hospital namely the absence of a highly trained staff (female nurses, surgeons, radiologists, pharmacists, among others)\textsuperscript{41}.

The hospital cost around 320,000 francs, and the British Red Cross offered all that was necessary for the buildings, as had been initially decided\textsuperscript{42}. Although it was not finished, patients started arriving on 9 April 1918, following the Lys Offensive (also known as Operation Georgette or Fourth Battle of Ypres), when the Germans attacked the Portuguese lines.

**Asthenia and a variety of illnesses**

In the Lisbon archives of the Portuguese Red Cross, two books hold the hospital’s admission registers; one for officers and the other for enlisted soldiers and sergeants. The data fields of these two books do not vary since they only cover a period of ten months allowing for a continuous quantitative analysis. The records are quite complete apart from some fields left blank. For each patient there is a name and some other details, such as date and place of birth, parents’ names, marital status, military rank and date of joining the army plus information on his illness or injury, including his admission and discharge date, and the latter’s details. These records run from 9 April 1918 to 23 January 1919, when the last patient left the hospital, at its closing\textsuperscript{43}.

For almost ten months, between 9 April and 20 January 1919, there was a total of 747 admissions. Only two of these were not Portuguese but British soldiers. One was admitted in June due to cardiologic problems and remained there for 80 days. Afterwards, he was transferred to the 32 Stationary Hospital in Wimereux. The other Briton was admitted in December with weakness symptoms, a concussion and a sprained ankle. He stayed for 16 days and was then discharged\textsuperscript{44}. The reasons behind these two entries are unknown but it is possible that they arrived with other Portuguese soldiers, that their situation did not allow to transport them to another health structure or that there was no available transport. Given the neutral status of the Red Cross, patients from other nationalities would be expected in this analysis, at

\textsuperscript{41} The absence of sources on the other Portuguese hospitals do not allow us to deepen this comparison. R. DOS SANTOS, “Report on the surgery services in the Base”, typewritten, 12/09/1918, PT-AHM-DIV 1/35/1416/05.
\textsuperscript{42} Boletim Oficial da Sociedade Portuguesa da Cruz Vermelha, op. cit., 1919, p. 155.
\textsuperscript{43} Livro de registo de oficiais que estiveram em tratamento no Hospital de França; Livro de registo de praças de pré que estiveram em tratamento no Hospital de França, ACVP.
\textsuperscript{44} Livro de registo de praças de pré que estiveram em tratamento no Hospital de França, ACVP.
least a higher number from the allied states. While the Portuguese were often admitted in British healthcare structures, it seems rarer the other way around, possibly due to a mistrust.

Since this hospital mainly received Portuguese soldiers, our analysis focused on these patients. As can be seen in Graphic 1, the number of admissions and discharges kept increasing until June, when there was a peak of 182 admitted patients, probably due to the first outbreak of the influenza pandemic, which was, at the time, affecting the European continent. After this, it kept decreasing until November when it increased again, with new cases of the flu and weakness. Following the end of the war there was a decline in the number of admitted patients when the hospital would welcome released war prisoners.

![Graphic 1](image)

**Graphic 1. – Admissions and discharges of the Portuguese Red Cross Hospital in Ambleteuse.**

There was a total of 26,782.5 days of hospitalisation for the 745 Portuguese in this hospital, with an average of 35.85 days per patient. Some remained one or two days while others stayed for over eight months. Twenty-five men were admitted at two different moments and six others on three different occasions. This means that 708 different Portuguese soldiers were admitted there, representing 1.3% of the total number of men sent to France. The average patient was a single, twenty-seven-year-old private, from Lisbon or Porto, admitted due to illness, specifically weakness.

If we look at the data in detail, particularly the patients’ marital status, 471 were single, 263 married, seven widowed, and one divorced (three unknown cases) (Graphic 2). This undoubtedly reflects the marital status of the Portuguese troops and population. According to the 1920 census, 62.1% of

the men were single, 34.3% married, 3.5% widowed and 0.1% divorced. Since the widows were usually older, they were not recruited due to their age, which explains the slight difference. In Portugal, divorce became legal in 1910, with the Republic, however, the number of divorced couples was quite insignificant.

Graphic 2. – Patients’ marital status.

742 cases. Source: Livro de registo de oficiais que estiveram em tratamento no Hospital de França, Livro de registo de prazas de pré que estiveram em tratamento no Hospital de França, ACVP.

As for the geographic origin of the patients, we gathered data on the current eighteen Districts of Portugal, as well as on the Azores and Madeira Islands (autonomous regions). To these we added the “overseas territories”, which revealed a low number of men (seven) born in Angola, Cape Verde, Guinea-Bissau, Macau and Portuguese India. Clearly, most of the men came from the main Portuguese towns: Lisbon and Porto counted 94 patients each, followed by Viseu (66) and Santarém (59), although these were not major population centres (Graphic 3).

Concerning the age of patients at the date of admittance, it varies from eighteen to fifty-five-year-old, being the youngest a corporal and the oldest a colonel of the commanding office (5 unknown cases). As abovementioned, the average patients’ age was twenty-seven-year-old. The analysis revealed that eight out of ten were aged between twenty and twenty-nine-years. The older patients had higher military ranks but were obviously less frequent, being proportionally admitted in smaller numbers.

Indeed, the analysis of the patients’ military ranks revealed that the majority were enlisted soldiers (65.1 %), namely 420 privates and 65 corporals, which is a smaller proportion of the total enlisted effectives of the Portuguese Expeditionary Corps in France (88 %). The number of admitted sergeants (51) was proportionally similar to their presence in the Portuguese forces, while the percentage of officers (28.1 %) was much higher, since they only represented 6 % of the men sent to France. This meant that, proportionally, the hospital received a higher number of officers, maybe because it had better conditions for longer hospitalisation than other Portuguese hospitals in Ambleteuse. In Graphic 4 the different military ranks are discriminated, including for officers, revealing that the hospital received one colonel, seven majors, forty captains, seventy first-lieutenants and ninety-one second-lieutenants.
745 cases. Source: Livro de registo de oficiais que estiveram em tratamento no Hospital de França, Livro de registo de praças de pré que estiveram em tratamento no Hospital de França, ACVP.

As for the causes that led these men to be admitted to the hospital, we must underline that over one third had multiple ailments, which makes the analysis more intricate. Because this was a rear-guard hospital that could receive cases that required more complex medical care and longer convalescence, only a small number suffered from wounds linked to combat (70 cases). These were usually fractures, contusions and shrapnel wounds, from grenades or bombs, which required major surgery that could be done in this hospital. Until the end of August, twenty major surgeries were reported. In thirteen cases, the ailments included wounds and illnesses, and there was one case that was registered as “undetermined” (Graphic 5). This means, all in all, that the main cause for the Portuguese troops’ admission to this hospital was illness (661 men).

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48. – ACVP F-WWI Ambleteuse 3.
As regards the reported illnesses, there was a vast number of causes and multiple illnesses for the same entry, which rendered the analysis more complex. In these cases, the goal was to define the main cause for hospitalisation. However, this is impossible to determine, due to the lack of details in the admittance records. Notwithstanding this, one out of four men admitted to this hospital suffered from weakness or asthenia (Graphic 6), which is not surprising if we take into consideration that when the hospital was open the roulement of troops was not respected, and men remained in the trenches for long periods; this was then quite common in rear hospitals, where Portuguese soldiers would be admitted to rest for some days and it was often registered with another illness. Aside from asthenia, the admitted men suffered mainly from infectious diseases or diseases of the respiratory system. One out of eight suffered from the flu (all types), usually followed by other diseases like bronchitis, malaria, tuberculosis, pleurisy, anaemia and rheumatism. There were at least thirty-four cases of men treated for exposure to gas, and nine of them had this listed as their only cause for hospitalisation, without any further details. On a smaller scale, there were also cases of mental disorders (shell-

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shock\textsuperscript{50}, venereal diseases (syphilis and gonorrhoea), circulatory system disorders (angina, aortitis), diseases of the digestive tract, like enteritis, and skin diseases, like scabies.

When we look at the causes for hospitalisation by military rank, records do not reveal any major difference. If any, only slightly at the registered diseases with officers being proportionally suffering more of malaria, bronchitis, and tuberculosis, while lower ranks suffered more of asthenia and flu. Without any further information or reason for these differences the analysis cannot be deepened. Unfortunately, there are no references on the applied treatments nor on any possible differences according with the military rank, aside the existence of officers and non-officers’ wards.

![Graphic 6. – Admitted patients’ illnesses.]

674 cases. Source: Livro de registo de oficiais que estiveram em tratamento no Hospital de França, Livro de registo de praças de pré que estiveram em tratamento no Hospital de França, ACVP.

This portrayal of sickness was not only typical of the Portuguese army. In the British army, around 60\% of the hospitalisations were due to illness, among which stomach complaints or skin diseases but also rheumatism and trench foot. The latter was less common among Portuguese troops. Among the Germans, illness struck around 50\% of men, many with lung conditions due to the cold, the rain and poisonous gas.

\textsuperscript{50}. – Portugal did not have any hospital or wards exclusively for psychiatric patients in France during the First World War. Some psychiatric doctors or neurologists as António Flores, Cancela de Abreu, Rui Dique Valdez, among others, were called to observe shell-shocked patients, to declare if they were fit for duty and if necessary to repatriate them. “Letter from the Chief of the Portuguese Expeditionary Corps’ Health Services to the Chief of the General Staff”, PT-AHM-DIV 1/35/0123/06; ACVP F-WWI Ambleteuse 2.
As for the patients’ discharge, almost half of the men left the hospital either cured (197) or recovered (160) (Graphic 7). Usually, those who had recovered were granted some days to convalesce or had to present themselves to a medical board that would decide if they needed a longer period of leave. Almost as many men (341) had to present themselves to a medical board that would determine their future. Out of these, 52.1% were granted leave (many of 60 and 90 days), while 46% were considered unfit for duty and 1.8% were determined fit and returned to the trenches. A small number of men was transferred to other hospitals (41, mainly to Portuguese ones), while 6 died there. Concerning the causes of death, there were four cases of infectious diseases (all linked to the respiratory system) and two cases of non-infectious ones. From these two, one was linked to the circulatory system and the other to a metabolic disease. The average age of death of these men was 25.5 years old.

A constant turnover of the staff

A hospital cannot work without a team of doctors, nurses, technicians, auxiliaries, servants, among others and this institution was no exception. In some words, the personnel working at this hospital was Portuguese and constantly changing, varying with the leaves and discharges but also dependent on the number of patients that evolved with the conflict. In some occasions especially after the first months that followed the hospital opening, more nurses,
stretcher-bearers, and doctors were needed, while in September 1918 there was a clear desire to reduce the hospital staff.\textsuperscript{51}

This turnover was also felt at the head of the hospital, with six different directors\textsuperscript{52} in almost ten months, some being provisional, appointed due to illness or to the absence of the director. According to the records, none of the doctors that took part in the first group that left to France in November 1917 was still on duty when the hospital closed. Indeed, several surgeons and the initial pharmacist were discharged due to health reasons. Facing a lack of doctors, surgeons and pharmacists, the Portuguese Red Cross turned to the Portuguese Expeditionary Corps, that sent different men to work at this hospital fulfilling service needs. However, following the military needs, these men were often sent to other healthcare structures not working long at the Red Cross hospital, which did not please the institution that would prefer to have their own doctors. Finally, while these men worked at the hospital, the Red Cross payed their subventions (about 800 francs), boarding, and food.\textsuperscript{53}

This hospital is also known by its female nurses, a new feature at the time and that could be on its own a topic for an article.\textsuperscript{54} As mentioned, Maria Antónia was the “matron” and responsible by the female nurses, although she had no nursing training. Therefore, she never interfered on their work and had a more active role on the networking with other Red Cross societies. Senior nurses were chosen to be at the head of the wards in order to replace the matron.\textsuperscript{55} The “lady-nurses” as they were then called, were women aged between twenty-one and forty-year-old that had been trained at the Red Cross hospital in Lisbon during several months. Thirty-five different women worked as nurses at this hospital, one less than one month because she was already working at the Portuguese Base Hospital 2. From the first group of twenty-five nurses sent in November 1917, eight were still working at the closure; a second group of ten nurses was sent to France in August 1918 and six were repatriated in December 1918 in two groups due to incompatibilities among the nurses.\textsuperscript{56} Lastly, there was a group of ten women that asked to leave the Red Cross in July 1918 because of a disagreement on the terms of their contract. They were accused by the institution of misconduct in an

\textsuperscript{51} – “Diverse correspondence”, ACVP F-WWI Ambleteuse 2.
\textsuperscript{52} – Doctors Jorge Cid, Azevedo Gomes, Luís Simões Ferreira, Joaquim Salinas Antunes, José Antunes dos Santos Júnior, Fernando Matos Chaves.
\textsuperscript{53} – “Diverse correspondence”, ACVP F-WWI Ambleteuse 1 and 2.
\textsuperscript{55} – “Letter from Luís Bettencourt to the PRC President” (23/09/1918), ACVP F-WWI Ambleteuse 1.
\textsuperscript{56} – “Diverse correspondence”, ACVP F-WWI Ambleteuse 1 and 2; Nurses files available on PT/AHM/DIV/1/35A/3/01/29 until PT/AHM/DIV/1/35A/3/01/81, https://arqhist.exercito.pt/ (accessed on 28/02/2019).
episode that was difficult for the Portuguese Red Cross, putting at risk all the work developed in France\textsuperscript{57}. These women were considered as the equivalent to an ensign in the military rank, received a monthly subvention as a uniform and had all travel and food expenses paid, in a quite different situation than nurses from the British and French Red Cross societies\textsuperscript{58}. Having female nurses caring for men was new in the Portuguese context and for their services these women received a certain number of compliments but there were also some critics to their lack of training and experience\textsuperscript{59}.

At this Red Cross hospital, there were also other thirty men that worked as nurses, stretcher-bearers, servants in different services as the kitchen, administration, X-rays or the operation room. Finally, there was a Portuguese chaplain that was celebrating Mass every Sunday at the hospital and paid for his services, although he was part of the Portuguese Expeditionary Corps\textsuperscript{60}.

Final remarks

The presence of the Portuguese Red Cross in Ambleteuse was relatively important for the Portuguese army, since this hospital received mainly soldiers from this nation and a significant number of officers. Although the Portuguese troops fought in the British sector, only two patients of this army were admitted in the hospital. Despite the neutral character of the Red Cross, records do not hold any information on the admittance of German soldiers or any soldier from other Central Powers.

Unsurprisingly, the quantitative analysis revealed that Portuguese patients were admitted mainly due to illness rather than combat wounds. Nonetheless, disease was also one of the outcomes of war, and a result of the living conditions in the trenches, since malnutrition, poor hygiene, tiredness, and gas exposure had a direct impact on the soldiers' health. Furthermore, medical reports of the time, as well as letters from the Portuguese Red Cross personnel, mentioned that the local climate was not suitable for Portuguese soldiers and that it worsened their medical condition, particularly for those suffering from tuberculosis. The existing sources do not allow a deeper analysis on the treatments provided to these patients, or on any possible differences according with the military rank.

\textsuperscript{57} – “Letter from Joaquim Salinas to the Chief of the Portuguese Expeditionary Corps’ Health Services (16/09/1918)”, PT-AHM-DIV 1/35/0123/06.
\textsuperscript{59} – R. DOS SANTOS, \textit{op. cit.}; \textit{Boletim Oficial da Sociedade Portuguesa da Cruz Vermelha, op. cit.}, 1919, p. 159-160.
\textsuperscript{60} – “Letter from Luís Bettencourt to the PRC President” (04/10/1918), ACVP F-WWI Ambleteuse 2.
Initially, with the armistice, the hospital remained open to receive Portuguese war prisoners that were being liberated. In January 1919, the institution, together with the Portuguese military authorities, decided to close it and transfer all the patients to Base Hospital 1, also in Ambleteuse. By the end of the month, the existence of this original hospital, built under the advice and guidance of the British Red Cross and with the financial aid of the American organisation came to an end. The contacts that the Portuguese matron had were particularly useful for this cooperation. In fact, rather than being the nurses’ supervisor, her main role was that of negotiator with other Red Cross societies. Despite being in France, the French Societies of the Red Cross did not cooperate with the Portuguese organisation in this hospital, maybe because there were no previous personal or professional contacts among its members. Nonetheless, this hospital can be an example how during the First World War the Red Cross Societies established transnational networks to secure their needs, as well as their allies.

Although it was impossible to deepen the comparison with other British hospitals, it was an original one, different from those that existed in Portugal at the time, built with money raised by the Portuguese Red Cross, a big part of which originating from the Portuguese community in Brazil, and with little direct interference of the Portuguese state. Although the Portuguese Red Cross was under military command, contact was scarce and usually regarded healthcare personnel or patients’ issues. Therefore, this private institution managed to fulfil its aims by building its own hospital with an international support. Soon after its closure, the wooden barracks were dismantled whilst the medical and hospital supplies were shipped to Portugal or, when they could not be transported, sold in France. Nowadays, there is nothing left of the Ambleteuse compound apart from a monument built by the Portuguese Red Cross in July 1919, in memory of the fallen soldiers, that mentions that it had built a “war hospital” on that site.

Keywords: Red Cross Societies, First World War, healthcare, hospital, Nord-Pas-de-Calais.
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