



# **HISTORY OF 11 (VICTORIA) FIELD AMBULANCE AND IT'S PREDECESSORS**

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**MAY 2009**

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# **HISTORY OF 11 (VICTORIA) FIELD AMBULANCE**

## **INTRODUCTION**

This paper is intended to document the history of 11 (Victoria) Field Ambulance and its predecessors- 13 Canadian Field Ambulance, 13 Light Field Ambulance, 13 Field Dressing Station, 25 Medical Company and 11 (Victoria) Medical Company. This should not be confused with the history of 11 Canadian Field Ambulance, which was raised in Guelph, Ontario in 1916. A brief history of the latter is included as annex A.

This history has been compiled from the references, and while limited in scope, an attempt has been made to portray the unit in the larger context of the Canadian Army medical service in peace and war.

## **ORIGINS OF THE CANADIAN ARMY MEDICAL SERVICE**

As detailed in Reference D, the Army medical service is almost as old as Canada itself. One of the first acts of the new dominion in 1867 was to form a Militia with its integral medical service.

In 1885, when the Northwest rebellion occurred, the federal government recognized the requirement for more comprehensive medical support. The first Surgeon General, Dr Darby Bergin, mobilized two field hospitals, which treated casualties from both sides of the conflict. <sup>(1)</sup>



Casualty care during the North West Rebellion

In 1889, the British went to war with the Boers in the Orange Free State of South Africa. As one of Britain's colonies, Canada sent troops overseas for the first time. The battalions had their own physicians. In addition, a total of sixteen Canadian nurses were seconded to work in British army hospitals. No. 10 Canadian Field Hospital was sent over in 1901. At that time also, the Canadian Army Medical Department was formed which was the first step in creating a permanent military medical service. <sup>(2)</sup>

Until the end of the 19<sup>th</sup> century each regiment recruited and commanded its own medical personnel. In 1904 however, The Canadian Army Medical Corps was formed under General order No. 98, to bring all health care providers under unified command and control. Its Regular component comprised only eight physicians, plus 36 orderlies and storemen. The Militia regiments had their own physicians. The Reserve component of the C.A.M.C. included dental officers, nurses, medical orderlies and storemen. <sup>(3)</sup>

## ORIGINS OF THE CANADIAN FIELD AMBULANCE

The Canadian field ambulance is a creature of the South African War. At the beginning of that war, British brigades were supported by two independent medical units, i.e. a bearer company and a field hospital. There was no continuity of control. In 1901, a War Office committee recommended that the functions of these two separate units be combined-four years later they were. <sup>(4)</sup>

In 1914, the personnel of a field ambulance comprised 9 medical officers, and 238 other ranks. Transport consisted of 15 riding horses and 39 draught horses. The horses and drivers were from the Army Service Corps but attached permanently to the field ambulances. There were nineteen horse-drawn vehicles, which included three ambulance wagons, three water carts, four limbered wagons, seven service wagons for technical stores and baggage, one Maltese cart and one travelling kitchen. Seven motor ambulances were also included. <sup>(5)</sup>

At the beginning of the First World War, horse-drawn ambulances alone were used. In the retreat from the Marne their inadequacy was revealed but they were definitely invaluable in area where roads did not exist e.g. the Somme battlefield was entirely cleared by horse drawn ambulances. <sup>(6)</sup>

## THE FIRST WORLD WAR 1914 - 1918

In 1914 the Regular component of the C.A.M.C. numbered 127 all ranks i.e. 20 physicians, five nurses, plus 102 orderlies and storemen. The Reserve component comprised eight cavalry field ambulances, fifteen field ambulances and two clearing hospitals. <sup>(7)</sup> By 1918, Canadian overseas medical units consisted of dozens of field ambulances, four Casualty Clearing Stations, ten stationary hospitals, sixteen special hospitals and three convalescent hospitals.



13 Field Ambulance Officers circa 1916

The main medical challenges were shock and infection, with most wounds caused by artillery shells. Respiratory diseases were also very prevalent, as well as typhus and “trench foot”. This was the period of trench warfare where troops fought and lived in mud. The conditions were just as severe for the medics supporting them.

The First Canadian Division embarked for England on September 22<sup>nd</sup>, 1914 and was supported by No. 1, 2 and 3 Field Ambulances. The Second

Canadian Division embarked in April 1915 and was supported by No. 4, 5 and 6 Field Ambulance. In April 1916, No. 8, 9 and 10 Field Ambulances were formed to support the

Third Canadian Division. Also, at that time No. 11, 12 and 13 Field Ambulances were formed to support the Fourth Canadian Division. <sup>(8)</sup>

No 13 Field Ambulance was mobilized in Victoria on 22 March 1916 with LCol J.L. Biggar as the first Commanding Officer. Three officers and eighty other ranks were transferred from the Army Medical Corps Training Depot No.11 to form the basis of the unit. Prior to leaving Victoria they received training consisting of foot drill, and stretcher bearing at Work Point Barracks and Macauley Plains. While at Macauley Plains they occupied tents and were rationed by the C.A.S.C. They were issued only uniforms and kit bags until arriving in England. Enroute to Montreal, they were delayed by a railroad washout and mudslides in the Rockies. They departed Canada 1<sup>st</sup> of July on the S.S. Matagama. <sup>(9)</sup>

The unit arrived in England on 9<sup>th</sup> July, were taken to Tweedledown R.A.M.C. Training Camp and on July 11<sup>th</sup> marched 17 miles to Bramshott Camp. There they received training in foot drill, stretcher drill with and without ambulances, military law, route marches, and practical field ambulance work in conjunction with infantry units. The unit was fully equipped with tentage, medical equipment and ambulances.

The unit embarked at Southampton, 12<sup>th</sup> August on the troopship Copenhagen. The transport section of the unit followed August 15<sup>th</sup> on the transport "Nirvana" and disembarked the next day at Havre. From there, the unit was taken by train to the front lines in Belgium

## The Somme

The battle of the Somme was the first heavy action seen by the Canadian Corps, with all four divisions involved. The battle opened for the Canadians on September 1, 1916 with the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Divisions committed. They withdrew on October 16<sup>th</sup> and the 4<sup>th</sup> Division went into the line the next day-and remained there until the end of the battle on November 28<sup>th</sup>. The battle was brutal with the Canadians suffering a total of 23,734 casualties.

The three field ambulances of the Division in the line had two separate tasks i.e. to clear the field of casualties, and to operate the main dressing stations (a division level facility to treat the sick and wounded), at Albert for stretcher cases, Brickfields for walking cases and North Chimneys for the sick. The Canadian front was so narrow, only three thousand yards, that the bearer companies could not operate independently. In any case, the number of casualties would have overwhelmed any one bearer company. Accordingly, they were placed under one officer. <sup>(10)</sup>



Horse drawn ambulance evacuating casualties

The following quote from an officer provides a picture of the conditions encountered by field ambulance personnel:

“...I went up on a four-horsed ambulance to the advanced dressing station (equivalent to today's Brigade Medical Station) at Contalmaison. The road through la Boisselle to Contalmaison leads through the worst of the battlefield. Not a trace of any village remains except the stock of trees. Craters and shell-holes are indistinguishable from cellars. The area is full of soldiers living in holes, cooking in the open, mending roads, stringing wires, or moving in small bodies to the front”.<sup>(11)</sup>

The MDS at Albert was extremely busy. Twelve surgeons worked twelve hours shifts at twelve tables. Though it seemed the number of cases never ceased, they somehow coped. At one point the Officer Commanding worked 72 hours without sleep. Finally he lay down on a stretcher, fell into an exhausted sleep and was almost evacuated as a patient!

The following excerpts from the War Diary of 13 Field Ambulance depict its involvement in this battle:

“Oct 8 Heavy rain. Unit proceeded to Brickfields, Albert, arriving 12.30 a.m. and pitched camp. Bearer Division proceeded to La Boisselle at 5.30 p.m. and reported for duty to 3<sup>rd</sup> Canadian Field Ambulance, who employed them in evacuating the Red Chateau, Courcellete”.

“Oct 11. Stormy. Tent Division took over Dressing Station at the Brickfields from NO. 10 Field Ambulance”.

“Oct 21. Fine and cold. During operations on this date, the following number of casualties passed through Dressing Station.  
Canadians 179, British 329, Prisoners of War 33”.

By mid-October the Battle of the Marne was almost at an end and the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Divisions were withdrawn. They were moved northeast into France where they spent the winter. In February 1917, they were moved to the foot of Vimy Ridge.

## Vimy Ridge

The Canadian victory at Vimy ridge has gone down as one of the great feats in military history. It was due to meticulous planning and preparation by the general staff, as well as co-operation between all arms. The Canadian Corps was intact with all four divisions full and complete. The assault began at five thirty a.m. and the Germans were in full retreat by dark<sup>(12)</sup>



Casualty receiving care for an arm and chest injury

The planning and preparation by the medical survive was just as thorough. The medical plan of Col A.E Ross, Corps Director of Medical Service, designated locations for all Advanced Dressing Stations, Field Ambulance Relay Posts, Regimental Aid Posts, etc, and specified the engineering work required to prepare them for use as most were underground. Evacuation planning identified the use of stretcher cars and tramways.

He also, assigned specific duties to each of the field ambulances. No. 11, 12 and 13 Field Ambulances were tasked to support the 4<sup>th</sup> Division<sup>(13)</sup> (While Corps Surgeon, Col Ross donated an elaborate trophy for “the best field ambulance”). This trophy was only awarded once during WW1 and not again until 1981 when it was resurrected).

The clearing of casualties from the front lines to the advanced dressing stations was very rapid. -partly because more than 2000 prisoners were pressed into service. By four p.m., all wounded were evacuated from the front lines. Evacuation rearward of the divisions was delayed somewhat due to clogged or damaged roads, lack of ambulances, etc. Despite this, all the advanced dressing stations were cleared of casualties by two a.m. the following morning. In those 22 hours, 5976 cases had been treated and evacuated. During the period 9-11 April, a total of 7350 casualties were cared for, including 706 enemy. Stretcher cases totalled 4265 and walking wounded 3791.<sup>(14)</sup>

No. 13 Field Ambulance was tasked (with No. 12) to clear the field of casualties and to operate a main dressing station for walking wounded at Hersin-Coupigny. In this sector, evacuation rearward of the ADS was not delayed. Here, for topographical reasons, casualties were cleared from the flank and taken to a separate MDS operated by NO. 11 Field Ambulance at La Haie. An excerpt from the unit War Diary reads:

“Rain. First load of walking wounded arrived 9.30 a.m. 1 officer and 19 other ranks. Greatest number of casualties on hand during day 2650...”

## **Passchendaele**

The Canadian Corps moved into the front lines at Passchendaele on 18 October 1917 and went on the attack eight days later. The conditions facing the medical service in this operation were daunting as illustrated in the following excerpts from the Corps medical operation order<sup>(15)</sup>:

“It is expected that under the prevailing conditions, the evacuation of the wounded will be a matter of extreme difficulty. Owing to the almost absence of shelter of any kind, it will be impossible to keep cases under cover”

“ The evacuation from the forward area can only be conducted during the day. At night stretcher parties lose themselves, as there are no landmarks. Added to this, the deep soft mud, the number of shell holes and the absence of roads, render the work of carrying stretchers extremely arduous.... it required six men to a stretcher, six hours, to carry from the regimental aid posts to the nearest point where wheeled transport was available”

The Canadians suffered 12,076 wounded in this attack. Despite this high number of casualties and the conditions described earlier, the medical service proved to be up to the task. The first walking wounded began to arrive at 6 a.m. and the stretcher cases an hour later. The whole front was cleared in 12 hours.

The Canadians attacked again on 30 October and again, the medical service was outstanding. The first cases started to arrive at 6 a.m. and the whole front was cleared by 4 p.m.

13 Field Ambulance as usual, was in support of 4<sup>th</sup> Division for the first attack but was assigned the major responsibility to clear the whole division front. The following is an extract from the medical operation order for this battle:

“The O.C. 13<sup>th</sup> Canadian Field Ambulance will be responsible for the evacuation of wounded from the Forward Area of the Fourth Canadian Division, also for the handling of the walking wounded from the 3<sup>rd</sup> and 4<sup>th</sup> Canadian Divisions at the Prison, Ypres. He will have at his disposal all bearer sub-divisions of 11<sup>th</sup> and 13<sup>th</sup> Canadian Field Ambulances, all “Ford” cars and Horse Ambulances he requires, as well as additional stretcher bearers supplied by the Divisions”.<sup>(16)</sup>

The Canadians remained in this area throughout the remainder of the war suffering relentless shelling and mustard gas attacks as the Germans attempted to recapture Passchendael. 13 Field Ambulance was rotated in and out of front line support throughout this time, being responsible for clearing the line of casualties or operating an ADS or MDS. On one day in September 1918, 3500 cases passed through their ADS.

13 Field Ambulance personnel suffered a number of casualties, including the O.C., as its MDS was shelled on more than one occasion. Many other unit personnel were wounded or killed while clearing the forward area of casualties. Unit personnel were also awarded a large number of citations during this period including Mention In Despatches, a French Croix de Guerre, Military Medals and so on.<sup>(17)</sup>

While in rest areas, unit personnel received training, participated in soccer, baseball, and swim parades. They won the 10 Brigade football championship on at least one occasion. Personnel took leave in London, Paris and later, Germany.

It is noteworthy that on 14 July 1918, Capt F.G. Banting was posted into the unit. (He shared the Nobel Prize in 1923 for isolating insulin.) During his time with 13 Canadian Field Ambulance he was awarded the Military Cross for valour. The official citation reads:

“Capt Frederick Grant Banting, 13 Fd Amb; C.A.M.C. near Haynecourt on 28 September 1918, when the Medical officer of the 46<sup>th</sup> Battalion was wounded; he (Banting) immediately proceeded forward through intense shell fire to reach the Battalion. Several of his men were wounded and he, neglecting his own safety, stopped to attend to them. While doing so, he was wounded himself. His energy and pluck were of a very high order.”<sup>(18)</sup>

Although Armistice was declared on 11 November 1918, the Canadians remained in position until January of the next year when they were withdrawn to Belgium. After disposing of the unit horses to the local Belgians in April 1919, 13 Field Ambulance



embarked for England. They sailed for Canada on 27 May 1919 on the “Empress of England.”

## **THE INTER-WAR YEARS 1919-1939**

Not much is known regarding the history of 13 Field Ambulance during this period but it probably suffered a fate similar to the rest of the Army—that is demobilization, reduction in numbers and a severe lack of resources. A large Reserve Force remained on paper i.e. 4 cavalry divisions, 11 infantry divisions and supporting services but lack of funds kept unit numbers much below authorized levels and nothing but small-scale training was possible. It was common that personnel were not paid for undergoing training and were required to use their own time to take qualification courses.<sup>(19)</sup>

On 3 November 1919, the medical component of the Permanent Force was permitted to adopt the title “Royal” i.e. the Royal Canadian Army Medical Corps. The medical component of the non-permanent force, however, retained the title C.A.M. C. until 1936. In 1920 the C.A.M.C. was re-organized into 77 units but only a much smaller number were somewhat active. These included 4 cavalry field ambulances, 17 field ambulances and 2 casualty clearing stations. It is surmised that 13 Field Ambulance was one of the surviving units as it was mobilized at the beginning of WW1.<sup>(20)</sup>

In 1930, the Militia medical service was again re-organized into 56 active and 25 reserve units. These were in poor condition. A general Staff report found 61 of the existing 81 units to be ‘moderate to poor’ in respect to organization and training for war. In 1936, another re-organization occurred, resulting in 42 active units, which included 2 cavalry field ambulances and 22 field ambulances. Recruitment and training appears to have improved after this time.<sup>(21)</sup>

In 1939, unit equipment was obsolete and consisted primarily of items left over from WW1. During the intervening years only eleven ambulance cars had been purchased. It was determined that only sufficient equipment existed to equip one field ambulance.<sup>(22)</sup>

Medical planning for mobilization was also a problem and caused a major disagreement between the Director General of Medical Services and the Adjutant General (MGen Ashton for whom the local Armoury is named). The Adjutant General found the plans for the distribution of military hospitals and the disposal of returned casualties “far from satisfactory”. The Adjutant General who was also, a physician, prevailed.<sup>(23)</sup>

## **THE SECOND WORLD WAR 1939-45**

On 25 August 1939, when war seemed inevitable, a partial mobilization was declared to protect coastal areas and inland vulnerable points. This affected, primarily infantry and artillery units but also, seven field ambulances. 13 Field Ambulance was one of these.<sup>(24)</sup>

On 10 September, after Germany invaded Poland, Canada declared itself at war. On 24 November, the advance party of 1 Canadian Division sailed for England. No. 4,5 and 9 Field Ambulances provided second role medical support. <sup>(25)</sup>

On 2 September, six officers and forty other ranks were mobilized from the Militia to form the basis of 13 Field Ambulance with LCol Kenning as C.O. First aid posts were established at Fort's Mary Hill, Albert Head, Rod Hill, Black Rock and Macauley. The unit was quartered at the Bay Street Armoury and was occupied until May 1940, with training and the medical examinations of recruits. <sup>(26)</sup>

On 1 June 1940, 13 Field Ambulance (with augmentation from 12 Field ambulance-including its CO, LCol Mustard) was tasked to support 3 Canadian Division overseas. The unit trained for this during July and August and was quartered under canvas at Camp Parson's Bridge in Colwood. During this period No. 11 Field Hygiene Section was attached and remained with the unit until embarkation for overseas the following year. The unit was granted embarkation leave but on return learned that the tasking had been cancelled. It had been decided that the unit was required to provide medical support on the West Coast and in mid- September, was tasked to setup tented hospitals at Gordon Head, Victoria, Camp Naniamo and Camp Vernon. <sup>(27)</sup>

In November, the unit was provided with drivers and about 40% of its vehicles. Training continued on the Saanich Peninsula and in the Sooke District, with the 5<sup>th</sup> Motor Cycle Regiment and the Canadian Scottish.

On October 27, 1941, the unit was renamed "No. 13 Light Field Ambulance" and tasked to support the 5<sup>th</sup> Canadian Armoured Division overseas. The change to a "light" field ambulance meant the reduction of 1 officer and 50 other ranks. Twelve RCAMC personnel, who were to be dropped from the unit, chose to remuster to drivers so they could remain.

During the months of March, April and May, several exercises were conducted in the North Vancouver Island area. During this time, Capt M.J.T. Dohan, a dentist, was posted into the unit and remained until the late summer of 1942. . He later became an Honorary Colonel of 11 (Victoria) Medical Company- a successor to 13 Field Ambulance.

On 4 July, the unit embarked for Camp Borden, Ontario. There it was quartered under canvas, continued training and was issued more vehicles.

In September, an advance party under Capt Dohan left for England. On 2 November, the unit left Camp Borden for Halifax and on 10 November embarked on H.M.T. "Oronsay". They disembarked at Liverpool and were taken by train to Aldershot. An excerpt from the unit War Diary reads: "Capt Dohan, the man of many parts (but no past) had prepared a royal beery welcome and the pain of the journey was soon forgotten".

While there, the unit was fully supplied with its full complement of vehicles and other equipment. During the winter and spring of 1942, the unit engaged in basic and section training. In February, an epidemic of mumps occurred and the unit was tasked to operate an M.R.C .for the following three months.

On 10 August, the unit proceeded to Leyswood, Sussex and tasked to operate a 30- bed MDS for the 2<sup>nd</sup> Canadian Armoured Brigade and Support Group. It remained there until 22 October when it was moved to Hove, West Sussex, to operate another MDS. During this period, Capt Dohan was attached to 9 Armoured Regiment as his superiors decided he was under- employed with the field ambulance. Entries in the War Diary includes “MDS full capacity”, “the unit dance orchestra becoming famous' and “unit doing well in Soccer.”

On January 11, 1943 news was received that the unit was to be re-rolled as a field dressing station (FDS). This occurred because the Canadians reluctantly, decided to adopt the same structure for their field medical units as the British under the “Hartgill Scheme”.

<sup>(28)</sup> This was not received well by some unit personnel as the following War Diary extractions attests: “members registered disapproval in various ways-Capt Menzies by butting head against door-requiring several stitches to close head “, and “complete bewilderment on all sides as to reason for disbanding the best light field ambulance in the Division”.

On 24 January the unit was designated No 8 Canadian Field Dressing Station and opened two wards for patients. (It was re-designated No 13 Canadian Field Dressing Station on March 1st.) Re-equipping the unit was a major problem, as a Canadian field dressing station had no counterpart in the British forces. It therefore, had to draw its medical supplies and equipment from a British general hospital and its vehicles from various sources. However, by the time the 5<sup>th</sup> Armoured Division went into battle, the supporting 13 FDS was adequately equipped. <sup>(29)</sup>

The role of a field dressing station was very different from a field ambulance. The FDS functioned principally, as a nucleus which, with attached field surgical teams (FST) and field transfusion teams (FTT) formed an advanced surgical centre (ASC) -a MASH -like facility. The units had to be kept as far forward as possible to reduce surgical times- therefore they were often within enemy artillery range. When the ASC became full of surgical cases, the FST and FTT would move forward to join another FDS. The remaining FDS would care for the postoperative cases (with the assistance of nursing officers sent forward from the general hospitals) until they could be evacuated to the rear.

<sup>(30)</sup> Training for the new role was carried out over the summer in various locations.

During “Exercise Snaffle” in August, a section of the unit combined with a field transfusion team and No. 7 Field Ambulance to form an advanced surgical centre.

After securing Sicily, the allied plan was to launch a two-pronged attack on Italy with the Eighth Army crossing the Straits of Messina while the US Fifth Army would land south of Naples. The Canadian 5<sup>th</sup> Armoured Division, with medical support from 24 Field Ambulance, No. 7 Light Field Ambulance, No. 13 Field Dressing Station and No. 13 Field Hygiene Section, was assigned to support the second attack. <sup>(31)</sup>

On 26 October, No. 13 Field Dressing Station moved to Liverpool and embarked for Italy. The unit disembarked at Naples on 8 November and moved to Gravina where it set up a 60-bed facility for the bulk of the divisional troops.

## Ortona

In February 1944, the 5<sup>th</sup> Armoured Division relieved an Indian Division at Ortona and 13 Field Dressing Station accompanied it as usual. The unit took over an Indian advanced surgical centre at Lanciano and was assisted by a British FST and FTT. <sup>(32)</sup> Noteworthy excerpts from the unit War Diary include the following:

“Feb 1: Move to Lanciano. Take over 5 buildings-best quarters so far”

“Feb 5: Arty round hit during Perth Regiment supper line up-casualties poured into unit lines. FTU and both DS working full steam. Surgery kept going until 2 a.m”

“Feb 18: OR busy all night and all day; All of unit is busy and 5 CCS moved in next door so evac is greatly simplified”.

## Liri Valley

Following the capture of Ortona, the Allies decided that it was necessary to regroup their forces and launch a spring offensive up the Liri Valley which is on the Western flank of Italy. The regrouping was not a simple exercise as illustrated in the following excerpts from the unit War Diary:

“ March 6: Notice to move to Pietra Montecorvino, 150 miles SE in 2-4 days”

“ March 6 :1500 hrs:Move tomorrow morning! What a turmoil was created”

The Allies attacked the Gustav Line on the night of 11-12 May and were successful in securing a bridgehead, and eventually capturing Cassino. They were initially stopped at the Hitler Line but the Canadian Corps too, successfully attacked that on May 23, albeit with heavy casualties this opened the way to Rome, which was liberated on 5 June <sup>(33)</sup>.

For the attack on the Hitler Line, all of the FDSs, FSTs and FTTs were placed under the operational control of the D.D.M.S. (Corps Surgeon) to form successive advanced surgical centres along the axis as the battle progressed. NO. 1, 3 and 13 Field Dressing Stations were moved up to the front for the attack. NO. 1 was soon full of casualties so NO 3 was opened. Later that day, NO 13 was committed to augment NO. 3. <sup>(34)</sup>



RCAMC personnel provide casualty care somewhere in Italy

The following excerpts from the its War Diary illustrate the unit participation:

“ Unit moved 6 times covering 90 miles. Admitted 497 cases; of which 75 were battle casualties.”

“In 48 hour period 23-25 May, 37 priority 1 and 2 patients-32 operated on and 4 died in resuscitation ward.”

### **The Gothic Line (The Adriatic Sector)**

At the end of July 1944, the 1<sup>st</sup> Canadian Corps, as part of the Eighth Army, was moved north- west in Italy to attack the Gothic Line- along the Adriatic Coast. The initial attack took place on 25 August and involved the assault crossing of two rivers. The first objectives were taken fairly easily but resistance stiffened so that the Gothic Line was not broken until 1 September-and at the cost of 235 killed and 591 wounded Canadians. Following the breaching of the Gothic line, the 1<sup>st</sup> Canadian Corps continued their advance along the Adriatic Coast though Riccione, Rimini and Ravenna. This was not an easy task as it involved several assault crossing of rivers, and against strong enemy positions-and was made more difficult by heavy rains. <sup>(35)</sup>

During this major operation, 13 Field Dressing Station remained “on wheels' most of the period. On 3 October, it did open an advanced surgical centre in Rimini for Priority 1 and 1 casualties. The following War Diary documents their participation:

“Sept 1: Move to Pesaro”

“Sept 4: Saw German planes attacking Cattolica, San Giovanni area; one was shot down”

“ Sept 6: Mine detonation heard-a Greek soldier was in the mine field. No Greek would go and get him. 3 men-Cpl GE Morgan; HA Barton (Driver) and Pte King JA, went and gave first aid and waited until a lane was cleared out,”(Cpl Morgan received the British Empire Medal for his bravery)

“Sept 17: Capture of RIMINI-unit remains closed waiting move”

“Oct 3: Move to Rimini-to an old bank building”

“Oct1-12: 44 patients admitted. 2 died. 34 discharged or transferred

A noteworthy event took place in September which involved all Canadian field ambulances in Italy i.e. they all became “light” field ambulances with the resulting loss of personnel and equipment. The D.D.M.S. had noted that a considerable number of field ambulance sections were under utilized while other types of units lacked personnel. The transformation was from a unit with a bearer company and a tented company to one with a headquarters and 4 sections. The surplus personnel, vehicles and equipment were transferred to other medical units including the FDSs. <sup>(36)</sup>

The 1<sup>st</sup> Canadian Corps were withdrawn and rested during the month of November. It returned to the front on 1 December for a final offensive before winter set in. Canadian objectives were to force the Lamone River east of Lugo and to outflank Ravenna. After

bitter fighting both objectives were attained. No. 3 FDS was held in reserve during this period.

In January 1945 the front in Italy became static. In February the 1<sup>st</sup> Canadian Corps were withdrawn from Italy to join the 1<sup>st</sup> Canadian Corps in North-West Europe

### **North West Europe**

13 FDS moved by road with the Corps to NAPLES, boarded MV “Empire Pride” on 25 February and disembarked in Marseille on the 27<sup>th</sup>. From there, the unit moved by road up the Rhone Valley to Belgium arriving there on March 9<sup>th</sup>. The unit War Diary notes that the move involved “great sight seeing, but monotonous”.

On 13 March 1945, the 1<sup>st</sup> Canadian Corps moved to the Nijmegen area and for the first time was fighting alongside the 2<sup>nd</sup> Canadian Corps. The 1<sup>st</sup> Canadian Corps was tasked with clearing western Holland of the enemy. They did so by fighting fiercely through Arnhem and Apeldorn. By 28 April a virtual truce was in effect, and the Canadians were employed thereafter, containing the German units in western Holland.

Prior to the Holland operations, the Corps medical services were again re-organized. 24 Light Field Ambulance had become 24 Field Ambulance and NO. 8 Canadian Field Ambulance had become NO. 8 Canadian Field Dressing Station. NO. 13 Canadian Field Dressing Station was returned to the 5<sup>th</sup> Canadian Armoured Division. <sup>(37)</sup>

During the Holland operation, 13 FDS was kept busy as the following War Diary excerpts attest:

“April 15: in Arnhem, a deserted, looted city”

“ April 16/17: 65 cas processed -32 admitted for surgery”

“April 22: Move to Heerenveen”

“Summary 28-18 April as an advanced surgical centre

-Battle cas	122
-Battle accidents	3
-sick	168

- evacuated	80
-surgical cases	37
-deaths	11

-average time from wounding to admission in ASC- 5 hours and 24 minutes”

VE Day was declared on May 8, 1945. 13 Canadian Field Dressing Station remained in situ until June 30<sup>th</sup> when it became the first Canadian medical unit to be disbanded. Remaining personnel were TOS 7 Canadian Field Ambulance. <sup>(38)</sup>

## **POST SECOND WORLD WAR**

The only recorded information available regarding 13 Field Ambulance and its successors, since the end of the Second World War, is the Annual Historical Reports. From these the following information was gleaned:

Like most other militia units, the unit suffered neglect during much of the past sixty-three years i.e. lack of a viable role, inadequate funds to pay troops and very limited equipment. The following excerpts from the 1949 Annual Historical Report provides some insight: “Total Offrs-10, Total ORs- 20” and “Vehicles on Charge: Cars 5 Cwt-1, Amb 5 Cwt -1, Amb 3 Ton -1, Trucks GS 3 Ton -1” and “it is felt that the National Recruiting Campaigns have done little if anything to obtain RCAMC recruits, as far as this unit is concerned at least”.

Training was also inconsistent, particularly for medical assistants e.g.. in the early 1970s, it was decided that Med A s required only first aid training and they were renamed “Casualty Aides”. This situation is only now being corrected;

The unit has also, gone through a number of (sometimes demoralizing) transformations and reviews, i.e.

-On 29 October 1954, 13 Field Ambulance CA (M) and 46 Field Hygiene Section RCAMC CA (M) were amalgamated to form 25 Medical Company RCAMC CA(M); <sup>(39)</sup>

On 1 March 1959, 25 Medical Company RCAMC was reduced to nil Strength and classified “dormant in Situ”; <sup>(40)</sup>

-on 1 September 1970, a medical company was formed as part of 11 (Victoria) Service Battalion;

-on 1 December 1979, the medical company of 11 (Victoria) Service Battalion became an independent unit and was named “11 (Victoria) Medical Company”; <sup>(41)</sup>

-on 27 September 2003, 11 (Victoria) Medical Company was renamed “11 (Victoria) Field Ambulance”; and

-on 1 September 2003, all Militia medical units were removed from the Army and came under command of the Canadian Forces Health Services Group. This was done with the aim of providing the DGHS with better Command and Control of resources and ultimately, better health care for operations;

-shortly after coming under command of the DGHS, the Militia units were subjected to another review with the object of providing a better return on the investment i.e. more individuals available for taskings.

Despite its many constraints, the unit had several noteworthy achievements during this period including:

-it won the Ryerson-Shillington Trophy (symbolic of being selected as the best militia medical unit in Canada) on many occasions;

-in 1991, it was selected as one of only four distance- education sites for Reserve Med A training;

-in 1992, it submitted a proposal to significantly enhance Reserve Med A training. Later unit personnel were part of the Trade Board that produced the syllabus for the new Reserve Med A training that was conducted by the Northern Alberta Institute of Technology;

-on 24 September 2004, it was granted the "Freedom of The District of Saanich; and

-one CO, LCol Kelly James, later became the Area Surgeon. Another CO, LCol Maureen Fensom, transferred to the Regular Force, took part in the first Gulf War, became CO of 1 Field Ambulance, became Director of Medical Operations, and finally, Commander, 1 Health Services Group;

The unit remained in the Bay Street Armoury until 5 February 1994 when it moved into the new Lt Gen Ashton Armoury (formerly the Gray Bottling and Beverage Depot), along with 11(Victoria) Service Battalion and 11(Victoria) Military Police Platoon;

The unit has occupied itself with individual, platoon and collective training. Medical Assistant training has been greatly improved with the adoption of civilian Emergency Technician standards and close cooperation with the local BC Ambulance Service. It has also, provided medical support to other units undergoing training, as well as operating a BMS for brigade- level exercises in various parts of B.C., Yakima and Fort Lewis. Operating the BMS is done in conjunction with 12 Field Ambulance, which illustrates the close cooperation that has been maintained between the two units;

Several unit personnel have had rewarding careers within the unit e.g. LCol Michael Archer joined as an officer cadet and progressed through the ranks to become CO, Maj David Myles joined as a private and is now Deputy CO, Capt Heather McLelland joined as a private, took nursing training and is now Adjutant, and CWO Dan Trask joined as a private and is now the Regimental Sergeant Major; and

Recently, several unit members have served in Afghanistan as part of Canada's contribution to that NATO operation. These include Maj David Myles, WO Robert MacDonald, Sgt Murray Maduke, Cpl Adam Goulet and MCpl David Verwey. In addition, Capt Zsuzsanna Toth served a UN tour in Sudan.



## **SUMMARY**

11 Field Ambulance has had a proud history of providing life-saving care to numerous patients during two World Wars, and ensuring the continuity of the unit during peacetime with its many restraints. Many outstanding individuals (too numerous to mention) have contributed greatly to this effort.

## ANNEX A

### **HISTORY OF 11 CANADIAN FIELD AMBULANCE**

As mentioned previously, 11 Canadian Field Ambulance was raised in Guelph, Ontario in 1916 to support the 4<sup>th</sup> Canadian Division. As such it worked in close cooperation with 13 Canadian Field Ambulance and participated in the same battles for Vimy Ridge, Passchendaele, etc. At the end of WW1 it was demobilized.

In 1939 it was again mobilized to support the 2<sup>nd</sup> Canadian Division. It accompanied that Division to England along with Nos. 10 and 19 Field Ambulances and No. 13 Field Hygiene Section. A most noteworthy event regarding this unit is that it was tasked to provide the medical support ashore for the Dieppe raid which was launched on 19 August 1942-and which was a disaster in all respects. Most of the field ambulance never made it to shore. Of the 18 personnel of one section, which did, only six made it back to England and three of these were wounded. The remainder were killed or taken prisoner.

The 2<sup>nd</sup> Canadian Division (with 11 Field Ambulance in support) was not committed to the Normandy Invasion until 10 July-well after the Bridgehead had been established. However, it was tasked with the clean up of Caen and the closing of the Falaise Gap.

Following the conquest of France, the 2<sup>nd</sup> Canadian Division took part in the freeing of Holland, specifically to clear the area north of Antwerp and to close the eastern end of the South Beveland Isthmus. Later it took part in "Operation Veritable" which was to attack across the river Mass and toward the Rhine River. Still later, on 28 March, 1945, the 2<sup>nd</sup> Canadian Division crossed the Rhine. In Germany, it took part in the attacks on Bremen and Oldenburg. No. 11 Field Ambulance provided medical support to the Division throughout these operations.

On 11 July 1945, the 2<sup>nd</sup> Canadian Division was relieved and moved to the Utrecht area. During August 1945, 11 Canadian Field Ambulance was disbanded.

## ANNEX H

### COMMANDING OFFICERS

#### WORLD WAR ONE:

LCOL BIGGER J.L.	22 MARCH 1916 - 12 JANUARY 1917
LCOL GILDAY A.L.C.	18 JANUARY 1917 -31 DECEMBER 1917
LCOL ANDERSON W.H.K.	01 JANUARY 1918-21 MAY 1919

#### WORLD WAR TWO:

LCOL KENNING G.C.	02 SEPTEMBER 1939-31 MAY 1940
LCOL MUSTARD R.	31 MAY 1940-06 OCTOBER 1941
LCOL WATSON C.A.	06 OCTOBER 1941-15 MARCH 1944
MAJ COLEMAN J.A.	15 MARCH 1944-12 FEBRUARY 1945
MAJ GANDER T.A.	12 FEBRUARY 1945-12 APRIL 1945
MAJ GISLASSEN H.E.	12 APRIL 1945-18 MAY 1945
MAJ WILSON W M.G.	18 MAY 1945-23 MAY 1945
MAJ WILLIAMS H.I.	23 MAY 1945-18 JUNE 1945

#### POST WAR 1948 TO 2014

LCOL WATSON C.A.	? -01 OCTOBER 1948
LCOL BONNEL F.H.	02 OCTOBER 1948-26 OCTOBER 1954
MAJ STEWART N.R.	26 OCTOBER 1954-01 MARCH 1959
LCOL DONALD J.	01 DECEMBER 1979-01 DECEMBER 1981
LCOL JAMES K.	01 DECEMBER 1981- JANUARY 1986
MAJ MACLEAN A.	JANUARY 1986 -19 NOVEMBER 1987
LCOL FENSOM M.	19 NOVEMBER 1987-21 SEPTEMBER 1990
LCOL TRAYNOR W.	21 SEPTEMBER 1990-15 MAY 1992
LCOL SCOTT A.D.	15 MAY 1992-18 SEPTEMBER 1992
LCOL DAUPHINEE W.	18 SEPTEMBER 1992-26 OCTOBER 1996
LCOL ARCHER M.	26 OCTOBER 1996-15 SEPTEMBER 2001
MAJ MAYO M.	15 SEPTEMBER 2001-30 JANUARY 2003
LCOL PAONE P.	30 JANUARY 2003-15 SEPTEMBER 2007
MAJ WALKER B.	15 SEPTEMBER 2007-PRESENT

## ANNEX J

### REGIMENTAL SERGEANT MAJORS

MWO NOVACK	1983-1987
MWO KITSON	1987-1988
MWO MCKINNON	1988-1990
CWO SHERWOOD	1990-1991
CWO POLLAK W.S.	1991-1994
CWO ORMAN R.	1994-1999
CWO GIBSON D.	1999-2006
CWO TRASK D.	2006- Present

## ANNEX K

### REFERENCES

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- B. Publication-History of the Canadian Forces Services 1914-19 by Sir Andrew MacPhail.
- C. Publication-Official History of the Canadian Medical Services 1939-45 by W.R. Feasby.
- D. Publication- Canadian Forces Medical Services-An Introduction to its History and Heritage.
- E. War Diaries of 13 Canadian Field Ambulance in WW1 and WW 11
- F. 13 Canadian Field Dressing Station Quarterly Report, 1 Apr 45 to 30 Jun 45
- G. History of 13 Canadian Light Field Ambulance, -File: 13/3-0/S undated.
- H. Annual Historical reports 1949-2006

### END NOTES

- 1. Reference C, Volume 1, page 1
- 2. Ibid, page 2
- 3. Reference A, page 5
- 4. Reference B, page 67
- 5. Reference B, page 68
- 6. Ibid, page 68
- 7. Ibid, page 5
- 8. Ibid, pages 25, 39, 62 and 63
- 9. Ibid, page 63
- 10. Ibid, page 85
- 11. Ibid, page 89
- 12. Ibid, page 92
- 13. Ibid, pages 94-97
- 14. Ibid, pages 97-99
- 15. Ibid, page 101
- 16. Unit War Diary
- 17. Ibid
- 18. Reference D, page 59
- 19. Reference C, pages 6-7
- 20. Ibid, page 11
- 21. Ibid, page 11
- 22. Ibid, page 15
- 23. Ibid, page 22-24
- 24. Ibid, page 37
- 25. Ibid, appendix A
- 26. Ibid, page 46
- 27. Reference G, Page 1
- 28. Reference C, page 85
- 29. Ibid, page 170

30. Ibid, page 187
31. Ibid, page 169
32. Ibid, page 169
33. Ibid, page 180
34. Ibid, 182
35. Ibid, page 193
36. Ibid, page 198
37. Ibid, page 280
38. Ibid, page 300
39. 25 Medical Company 1954 Annual Historical Report
40. Para (2) of HQC 1452-1 (D Hist) dated 4 Dec 59.