

The Portuguese Red Cross during the First World War (1915–1919)

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During the First World War—a conflict of total war¹—the Portuguese Red Cross assumed a central role, collaborating with the military authorities in Africa, France, and Portugal. This involvement raises a salient question: What was the role of this organization during WWI?

The origins of the Portuguese organization trace back to 1865 when the first commission was created, which, in 1887, became the Portuguese Red Cross Society (*Sociedade Portuguesa da Cruz Vermelha*, hereafter CVP) upon approval of all its statutes. According to its founding article, the organization would provide assistance to “wounded and sick servicemen in times of war, without distinction between religion, nationality, or political beliefs,” aligning its efforts with military services. To organize volunteer support and provide assistance in times of war, the CVP would hold fundraising events and collect donations to secure the funds necessary to run such an endeavor. It also outlined the structure for creating local delegations within Portuguese territory, each led by a president, secretary, and treasurer.²

First, as we will see, this voluntary organization sent a team to Angola (1915), then to Mozambique (1916), where several healthcare structures were created by the CVP to care for sick and wounded servicemen in collaboration with military authorities. Although not officially belligerent yet Portugal had started reinforcing its military presence in Angola and Mozambique in August 1914 to secure her overseas colonies. Following the German declaration of war on 9 March 1916, Portuguese troops were deployed to France, where the CVP would eventually open a hospital in 1918.³ In the meantime, a temporary Red Cross hospital was established in 1917 on the home front to receive servicemen returning from the battlefields in Africa or in France. In this chapter, we aim to present a concise overview of the CVP’s role during the First World War, highlighting specifically how the organization’s efforts helped solidified its position within the medical and humanitarian domains.

Despite a growing corpus of literature on Portugal’s involvement in the First World War—particularly following the centenary of the war’s conclusion—there remains a notable gap in studies examining the CVP’s actions in the war numerous theaters.⁴ This chapter seeks to fill this gap by delineating the CVP’s initiatives through a qualitative and quantitative analysis of unpublished sources from various Portuguese archives. Primary sources include records

1 Rafael Marques, *Cruz Vermelha Portuguesa*, Quarteto Editora, Coimbra, 2000, pp. 23–24; *Cruz Vermelha Portuguesa 1865 a 1925*, Centro Tipográfico Colonial, Lisbon, 1926, pp. 31–39.

2 Rafael Marques, *Cruz Vermelha Portuguesa*, Quarteto Editora, Coimbra, 2000, pp. 23–24; *Cruz Vermelha Portuguesa 1865 a 1925*, Centro Tipográfico Colonial, Lisbon, 1926, pp. 31–39.

3 Filipe Ribeiro de Meneses, “The Portuguese Expeditionary Corps in France (1917–18) and the long shadow of the Peninsular War against Napoleon,” *e-Journal of Portuguese History*, 16:2 (December 2018), <https://doi.org/10.26300/d9mr-qy49>; Aniceto Afonso; Carlos de Matos GOMES, *Portugal e a Grande Guerra 1914.1918*, Verso da História, Vila do Conde, 2013.

4 Luís Augusto Ferreira Martins (dir.), *Portugal na Grande Guerra*, vol. II, Ática, Lisbon, 1938, p. 326; Marques, p. 28; Margarida Portela, “A Grande Guerra e a medicina em África: Na senda de novas questões e à procura de novas conclusões,” in C. F. Afonso e V. L. Borges (coord.), *Portugal e as Campanhas de África: da imposição de soberania à Grande Guerra*, Coleção “ARES” 8, Instituto de Estudos Superiores Militares, Lisbon, 2015, p. 301.

from the Historical Archives of the Portuguese Red Cross Society (*Arquivo Histórico da Cruz Vermelha Portuguesa*, hereafter AHCVP), the Military History Archive (*Arquivo Histórico Militar*, hereafter PT/ AHM), and the Overseas History Archive (*Arquivo Histórico Ultramarino*, hereafter AHU), along with published reports and newspaper articles from the period.

This chapter is organized into several parts, each examining a distinct geographical area where the CVP was deployed. We begin with an analysis of the African territories of Angola and Mozambique. Historians have highlighted that the expeditions sent to these two largely impoverished Portuguese colonies were plagued by severe logistical challenges, including chronic shortages of food, water, and medical supplies, nursing staff, and field hospitals. Consequently Portuguese troops stationed in Africa suffered from disease and sometimes desperate health conditions, with many servicemen being deemed unfit for duty.⁵ It was within this context of disorganization and inadequate coordination with the Portuguese army that the CVP was forced to operate.

Thereafter, we will briefly explore how the CVP operated in France, underlining the most important aspects of its presence in this war theater. Finally, we turn to the CVP's role in Portugal, focusing on Lisbon and the temporary hospital established there by the Red Cross to prepare medical teams for their deployment abroad and to receive returning servicemen.

The CVP in Angola (1915)

Portugal engaged militarily in Africa to protecting her colonial interests from Britain and Germany encroachment. Portugal dispatched troops to Angola and Mozambique in response to a German raid on the Portuguese border post in the north of Mozambique in late August 1914. The first expedition arrived in the Angolan city of Moçâmedes in early October. Days later, a confrontation with German troops took places in Naulila, followed by a German assault on the Cuangar post.⁶ As clashes intensified, particularly in Angola, this initial expedition would receive a series of reinforcements over the following months.⁷ Though figures vary across sources, over 18,000 men were deployed to Angola between 1914 and 1918, including approximately 6,000 locally recruited servicemen.⁸

5 Gomes da Costa, *A guerra nas colónias, 1914–1918*, Portugal-Brasil Sociedade Editora, Lisbon, 1925, pp. 244–245; Marco Fortunato Arrifes, *A Primeira Grande Guerra na África Portuguesa: Angola e Moçambique: 1914–1918*, Cosmos e Instituto da Defesa Nacional, Lisbon, 2004, pp. 84–87; Vítor Manuel Lourenço Ortigão Borges, *O Regimento de Infantaria 14 nas campanhas do sul de Angola da I Guerra Mundial*, Master's Thesis, Instituto de Estudos Superiores Militares, Lisbon, 2016.

6 Ana Paula Pires and Richard S. Fogarty, “África e a Primeira Guerra Mundial,” *Ler História*, No. 66, 2014, pp. 57–67; René Pélissier, *História das campanhas de Angola: resistência e revoltas 1845–1941*, Editorial Estampa, Lisbon, 1997, pp. 232–241; Alberto de Almeida Teixeira, *Naulila*, Divisão de Publicações e Biblioteca Agência Geral das Colónias, Lisbon, 1935; Augusto Casimiro, *Naulila: 1914*, Seara Nova, Anuário do Brasil, Lisbon, 1922.

7 Nuno Severiano Teixeira, “Portugal na ‘Grande Guerra’ 1914–1918: As razões da entrada e os problemas da conduta,” in Nuno Severiano Teixeira (coord.), *Portugal e a Guerra, História das intervenções militares portuguesas nos grandes conflitos mundiais séculos XIX e XX*, Edições Colibri, Lisbon, 1998, pp. 62–63.

8 Afonso and Gomes, p. 522.

In the wake of these first expeditions to Africa and the events in Naulila, the CVP decided to take action. After reaching an agreement with the Portuguese government, it launched a public subscription campaign. The organization likewise began studying “the best ways to assist our soldiers in Africa.”⁹ The Red Cross president and the Ministry of Colonies outlined how the costs of a joint endeavor would be divided. According to the agreement, the government would cover the costs of returning team members to Portugal, their board and lodging, and accommodations for both the team and the patients they treated. This included providing facilities where the Red Cross team would operate, along with all furniture and fittings. In turn, the Red Cross would be responsible for staff salaries and the cost of instruments, bandages, utensils, pharmaceutical apparatus, and medications. Everything suggest that this agreement was duly upheld, with regular requests for medication submitted to Lisbon and receipts for pharmaceutical costs routinely sent.¹⁰

A team was assembled and was ready for departure to serve in a government-provided hospital by mid-January of 1915. Fundraising initiatives facilitated the creation of a fully equipped medical assistance complete with surgical equipment, medication, bandages, food supplies, and sterilization equipment.¹¹ This team, accompanied by troop and supply reinforcements, departed Lisbon aboard the packet ship *Portugal* on 3 February 1915. They arrived twenty days later in Moçâmedes, the operational base in Angola at the time.¹²

Though the team underwent changes over the course of its deployment, it was initially composed of a Red Cross delegate, two doctors, and four highly qualified male nurses lauded for being “among the most able in their class.”¹³ As staff was tight, these nurses performed various responsibilities, such as managing warehouse inventory and maintaining records. While illness forced one nurse and doctor to return to Portugal, another two doctors, a pharmacist, and three sergeants joined in the Red Cross team in Angola, meaning that individuals from outside the organization also contributed their services. In contrast to the healthcare team dispatched to France, the Red Cross did not send any female staff to Angola.¹⁴

9 “Sociedade Portuguesa da Cruz Vermelha,” *A Capital*, No. 1754, 1915, p. 2.

10 PT/AHM/DIV/2/02/025/14, Copy of a Letter from Domingos Tasso de Figueiredo to the Ministry of Colonies, 11 January 1915.

11 PT/AHM/DIV/2/02/025/14, Copy of the letter from the CVP, 19 January 1915; Copy of the letter from Domingos Tasso de Figueiredo to the minister of the Colonies, 11 January 1915.

12 *Relatório e Contas da Formação Sanitária da Cruz Vermelha, em serviço junto da coluna de operações no Sul de Angola 1915*, Typographia Adolpho de Mendonça, Lisbon, 1916, p. 3.

13 PT/AHM/DIV/2/02/025/14, Copy of the letter from the CVP, 19 January 1915 and copy of the letter from Domingos Tasso de Figueiredo to the minister of the Colonies, 11 January 1915.

14 *Relatório e Contas...*; Helena da Silva, “The Portuguese Red Cross Hospital in France during World War I,” *Revue du Nord*, 2018/3, No. 426. DOI: 10.3917/rdn.426.0601.



▲ *The Portuguese Red Cross Hospital in Lubango (Angola), 1915*

These healthcare specialists worked in various facilities where the Red Cross was responsible for treating the injured and sick, often under trying conditions largely stemming from the disorganization of the Portuguese Army Health Services and poor sanitary standards. Although the team was initially to staff a hospital to be constructed in Moçâmedes, where they would serve troops in Angola's interior, they were ultimately deployed to Lubango. They were given assurances that the Red Cross would be provided with a two-pavilion hospital with a minimum capacity fifty beds and that at least one doctor and one nurse would be assigned to where they were most needed.¹⁵

More than a month after their arrival in Angola, the Red Cross team was stationed in Moçâmedes awaiting orders to proceed to Lubango along with the medical supplies sent from Portugal. Transport difficulties delayed the team's arrival until 23 April—two months after their initial arrival in Angola.¹⁶ The Red Cross team was required to follow the Portuguese government's directives concerning their deployment, especially regarding local assignments. Frustrated by the prolonged delay in Moçâmedes, team members likely grew disillusioned with the disorganization and the lack of suitable facilities and equipment necessary for their mission.

¹⁵ *Relatório e Contas...*, p. 3; AHCVP Folder [F] WWI Africa, Letters from Lourenço Serejo to the Red Cross, 1 and 15 March 1915.

¹⁶ *Relatório e Contas...*, p. 3.

Although the government's decisions regarding the team's deployment and reassignment did not always align with the wishes of the Red Cross board back in Lisbon or the team members in Angola, these orders were to be respected.

The CVP was tasked with providing clinical services at the Lubango hospitals, which included the Old Hospital (i.e., *Hospital Velho*) with two wards—Nos. 1 and 2). Here, a doctor, three Red Cross nurses, and two sergeants of the Angola Health Company were stationed. The team's remaining nurse worked at the New Hospital (i.e., *Hospital Novo*), assigned to ward No. 3 under the supervision of Lieutenant-Doctor Afonso José Maldonado. By the end of May, the Red Cross had established a first-aid post to provide immediate care to incoming patients, equipped with a stretcher and all other necessary medical supplies.¹⁷

By mid-May, the hospital capacity in Lubango had increased from thirty to one hundred patients, which likely encompassing both the Old and New Hospital. However, this was still deemed inadequate, as a capacity of 300 patients was necessary to meet local demands. The Red Cross doctor lamented that he was required to work in a “foul military hospital with countless patients piled up on the floor.”¹⁸ This drove him to request that authorities provide a proper building for the hospital and, should the government be unable to do so, that one should be rented by the Red Cross itself. Since, however, operations in Angola were expected to conclude in August or September, the Red Cross board deemed it unreasonable to ask the Portuguese government to rent such a property for such a limited period of time. The board added that the team should carry out their duties wherever they were assigned, making use of all available materials and medication to care for the wounded “without any concern about the hospital itself, which could not be obtained, and without any goal other than the wellbeing of those who suffer.”¹⁹

Despite these setbacks, the Red Cross team in Angola managed to obtain their own hospital on 1 August 1915. This new provisional hospital, referred to as ward No. 4, was located in the warehouses of the company Teixeira Soares and contained one large ward with sixty beds and another with thirty. Surprising, what came to be known as the Red Cross Hospital of Lubango was not this facility but rather the New Hospital (referred to hereafter as ward 3), outside of which the Red Cross flag flew. As mentioned in the Red Cross report, all the clinical services of the Lubango military hospitals were carried out by members of the Red Cross team. In parallel, the Red Cross ran a pharmacy that supplied the three hospitals operating in Lubango from August onward.²⁰

17 *Ibid.*, p. 4; AHCVP F-WWI Africa, Ambulance Service Order No. 1, 18 May 1915.

18 AHCVP F-WWI Africa, Telegram from Máximo Brou to the Red Cross, n.d.

19 AHCVP F-WWI Africa, Telegram from Máximo Brou to the Red Cross, 10 June 1915 and a letter from the CVP to Máximo Brou, 21 July 1915.

20 *Relatório e Contas...*, p. 3; AHCVP F-WWI Africa, Telegram from Alexandre Botelho to the Red Cross in Lubango, 7 July 1915 and telegram from Máximo Brou to the Red Cross, 9 August 1915.

In addition to these services, a Red Cross doctor and a nurse were deployed to the front line—specifically to Combat Ambulance No. 1—on 24 July 1915 while in Chibia at the time.²¹ They served on the front until 11 September, making them close to the zone of conflict in Môngua, “the largest battle field ever fought by a European colonizer against a black African power or state in Sub-Saharan Africa since ... 1896.”²²

Despite their rudimentary conditions, these hospitals admitted 1,453 patients between May and September of 1915.²³ Our analysis of the treatment records from this five-month period reveals that only six servicemen wounded in combat were treated by the Red Cross in the Lubango hospitals. This should come to no surprise, however, given the significant distance between Lubango and the conflict zones. The other admittances correspond to ninety different medical conditions, reflecting the prevailing state of health among Portuguese troops. Notably, malaria in its various forms accounted for more than a third of the patients, revealing the lack of basic prevention measures, such as the use of mosquito nets. Other common ailments included rheumatism, diarrhea and enteritis, and gastric disorders. Of the total 1,453 patients admitted, twenty-two deaths were reported, the majority of which were due to infectious diseases,²⁴ particularly pneumonia and pulmonary tuberculosis.

As noted above, the lack of organization and resources in Angola and Mozambique led to widespread illness among servicemen. Poor diets and a shortage of potable water contributed to numerous gastrointestinal problems. Moreover, the healthcare system was both inefficient and ill equipped to handle the realities of Africa. Not only was there a lack of hospitals and medicines like quinine, staff lacked training in dealing with tropical diseases. Further compounded these issues, military personnel were largely uninformed about or indifferent toward preventative healthcare measures.

The Red Cross team encountered a series of difficulties in Angola, such as the prolonged wait in Moçamedes, the deployment of such a small team, shortages of essential supplies, and unsanitary conditions. The relationship between the Portuguese government, particularly the head of the Health Services in Angola, and the Red Cross was often strained. The Red Cross team worked under his orders, which required a great deal of insistence and a good dose of diplomacy so that they would be able to jointly set up healthcare facilities able to receive and care for Portuguese servicemen. With a steady rise in patients and a lack of hospitals, staff, supplies and medicines, the Red Cross’ involvement in Angola was indeed a godsend.

21 AHCVP F-WWI Africa, Ambulance Service Order No. 10, 24 July 1915.

22 René Pélissier, *As Campanhas Coloniais de Portugal 1844–1941*, Editorial Estampa, Lisbon, p. 362.

23 We do not know whether this refers only to military personnel, or if this includes civilians. *Relatório e Contas...*

24 Helena da Silva, “Dying in Mozambique during the First World War: Death Causes in Two Provisional Hospitals,” *Romanian Journal of Population Studies*, Volume XI, Issue 2, July–December 2017.

The decision to conclude the Red Cross' mission in this war theater was made by the head of the Health Services in Angola, bringing their service to an end on 21 September 1915. Nine days later the team departed aboard the *Zaire*. Overall, the Red Cross' contributions in Angola were highly regarded—so much so, in fact, that several members of the team went on to serve with the CVP in Mozambique the following year.²⁵

The CVP in Mozambique (1916–1918)

The first conflict in Mozambique occurred in the north, at Maziúa near the Rovuma River, on 24 August 1914, when German forces launched a nighttime attack on a Portuguese border post, killing its chief.²⁶ The first expedition arrived in the Mozambican city of Lourenço Marques in October of 1914, which was followed by three others. Altogether, more than 30,000 men were deployed in Mozambique between 1914 and 1918.

In line with the CVP statutes established in 1877, a delegation tasked to assemble a healthcare team to accompany the Portuguese expedition in Mozambique was founded in Lourenço Marques on 12 October 1914. However, controversy over the delegation's official name delayed its deployment until 25 March 1916. As preparing a team to follow the army operations in the northeast of Mozambique proved to be a time-consuming process, it was only in August 1916 that the Red Cross delegation began distributing Port wine infused with quinine to barracks and hospitals. The delegation also fulfilled requests from the Chief of the Health Services to purchase essential supplies—medicines, bandages, mosquito nets, champagne, and tonic wine—from Johannesburg, Port Elizabeth, Durban, and Cape Town. This marked the beginning of the Red Cross' support for the expeditionary troops in Mozambique.²⁷

Though there are only a few documents on the subject, the Lisbon Red Cross sent an ambulance to Mozambique.²⁸ Several references are in fact made to this ambulance, which arrived in Lourenço Marques in June of 1916 before heading to Porto Amélia, where it transported around 300 patients to permanent hospitals in Mozambique. This ambulance probably went on to Palma in August 1916 when the Palma Military Hospital “was handed over to the Red Cross formation in the service of the Expedition and was renamed the Red Cross Hospital.”²⁹ According to the Red Cross, this ambulance treated 1,513 patients over a six-month period of time. Of those served, five died and another 169 were declared unfit for

25 For example, Doctor Aurélio Ricardo Belo, Doctor Artur Machado, and Nurse Gustavo dos Santos. AHCVP F-WWI Africa, multiple documents.

26 Pires and Fogarty, pp. 57–67.

27 *Boletim Oficial da Sociedade Portuguesa da Cruz Vermelha*, III series, vol. 3, Casa Portuguesa, Lisbon, 1919, pp. 17–18.

28 Ambulance was the name then used for blood hospital.

29 AHU 03.00.00.580, Service order from the Mozambique Headquarters, 18 August 1916.

duty.³⁰ Both Dr. Artur Machado and Nurse Gustavo dos Santos, who had served the Red Cross in Angola, served on this ambulance in Mozambique. The team returned to Lisbon at either the end of 1916 or the beginning of 1917, when it was replaced by another team.³¹

Heading this second ambulance was Dr. Aurélio Ricardo Belo, who had also served at the Red Cross in Angola. He arrived in Mozambique on 23 October 1916 with two male nurses before being assigned to the Hospital-Ship Quelimane two days later,³² where they joined the rest of the Red Cross team.³³ At least one other male nurse and fifty indigenous men took part of this team, who served in one of the ship's six nursing wards. Dr. Belo complained about the bureaucracy and lack of organization, asking the Red Cross in Lourenço Marques for essential supplies that were missing.³⁴ The Red Cross team did not remain long on this ship, as the Commandant of the Expeditionary Troops decided on to send it to Palma 23 November 1916 to replace the aforementioned Lisbon Red Cross ambulance.

Palma served as the base of Portuguese military operations from March 1916 until early 1917, after which Mocimboa da Praia assumed this role. Palma was predominately a swampy and unhealthy lowland, except for the two plateaus on which the camps and hospital were situated.³⁵ The Red Cross team began operations in the Palma Hospital at the end of December 1916, which had 200 beds in six pavilions resembling huts, or *palhotas*, "built in the indigenous manner." The Red Cross improved the hospital by placing anti-mosquito nets on the windows and doors, demolishing deteriorating huts, erecting a tent to serve as an infirmary, and enlisted a carpenter to carry out a series of upgrades.³⁶

As in Angola, the Portuguese army in Mozambique was responsible for covering all food and medical expenses. The Red Cross team, however, voiced concerns about the food supplied, often complaining about broken water bottles, spoiled canned goods, expired milk, and receiving fewer provisions than requested. Nevertheless, the Red Cross did supply medicine and medical equipment, including quinine, needles, and cotton. The organization received several donations, both in cash and in kind, which allowed them to improve the hospital's conditions and provide additional comforts, such as when patients received clothes, tobacco, and a better meal for dinner during Christmas of 1916.³⁷

30 *Boletim Oficial...*, 1919, p. 154.

31 *Ibid.* p. 101; *Boletim Oficial da Sociedade Portuguesa da Cruz Vermelha*, III series, vol. 1, Casa Portuguesa, Lisbon, 1917, pp. 295–296.

32 Seized on February 1916, this was one of the German ships (*Kronprinz*) stationed in Portuguese ports. Though lacking the requisite facilities, it initially operated as a hospital ship before being repurposed into a ship to transport passengers and goods in 1918. Manuel Carvalho, *A Guerra que Portugal quis esquecer*, Porto Editora, Porto, 2015, p. 68.

33 *Boletim Oficial...*, 1919, p. 18.

34 AHCVP F-WWI Africa; AHU 02.04.19.1072.

35 Álvaro Rosas, *Terras negras: impressões duma campanha*, Empresa Industrial Gráfica do Porto, Porto, 1935, p. 289.

36 *Boletim Oficial...*, 1919, p. 25; AHCVP F-WWI Africa.

37 *Idem*.

In addition to a shortage of nursing staff, the Red Cross team faced a critical lack of doctors, mainly because several team members fell ill—a common occurrence during the First World War in Mozambique, where disease, as opposed to combat, proved more fatal.³⁸ Even as the head of the Red Cross team himself fell ill, he referred to his staff's sick leave as a “crisis” and “days of real discouragement” given the hospital's high turnover rate.³⁹ Admissions increased from 17 December 1916 to 19 April 1917, peaking at 142 in March. The head of the Red Cross counted a total of 472 admissions for this period, most resulting from fevers, dysentery, scabies, and malaria-related anemia, with only four reported deaths.⁴⁰

The Red Cross also operated an aid-station in Palma, where 1,011 consultations were carried out between December 1916 and March 1917, the first month being the least active and the latter the busiest. Despite the hospital's high turnover rate, the director's assessment of the services as excellent and high patient satisfaction, the Red Cross team was redeployed from Palma to Mocimboa da Praia, located eighty kilometers south of Palma, in April 1917 following the Portuguese military's decision to relocate its base of operations to Mozambique.⁴¹

Palma proved to be largely inhospitable, characterized by unsanitary conditions and a harsh climate, which likely justified the decision to relocate the military's base of operations. Despite initially appearing attractive with her lush vegetation, Mocimboa da Praia was located on an old swamp—a place ideal for fostering the spread of infectious diseases. Indeed, it was described as “a swampy plain inhabited by lions [. . .]. The climate is terrible, both rainy and sunny, with permanent unbearable heat,” thus leading soldiers to eulogize it as “cemetery of Europeans.”⁴² To make matters worse, the military camp was built on the ruins of an ancient indigenous cemetery, several of whose graves were still visible.

The Red Cross team arrived in Mocimboa da Praia on 22 April 1917 and immediately began constructing the hospital and setting up tents, as the site lacked even the most basic infrastructure. The hospital was filled to capacity when it opened a month later, which was normal given the high prevalence of disease. The costs associated with building and maintaining the hospital placed significant financial strain on the organization.⁴³ Once again, the team experienced a high turnover rate, as several nurses fell ill and had to be replaced by others from Lisbon who similarly soon succumbed to fever and dysentery. Local staff also frequently fell sick, prompting the head of the Red Cross services to issue repeated requests for more personnel to sustain operations.⁴⁴

38 Silva, “Dying in Mozambique” pp. 13–34.

39 AHCVP F-WWI Africa.

40 AHU 02.04.19.903.

41 *Boletim Oficial* . . . , 1919, p. 25; AHCVP F-WWI Africa.

42 Teresa Araújo (org.), *Moçambique na I Guerra Mundial, Diário de um alferes-médico Joaquim Alves Correia de Araújo 1917–1918*, Húmus, V. N. Famalicão, 2015, pp. 54–55.

43 AHCVP F-WWI Africa.

44 *Idem*.

As for the hospital itself, it was consistently full. Patients who stayed in the units found themselves waiting for beds. Indeed, “the state of health [was] terrible,” where “a lot of people [we] [a]re dying.”⁴⁵ Records show that the Red Cross received 489 patients between 26 April and 15 September 1917, with July being the busiest month, and that fifty-eight men passed away, confirming previous statements. As was the case in Angola, the leading causes of hospitalization included fevers, dysentery, malaria-related anemia, and malaria-typhus.⁴⁶

The head of Portuguese military operations in Mozambique decided to relocate the Red Cross team in August 1917 together with the headquarters to Chomba, an area eighty meters above sea level approximately 140 kilometers inland. This decision required that access roads be constructed, a process that would take several months because it meant traversing the region inhabited by the indigenous Makonde people, who, supported by the Germans, did not hesitate to attack Portuguese troops.⁴⁷ The Red Cross team arrived in Chomba in October 1917 and began setting up hospital tents, which immediately began receiving patients in two nursing wards. The camp, regarded as superior to previous and contemporaneous camps, boasted a kitchen, a pharmacy, an office, and tents for the staff.

Although the Red Cross team had planned to remain deployed until the end of March, their departure was hastened by a British telegram informing them that the Germans had crossed the river Rovuma and were heading for Chomba. Accordingly, Portuguese troops left Chomba in panic on 22 November 1917, prompting the head of the military forces to order the Red Cross team to set up in Patchitinembo, ten kilometers east of Chomba. The team traveled there with thirty patients and whatever hospital supplies they managed to load onto four trucks supplied by the Portuguese army, leaving the rest behind. Upon arrival, The Red Cross reestablished itself as a field hospital and quickly set up a new pharmacy to serve the sick and injured.⁴⁸

For the first time, records explicitly mention the existence of wounds sustained from fighting with the Germans. When examining the wounded, the Red Cross doctor found that the Germans had used expanding bullets that wrought serious injury requiring more sophisticated treatment. Records on the 471 people admitted to Red Cross hospital facilities from 2 October to 22 November 1917 in Chomba and from 24 November to 19 December 1917 in Patchitinembo reveal several interesting changes. The leading causes for admittance included malaria-related anemia, fever, dysentery, and, especially in December, wounds sustained in combat. Most patients were evacuated to other healthcare facilities and nineteen deaths were recorded during this period.⁴⁹

45 *Boletim Oficial*..., 1919, p. 25.

46 AHU 02.04.19.903.

47 AHU 02.04.19.967.

48 AHCVP F-WWI Africa.

49 AHU 02.04.19.903.

Once again, the Red Cross team did not stay long in Patchitinembo, as the head of the Health Services decided it should relocate to Nacature, a city approximately sixty kilometers from Mocimboa da Praia.⁵⁰ The Red Cross team set off, this time to spend half a year in Nacature, about sixty kilometers from Mocimboa da Praia. Though the team would spend half a year in Nacature, we unfortunately have very little information about their stay there. Dr. Belo remained the director of the Red Cross team until April 1918, at which point he returned to Lourenço Marques, succeeded by Dr. Jorge Barros Capinha, who had also served in Angola previously. Changes were also made to the nursing staff as they became overcome by sickness and fatigue.⁵¹ Two hundred eighty-nine patients were admitted to the hospital between January and June 1918, with admissions peaking in January (66) and February (60) after which monthly admissions declined until witnessing a subsequent increase in June (59). Come July, Portuguese army vehicles were ordered and delivered from Mocimboa da Praia as the Red Cross team was yet again preparing to leave. This time, however, records neglect to mention where the team went afterwards.⁵²

The Portuguese Red Cross partook in various other activities in Mozambique during the Great War. Red Cross Commissioner Adriano Moreira Feio remained in Lourenço Marques from January 1917 to September 1918, where he oversaw the disembarkation of 8,951 patients from forty-five ships arriving from northern Mozambique, even accompanying them to other hospitals located in the town. A group of eighteen volunteers, known as the “Red Cross ladies,” begin assisting at the *5 October Hospital* in Lourenço Marques beginning in December of 1916. Divided into six groups of three, these altruistic women worked two mornings or two afternoons per week. However, no additional records detail the specific nature of their duties there.

As evidenced thus far, the Red Cross team in Mozambique faced an overwhelming workload, often lacking the space and capacity necessary to accommodate more patients. Between 25 October 1916 and 30 June 1918, Red Cross healthcare facilities recorded 2,200 admissions, most suffering from various communicable diseases. Although the mortality rate remained relatively low overall, extant records confirm that diseases were the main cause of both hospitalization and mortality among Portuguese soldiers. The sole exception was Patchitinembo, where injuries sustained in combat accounted for a higher proportion of hospital admissions than other cases.⁵³

The services provided by the Red Cross were always closely coordinated with the Portuguese military services, as was also the case in Angola. The military authorities decided where the Red Cross team would go, covered food expenses, and provided medical staff, nurses, and

50 AHU 02.04.19.967.

51 AHCVP F-WWI Africa; AHU 02.04.19.920.

52 *Boletim Oficial*..., 1919, p. 26; AHU 02.04.19.962.

53 Helena da Silva, “A Cruz Vermelha Portuguesa em Moçambique na Primeira Guerra Mundial, Esboço histórico,” *Revista CEPIHS* 6, Húmus, Vila Nova de Famalicão, 2016, pp. 415–441.

indigenous workers when needed. In return, the Red Cross provided essential supplies and services, such as medicine, medical and office equipment, tobacco, and food to improve patients' diets.

As mentioned above, the Red Cross team was small and frequently affected by illness, resulting in high staff turnover. Nevertheless, they consistently managed to construct temporary facilities—often consisting of tents or huts—on short notice, always striving to maintain hygienic conditions such as using mosquito nets and sterilizing water. These basic precautions, often overlooked in local hospitals, proved vital in preventing severe health repercussions among Portuguese troops.

The Red Cross' actions in Mozambique were thus indispensable, attempting to compensate for as much of the Portuguese government's shortcomings as possible. Operating in a very different context where building hospitals was far more time consuming and arduous, the CVP relied significantly on support from other Red Cross organizations to sustain its efforts.

The CVP in France (1917–1919)

Portugal maintained her neutrality until, at the behest of the British government, it seized German ships had been moored in Portuguese waters since 1914. This act prompted Germany to declare war on Portugal on 9 March 1916, which, in turn, led to Portugal's deployment of troops to Northern France the following year.⁵⁴ More than 55,000 Portuguese servicemen arrived at the European theater of war after 1917, specifically in the British sector of northwestern France. As it was the British who prepared the Portuguese to fight alongside them, Portuguese forces adopted a similar healthcare system. This system included advanced first-aid posts on the front lines, first-aid posts and ambulances further back, field hospitals on the second line, and base hospitals in the rear. By 1918, Portugal had two base hospitals in Ambleteuse, a small seaside resort between Calais and Boulogne-sur-Mer.⁵⁵ It was also in this location that the CVP built a hospital—not, as we shall see, a small feat at all.

Following the declaration of war, the CVP launched a war subscription campaign to raise funds for, among other activities, a hospital in France.⁵⁶ One year later, in March of 1917, a team was dispatched to prepare for this undertaking. This team included Matron Maria Antónia d'Atouguia Ferreira Pinto, Red Cross Commissioner Luís Bettencourt and Dr. Jorge Cid (hospital director), and Dr. Alberto de Azevedo Gomes (head of the surgery).⁵⁷ While in

54 Afonso and Gomes, pp. 103–104.

55 Álvaro Martins, *As tropas do 1º Grupo de Companhias de Saúde, em França, na Grande Guerra (1917–1919)*, Imprensa Beleza, Lisbon, 1936, p. 50, p. 124.

56 *Boletim Oficial da Sociedade Portuguesa da Cruz Vermelha*, III series, vol. 2, Casa Portuguesa, Lisbon, 1918, p. 224.

57 AHCVP F-WWI Ambleteuse 1, Letter from Azevedo Gomes to the CVP President, 19 April 1917, Letter from Luís Bettencourt to the CVP President, 07 May 1917.

France, they visited several hospitals operated by the French and British Red Cross societies to collect as much useful information as possible for their prospective hospital.⁵⁸ Additionally, they held meetings with Portuguese military authorities, to whom they were subordinate, and with British Red Cross Commissioner Lord Donoughmore.

Lord Donoughmore offered to help the CVP by providing everything necessary for the future hospital, except the building itself. He did, however, suggest that a hospital be built following Canadian models of barrack-type wards, as they were considered superior and were used by the British army in France.⁵⁹ The British Red Cross facilitated the acquisition of a patch of land in Ambleteuse conveniently located near a road in an elevated position, and offering a view of both the sea and countryside.⁶⁰



▲ *The Portuguese Red Cross Hospital in Ambleteuse (France), 1918*

58 *Boletim Oficial...*, 1917, pp. 295–296.

59 AHCVP F-WWI Ambleteuse 1, Letter from Azevedo Gomes to the CVP President, 19 April 1917.

60 AHCVP F-WWI Ambleteuse 1, Letter from Luís Bettencourt to the CVP President, n.d.; J.P. FREIRE, *Impressões da Guerra (Notas de reportagem)*, Sociedade Portuguesa da Cruz Vermelha, Lisbon, 1919, p. 40.

Sommerville & Co. was awarded the construction contract, having been the sole applicant. Working with a budget of £11,500, Mr. Limming, the architect for the British Red Cross, drew up the hospital plans and defined its specifications.⁶¹ Since the Portuguese team needed to return home, Lord Donoughmore and Mr. Limming took responsibility for supervising the construction process and managing the financial accounts.

Nevertheless, the hospital's construction faced numerous delays. First, Lord Donoughmore departed for India and was replaced by Sir Arthur Lawley, who, rather fortunately, upheld all the terms and conditions of his predecessor's agreement. Second, the British architect revised the project twice. Since each revision required superior approval, work on the hospital was further postponed. Logistical issues also compounded these delays: The wood to be used took longer than expected to arrive from England, material and labor shortages exacerbated by the war, and poor weather conditions—rain and mud—further marred progress. Although the hospital was supposed to be ready by the beginning of October 1917, only the foundations for two of the barrack-wards had been laid.⁶²

The hospital plan of October 1917 included twenty wooden barrack-style buildings of different sizes (Plan 1). The facility included two U-shaped main medical wards, each containing sixty beds. The surgery ward, also with sixty beds, was connected by a covered corridor to a surgery house that housed an operating room, sterilization and anaesthesia facilities, and two smaller wards with twenty beds each—one for special cases and the other for officers. Behind the surgery house stood a smaller building equipped with laboratory and diagnostic facilities, like an X-Ray machine.

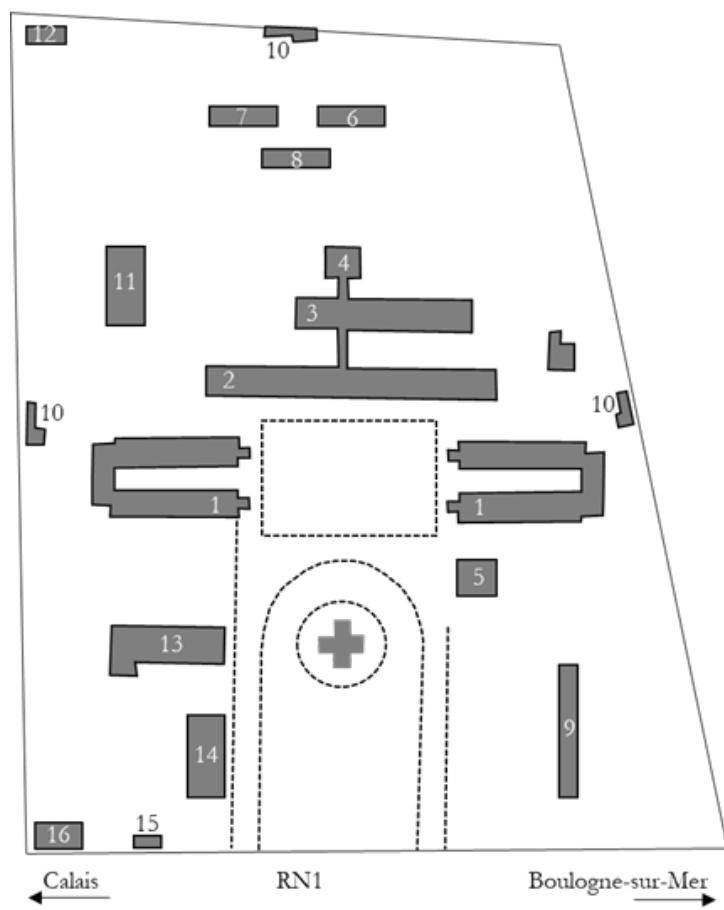
The hospital had a reception area and several rooms to perform first-aid dressing and patient triage. Facilities also included dormitories for sergeants and enlisted personnel working at the hospital, separate mess halls (one for sergeants and enlisted soldiers and another for officers and nurses), bathrooms, a kitchen, and an administrative building with a pharmacy. There was also a morgue, an incinerator, a disinfector, storage spaces for food and medical supplies. Remarkably, nearly all the buildings—including the wards, administrative building, dorms, and mess halls—were equipped with heating.⁶³

61 AHCVP F-WWI Ambleteuse 1, Letter from Luís Bettencourt to the CVP President, n.d.

62 AHCVP F-WWI Ambleteuse 1, Letter from Maria Antónia Ferreira Pinto to the CVP President, 11 October 1917.

63 AHCVP F-WWI Ambleteuse 1, Maps and plans of the hospital.

Plant 1: The CVP Hospital in Ambleteuse (1918)



- | | |
|---|--|
| 1 – Medical Wards | 9 – Officers and Nurses' Mess |
| 2 – Surgery Ward | 10 – Bathrooms |
| 3 – Surgery House | 11 – Kitchen |
| 4 – Laboratories and X-Ray | 12 – Incinerator |
| 5 – Reception | 13 – Administration |
| 6 – Sergeants' Dormitory | 14 – Stores for food and health material |
| 7 – Enlisted Soldiers' Dormitory | 15 – Disinfecter |
| 8 – Sergeants and Enlisted Soldiers' Mess | 16 – Morgue |

Source: AHCVP F-WWI Ambleteuse 1 (adapted by the author).

The American Red Cross also supported this hospital by contributing 25,000 francs for its electric installation.⁶⁴ Despite the hospital's location in France, the French Red Cross did not collaborate with their Portuguese counterparts, possibly because there had been no prior interaction between the two organizations.

The CVP hospital was designed to offer complete comfort and was regarded as a model hospital, surpassing even Canadian facilities. The British Red Cross provided everything that the buildings needed, as initially agreed. Nevertheless, the costs of building and furnishing the hospital rose to 320,000 francs, almost thirty times more than what had initially been budgeted.⁶⁵ 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. While the hospital operated autonomously, though the Portuguese Military Health Services in France oversaw its technical and sanitary conditions, as well as the discipline of hospitalized servicemen.

As was the case for the Red Cross teams in Africa, the hospital suffered a high staff turnover rate partially because of illness. None of the medical staff that made up the first group sent in November 1917 remained until the end. The hospital director himself was replaced six different times, sometimes at very short intervals. The Red Cross faced difficulties hiring doctors and needed to request assistance from the Portuguese Military Health Services. Consequently, several doctors and pharmacists from the Portuguese Expeditionary Corps in France worked at the Red Cross hospital, with the organization covering their salaries, board, and lodging.⁶⁶ The hospital employed around thirty men, many of whom had been part of the team from the onset, working as nurses, stretcher-bearers, servants, cooks, administrators, and staff in the operating theater and radiology department. The number of personnel fluctuated over time depending on the hospital's changing needs.⁶⁷

The matron played a key role in negotiating with the British and the American Red Cross Societies as opposed to serving as chief nurse. In fact, she entrusted older ladies to oversee the wards' operations as she personally lacked formal nursing qualifications.⁶⁸ This was another unique aspect of the hospital; for the Portuguese army at the time had no female nurses. Military authorities, doctors, and soldiers were in awe of the highly skilled female nurses, particularly the British ones. In response, the CVP created an elementary nursing course in Lisbon to prepare a group of women to serve as nurses during the First World War. These "lady nurses," as they were then called, were aged between twenty-one and forty,

64 AHCVP F-WWI Ambleteuse 1, Letter from J. H. Perkins to Luís Bettencourt, 31 January 1918.

65 *Boletim Oficial*..., 1919, p. 8, p. 155.

66 AHCVP F-WWI Ambleteuse 2, Letters from Luís Bettencourt to the CVP President, 4 October 1918, 18 November 1918.

67 Helena da Silva, "O Hospital da Cruz Vermelha Portuguesa na Flandres," in Abílio Pires Lousada e Jorge Silva Rocha (coord.), *Portugal na 1ª Guerra Mundial. Uma História Militar Concisa*, Lisbon CPHM, 2018, pp. 495–517.

68 AHCVP F-WWI Ambleteuse 1, Letter from Luís Bettencourt to the CVP President, 23 September 1918.

were required to be fully vaccinated, and free from contagious diseases.⁶⁹ A total of thirty-five female nurses were sent to France to work at the CVP hospital, receiving an allowance, boarding, and a uniform for their services. While some stayed only a couple of months, others remained longer. However, contractual disagreements drove several of those who stayed to leave the CVP and join the Portuguese army in France. These women paved the way for future women to enter an area traditionally dominated by men—war and military nursing.⁷⁰

The hospital admitted a total of 747 patients from 9 April 1918 to 20 January 1919, only two of whom were British and not Portuguese. The first, admitted in June for heart problems, stayed there for eighty days. The second, admitted in December of 1918 complaining of weakness, a concussion, and a sprained ankle, stayed for sixteen days before being discharged.⁷¹ It is noteworthy, however, that only two British soldiers were admitted to this hospital despite the fact that Portuguese troops fought in the British sector. Also interesting is that despite the Red Cross' neutral status, no records indicate on the admittance of German soldiers or of any soldier from other Central Powers.

The number of monthly admissions steadily increased until they eventually reached their peak of 182 in June, most likely a result of the first wave of the influenza pandemic that had swept across much of the European continent.⁷² Afterward, admissions gradually decreased until November, at which point they spiked again with new cases of the flu and general weakness. Following the end of the war, the hospital experienced a further decline in the number of admitted patients as it began accepting released prisoners of war. Some patients remained one or two days while others stayed for more than eight months. Only six deaths were reported, most likely as a result of respiratory disease. The hospital treated a notably higher number of officers, maybe because it featured better conditions for longer hospitalization than other Portuguese hospitals in Ambleteuse.⁷³

As this was a rear hospital able to receive patients requiring more complex medical care and extended convalescence, only seventy patients treated—a relatively small number—suffered from combat-related wounds. Injuries typically included fractures, contusions, and shrapnel wounds from grenades or bombs that required major surgery possible only at this hospital.

69 *Boletim Oficial...*, 1917, pp. 161–166; Sociedade Portuguesa da Cruz Vermelha, *Hospital Temporário da Cruz Vermelha da Junqueira, Relatório 1917*, Casa Portuguesa, Lisbon, 1918, p. 13; AHCVP F-WWI Ambleteuse 2, multiple documents; Francisco Vieira; Helena da Silva; P. Pinto, "Evolution of Nursing Education in Portugal—a historical analysis of the Nursing School at the Hospital Geral de Santo António in Porto (1896–1947)," *e-journal of Portuguese History* [online], vol. 8, n° 1, Summer 2010, pp. 1–11.

70 Silva, "O Hospital da Cruz Vermelha Portuguesa na Flandres."

71 AHCVP, *Livro de registo de praças de pré que estiveram em tratamento no Hospital de França*, ACVP.

72 See A. Rasmussen, "The Spanish flu" in J. Winter (ed.) *The Cambridge History of the First World War*, vol. III Civil Society, Cambridge University Press, Cambridge, 2014, pp. 334–357.

73 AHCVP, *Livro de registo de oficiais que estiveram em tratamento no Hospital de França* and *Livro de registo de praças de pré...*

Twenty major surgeries were recorded to have been performed before August.⁷⁴ Illness, therefore, accounted for the majority of incoming patients. One out of four men admitted to the hospital suffered from weakness or asthenia—not surprising given that when the hospital was open troop deployment times were not respected, meaning that men remained in the trenches for extended periods of time.⁷⁵ The remaining causes were primarily infectious or respiratory diseases, including the flu, bronchitis, malaria, and tuberculosis. At least thirty-four patients were treated for mustard gas exposure. Less commonly treated were instances of shellshock, venereal diseases (syphilis and gonorrhea), and circulatory system disorders (angina, aortitis).

The hospital primarily treated soldiers for illness, which stemmed from the harsh conditions of trench warfare, including poor nutrition, inadequate hygiene, exhaustion, and exposure to poisonous gases. Furthermore, both medical reports of the time and letters from CVP personnel described how the local climate, unsuitable for Portuguese soldiers, exacerbating their medical conditions, particularly for those suffering from tuberculosis.

The CVP hospital in Ambleteuse was an important asset for the Portuguese army, since it primarily treated Portuguese soldiers, including a significant number of officers. The hospital remained open after the armistice to receive liberated Portuguese prisoners of war. The Red Cross along with Portuguese military authorities decided to close it at the end of January 1919 and to transfer all existing patients to Base Hospital 1, also located in Ambleteuse. Despite the CVP's being under military command, communication between the two was limited, typically focusing on healthcare matters and patient-related issues.

This hospital, indeed a novelty for Portugal at the time, was built under the advice and guidance of the British Red Cross with financial contributions made by the American Red Cross. The Portuguese matron played a key role in facilitating this cooperation, acting primarily as a liaison between other Red Cross societies. Prior to her departure to France, she and other members of this team had worked at the Red Cross in Lisbon.

The CVP in Lisbon (1916–1918)

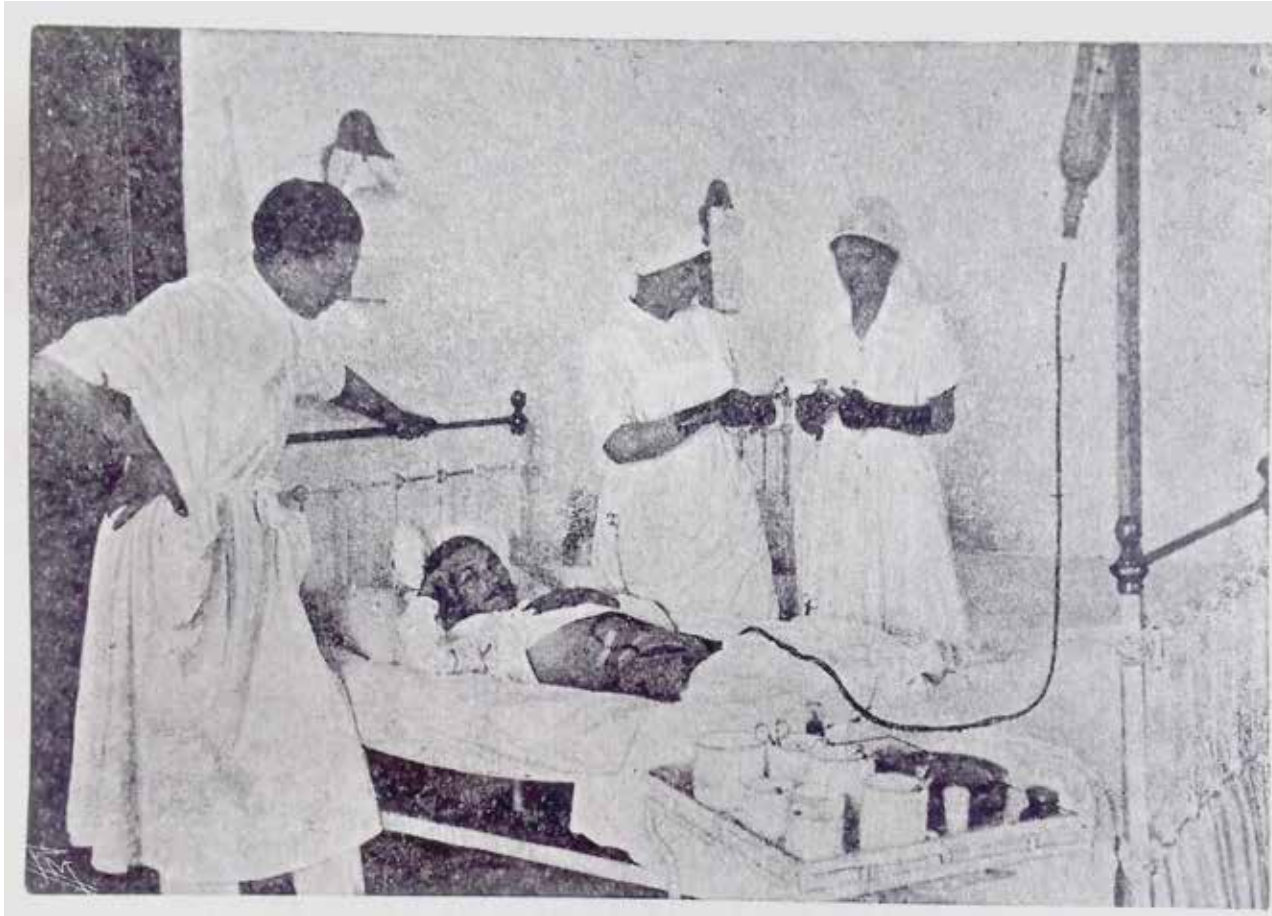
The CVP opened a temporary hospital known as the *Junqueira Hospital (Hospital da Junqueira)*, named after the street on which it was located in Lisbon. Several aristocratic and bourgeois families owned palaces on this street, among them the Burnay family. The Countess of Burnay⁷⁶ lent the St. Anthony Vila to the CVP to be used to treat soldiers injured in

74 AHCVP F-WWI Ambleteuse 3.

75 V. M. Godinho (org.), *Correspondência da Grande Guerra*, Imprensa Nacional Casa da Moeda, Lisbon, 2010, p. 94.

76 Maria Amélia de Carvalho Burnay (1847–1924), also known as “the Countess,” was the first president of the women's voluntary organization *Portuguese Women's Assistance to the War Victims* (Assistência das Portuguesas às Vítimas da Guerra) established in response to Germany's declaration of war on Portugal. The Countess was also the mother-in-law of, Dr. Thomas de Mello Breyner (1866–1933), the first director of this particular hospital. C. Bastos and M. M. Ramalho, “Thomaz de Mello Breyner: O Hospital do Desterro e a clínica de sífilis,” in A. J. Barros Veloso, L. Damas Mora and H. Leitão (eds), *Médicos e Sociedade. Para uma História da Medicina em Portugal no século XX*, By the Book, Lisbon, 2017, pp. 107–126.

combat until six months after the Armistice. By early October 1916, it had been reported that this “first-aid post” with its thirty beds and surgery rooms from urgent cases had opened.⁷⁷ Having been in the Burnay’s family since the nineteenth century, the St. Anthony Vila was a simple, modern two-story building on whose property was a separated pavilion housing a chapel where mass was to be celebrated on Sundays and holidays in accordance with the Countess’ wishes.⁷⁸



▲ *The Portuguese Red Cross temporary hospital in Lisbon, 1918*

77 “A obra de uma senhora ilustre,” *Ilustração Portuguesa*, 2 October 1916, p. 268; Martins, p. 326; “Actualidades. Cruz Vermelha,” *A Medicina Contemporânea*, XXXVI (45) (1918), pp. 358–359.

78 Sociedade Portuguesa da Cruz Vermelha, *Hospital Temporário da Cruz Vermelha da Junqueira, Relatório 1917*, Casa Portuguesa, Lisbon, 1918, pp. 3–5; *Boletim Oficial...*, 1918, p. 137.

There is, however, an unfortunate dearth of information on the early stages of this hospital's operations. We know that "some months later," Dr. Joaquim Salinas Antunes was named director and that the hospital was officially inaugurated at the end of April 1917 when fifty wounded veterans were transferred from Lisbon's Military Hospital of Estrela.⁷⁹ A few days later, the Portuguese Minister of War, Norton de Matos, visited the facility and suggested that the Red Cross increase the hospital's capacity to alleviate the burden borne by Lisbon's military hospitals, adding that the ministry would supply all necessary surgical and medical equipment. The Red Cross accepted this proposition and began adapted the hospital so that it could accommodate 207 beds—20 for officers, 27 for sergeants, and 160 for soldiers—within eight nursing wards. Among the other planned facilities were three dressing-rooms, a room for sterilization and another for surgery, a pharmacy, a kitchen, a storage house, and offices.⁸⁰ While the exact date of completion remains unknown, the hospital continued to receive visits from doctors and politicians, including the President of the Portuguese Republic and General Barnardiston, the chief of the British Military Mission, who praised the comfort and quality of the facilities.⁸¹

In October 1917, a decision was made to increase the number of beds to 237. While the owner of the building generously paid for part of the renovations, the Red Cross covered most of the related costs, particularly the installation of electrical lighting, crucial to the facility. These improvements simultaneously led the hospital to incurring higher operational expenses, which, coupled with high inflation, placed the organization in a difficult financial position. Furthermore, the CVP shouldered the vast majority of these costs, while the Portuguese army contributed only a nominal amount per patient. The hospital director noted that many officers preferred this facility over the military hospital, further increasing the financial burden incurred by the Red Cross.⁸² Although the hospital operated autonomously, the director of the Military Hospital in Lisbon was to be kept informed of the health conditions and discipline of both the soldiers and veterans admitted to it.⁸³

A total of 1,445 patients were admitted to this hospital between 29 April 1917 and the end of July 1918.⁸⁴ Initially established to treat war veterans, civilians—including women—were

79 Sociedade Portuguesa da Cruz Vermelha, p. 4; "Inauguração do hospital 'Villa Santo Antonio,'" *A Capital*, 28 April 1917, p. 2.

80 Sociedade Portuguesa da Cruz Vermelha, pp. 4–5.

81 J. P. Freire, *Impressões da Guerra (Notas de reportagem)*, Sociedade Portuguesa da Cruz Vermelha, Lisbon, 1919, p. 95; "Hospital temporário da Cruz Vermelha: a visita do chefe da Missão Militar Inglesa," *A Capital*, 4 September 1917, p. 1.

82 "Hospital temporário da Cruz Vermelha," *A Capital*, 21 September 1917, p. 2; Sociedade Portuguesa da Cruz Vermelha, pp. 3–12.

83 AHCVP F-WWI Portugal 5, "Regulamento Interno do Hospital da Sociedade Portuguesa da Cruz Vermelha na Junqueira."

84 Sociedade Portuguesa da Cruz Vermelha; *Boletim Oficial...*, 1918; AHCVP, *Praças e civis que estiveram em tratamento no Hospital Temporário da Junqueira nos anos de 1917 e 1918, Registo nº3 e nº4*; AHCVP, *Oficiais que estiveram em tratamento no Hospital Temporário da Junqueira nos anos de 1917 e 1918*.

admitted during the December 1917 coup d'état and again during the second wave of the Spanish flu pandemic after October 1918, when a ward was repurposed to treat influenza patients.⁸⁵ More than eighty percent of admissions from mid-October to November 1918 were due to influenza, with one in four of these patients dying and a higher mortality rate among women. While some patients remained for several months, also it served as a temporary hospital for others. Servicemen with specific conditions that could not be treated there were transferred to other hospitals equipped to care for patients suffering from physical and psychological trauma from the war.

This so-called temporary hospital saw frequent changes not only in its facilities but also in its staff, going through four different directors in less than two years. One factor contributing to this turnover was its role in training caregivers before their deployment. It was at this hospital that most of the Red Cross caregivers received their training before being deployed to France. An elementary nursing course that comprised both a theoretical and a practical component was offered specifically for women aspiring to be nurses.

The hospital faced the real possibility of closing down in October 1917 when the majority of caregivers—including the director, the matron, several doctors, both male and female nurses, stretcher-bearers, and several orderlies—were mobilized to work at the CVP hospital in France.⁸⁶ This left the Red Cross hospital in Lisbon with had four female, or chief, nurses, four auxiliary female nurses, and five practicing female nurses divided among the eight wards and surgery room.⁸⁷ The number of nurses fluctuated throughout 1918, as new women entered the practice and a second group of ten women left for France in August. These women were not provided boarding but were fed during their shifts and paid for their services. In fact, those working in the influenza ward received higher compensation because of the higher risk they incurred there.⁸⁸ Male nurses primarily worked night shifts when their female counterparts were off duty. When six of male nurses left for France in October 1917, only three aspiring nurses remained on duty in Lisbon. Several of them had already served the Red Cross in Angola and in Mozambique.⁸⁹

The influenza pandemic not only altered the way the hospital operated but also hastened its closure. As mentioned above, a ward was opened to treat Spanish flu patients in October 1918, regardless of age and gender. Consequently, the hospital began admitting women as well as children who had lost their parents during the pandemic. It is important to note

85 AHCVP F-WWI Portugal 4, "Letter from the hospital director to the CVP," n.d.; *Boletim Oficial*..., 1918, p. 135; *Boletim Oficial*..., 1919, p. 104; AHCVP F-WWI Portugal 5, "Ordem de Serviço" (21 October 1918).

86 "Hospital temporário da Cruz Vermelha," *A Capital*, 21 September 1917, p. 2; Sociedade Portuguesa da Cruz Vermelha, pp. 6–7.

87 Sociedade Portuguesa da Cruz Vermelha, p. 20; AHCVP F-WWI Portugal 5, "Ordem de Serviço," 19 July 1918.

88 AHCVP F-WWI Portugal 5, "Ordem de Serviço," 21 October 1918.

89 AHCVP F-WWI Africa and F-WWI France 1; AHCVP, *Livro Caixa*; Sociedade Portuguesa da Cruz Vermelha, p. 20.

that most of the Spanish flu's victims had reached reproductive age. Initially, the CVP had wanted to find a designated institution for these children, after which it planned to build an orphanage for them. However, as their numbers continued to swell, reaching sixty-seven in November, it was decided that the Red Cross hospital would close on 15 December 1918 and that the building would be converted into an orphanage.⁹⁰

The hospital underwent constant changes, with the Red Cross carrying out various construction projects to adapt the facilities, increase overall capacity, and accommodate more servicemen. The general perception of this institution was positive, with doctors, politicians, patients, and families complimenting it on multiple occasions. Once again, the CVP worked alongside Portuguese military authorities, even if their relations were at times strained. The CVP was often associated with the aristocracy and the monarchy, which did not always please the government of the newly established Portuguese Republic. Nevertheless, there were few other voluntary organizations as well established as the Red Cross in Portugal that could quickly raise the necessary funds to build hospitals and send medical teams to the different war theaters.

Final considerations

As we have demonstrated, the CVP was present throughout the First World War in Angola, Mozambique, and France, as well as on the home front, where it received men returning from the frontlines and civilians affected by the influenza pandemic. The CVP played a vital role within the Portuguese army's health services by building healthcare facilities where they were needed, supplying goods and medicines, caring for servicemen, and training aspiring caregivers, including female nurses, who later served sick and wounded servicemen. However, the organization also faced significant challenges stemming from disorganization within the Portuguese army, particularly in Africa, where delays, confusing or conflicting orders, and shortages of essential materials hindered operations.

The CVP faced an uphill battle in filling its ranks with qualified individuals—a situation made significantly worse by the high turnover rate from frequent sickness and fatigue caused by the demanding workload. Despite these difficulties, however, its members worked tirelessly, with several serving in all four of the aforementioned locations—a testament to their commitment to the Red Cross. It was, moreover, members of the CVP who played a key role in establish joint endeavors with other Red Cross societies, especially in France, which proved vital to the war effort.

90 AHCVP F-WWI Portugal 4, "Letter from the hospital director to Francisco de Almeida Grandela," 5 November 1918 and "Letter from the Red Cross hospital director to the director of the Lisbon Military Hospital," 13 December 1918; *Boletim Oficial*...1918, pp. 104–105.

Interestingly, our analysis of admissions records in the different facilities revealed that the CVP cared almost exclusively for Portuguese individuals despite its neutral status. It is, however, possible that other nationals were left out of the records, and, should this indeed be the case, the number of true admissions might be significantly higher.

To conclude, the CVP's ability to adapt swiftly and effectively to the ever-changing demands of the conflict played a pivotal role in solidifying its position in Portugal. The organization's quick response to the military's orders and needs, alongside its continuous expansion of medical and humanitarian services, ensured that it remained a vital voluntary organization in the country. For all its work, the CVP proved not only its resilience but also a profound sense of duty, earning it recognition both at home and abroad.