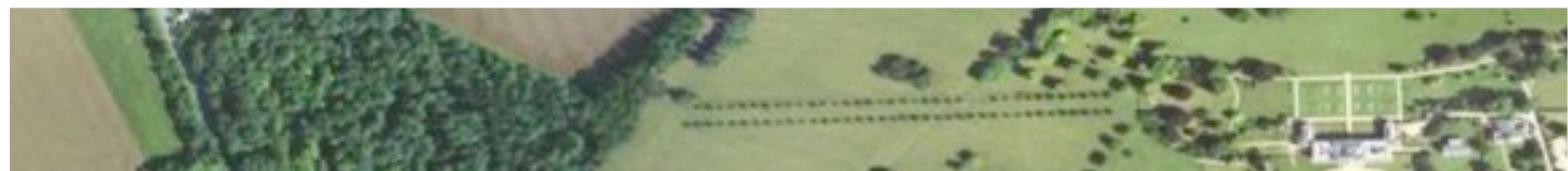




How did the United States Military Hospital at Wimpole Hall develop and how did it link to the evacuation of injured from the



European Theatre of operations (1944-5)?

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Introduction to interest

My research on the Military Hospital at Wimpole Hall, Cambridgeshire originally stemmed from an interest in the operating of WWII Hospital Trains in my own village of Meldreth, something I discovered from talking to members of the Meldreth Local History Group. Finding out more about the hospital trains, I was intrigued to learn that the injured men taken off at Meldreth Station were in fact Americans operating overseas and were transported to a hospital set within the grounds of Wimpole Estate, next to the village of Arrington. Through talking more to Joan Gane of the Meldreth Local History Group, I agreed to do some research into both the topic of the hospital trains and also into the hospital at Wimpole (the 163rd General Hospital) for the Group. I felt one of the best ways to research these topics and stick to a timetable was to do the research in co-ordination with my EPQ. As my research progressed I became more interested specifically in the Wimpole Hospital and so decided to concentrate my EPQ more on this section while continuing to research the hospital trains for the Meldreth Local History Group.

Source Analysis

The main source used in this investigation relating to the 163rd Hospital itself was Charles R Willey's account of his time spent in the hospital as a sergeant (the source was provided by the WW2 US Medical Research Center). Although it is less than ideal to be heavily reliant on just one source of information, no other first-hand accounts regarding the hospital were found in this investigation and other background information on the hospital is relatively sparse. Willey's account is, as he himself admits, retrospective "written nearly 50 years later." He also reflects that "there may be lost events or slightly changed recall" and so in places the account can be deemed inaccurate or incomplete.

Additional problems with the account include the fact that Willey himself was a utility foreman and as such not directly involved in the nursing and treatment aspects of the hospital and so has little to say on this front. Furthermore, having previously served in the 25th Infantry Division in the South-West Pacific, a post in which he saw action and was wounded by a Japanese knife during hand-to-hand combat, Willey claimed "a general hosp. was a treat" and a "pleasant assignment" and so in some aspects the source may portray the hospital life as overly idyllic, particularly given the 50 year gap between service and writing. However, despite these issues with the source, the account is very detailed and, given what is known about the hospital, appears to be as accurate as can be hoped.

The WW2 US Medical Research Centre Website was an extremely useful secondary source during my investigation. The website contains a huge amount of material concerning the operation of the US Medical Department in Europe as well as

elsewhere and also contains memories relating to general hospitals during the war and so was hugely important for contextual and comparative information.

Introduction to Project

In my project I have aimed to gather and collect all the information surrounding the history of the 163rd General Hospital and display it in one place. Currently the information on the hospital is thin, difficult to access, and dispersed around various sites. With the exception of Wiley's report there appears to have been no effort to gather together this information in a single document. By linking the hospital to operations in Europe and by adding further accounts and a history of the site after the hospital dissolved, I believe my report adds to and builds on Wiley's memoirs to form a detailed and comprehensible, if brief, history of the site. Below I will discuss the formation of the hospital, the background in the war, what hospital life was like, the Prisoner of War camp on site, the closure of the hospital, and the subsequent usage of the land before concluding with thoughts on the hospital's lack of commemoration.

Wimpole Hall prior to hospital formation

Wimpole Hall is an estate home now owned by the National Trust situated in Cambridgeshire, England, near to the village of Arrington. The main house is situated on a 2,500 acre plot of land and has been passed through various hands and families with the ownership of the estates land being traceable back to Eddeva the Fair in the Domesday Book. It was frequently owned along with other estates by British politicians of varying prominence but in 1938 it was sold to Captain George Bambridge and his wife Elsie (the daughter of Rudyard Kipling). It was the Bambridges who would hold the house until its transfer to the National Trust in 1976.¹

In the summer of 1940 the Wimpole Estate had briefly hosted part of the 67th Medium Regiment from the 4th July to the middle of August. The unit was initially moved there to help the Basingbourn Airbase in the event of a German invasion of Britain. While this regiment was not present for very long, Lady Bambridge reportedly viewed it as her favorite of all the military groups that she hosted on the basis that the troops of the 67th Regiment were the most respectful in their treatment of the surrounding land.²

The United States Army Medical Department and Different Types of Military Hospitals

The United States Army Medical Department began to form during the American

¹ <http://www.british-history.ac.uk/report.aspx?compid=66693#n10>

² from research by Anthony Taylor → information taken Wimpole Hall archives

Revolutionary War (1775–1783). The Medical Department not only takes on the role of looking after all sick and/or wounded army personnel or animals but it is also responsible for the fitness test that all prospective army recruits have to take in order to determine their eligibility for service. During wars the Medical Department would set up a chain for wounded soldiers with quick, mobile First Aiders near to the battlefields with soldiers passing through intermediate surgical and short-term hospitals until eventually arriving at the end of the line in General Hospitals (of which the hospital at Wimpole was an example).

Station Hospital: A hospital “located in a communications zone that gives treatment to troops stationed in its immediate area”³

General Hospital: Large hospital situated far behind front line which treats all types of injury or illness

Field Hospital: A temporary hospital based close to the front line which gives wounded quick treatment prior to their departure to permanent hospitals located further back.

Convalescent hospitals: Hospitals for recovering patients, particularly after a surgical operation

Surgical Hospitals: Hospitals which carried out surgical procedures on soldiers

Evacuation Hospitals: Hospitals set up in liberated evacuation camps to treat inmates

Brief overview of Normandy Beach Landings in 1944 and the Second World War

Britain entered into WWII when they, along with France, acted on its ultimatum issued to Germany on the 1st September following their invasion of Poland by declaring war on the Germans on the 3rd September 1939. However by the 22nd June 1940 France had surrendered and the British army had been forced out of mainland Europe⁴. From July to October 1941 the German and British air forces fought each other above Southern Britain in the “Battle of Britain” until the attacks of the Luftwaffe, the German air force, subsided and the attention of the German armed forces shifted to Russia and Operation Barbarossa. The British efforts against the Germans served to alter American national opinion significantly enough that President Roosevelt was able to justify the sending of munitions to the British, initially exchanging destroyers for British bases in the Caribbean before later signing the Lend-Lease Act in March 1941 which gave the British munitions, vehicles, planes, food, and ships which the British would not have to pay for until

³ <http://www.merriam-webster.com/dictionary/station%20hospital>

⁴ <http://www.eyewitnesstohistory.com/francesurrenders.htm>

after the war⁵.

However it wasn't until the Japanese bombed the US naval base of Pearl Harbor on the 7th December 1941 that the United States became fully involved in the Second World War, declaring war on Japan on December the 8th and on Germany just 3 days later. The USA initially concentrated their war efforts more in the Pacific against the Japanese than in the European Theatre although they sent some of their air force to Britain to participate in the air raids on Germany. However as the war advanced the Russians, who continued to hold off the German army, pressurized the UK and the US to help relieve the pressure by opening a second front in mainland Europe. These efforts initially took place around the periphery of Europe in North Africa until the invasion of Sicily and Italy by an Anglo-American force on the 9th July 1943 opened a direct front in Europe.

By November 1943 the Italian front had stalled and the Russians continued to demand a larger European invasion to draw more of the German forces away from the Eastern Front. Therefore the Americans and the British began to plan an invasion of Northern France. This operation, known as the Normandy Beach Landings, began on the 6th June 1944 or D-Day as it was known and soon resulted in the Allies gaining a firm foothold in mainland Europe by July. From this foothold the Allies began to slowly advance on the German heartland, just as the Russians began to force back their German opposition on the other side of Europe. Despite the Allies taking heavy casualties in battles such as Operation Market Garden (September 1944) and in the Battle of the Bulge (December 1944– January 1945), by the 25th April 1945 the Russians had converged with the Allies in Germany and the Germans surrendered unconditionally on the 8th May 1945.

American Hospitals Overseas during the Second World War

The United States of America's entrance into the Second World War on the 7th December 1941 and its subsequent declaration of war on Germany 4 days later not only caused the sending of thousands of United States troops to various fronts around the world but also made it necessary to set up supporting medical and nursing hospitals on the same scale. By 1943 140 Station Hospitals, 27 General Hospitals, 14 Field Hospitals, 2 Convalescent Hospitals, 3 Surgical Hospitals, and 23 Evacuation Hospitals⁶ had been set up overseas, demonstrating the vast size of the US Army Medical Department even prior to D-Day, an operation which would involve around 73,000 American men⁷.

However in the build-up to and in the aftermath of D-Day the Medical Department grew significantly increasing in number from 131,586 prior to Pearl Harbor (The

⁵ <https://history.state.gov/milestones/1937-1945/lend-lease>

⁶ <http://www.med-dept.com/etoHosp.php#>

⁷ <http://americanveteranmagazine.blogspot.co.uk/2012/06/remembering-d-day.html>

Medical Department: Medical Service in the European Theater of Operations–
Graham A. Cosmas and Albert E. Cowdrey– Page 4) to 245,387 by March 1945⁸.

Beginnings of hospital at Wimpole Hall

In 1943 the British army requisitioned land from the owners of Wimpole Hall, the Bambridges, for the price of thirty-three pounds, eight shillings, and tuppence per year of usage⁹ in order to use the area to build a general hospital to help with the casualties for the expected future invasion of Europe.

The plans to create a hospital on their land was met with strong resistance by the Bambridges and as early as 1940 George Bambridge had been protesting the potential interference by the RAF at Bassingbourn airbase (under RAF control until 1942) on the southern end of his property, particularly the 3 mile long South Avenue and had appealed to the National Trust.¹⁰ However the threat of the War Office creating a military hospital at Wimpole Park was considerably more pressing to George Bambridge who once again appealed to the National Trust. However the War Office was able to override the opposition pointing out that most similar properties in East Anglia had already been built on and that the War Office had been putting off building at Wimpole due to Bambridge's complaints but now there were no viable alternatives.¹¹ Despite having to give in and allow the hospital to be created the Bambridges did not feign to welcome the new development and it is noticeable for anyone visiting the site where the hospital was once located that it is situated in an area half-hidden from view from the hall itself. Furthermore the hospital staff was restricted from using much of the estate outside of the immediate area of the hospital¹².

The hospital site was handed over to the incoming United States Army Medical Department in 1944. The site was planned to be used as a US general hospital for the high amount of American casualties expected from the Normandy Beach landings in 1944 and the subsequent campaign in the European theatre. It is likely that the hospital was also expected to act as a holding hospital for injured men waiting to be transferred to the United States given that this was the function of the 162nd General Hospital which was formed at the same American camp and at the same time as the 163rd Hospital (it was eventually located in Lincolnshire)¹³.

⁸ http://www.med-dept.com/med_hist.php

⁹http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCMQFjAA&url=http%3A%2F%2Fwww.meldrethhistory.org.uk%2Fdocuments%2F163rd_US_ARMY_HOSPITAL1.doc&ei=VM4EU-2sCLDY7AaC5IDIBw&usg=AFQjCNEyhSwGOJPYMSdhu5dbBxR9qGHn4A&bvm=bv.61535280,d.ZGU

¹⁰ from research by Anthony Taylor → information taken Wimpole Hall archives

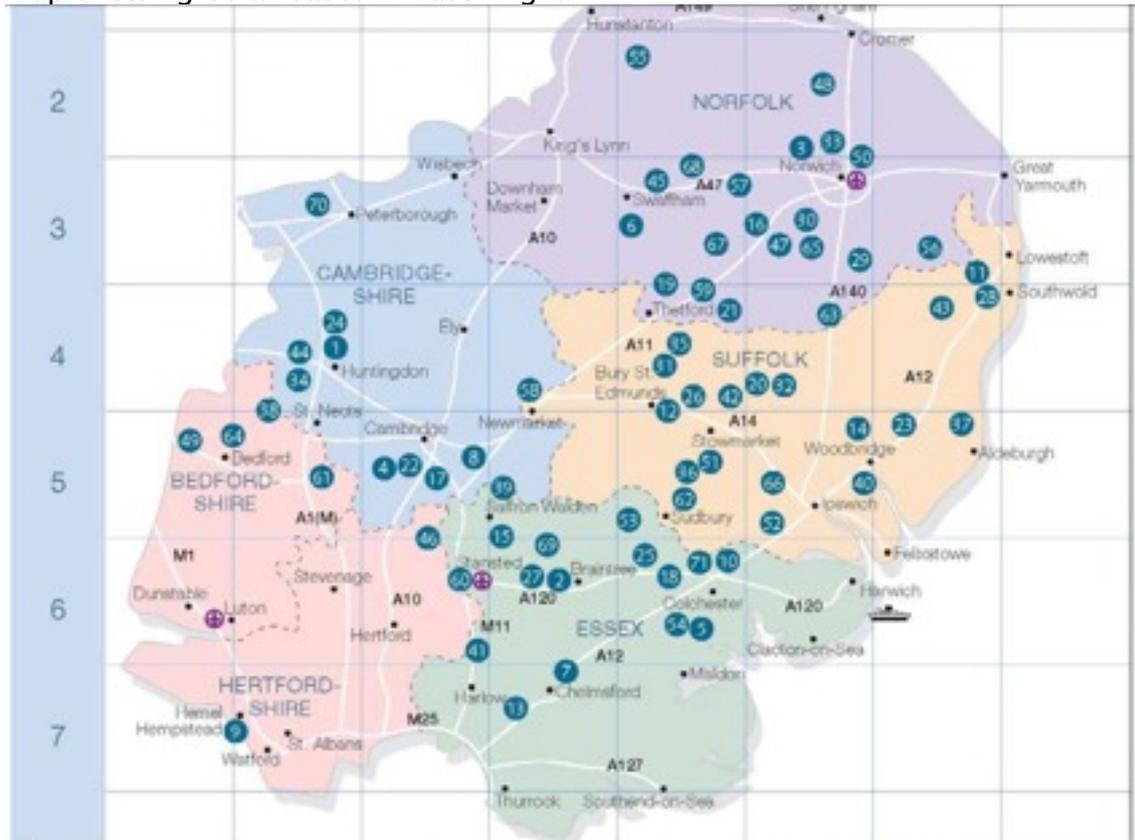
¹¹ from research by Anthony Taylor → information taken Wimpole Hall archives

¹² Taken from the Camp Life section of Willey, Charles R.: 163rd General Hospital U.S. Army England 1944–1945, obtained via the U.S. Army Military History Institute

¹³ http://www.med-dept.com/unit_histories/162_gen_hosp.php#

Situated about 2.7 miles from the Bassingbourn air base in use by the USAAF 8th Air Force and about 5.7 miles by road from the Meldreth Train station which had direct train links with London Kings Cross, the hospital was placed ideally to receive injured soldiers from Europe in an area of relative safety, allowing them to recover over a period of time without an immediate risk of bombing by Axis planes or of the site being invaded by advancing troops. In addition, the hospital's proximity to Bassingbourn air field, along with other local American airfields including Fowlmere and Duxford, allowed it to serve the secondary function of aiding any wounded pilots returning from bombing raids in Europe¹⁴.

Map showing US airbases in East Anglia¹⁵



Arrival, setting-up and layout

This section of the project draws heavily on the Assignment, Packing, Travel & Arrival section and the Organization & Set Up section of Willey's 163rd General Hospital U.S. Army England 1944–1945.

¹⁴ The Ragged Irregular' – Volume 27 No.1 January 1994– Page 4– 91st Bombardment Group (H) Newsletter.

¹⁵ <http://mediafiles.thedms.co.uk/publication/ee-eet/cms/pdf/information-sheets/USAAF%20Airfields%20Guide%20and%20Map.pdf>

Charles R. Willey was a US Army Sergeant who not only was stationed at the 163rd General Hospital from September 1944 until October 1945, but who also wrote (albeit 50 years later) an account of his time in the hospital.¹⁶

Prior to his stationing at the hospital, Willey had served in the South-Pacific where he was injured by a Japanese knife and after 9 months of hospitalization and a few weeks as a training sergeant in Camp Grant, Rockford, Illinois, he volunteered as a utility foreman for one of the hospital units being set up at the camp (the 162nd Military Hospital was also set up in the same camp and transported to Britain in the same way and the same time¹⁷). A utility foreman was in charge of maintenance and repair work. Willey was placed in charge of 35 other men prior to departure although the overall leader of the hospital was Lieutenant Colonel John H Lesher¹⁸.

Those men who were placed with Willey were the non-medical staff including “plumbers, electricians, carpenters, sign painters, medical equipment repairmen, refrigeration specialists” along with other positions, demonstrating that along with the purely medical staff, the hospital also had a relatively high amount of logistical and repair staff. Willey does not directly mention the medical staff being assembled at this point and it is unclear whether the medical staff would have been assembled separately or not. Willey does demonstrate that all the US Medical Department equipment and supplies for the hospital was packaged at Camp Grant prior to departure in a period of several weeks.

Wimpole

The staff for the hospital was transported along with the equipment by rail to Camp Mile Standish in Massachusetts and then via ship (the ship in question being unknown, although Willey believes it may have been the Mariposa which did leave Boston for Liverpool separate from a convoy on the same day that Willey claims he left Boston, that is on the 30th August 1944¹⁹ to Liverpool, arriving on the 6th September 1944). The men then travelled on train to Royston and then went on trucks to Arrington, Cambridgeshire, arriving on the 7th September and making it the last American hospital to be set up in East Anglia²⁰.

Upon arrival the men found barracks had already been created, the site at Wimpole Hall having already been built by Royal Engineers and used by the British since 1942. The buildings were made of “clay blocks...about four inches thick” and were painted black “to look like warehouses” with a lighter interior painting. The barracks for sleeping in contained wooden bunk-beds and mattress covers had to be filled from “the straw stack out in a nearby field.” While the bedding was somewhat bare, Willey reflects that “the accommodations were far superior to those found in the

¹⁶ Army Service Experiences Questionnaire filled out by Charles R. Willey- obtained via the U.S. Army Military History Institute- see appendix 7

¹⁷ http://www.med-dept.com/unit_histories/162_gen_hosp.php

¹⁸ http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCMQFjAA&url=http%3A%2F%2Fwww.meldrethhistory.org.uk%2Fdocuments%2F163rd_US_ARMY_HOSPITAL1.doc&ei=VM4EU-2sCLDY7AaC5IDIBw&usg=AFQjCNEyhSwGOJPYMSdhu5dbBxR9qGHn4A&bvm=bv.61535280,d.ZGU

¹⁹ <http://ww2troopships.com/crossings/1944b.htm>

²⁰ http://www.armingford.net/arrington/wimpole_park_army_hospital.htm

South Pacific”, reflecting both his view that the posting was “a treat”, but also that, despite minor issues, the conditions of the 163rd Hospital, as well as other general hospitals in Britain, were of good quality and recovering soldiers had a fairly comfortable stay.



Picture showing what the complex of the military hospital would have looked like²¹

Arrington gates

Alternative entrance

As shown on the picture above the hospital was located on the west of what was then called the Bambridge Estate (now Wimpole Hall) just next to the Arrington gates although it is unclear whether the picture above applies to the WWII hospital or the hospital of the 1950s. Willey’s memory recalls a hospital which appears to have looked slightly different to the one shown above, perhaps indicating the

²¹ [http://www.airfieldinformationexchange.org/community/showthread.php?2071-US-Hospitals-in-the-UK-\(AAF-Use\)](http://www.airfieldinformationexchange.org/community/showthread.php?2071-US-Hospitals-in-the-UK-(AAF-Use))

hospital in the picture is that of the 1950s hospital. Below follows Willey's account of the hospital's layout:

"We entered through a conventional gate with high cement posts on each side supporting wrought iron swinging gates [assumedly the Arrington gates]. There was another entrance a few yards north which served as an alternative entrance to the hospital [perhaps the entrance labeled on the picture, depending on how literally Willey means a 'few yards'].

Immediately on entering the post, our motor pool was on the right, followed by the barracks, orderly room, supply room and mess hall. About 50 yards beyond the mess hall was a POW [prisoner of war] compound where we eventually had about 240 German prisoners. Back to the entrance. On the left was Post HQ and the hospital with its wards, operating room, X-Ray etc. Turning left up a side street across from the mess hall the first building was the Red Cross building followed by the wards of the hospital. Continuing [sic] to the end sitting on top of a small hill was my work area consisting of two buildings for my carpenter, electrical and other shop areas as well as my office space. We could look out over the roofs of the hospital wards."

Certainly the reference to the POW compound is something which is not replicated on the picture and his account provides evidence that there were more buildings to the south of the path through the Arrington gates than shown in the picture.

Most of the buildings were heated by small coke-fuelled stoves. Willey reflects that the stoves were hard to light and often needed refueling in the middle of the night. However, it should be pointed out that, as with the mattresses, this was not much of a problem when put into the context of the war and in fact the presence of the stoves further demonstrates the relatively comfortable conditions of the 163rd General Hospital. Nevertheless conditions were cold during the nights around the camp and furthermore firemen (Private First Class George Quaintance and Private Victor L. Baily) were required to live on site in case of a fire starting. The buildings without stoves were those "directly related to healthcare", assumedly due to the fire risk.

Willey reflects that during his time in the camp only minor changes to this layout were made. One example of these changes was the formation of a non-NCO (non-commissioned officer) club in one of the unused buildings next to the barracks. The interior of the building was painted with palm trees and other tropical related images by the on-site sign painter, Pfc Joseph Teti. Buildings had already been provided for sergeants and officers.

The buildings of the 163rd Hospital were still supervised and controlled by the Royal Engineers and any problems with the buildings had to be reported to the local "resident agent", Raymond Davies, in Bury-St-Edmunds. Willey refers to how the buildings had been given to the Americans via "some lend-lease arrangement which to this day is not clear to me." It is likely this arrangement was the "Reverse Lend-Lease Act" through which Roosevelt claims the British created "newly constructed barracks, military airports, hospitals, and other military facilities for our armed forces"²² (this agreement is mentioned to be behind the provision of supplies and

²² <http://www.presidency.ucsb.edu/ws/?pid=16340>

buildings for the 162nd General Hospital)²³. However more minor damage to the actual American equipment was the problem of the hospital maintenance staff and the Americans were also tasked with the “maintenance of the grounds.” Willey claims “this was our general set up and it remained that way for the year I was there. The arrangement worked very well.”

In addition to being given the land for the hospital via lend-lease, the 163rd General Hospital was put in control of the Ambulance Train Reception facility located in the nearby (about 5.7 miles) village of Meldreth which had train links to London.

Evacuation Route for Injured

When a soldier was injured on a battle field it was common for the soldier to be carried off either by medical troops or by his fellow soldiers if this was possible at the time. Alternatively those injured soldiers who couldn't be carried off during the battle would be found by medical troops after the battle had finished and would be carried off on stretchers. Medics used the process of triage to assess which patients were evacuated immediately. In the US Army the three categories of triage were immediate (where patient was severely injured but could be saved with immediate evacuation and rapid treatment), delayed (where patient did not have life threatening injuries and did not need immediate evacuation) and expectant (where the patient was not expected to survive the trip to the nearest hospital and so would not be evacuated). In many cases medics had to use first aid on the battlefield to try and save patients.²⁴

Casualties were carried back to temporary aid stations, battalion aid stations, collecting stations and clearing stations located very close to the battlefield. Here they received quick treatment such as the dressing up of wounds and were quickly transported onwards to larger hospital sites via military ambulances. The injured men then arrived at portable surgical hospitals, field hospitals, or evacuation hospitals, with the most severely injured going to the former two and those who just needed minor treatment going to the latter. At the field hospitals and portable surgical hospitals, life-saving surgery was undergone on those who needed it immediately while lesser treatment also occurred on those who needed it prior to further evacuation to station or general hospitals. In evacuation hospitals men were given the minor treatment they needed before rejoining the front. The journey from the battlefield to the field hospitals was meant to take around an hour for the patients needing immediate treatment and the triage process demanded that only those expected to last that long were actually evacuated due to the impossibility of being able to save everyone.²⁵

²³ http://www.med-dept.com/unit_histories/162_gen_hosp.php#

²⁴ <http://history.amedd.army.mil/booksdocs/wwii/surgicalhosp/PortableSurgicalHospitals.html>

²⁵ http://history.army.mil/html/books/010/10-23/CMH_Pub_10-23-1.pdf

Up until the field hospitals the chain of evacuation for injured soldiers tended to be relatively similar in theatres of war (with the notable exception of D-Day where patients had to be transported by boat back to the UK²⁶). However the stage following treatment in the field hospital differed between locations due to the different location of station and general hospitals. In the European Theatre (1944–5) most of the American general hospitals were located in Britain (although as the Allies advanced, some were placed on the continent) and so the injured were next transported over the English Channel to British ports (mainly Southampton and Portland–Weymouth for the Americans). In the port the injured soldiers were divided into transportable and non-transportable, with those who could not be transported being operated on in field hospitals in the ports (initially these field hospitals were placed there for D-Day but remained in the ports even with field hospitals located in the continent in case of ships being bombed on their way over). The other soldiers were loaded into ambulances and driven to transit hospitals where further treatment was provided before soldiers were then moved off to general or station hospitals. The most common form of transport to the general hospitals was via ambulance trains which were under the control of the Americans despite using the British railways. The troops were unloaded from the train and went via ambulances to the nearby hospital. The general hospitals acted as bases for those who needed long-term treatment to recover. Those who merely needed to heal but didn't require treatment were then sent from general hospitals to convalescent hospitals. The final stage for the most injured soldiers was being transported all the way back to the United States, after suitable healing periods, if they could not be expected to continue to serve in the war.²⁷

The journey across the Channel was initially done virtually exclusively on boats which ferried men back and forth between France and Britain. However after the Allies had advanced further into continental Europe, air evacuation of casualties increased rapidly, overtaking naval evacuation as early as July 1944. Air evacuated troops were grouped at Ramsbury and Membury air bases before being further transported to general hospitals on rail.

With respect to the 163rd General Hospital, casualties were transported to Meldreth Train Station on the London to Cambridge Railway line where they were disembarked on a requisitioned strip of land just next to the modern day station into Red Cross ambulances. From here they would have been driven straight to the hospital which was located about 10 minutes away by car. The presence of Nissen huts next to the unloading area suggests that there may have been an emergency operation or hospital room there, although there isn't firm evidence to support this²⁸. The hospital was opened up relatively late and so would not have dealt with the initial evacuations from the D-Day landings which means that most of the casualties that the hospital would have treated would have been evacuated by air. As far as the evidence surrounding the hospital goes there is not much suggesting that it had a specialization and so it is likely that it would have received a general array of wounded soldiers. Although the hospital was not founded prior to D-Day, that does not signify it did not see a large number of casualties as it still would

²⁶ <http://www.uscg.mil/history/webcutters/JohnsonDDayhistoryLCI94.asp>

²⁷ http://history.army.mil/html/books/010/10-23/CMH_Pub_10-23-1.pdf

²⁸ http://history.army.mil/html/books/010/10-23/CMH_Pub_10-23-1.pdf

²⁸ http://www.meldrethhistory.org.uk/page_id_449_path_0p4p24p.aspx

have existed during the high casualties of the Battle of the Bulge, amongst other events.

Life and Work in the Hospital

This section of the project draws heavily on the Camp Life section and the Work and Duty section of Willey's 163rd General Hospital U.S. Army England 1944–1945.

Following the arrival of the 163rd General Hospital staff in Wimpole on the 7th September it took around a month for the for the hospital to become fully operational, beginning to fully admit patients on the 5th October. The Hospital had 1266²⁹ beds and 662 officers and enlisted men³⁰ making it virtually identical (in fact very marginally larger) in size to the 162nd Hospital³¹. Willey reflects that following set up those working in the hospital had “a pleasant and happy life with only mild periods of inconvenience.”

Due to the strictly medical nature of the hospital and its distance from the front-line combat zone, the men stationed in the hospital barracks did not see a huge amount of drills or inspections, although a formation of some description was done every payday (once a month), the organization of which depended on which members of the hospital were able to escape from their duties to assemble. Willey describes life in the hospital:

“We were there to do a job, take care of the sick and wounded. The personnel were all specialized and had their duties. In our section we could have a call at any time, day or night.”

Willey himself recalls sleeping in his office most days in order to respond to any late night calls or problems. Hospital life for all departments, not just the maintenance staff, was clearly fairly hectic, particularly initially, with war patients needing near constant attendance both during the day but also in the nights. In total at the hospital there were around 600 men present of which most had not served prior to WWII and many had to work long shifts looking after the sick and injured. In a report on the hospital in February 1945 the hospital was estimated to receive around 15 new battle casualties a month (although this may have decreased after February due to the end of the Battle of the Bulge in January) while also having 30 outpatients visiting the surgical department of the hospital, 60 visiting orthopedics (surgery relating to muscles and the skeleton), and 120 visiting the departments

²⁹ http://www.armingford.net/arrington/wimpole_park_army_hospital.htm

³⁰ http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCMQFjAA&url=http%3A%2F%2Fwww.meldrethhistory.org.uk%2Fdocuments%2F163rd_US_ARMY_HOSPITAL1.doc&ei=VM4EU-2sCLDY7AaC5IDIBw&usg=AFQjCNEyhSwG0JPYMSdhu5dbBxR9qGHn4A&bvm=bv.61535280,d.ZGU

³¹ http://www.med-dept.com/unit_histories/162_gen_hosp.php#

dealing with the ears, the eyes, and teeth every month³². This appears to be considerably less injured men than at the 162nd Hospital but this is likely due to the 162nd Hospital expanding in November 1944 to become a Hospital Center, bringing into it smaller surrounding hospitals.³³

However after the initial stages of settling in, by late October and early November, some of the hospital personnel were able to go on occasional excursions around England if mainly in the local area. Men in the 35-strong maintenance crew for example were allowed one day off work a week, although Willey comments that these breaks were difficult to schedule while still trying to keep the hospital running. Aside from the railway to London and other areas further away, cycling became the main mode of transport with Willey referring to how “by early November nearly everyone had a bicycle.” Willey also refers to how even bicycles represented a culture change from in the US, with the change from the US coaster brakes to the English handle bar brakes resulting in “a spill or two”, while he also reflects, regarding trips to the local town of Royston, that in the USA “it was almost unheard of to have a bike stolen in a small town the size of Royston.” Along with the bikes, trips into Cambridge were also run by trucks.

In terms of the non-medical staff in the camp, Willey claims they were “self-sufficient” and used their time building furniture amongst other things for hospital use along with carrying out hospital repairs. However around the time of the Battle of the Bulge (December 1944–January 1945) many of the shop personnel were called up to replace the American casualties of around 90,000 men³⁴ and this left the maintenance crew under-staffed for most of the rest of the war. To make up for this lack of personnel the maintenance crew had to rely on the help of some of the more active and mobile patients, who often lacked the specialization to carry out the more difficult jobs around the hospital. For that reason it was necessary for many of the full time workers who remained after the loss in personnel to work in other jobs secondary to their main role. Despite this relatively high workload, Willey reflects that there were not many problems beyond the occasional fuel shortage and states

“As a group these men formed an ideal organization. They were a group anyone would be proud to serve with as well as to have as friends.”

Willey offers some evidence of the friction between Lady Bambridge and the hospital, referencing how they were reliant on her “blessings” for the opening of a gate to the rear of the hospital. Despite Willey claiming that this gate was “more convenient” than the normal gates, he claims it was not opened until a while after the formation of the camp, arguably a sign of Lady Bambridge’s reluctance to open up her residence to the hospital in any form. Regardless of whether this is true or not, Willey recalls a story regarding Lady Bambridge and the secondary gate which highlights the friction between her and the hospital:

³² http://www.armingford.net/arrington/wimpole_park_army_hospital.htm

³³ http://www.med-dept.com/unit_histories/162_gen_hosp.php#

³⁴ <http://www.defense.gov/news/newsarticle.aspx?id=24591>

“After the gate was open for a week or two, Cpl Hyde had a day off and he planned to bike to Cambridge. Deciding to go by way of the back gate he pedaled out the gate and was soon passing the big manor house where Lady Bainbridge [sic] lived. She was walking along her estate road as Cpl Hyde approached. As he got close to her he shouted, “Lady, get the f--k out of the road before I run you down.” Needless to say that didn’t go over very well. The back gate was immediately closed, never to open again during my stay.”

Although Willey recounts this story as a relatively minor affair, it is clear that Lady Bambridge who already resented the imposition of a hospital on her estate would have taken this event as a major slight and her reaction to permanently shut the gate demonstrates the heavy dislike the Bambridge’s felt for the hospital and how limited and thin their co-operation was with its presence.

As further evidence that the conditions at the hospital were more relaxed than at most military regions Willey refers to how the Lieutenant at the hospital only showed up occasionally and didn’t stay for too long with Willey commenting that he likely only showed up to meet his job requirements or when he had “absolutely nothing to do”. Furthermore Willey refers to how he managed to cheat the system to hand out extra promotions (and therefore wage increases) to his men by reassigning their duties to create vacancies for promotions. In addition to this the hospital suffered from no bombings with the occasional “buzz bomb” (the V-1 Flying Bomb) passing nearby but never hitting the site (the 162nd General Hospital on the other hand experienced several air raids and at one stage had a plane flying directly over it and shooting at the hospital).³⁵

It appears that occasionally students and professors from Cambridge University were allowed to carry out research on some of the injured in the hospital with one test focusing on the effects on injured men without Rh (Rhesus) blood being given blood transfusions using Rh blood.³⁶ The permission for this research may be due to the fact that Cambridge University, along with the European Theatre of Operations Blood Bank, was one of the main suppliers of blood for transfusions to the hospital.

POW Camp

This section of the project draws heavily on the Prisoners of War section of Willey’s 163rd General Hospital U.S. Army England 1944–1945.

Perhaps the most interesting element of Willey’s report is that he records the presence of a Prisoner of War camp on the same site of the hospital. This camp is not mentioned elsewhere either in other information regarding the camp or in the English Heritage National Monuments Record which has a list of all the known POW camps in Britain during World War II. Furthermore the 162nd Hospital, otherwise very

³⁵ http://www.med-dept.com/unit_histories/162_gen_hosp.php#

³⁶ (*The British Medical Journal* © 1945 [BMJ](#)- December 29th 1945- Pages 916–8)

similar to the 163rd Hospital, does not appear to have held any prisoners. Although without supporting evidence it is hard to conclusively prove the existence of the camp, it is unlikely that Willey would invent (intentionally or otherwise) over a page worth of memories of the camp and so it is likely that the camp did exist and was just forgotten about. Furthermore, having been in contact with English Heritage, it appears such camps were not uncommon in military hospitals.

The camp was set up a few months after the formation of the hospital itself and 240 Germans were interned in the camp. As mentioned earlier the camp was situated just behind the mess hall for the hospital with its gate facing towards the road. Despite Willey's reference to the "traditional high fence wall" surrounding the camp, it is clear from his description that the relaxed discipline of the hospital extended to the camp as well, although American POW camps were usually fairly relaxed³⁷. In fact the prisoners were often assigned to duties in the camp, particularly if they had skills which could be used. Many ended up working in the mess hall and repairing paths around the hospital although Willey refers to how one prisoner served as a watch repairman for the entire hospital and was given his own shop area to fill this role.

This relatively easy life most likely explains Willey's recollection that there was no attempted escape despite the fact that he claims "it would have been easy" to do so. However punishments still did exist in the camp and Willey refers to one punishment used on the camps which had been copied off the Germans by an American officer (the man in charge of the camp) who had escaped from a German camp in France. The punishment involved moving in a square formation whilst carrying a brick, swapping the brick for another at each corner for 8 hours a day for 7 days, an ordeal which Willey claims always ended in the passing out of the prisoner before the sentence finished. Nevertheless Willey seems to remember the Germans relatively well, going as far as to defend one of them against a charge of looking into a window where a nurse was getting change and so clearly the relation between the Americans and their prisoners was fairly relaxed and the prison was almost certainly low security.

Recreation

This section of the project draws heavily on the Routine Recreation section of Willey's 163rd General Hospital U.S. Army England 1944-1945.

Despite the relatively busy, if not strict, conditions of the hospital, the hospital staff still had time off to enjoy some recreational activities and if Willey and the shop crew are taken to be representative for the hospital staff, the most common form of recreation was travelling around East Anglia or visiting London. The list of places Willey claims he visited is lengthy, including a one week trip to Bournemouth, reinforcing the fact that the hospital staff had a relatively good life at Wimpole. Inevitably Willey remembers most of his spare time being spent drinking in pubs

³⁷ <http://uboat.net/men/pow/recreation.htm>

and dancing with English girls and there is little reason to suspect that this would not have been the case for most of the hospital staff.

In addition to trips out of the hospital there was also mingling between the Bassingbourn pilots and some of the hospital nurses as demonstrated by the marriage of Commanding Officer John D. Davis, a Bassingbourn pilot and Lieutenant Helen Pierson, a nurse in the hospital, and the naming of one of the Bassingbourn planes "LADY HELEN OF WIMPOLE"³⁸. This was just one of several marriages between men at Bassingbourn and women at Wimpole that occurred during the war.

The Closing of the hospital

This section of the project draws from the Departure section of Willey's 163rd General Hospital U.S. Army England 1944–1945.

Despite the end of WWII following VE (Victory in Europe) Day (7th/8th May 1945) and VJ (Victory over Japan) Day (2nd September in USA, 15th August in UK), the 163rd hospital continued to operate into early 1946 before it fully closed. Throughout the period between VE Day and the full closure of the hospital, the staff was sent back in small waves with many of them, including Willey, briefly serving in other hospitals and stations in other regions while awaiting transfer. Conversely many actual hospital patients from East Anglia were assembled at the 163rd Hospital prior to their removal to the United States and the 163rd hospital was actually the last American hospital base to close in the East Anglia region³⁹.

The Site after Closure

Some of the below information comes from a talk between Gordon Rodgers, who lived in the grounds of Wimpole, after the opening of houses there after the war, and myself.

Despite the eventual closure of the 163rd General Hospital in 1946, the land used for the hospital was not immediately returned to Elsie Bambridge (her husband George had died in 1943⁴⁰) and in fact continued to be used for a variety of functions up until 1960. The site was used (in order) as: a squatters camp, a teacher training college, a community school, emergency housing, and finally as a United States Air Force Hospital before the land was finally restored to the Wimpole Estate in 1960⁴¹.

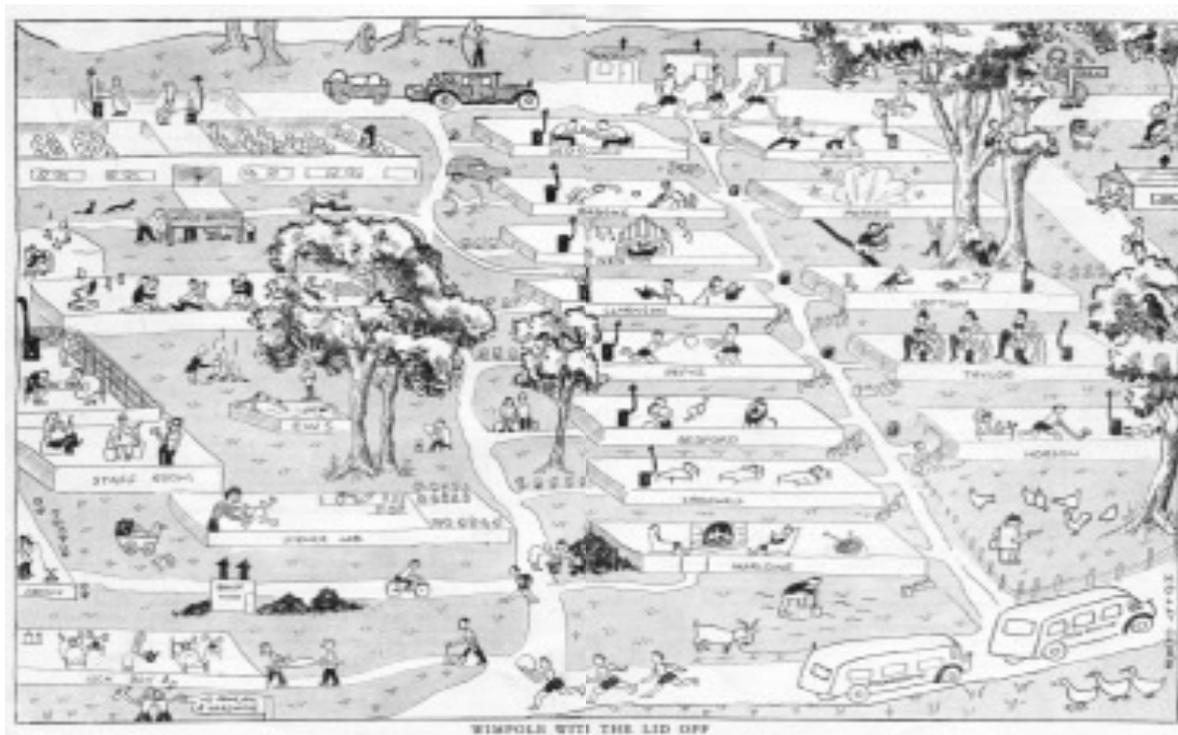
³⁸ 'The Ragged Irregular' Volume 27 No. 1 January 1994– page 4– 91st Bombardment Group (H) Newsletter.

³⁹http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCMQFjAA&url=http%3A%2F%2Fwww.meldrethhistory.org.uk%2Fdocuments%2F163rd_US_ARMY_HOSPITAL1.doc&ei=VM4EU-2sCLDY7AaC5IDIBw&usg=AFQjCNEyhSwGOJPYMSdhu5dbBxR9qGHn4A&bvm=bv.61535280,d.ZGU

⁴⁰ <http://www.findagrave.com/cgi-bin/fg.cgi?page=gr&GRid=33510119>

⁴¹ http://www.steve.odell.dsl.pipex.com/arrington/wimpole_park01.htm

The immediate usage following the 163rd General Hospital was as an emergency teacher training college. This college was formed in 1947. The training students taught in the nearby (around 5 miles by road) Haslingfield School, starting their teaching on June 16th 1947. Many also taught at the school in Wimpole itself. In addition the college also appears to have supplied some of the hot meals to the Haslingfield School, the meals being made by students training in cookery although these meals appear to have been of dubious quality with the Headmaster of the school reportedly complaining. It is unclear when the training college officially closed but in June 1950 no students from the college were teaching at Haslingfield any longer and so it is likely that the college was closed around this time.⁴²



A drawing of the Wimpole site from 1950 during the time of the Training College taken from a graduation book.⁴³ Although it is hard to see, the figure in the top-right of the photo is Mrs Bambridge waving her walking-stick, demonstrating that her stance on the usage of her land had not mellowed with time. The picture demonstrates that during this period the land at Wimpole had a community feel and was fairly active.

The Wimpole Park School was founded in 1947 or 1948 and lasted until 1955. The school was located in one of the larger ex-wards of the hospital with one end containing three classrooms divided by brick and the other containing a large hall. The school was initially intended to teach the squatters who had moved into the site along with those who later rented out the prefabs built at the site. Pupils who

⁴² <http://haslingfieldvillage.co.uk/2011/our-history/haslingfield-school-history/did-you-know-there-was-a-teacher-training-college-at-wimpole-hall/comment-page-1/>) http://www.armingford.net/arrington/old_wimpole_childhood.htm

⁴³ http://www.armingford.net/arrington/wimpole_park_training_college.htm

attended were given bikes by the council. At its foundation the school was led by a single couple of teachers but by late 1948– early 1949 a teacher with more experience took over as Headmaster and the staff expanded as the school's intake grew to around 80 pupils of between ages 7 to 16. The school had sports team in several sports and also provided a school meal for the pupils and for the local infant school in Arrington. The school continued to expand, drawing in seniors from a school in the nearby village of Orwell, with its intake growing to around 100. As always with all the various uses of the Wimpole site, Mrs. Bambridge did not take kindly to the school's presence on her estate, notably refusing to send a Christmas tree to the school despite always sending one to the Arrington school, telling the Headmaster that "squatters have already had far too many of my trees unofficially to have another one for Christmas." Furthermore she banned any cycling by the schoolchildren in the park (ineffectively) and was known to put her stick between the spokes of bikes if they came past her. Eventually the formation of Bassingbourn Village College in 1954 stole the school's seniors and eventually forced its closure.^{44 45}

In 1952 another American Hospital was founded on the site, this time the United States Air Force 3rd Hospital Group, although it would later become known as the 7510 USAF Hospital.⁴⁶ This time the hospital was set up to help with American casualties in the Korean War as Bassingbourn yet again was under the control of the USAAF as part of the NATO initiative. The new Hospital didn't take over the full site however and the school and some of the accommodation remained in the hands of the locals.⁴⁷ The American area was fenced off from the rest of the site but many locals were actually employed by the Americans, helping them run the camp, as well as helping construct some of the new buildings such as an Interdenominational Chapel. 250–300 Americans worked on the site, having been gathered from Sampson Air Force Base in New York State. This new hospital was smaller than the 163rd General Hospital with a capacity of only 250 beds for hospital patients. The 7510 USAF Hospital had a large maternity ward and many children were born in the hospital until its disbandment in 1960 ⁴⁸.

As stated above, the 7510 USAF Hospital was eventually disbanded in 1960 and its demolition along with the remaining prefabs on the site represented the final return of all of Wimpole Estate to the hands of Elsie Bambridge. Part of the initial clause of the 'agreement' between the Bambridges and the British Army was that following the usage of their land, the buildings would be entirely dismantled and the ground restored to grassland. Therefore in 1960, 40 members of the RAF Airfield

⁴⁴ <http://www.armingford.net/arrington/wimpole_park_school.htm>

⁴⁵ <http://www.armingford.net/arrington/old_wimpole_childhood.htm>

⁴⁶ <http://www.armingford.net/arrington/wimpole_park_air_hospital.htm>.

⁴⁷ <http://www.armingford.net/arrington/wimpole_park_school.htm>

⁴⁸ <http://www.armingford.net/arrington/wimpole_park_babes.htm>

Maintenance were sent to dismantle the Hospital⁴⁹ and return the land to a natural state. The task of restoring the site took 9 months to complete.

Why is it not remembered?

Throughout my research into the history and origins of the 163rd hospital it has been highly noticeable that there is very little accessible information or remembrances of the hospital to be found, even on the US Medical Department website or at Wimpole Hall itself. Although the hospital only existed from 1944 to 1946 and is not alone in its lack of remembrance, it is worth wondering why other hospitals, particularly the 162nd Hospital which was founded in the same place and at the same time, have considerably more accessible information.

Although there is no one reason why the hospital is not remembered, perhaps one cause is that there is such a historical presence of troops in the East Anglia region during WWII, particularly in terms of air forces. The Wimpole hospital may have been somewhat unlucky to be caught between both Duxford Airfield which is now one of the largest air museums in the world and Bassingbourn Airfield which played host to the Memphis Belle. With such prestigious neighbors, less interest and therefore less funding for commemoration may have gone into the site of the hospital, leaving it almost forgotten.

Another reason why the site has become forgotten is due to the work of Lady Bambridge. From the outset she appears to have been heavily against the usage of her land and resentful of the presence of the hospital and its successors. As soon as the 7510 Hospital closed, virtually all remnants of its presence were removed, with even the hill the site had overflowed onto being restructured. Thus when the site was transferred to the National Trust there was no sign the hospital remained other than a few dog-tags and carvings of planes on some of the trees in the area. It is hard to commemorate something for which there is very little evidence, particularly when the demand for remembrance is not that high in the first place.

When one visits Wimpole today, aside from the aforementioned tree carvings, the only commemoration of the hospital stands at the very edge of the estate next to the Arrington gates on a singular plaque. Although it is fair to say the hospital was a fairly local part of history and that the majority of those visiting Wimpole are not there to learn about the hospital site, it is perhaps a shame that not more is done to commemorate a site on which a large WWII hospital stood. For those who do read this sign it is an even greater shame that information is so sparse that it is difficult for them to come across a full account of life in the hospital.

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⁴⁹ <<http://rafacb.otg/RAFACB/Images/ACB%20web%20Wimpole%20Park/WIM26.jpg>>

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163rd

GENERAL HOSPITAL

U. S. ARMY

ENGLAND

1944 - 1945

by
Charles R. Willey

Title Page Pictures

CHARLES R WILLEY
1447 Nassau Circle
Tavares, FL 32778
(904) 343-6148

4 August 1995

This booklet contains memories written nearly 50 years later and there may be lost events or slightly changed recall but I believe it is accurate in most details.

With regard to my section, Utilities, which was similar to Post Engineers, I have been unable to contact any member of my crew. I do know that Lt Wampler and T/5 Fisk have died but of the others I know nothing.

I hope the reader will enjoy these notes as much as I have in writing them. It was a pleasant assignment which I hope reader will feel as I have.

In the event anyone reading these pages has further thoughts or additional information please contact me at the above address.


CHARLES R WILLEY
Sgt US Army
163rd General Hospital

First Picture: found at <http://upload.wikimedia.org/wikipedia/commons/7/72/Wimpole_Hall_02.jpg>

163rd GENERAL HOSPITAL

ORGANIZATION & SET UP

We were conducted to what was to be our barracks. The buildings were constructed of clay blocks similar to our cement and cinder blocks with their hollow interior. The clay blocks were thinner being about four inches thick. The sides of all the buildings were painted black looking much like warehouses. The interior was not much more attractive but was painted a lighter color.

The barracks were equipped with double bunks that were constructed of wood, about 3" x 3", and were unpainted. For a spring the beds had strap metal about an inch in width and arranged in 6 inch square pattern. No mattresses were seen yet there was a mattress cover on each bunk. We quickly learned these covers were to be filled with straw from the straw stack out in a nearby field. These were our mattresses for the duration of our stay in England.

We soon learned we could find dry straw deep inside the stack. We stuffed the covers full and carried them back to our bunks. We found we had no need for bed boards to relieve back problems. The beds were hard enough but were comfortable for most if they were fluffed daily and the straw changed about every two weeks. Some of the boys complained about the bunks but I reminded them the accommodations were far superior to those found in the South Pacific unless mosquitos were essential to comfort.

Our hospital was located on what was then known as the Bainbridge estate with Lady Bainbridge presiding. We entered through a conventional gate with high cement posts on each side supporting wrought iron swinging gates. There was another entrance a few yards north which served as an alternate entrance to the hospital.

Immediately on entering the post, our motor pool was on the right, followed by the barracks, orderly room, supply room and mess hall. About 50 yards beyond the mess hall was a POW compound where we eventually had about 240 German prisoners. Back to the entrance. On the left was Post HQ and the hospital with its wards, operating room, X-Ray etc. Turning left up a side street across from the mess hall the first building was the Red Cross building followed by wards of the hospital. Continuing to the end sitting on top of a small hill was my work area consisting of two buildings for my carpenter, electrical and other shop areas as well as my office space. We could look out over the roofs of the

Second Picture: found at <<http://s89.photobucket.com/user/ramc181/media/WimpoleSG.jpg.html>>

Appendix 1- Willey's report

The following appendix shows 4 select pages from Willey's report demonstrating what the source looks like and how it is written. Willey's report itself contained 36 pages and was almost entirely based on his personal remembrance of his time at

163rd GENERAL HOSPITAL

PRISONERS OF WAR

After we had been running a few months 240 German prisoners of war were assigned to us. A compound was built in an area generally behind our mess hall. It had a traditional high wire fence wall. As I recall there was one gate and it faced the road. The prisoners were housed in barracks like buildings which were as warm as ours. The American officer in charge of the prisoners was a captain I believe infantry, who had been captured by the Germans in France but had escaped. He may have been assigned with the idea that he would be firm and hopefully fair. As it turned out he was firm, fair and much respected by the Germans. We never had an attempted escape even though it would have been easy. We did have minor infractions of the rules and these were dealt with firmly. For example, I recall the time a prisoner stole some bread while on KP duty. Our captain gave him a punishment he had seen in a German prison camp. It was like this. Within the prisoner compound a plot of ground 100 feet square was laid out. A common clay brick was placed at each corner. Walking at a normal pace for 8 hours without a break off for lunch the prisoner was to pick up one brick, carry it to the next corner, put it down while picking up the brick previously placed there. He then walked to the next corner where the procedure was repeated. The prisoner was required to walk the square, moving the bricks for eight hours a day seven day period. We had other prisoners who received the same sentence. None ever completed seven days. Every one passed out before the seven days were up. The punishment did not appear severe but it must have been. The captain said that the punishment had the same effect on American prisoners.

Many of the prisoners were assigned regular duties. This was especially true if they had a skill we could use and we had none of our own men trained in that skill. An example of this was one of the prisoners was a watch repairman. We had a small one room building about 15 feet square we were using. We set him up in this small shop by himself where he did a commendable job keeping the watches of our personnel in good repair. He did an especially good job keeping the watches clean. We had others who worked full time in the mess

the hospital written retrospectively 50 years after WWII.

Appendix 2: Wood carvings at Wimpole Hall

On some of the trees around where the 163rd Hospital at Wimpole would have been there are carvings of names and of planes presumably made by Americans whilst they were serving in the park. It is not clear whether these men would have been from the 163rd general hospital or the 7510 USAF Hospital but the presence of dog tags on the same trees as the carvings shows that the carvings almost certainly were done by soldiers. Below are two pictures of the carvings.





Appendix 3: Notice board at Wimpole Park

Below is a picture of virtually the only surviving commemoration of the hospital at Wimpole. The notice board is located next to the Arrington gates inside Wimpole Park.



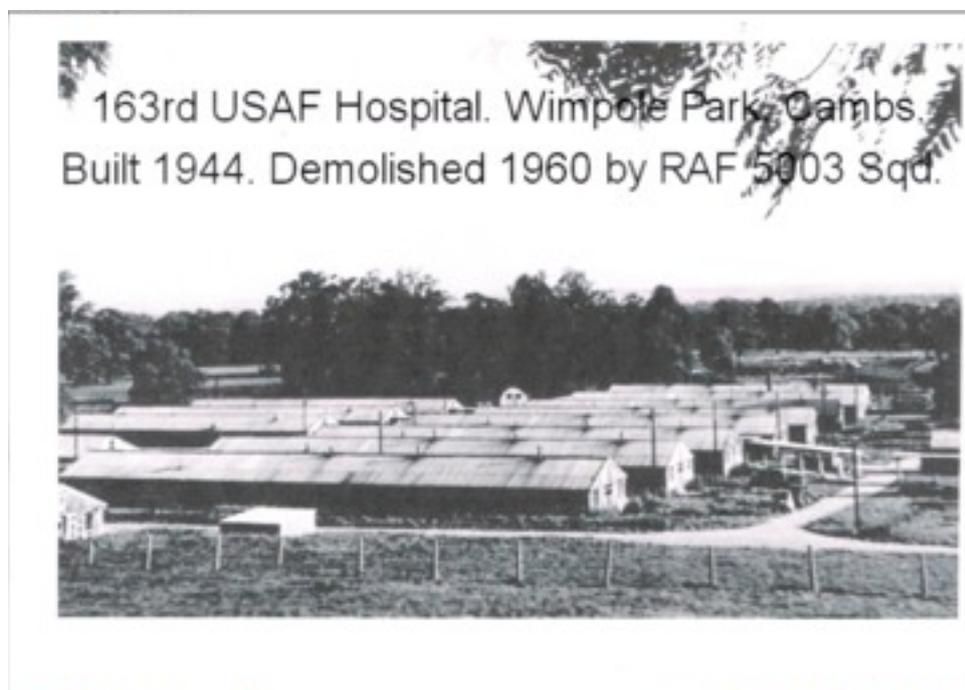
Appendix 4: Captain Bambridge's Telegram

Below is the wording of Captain Bambridge's telegram to the National Trust in 1943 asking for help in blocking the War Office from requisitioning his land. This telegram was in the National Trust archives at Wimpole Hall.

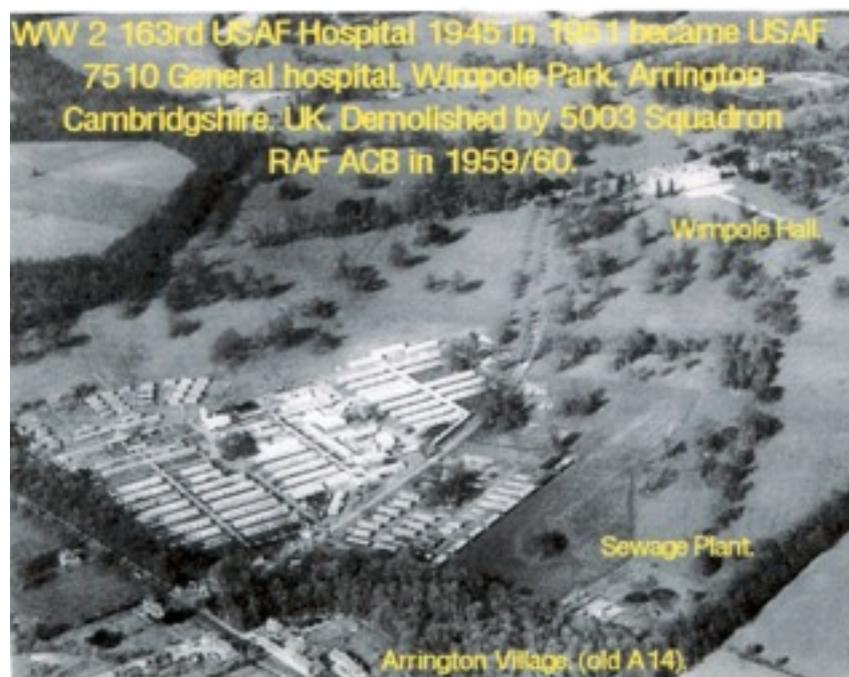
**PRIORITY NATIONAL TRUST WEST WYCOMBE PARK
BUCKS
PLEASE TELEGRAPH MOST URGENTLY LORD CROFT WAR
OFFICE URGING AGAINST PROPOSED [D]EVASTATION BY
MILITARY AUTHORITIES OF MY HISTORIC PARK LAID OUT BY
REPTON AND BROWN. CAPTAIN BAMBRIDGE WIMPOLE HALL
ARRINGTON CAMBRIDGE⁵⁰**

Appendix 5: Pictures of hospital site prior to demolition

As the hospital was not demolished until 1960 these pictures are actually of the 7510th USAF hospital but the same buildings were used and so the below pictures provide some evidence as to what the site would have looked like. Pictures found at <<http://rafacb.org/RAFACB/Images/ACB%20web%20Wimpole%20Park/WIM%2001.jpg>> and <<http://rafacb.org/RAFACB/Images/ACB%20web%20Wimpole%20Park/WIM26.jpg>> respectively.



⁵⁰ Researched and found by Anthony Taylor



Appendix 6: Email correspondence with English Heritage

Below is a correspondence between English Heritage and myself regarding the Prisoner of War Camp mentioned in Willey's report. The emails confirmed that Willey's remembrance of the camp is probably factual as the camps were relatively common at hospitals in WWII.

 From: George Duncan <duncangwb@btinternet.com>
 To: "eastofengland@english-heritage.org.uk" <eastofengland@english-heritage.org.uk>;
 "customers@english-heritage.org.uk" <customers@english-heritage.org.uk>
 Sent: Friday, 7 February 2014, 15:43
 Subject: Prisoner of War Camps 1939 to 1948 (Roger JC Thomas 2003)

Dear Sirs

I am a student at The Perse School in Cambridge studying for my A2 exams and I am undertaking some research for my Extended Project Qualification (EPQ).

My EPQ is based on the American Military Hospital at Wimpole Hall.

During my research I have uncovered some very compelling evidence to prove that a German Prisoner of War camp was in existence in the grounds of Wimpole Hall. No such camp appears on the list compiled by Roger JC Thomas in 2003, although it is clear from Mr Thomas's report that some of the POW camp records have been mislaid over the years.

I wondered whether you would like to see my evidence and if so I can be contacted at this email address or on 01763 262884.

Yours

George Duncan

From: "Thomas, Roger J C" <Roger.JC.Thomas@english-heritage.org.uk>
To: 'George Duncan' <duncangwb@btinternet.com>
Sent: Monday, 3 March 2014, 16:20
Subject: RE: Prisoner of War Camps 1939 to 1948 (Roger JC Thomas 2003)

Dear George,

I must apologise for not having got back to you sooner, I'm afraid I have been in the middle of starting a new job away from my old military work and haven't been able to give you the attention that I should have. I have no record of PoWs being housed in the grounds of Wimpole Hall, but it would not surprise me if they were, as PoWs were often held at former military hospitals e.g. Redgrave Park Suffolk, Shugborough Hall Staffordshire, etc. Sheffield Park, Sussex is another National Trust property that was used to house PoWs. Most of these hospitals were emergency hospitals built as part of Operation Bolero and once the war ceased were abandoned and then used to house the large number of prisoners returning from Canada and the USA. I have been told that in some places, 'trustee' 'white' graded PoWs worked as hospital orderlies, but I have not seen any documentary evidence to support this. If you have any specific questions about the way camps operated etc. please feel free to contact me, as I should now be able to give you some of my time.

Regards,

Roger J C Thomas

Assistant Designation Adviser (North)

Tel. 01757 702837

From: "Thomas, Roger J C" <Roger.JC.Thomas@english-heritage.org.uk>
To: 'George Duncan' <duncangwb@btinternet.com>
Sent: Thursday, 6 March 2014, 9:02
Subject: RE: Prisoner of War Camps 1939 to 1948 (Roger JC Thomas 2003)

Dear George,

Please find attached twolist of military hospitals that I know of, which were built as part of Operation Bolero, or were occupied as such. Many of these hospitals only functioned for a very short time as once the Allies became established in Europe, many of the hospital units followed soon after to the continent, abandoning many of the sites in the UK. Once the war came to an end, many military camps, depots, and RAF airfields also became empty, and it was at this point that we brought the German prisoners held in the US and Canada back to the UK, and this great influx of prisoners meant that these empty sites were impressed into service as PoW Camps.

Regards,

Roger

Appendix 7: Letter Attachment received from US Army Military Institute

Below is the letter attachment in which I first received details regarding the existence of Willey's report. Prior to this I had sent an email asking whether the institute had any information regarding the 163rd General Hospital only to receive an automated response claiming there was no information available. However about a month later I received this letter attachment claiming that they did have evidence regarding the hospital.

DEPARTMENT OF THE ARMY
 UNITED STATES ARMY WAR COLLEGE AND CARLISLE BARRACKS
 CARLISLE, PENNSYLVANIA 17013-5021



REPLY TO
 ATTENTION OF

U.S. Army Heritage and Education Center
 U.S. Army Military History Institute, 850 Soldiers Drive, Carlisle PA 17013-5021
 www.carlisle.army.mil/ahec Phone: 717-245-3949

Dear Mr. Duncan

14 November 2013

Thank you for contacting the U.S. Army Military History Institute. We send out a standard reply to meet the needs of thousands of requests each year. Please use our website to learn more about our holdings. If possible, come to MHI personally. Our hours are ~~Monday~~ *Monday* through Saturday (limited services, please call ahead), 9:00 am to 4:45 pm, closed on holidays and Sundays. *MHI Staff*

A subject bibliography is included. Visit your local library to initiate an interlibrary loan request. MHI is a last lending source and does not circulate manuscripts, photographs or periodicals.

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- Please send a check for \$53.50 payable to "MHI Fund" and put control number 3916 in the check memorandum. Please specify in detail what you would like copied. To help you identify such items, some title pages may be enclosed. Please return the title pages of what you would like copied.
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- For individual service records after 1912, and for army medals and awards, contact the National Personnel Records Center (Military), 9700 Page Avenue, St. Louis, MO 63132. Phone: 314-801-0800. <http://www.archives.gov/st-louis/>
- For unit operational records prior to 1939 and individual service records before 1913, contact the Military Reference Branch, National Archives, Washington DC 20408. Phone: 202-501-5430. <http://www.archives.gov>
- For unit operational records since 1939, contact the Modern Military Records, National Archives, 8601 Adelphi Road Room 2400, College Park, MD 20740. Phone: 301-837-3510. <http://www.archives.gov/do-metro/college-park/>
- For unit lineage and honors, contact the U.S. Army Center of Military History, 103 Third Avenue, Fort McNair, DC 20319. Phone: 202-685-2733. <http://www.history.army.mil/unitinfo.html>
- There is nothing available at MHI to answer your inquiry. Enclosed is a referral list of other agencies that might have the information you are requesting.
- MHI does not have the staff to answer in-depth research inquiries. You are welcome to come here and conduct research in person.
- Additional information will be found on the back of this form or on another sheet.

Sincerely, the MHI Staff