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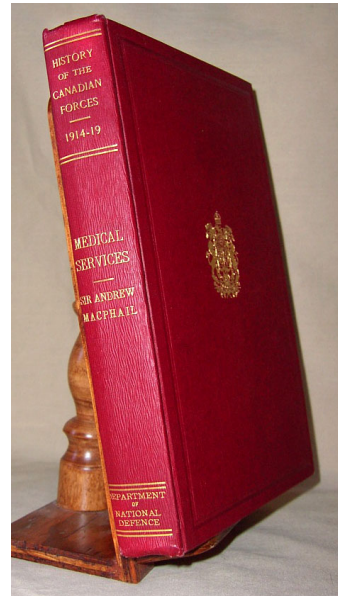
The Medical Services

(part of the Official History of the Canadian Forces in the Great War 1914-19)

by Sir Andrew MacPhail , published 1925

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OFFICIAL HISTORY OF THE CANADIAN FORCES IN THE GREAT WAR
1914-19

THE
MEDICAL SERVICES

BY
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PREFACE

The Historical Section of the Canadian General Staff was reorganized in June, 1921. It was charged by Privy Council with the task of collecting and safeguarding all papers concerning the Canadian Forces in the Great War, 1914-1919, and with the reduction of the mass of evidence into a comprehensive history for official publication.

The work has advanced steadily; material has been assembled and classified, but much is still to be obtained. Maps which form the basis of the design have been compiled from documents, and are being gradually completed from the testimony of officers who took part in the operations.

Some of the volumes will contain general history; some will be devoted to particular arms, branches, and services; all will be based on official documents. Maps sufficient for the general reader will be bound with the text; more detailed maps issued separately will provide for more profound study.

The present book is the first of the series. On the recommendation of the Chief of the General Staff and under authority of Order in Council dated October 7, 1921, Sir Andrew Macphail was commissioned to write it; publication was ordered by Privy Council on June 3, 1924.

A subsidiary function of the Historical Section is to give advice and assistance to properly accredited regimental historians who have undertaken the task of preserving in print the exploits of their units overseas. These

more intimate records are not Government publications, although they contribute to the whole by covering limited portions of the ground more closely than the main series. The supply and verification of facts and figures for commemoration and instruction also fall under this head.

Previous to January, 1916, there was, except in the Medical Services, no formal means, other than War Diaries, for preserving Canadian historical documents relating to the War; and the diaries inevitably suffered most when their worth was greatest. It would therefore help to make the History more accurate and complete if readers who can suggest corrections or furnish additional data in the form of orders, messages, diaries or maps will forward them for examination to the Historical Section, Department of National Defence.

A. FORTESCUE DUGUID, *Colonel,*
Director of Historical Section, General Staff.

OTTAWA,
September, 1924.

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can be partial; it must never be impertinent to the general theme. But even this partial field is wide enough for one volume: the British medical history when complete will occupy twelve; the German nine volumes containing 5350 pages. Apart from matters which once were controversial and now in the lapse of time have adjudged themselves, there is enough in the Canadian effort alone to instruct and interest the reader for all time.

Previous to the outbreak of war, the Canadian army medical services consisted of 20 officers, 5 nursing sisters, and 102 other ranks in the regular permanent force. There was in addition a militia organization comprising on paper at least 6 cavalry field ambulances, 15 field ambulances, and 2 clearing hospitals, as well as medical officers detailed for each of the combatant units of the militia. These militia units underwent field training for a period of two weeks each summer; they had lectures, drills, and elementary training in armouries throughout the country during the winter months.

On the outbreak of war in August, 1914, from this small nucleus of regular permanent officers and militia within a month was organized a regimental service for every unit of the Canadian expeditionary force to the number of 30 medical officers, 3 field ambulances, 1 casualty clearing station, 2 stationary, and 2 general hospitals, 1 sanitary section, and 1 advanced depôt of medical stores.

As the Canadian army developed there was subsequently organized for overseas alone, in addition to this initial medical service, 1 cavalry field ambulance, 10 field ambulances, 4 sanitary sections, 3 casualty clearing stations, 4 stationary and 14 general hospitals, 7 special and 8 convalescent hospitals, 2 laboratory units, 3 depôts of medical stores, and 2 hospital ships, as well as regimental medical officers, medical boards, and a training school. This

CHAPTER III

THE FIRST CONTINGENT

THE ADVENTURE OVERSEAS—SALISBURY PLAIN—TO FRANCE AND YPRES—
FESTUBERT, GIVENCHY

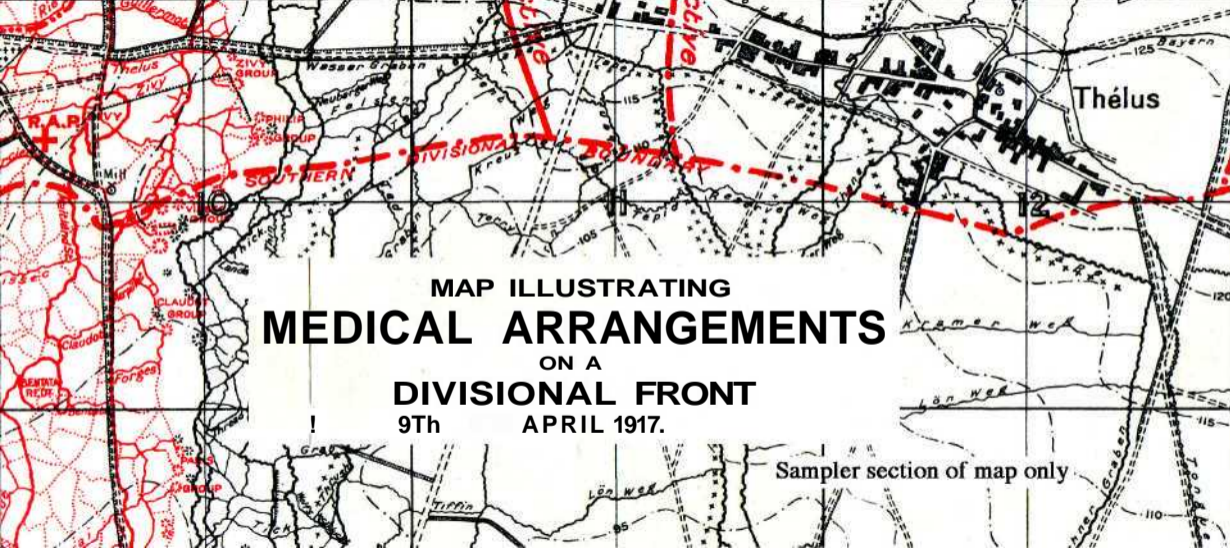
Out of the medical forces assembled at Valcartier certain definite units finally emerged, and proceeded overseas. These with their officers commanding were: No. 1 Field Ambulance, Lieut.-Colonel A. E. Ross; No. 2 Field Ambulance, Lieut.-Colonel D. W. McPherson; No. 3 Field Ambulance, Lieut.-Colonel W. L. Watt; No. 1 Casualty Clearing Station, Lieut.-Colonel F. S. L. Ford; No. 1 General Hospital, Lieut.-Colonel Murray MacLaren; No. 2 General Hospital, Lieut.-Colonel J. W. Bridges; No. 1 Stationary Hospital, Lieut.-Colonel Lorne Drum; No. 2 Stationary Hospital, Lieut.-Colonel A. T. Shillington; and No. 1 Sanitary Section, Major R. E. Wodehouse. Colonel G. C. Jones was Assistant Director of Medical Services, with Lieut.-Colonel G. L. Foster as his deputy. As from September 21, 1914, Colonel Jones was promoted Surgeon-General after arrival in England, and was appointed Director of Medical Services; Lieut.-Colonel G. L. Foster became Assistant Director, and Major H. A. Chisholm his deputy.

Embarkation began on September 22, and was completed in eleven days. The ships had been withdrawn from their trade routes and were hastily fitted for troops. Units marched on board without any preconceived plan. As each ship was loaded, it dropped down the stream, with orders to proceed to Gaspé Bay. The convoy was composed of 32

ment from the front begins. It must move out to give place to an incoming unit, and there it must wait until another division has passed, and its own has come down. On the first day a unit moves out by a short march into the open country. On the second day it makes a long march, and waits in billets until the appointed time. The account that follows is consolidated from various sources,¹ and for convenience is cast in narrative form.

A short march brought the ambulance from Belgium into France. Every mile the scene of desolation faded. The hops were now hanging in festoons, the bud well formed, and the clear ground between the rows of high poles seemed like an endless bower. By noon we came into a large farm which was at our disposal. The farmer made us welcome. He was a grave, handsome man. His only son went to the war two years previously, and had not been heard of since.

Next day came the long march; at least it was considered long and no secret was made of the opinion. By this time the ambulance was a veteran one, and not a man fell out. It was a holiday for these young Canadians, walking through the pleasant country. War alone could have created such a day upon which peaceable and peace-loving boys should march on the business of war through villages which bore the names of Quaestraete, Oxelaere, Bavinchove, Noordpeene, Helsthaege, Volkermeckhove, and Bollezeele, the place of rest. The day's march and the quiet interval that followed was an interlude between Ypres and the Somme. We had moved out at 7 in the morning. Rain threatened, but the farmer assured us that the "barometer was good." The farmer was right. The morning continued cool and cloudy until we climbed the shoulder of Mt. Caspel. Then the sun came out, and we had brilliant August weather, with the light in a strong blaze travelling from



MAP ILLUSTRATING
MEDICAL ARRANGEMENTS

ON A
DIVISIONAL FRONT

9th
APRIL 1917.

!
Sampler section of map only

Connaught Laboratories in Toronto performed an important service.

The surgeons on the lines were continually amazed at the fidelity of the regimental medical and field ambulance service to the established procedure, even in circumstances of difficulty and danger. Every patient carried on the card attached to his clothing a record of inoculation and the amount received. In addition, he usually bore a similar sign on the back of his left wrist, made with an indelible pencil. And yet, infection from the needle at the point of entrance "practically never occurred;" the boiled needle and the touch of iodine were sufficient guarantee.

The subject of local treatment for wound infection aroused interest from the first. Two schools of thought and of treatment quickly arose. The one placed most reliance upon germicides; the other advocated physiological measures. In the end both were proved to be wrong. The protagonist of the physiological method was, as one might expect, he not being a surgeon, Sir Almroth E. Wright, head of the bacteriological department of the Medical Research Committee. He established a laboratory at Boulogne, and with the assistance of pupils trained in his own school began a laborious investigation. His method in short was based upon a free flow of lymph into the wound to be encouraged by hypertonic salt solution. In practice the method developed into packing septic wounds with common salt to which sodium citrate might be added. The continuous irrigation of wounds with saline solutions was given a thorough trial, and excellent results were obtained in the laboratory and in the hospitals at the base,—as excellent as the results obtained by the Carrel-Dakin method in Compiègne, but both equally limited in the field or on the lines.

The people of Canada were not instructed in these technical affairs; indeed the knowledge was concealed from the Special Inspector-General himself until after he had assumed the office of Director; but the people were in a keen temper. They had given of their sons and their other treasure without stint. At this moment chosen extracts from his Report appeared in the newspapers and produced the utmost consternation. The Report was endorsed "confidential, for official use only," and if it had been so employed it would have fallen into the category of those official and confidential reports which are continually being made in the army, and are the foundation for all improvement in every arm of the service. But the report was not so used. It was wrested from its design, and made to serve a different purpose. It was used in support of an attack upon the medical service, upon the army, and upon the government. The Minister coming to the rescue of his Inspector did him irreparable damage in assuming that any such attack was his chief intent.

But when his Report was removed from the category of confidential documents by which every Director guides himself, and became public in parliament and press, a scrutiny of sinister eyes soon disclosed what they were seeking. It was not written in terms of nice precision; it yielded phrases which, if exhibited by themselves, only too readily assisted the enemies of the government. He found Canadian soldiers "asking and begging" to be removed from English hospitals; medical officers "complaining;" "errors of diagnosis and treatment;" "unnecessary surgery;" "soldiers dawdling in hospitals;" operation performed "as a private hobby;" "a good deal of the surgery bad;" ladies "deploring the conditions;" "operations poorly performed;" "no supervision of treatment in English hospitals;" "worse since operation".

No. 11. Originally Moore Barracks Military Hospital; Shorncliffe, 13-9-17 to 20-9-19. Officer Commanding: Colonel W. A. Scott. Matrons: E. C. Rayside, B. L. Smellie, E. C. Charleson.

No. 12. Originally Bramshott Military Hospital; Bramshott, 12-10-17 to 23-9-19. Officers Commanding: Lieut.-Colonel H. E. Kendall, Colonels—W. Webster, H. M. Robertson. Matron: G. Muldrew, A. C. Strong.

No. 13. Originally Hastings Military Hospital; Hastings 2-10-17 to 6-6-19. Officers Commanding: Colonel E. J. Williams, Lieut.-Colonel H. C. S. Elliott, Matrons: A. C. Strong, J. Cameron-Smith.

No. 14. Originally Eastbourne Military Hospital; Eastbourne, 10-9-17 to 23-10-19. Officers Commanding: Lieut.-Colonels—E. Seaborn, K. D. Panton. Matrons: J. Cameron-Smith, B. J. Willoughby.

No. 15. Originally Duchess of Connaught Canadian Red Cross Hospital; Taplow 10-9-17 to 15-9-19. Officers Commanding: Colonels—W. L. Watt, P. G. Goldsmith. Matron: E. Russell.

No. 16. Originally Ontario Military Hospital; Orpington 10-9-17 to 20-9-19. Officer Commanding: Colonel D. W. McPherson. Matron M. H. Smith.

STATIONARY HOSPITALS

The original bed capacity of a stationary hospital was 200, enlarged to 400 in 1915. They varied according to the needs of the service from 400 to 650 beds, one of them, No. 3, reaching a capacity of 1,090 in 1918.

No. 1. Organized Valcartier, 15-9-14; Hampstead, 12-11-14 to 1-2-15; Wimereux, 3-3-15 to 28-7-15; Lemnos, 16-8-15 to 31-1-16; Salonika, 3-3-16 to 4-9-17; Hastings, 28-8-17 to 2-10-17, when it became No. 13 General Hospital. Officers Commanding: Lieut.-Colonels—L. Drum, S. H. McKee, E. J. Williams. Matrons: E. M. Charleson, L. Brock.

No. 2. Organized Valcartier, 6-9-14; Le Touquet, 27-11-14 to 20-10-15; Outreau, 21-10-15 to 1-4-19. Officers Commanding: Lieut.-Colonels—A. T. Shillington, J. T.

drowned by enemy action at sea; 18 died of disease while serving. They received 328 decorations with 50 foreign; 169 were mentioned in despatches, and 76 were brought to the notice of the Secretary of State for War.

THE DENTAL CORPS

Good teeth to a soldier in these days of luxurious rations are not so important as they were in times when the only test of food was its hardness. As early as November, 1914, instructions were issued in the English service that no man was to be discharged on account of loss of teeth if by treatment he could be made fit to remain in the service. In January, 1915, men with defective teeth might be attested if they were willing to receive dental treatment; in February a recruit might be passed "subject to dental treatment."

These instructions presupposed the existence of dentists. There were not enough dentists in the world, and their distribution was unequal. The United States contained one dentist to 2,365 of the population; Canada, one to 3,300; Ontario, one to 2,238; Quebec, one to 6,126; England, one to 7,014. In England there were many unregistered dentists, but they confined themselves narrowly to the specialty of pulling teeth, with the result "that men had their teeth extracted unnecessarily and were held back from drafts until their mouths were ready for dentures."

For the English service 12 dentists were sent to France in November, 1914; the number was increased to 20 in December; to 463 in December, 1916; to 849 at the time of the armistice. In March, 1918, an inspecting dental officer was appointed to the staff of the Director-General, and he reported that 70 per cent of the recruits required

Canadians. The bed capacity of all units was 850. When the force withdrew, five medical, two dental officers and four other ranks remained and were attached to the British Military Mission.

POISON GAS

Poison gas was employed for the first time on the western front by the Germans at Ypres against the Canadians and the French colonial troops, on April 22, 1915. It had been used against the Russians in January, 1915, but failed on account of the extreme cold. Gas shells were discovered at Neuve-Chapelle in March, 1915. Ten days previous to the battle of Ypres there was reason to apprehend such an attack. The enemy appears to have allowed reports of this intention to emanate from their lines to cause alarm. In the diary of the assistant medical director of the 1st Division, Colonel G. L. Foster, an ominous entry appears under date of April 15, "Attended consultation of officers of V Corps, with D.M.S. Second Army presiding. Rumour that this evening the enemy will attack our lines, using an asphyxiating gas to overcome our men in the trenches."

The use of gas in warfare made some kind of protection necessary. At Ypres, where it was first encountered, many men saved themselves by applying a wet handkerchief to the face. On May 2, a piece of folded gauze with an elastic band was issued. In June it was replaced by a large pad to be kept in position with a length of black veiling. Latterly these pads had been saturated with hyposulphite of soda, but in the same month a helmet of grey flannel impregnated with neutralizing salts and furnished with eye pieces was issued. In time a breathing valve was added. In October, 1916, a box respirator was substituted; it was so effective that

HONOURS AND REWARDS

The number of honours bestowed on officers of the medical service was large. Excluding miscellaneous and foreign awards the medical service received 4,522 honours of which 325 went to Canadians. In proportion to strength the whole service received 24·3 per cent and the Canadians 24·02 per cent. That is, one out of four officers received an honour of some kind.

The most significant decoration is the Victoria Cross, instituted during the Crimean war by a Royal Warrant dated January 29, 1856. In the Crimean war three medical officers won this distinction. It was conferred 579 times during this war. Twelve went to the medical service. Only two clasps have ever been granted, and these were both won by medical officers. Of these twelve Crosses, two went to Canadians, Capt. F. A. C. Scrimger, April 25, 1915, and Capt. B. S. Hutcheson, September 2, 1918.

The following list shows in number the awards to the Canadian Medical Service: Victoria Cross, 2. Order of the Bath, Companion, 8. Order of St. Michael and St. George, Companion, 29. Order of the British Empire, Commander, 15. Officer, 35. Member, 6. Distinguished Service Order, 49. Bars, 4. Military Cross, 158. Bars, 19. Knight of Grace, St. John of Jerusalem, 1. Mention in Despatches, 277. Brought to notice of the Secretary of State for War, 117. Foreign decorations, 44. The dignity of Knight Bachelor, which is not in recent times exclusively a military award, was conferred upon one officer.

To the Dental Corps was awarded Order of St. Michael and St. George, Companion 2; Order of the British Empire, Commander 1, Officer 8, Member 1; Medal for Meritorious Service, 4. Mention in Despatches were 11; brought to the notice of the Secretary of State for War, 59; Foreign

Cross of St. George (Russian): Private F. Turner (3rd Class); Serjeant-Major T. M. Brown (4th Class); Staff-Serjeant W. S. Kelly (4th Class); Sergeant A. Gillespie (4th Class); Private C. S. Tomkins (4th Class).

Household Medal (Gold) (Serbian): Privates, A. W. Jones and T. O. Jones.

Order of the Crown of Siam (7th Class): Privates, C. F. Dionne and J. G. Sommerville.

THE ROLL OF HONOUR

The roll of honour here presented contains the names of all Canadian medical officers who fell in the war, or died while serving. The period included as during the war extends from August 5, 1914, to the signing of the peace of June 28, 1919. The names of those who died from wounds, and of those lost at sea from enemy action are included among the killed in action. A separate list includes the names of those who subsequently succumbed to sickness acquired during the term of service.

The number of medical officers in the whole British army and navy who were killed or died in service during the period of the war was 1,196, of whom 61 were Canadians, 56 from Australia, 16 from New Zealand. Of the Canadian officers, 30 were killed and 31 died while serving. Of the rank and file 4,634 were killed or died while serving. Of these 528 were Canadians. Their names are shown in a separate list. Casualties in the Dental Corps were: officers died of disease, 7; other ranks killed in action and died of disease, 10.

In the whole nursing service, 17 were killed, and 60 lost their lives at sea. The heaviest single loss was 14 nurses, all Canadians, when the *Llandoverly Castle* was torpedoed in the Atlantic on June 27, 1918. One other Canadian sister was lost at sea, and 6 were killed or died of wounds.

CHAPTER XXVIII

DEMOBILIZATION

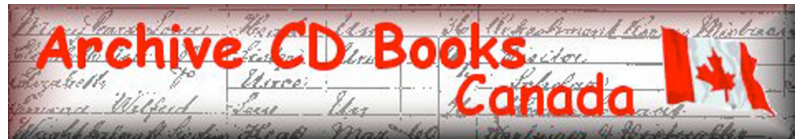
When the war was over the troops were embarked in England, where they had completed mobilization four years earlier. Upon arrival in Canada all that remained for them was to proceed to their homes through their dispersal areas. For the sick and wounded hospitals had been prepared.

The time had now come for dealing finally with the wounds of war. The following table shows the number and nature of those wounds to August 31, 1919:—

WOUNDS IN ACTION

	Officers	Other Ranks	Total
Head and neck.....	907	21,377	22,284
Chest.....	230	3,550	3,780
Abdomen.....	78	1,317	1,395
Pelvis.....	10	43	53
Upper extremities.....	1,895	49,615	51,508
Lower extremities.....	1,809	41,843	43,652
Wounded, remained at duty.....	904	6,698	7,602
Wounds, accidental.....	107	2,140	2,247
Wounds, self-inflicted.....	6	723	729
Effects of gas fumes.....	368	10,988	11,356
	6,312	138,294	144,606

In further detail, the amputations required as a result of these wounds were: both legs 47, of which 5 in officers; both legs and both arms 1; one leg 1,675, of which 62 in



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