

Appendix 1 to Istl A, McAlister V. Western University (No. 10 Canadian Stationary Hospital and No. 14 Canadian General Hospital): a study of medical volunteerism in the First World War. *Can J Surg* 2016.

DOI: 10.1503/cjs. 013716

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NO. 10 STATIONARY HOSPITAL

Organization

Organized as a 400 bed hospital unit with the following establishment:

1 Lieutenant-Colonel (Commanding Officer)

11 Medical Officers including **2 Majors** and **9 Captains**

1 Quartermaster

1 Dispenser

1 Matron

26 Nursing Sisters

118 Other Ranks.

Commanding Officer: Lieutenant-Colonel E. Seaborn

Medical Officers:

Major C.E. Brown (Medical Consultant) and Major J.C. Wilson (Registrar and Paymaster)

Captain J.S. Hudson (Medicine), Captain A. Turner (Surgery), Captain E.H. Young (Psychiatry), Captain J. Moriarty (Surgery), Captain E. Bice (Radiology Specialist), Captain A.E. Fraleigh (Medicine), Captain R.H. Henderson (Eye/ENT), Captain C.L. Douglas (Pathology), Captain C.P. Jento, (Surgery)

Quartermaster: Captain G.M. Brock

Dispenser: Lieutenant J.A. Dickie

Matron: Captain H.E. Dulmage

26 Lieutenant Nursing Sisters

118 Other Ranks

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Timeline of Western University hospitals in the First World War

1914 - 5	
07/28/16	War commences in Europe. An ultimatum from the Britain to Germany expires on the 14 August and Canada is automatically drawn into the First World War. Dr Edward Braithwaite, President of Western University, submits an offer to the Canadian government to raise and equip 200 bed hospital. The offer is rejected by Minister of Militia, Sam Hughes, because there is “sufficient non-combatants of every branch of the service”.
1914-1915	London, headquarters of Canada Military District No 1, recruits and trains over 50,000 soldiers. No. 3 Canadian Stationary Hospital, under the command of Windsor physician Henry Raymond Casgrain, was raised with staff from London, Windsor and Sarnia. In Aug 1915, No 3 was deployed to Lemnos as part of Dardenelle campaign.
1916	
03/--	On behalf of Faculty of Medicine, Drs Seaborn, McCallum, and Beal request that Western University renew its offer to send a fully staffed and equipped hospital unit overseas.
04/28	War Office requests Western University Board of Governors to send a 400 bed hospital to England.
05/04	Edwin Seaborn named Commanding Officer of No. 10 Canadian Stationary Hospital. Requests for volunteers sent to Western alumni. Training commences.
06/15	All ranks filled.
07/17	Vaccination of all ranks complete. Seaborn alerts Assistant Adjutant General (AAG), No. 1 Military District, London, ON that their unit is ready to proceed overseas.
08/16	Instructions received from AAG that No 10. Stationary Hospital will leave London ON August 18 th at 1220h via Grand Trunk Railway (GTR).
08/18 1220h	Complete unit entrained at GTR Station.
08/21 0900h	Unit arrives in Halifax, NS.

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	1100h	Unit embarks on H.M.T 2810 (RMS Olympic) with 127 th , 135 th , 137 th , and 158 th battalions. Seaborn appointed Principle Medical Officer on the ship.
08/24	1230h	RMS Olympic departs Halifax, NS.
08/30	1000h	Units disembark at Liverpool, England.
	1030h	Entrained for Shorncliffe, England.
	2100h	Arrive at Shorncliffe Station and proceed to camp.
	2200h	Arrive in canvas camp at St Martin's Plain at Shornecliffe and join No. 8 Canadian Stationary Hospital for quarters and rations. <i>Strength: 14 Officers, 117 Other Ranks (one casualty en route).</i>
09/13		Inspection by Major General Carelton Jones, Director of Medical Services (DMS). Concluded training in Canada sufficiently thorough to preclude further courses at training depot. Officers distributed to English hospitals for training.
11/02		Seaborn proceeds to Seaford with 2 Medical Officers, the Quartermaster, and 35 other ranks to take over Ravenscroft Military Hospital from Imperial unit: 100 beds; 75 patients admitted.
11/30		New battalions arriving directly from overseas led to high illness rates and mortality, especially in Native Canadian and American troops. Predominant illnesses: bronchial and pulmonary infections, mumps, and measles. Surgical and extreme cases transferred to Eastern General Hospital in Brighton.
12/11		Seaborn notified No. 10 Hospital to take over Eastbourne Hospital because of accomplishments at Seaford.
12/16		Patient overflow at Seaford Hospital results in private residences Southlands and Hawkswick being requisitioned as auxiliary hospitals for infectious disease treatment and sequestration. Average patient burden increases from 125 to 175 by month's end.

1917

01/17		Unit takes over All Saints' Hospital at Eastbourne, renamed Canadian Military Hospital, to be used at unit headquarters; bed capacity 500. Seaford hospitals Ravenscroft, Southlands, and Hawkswick retained as auxiliary hospitals with detachment of medical officers and other ranks remaining at Seaford.
03/01		Eastbourne Pathology Laboratory equipped and ready for use.
03/06		Eastbourne Operating Theatre equipped and ready for use.
03/29		X-Ray Department equipped and ready for use.
03/16		Eastbourne visited by Sir Robert Borden, Premier of Canada.
03/31		Average patient load for the month at central and auxiliary hospitals (local and

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	overseas casualties): 275 <i>Strength: 14 Officers, 20 Nursing Sisters, 118 Other Ranks</i>
04/29	Seaborn reports food situation to be serious. Captain Young initiates weighing of supplies and implements new waste management strategies.
04/30	Average patient load: 300 <i>Strength: 14 Officers, 17 Nursing Sisters, 117 Other Ranks</i>
05/31	Average patient load: 350 <i>Strength: 14 Officers, 17 Nursing Sisters, 117 Other Ranks</i>
06/30	Difficulty with staffing all hospital sites (two central at Eastbourne, 3 auxiliary at Seaford). Convalescent patients employed in light duties. Average patient load: 450 <i>Strength: 13 Officers, 17 Nursing Sisters, 117 Other Ranks</i>
07/01	No. 10 hosts other units to celebrate the 50 th anniversary of Canadian Confederation. Football and baseball games played. Performance from 6 th Canadian Reserve Battalion marching band.
07/10	Canadian DMS requires a reinforcement detail of 12 officers to be attached to field units in France as necessary. Several officers sent to France.
07/26	Unit witnesses sinking of HMS Ariadne from Eastbourne Hospital by German torpedoes off Beachy Head.
07/31	Average patient load: 480 <i>Strength: 13 Officers, 16 Nursing Sisters, 118 Other Ranks</i>
08/30	Seaborn admitted to hospital with chest pain, fever.
08/31	Average patient load: 475 <i>Strength: 14 Officers, 18 Nursing Sisters, 117 Other Ranks</i>
09/10	Eastbourne Canadian Military Hospital replaced with newly authorized No. 14 Canadian General Hospital, an active treatment hospital, to be staffed by No. 10 Stationary Hospital personnel; 520 beds.
09/12	Construction of equipment for mechanotherapeutic (physiotherapy) department, pioneered by Captain Young, in progress in carpentry shop.
09/26	Seaborn discharged from hospital, improved but diagnosis indeterminate. Granted one month's sick leave to October 26 th .
09/30	Average patient load: 475 <i>Strength: 15 Officers, 32 Nursing Sisters, 127 Other Ranks</i>
10/31	Average patient load: 450 <i>Strength: 17 Officers, 34 Nursing Sisters, 140 Other Ranks</i>
11/12	Seaborn reports conducting urgent OR without anaesthetic on man gravely ill with complete insensitivity to pain.
11/22	Seaborn instructed to prepare unit for transfer to France.
11/29	Seaborn and original No. 10 Hospital unit posted to Calais, France, 40 miles

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	from front lines. Lieutenant-Colonel K.D. Panton assumes command of No. 14 General Hospital at Eastbourne.
11/30	Average patient load: 460 <i>Strength: 9 Officers, 18 Nursing Sisters, 126 Other Ranks</i> (all original No. 10 attached for quarters and rations)
12/08	No. 10 arrives in Boulogne, France and stays under canvas.
12/24	No. 10 arrives in Calais; assumes charge of previous Imperial No. 38 General Hospital. Damage to hospital prevents immediate patient admissions.

1918

01/20	Patient admissions resume, wards are full within 4 days. Daily patient intake up to 250.
01/28	Nursing Sisters join the unit. Spend first night in the dugouts facing an air raid.
03/--	German offensive drive results in hospitals at the front becoming overwhelmed. Calais functions as both base and front-line hospital to accommodate casualties. Average stay <5 days; many patients return to front; severely wounded transferred to England on first available transport.
04/11	German assault leads to huge number of ambulances arriving at Calais with Canadian, American, Australian, NZ, and British soldiers. Operating rooms, wards, X-ray rooms, and convalescence zones full.
05/15	19 civilians rescued from bombed home at Calais hospital boundaries. 17 survive. Highest cost incurred by single raid to date: \$1,000,000 (due to damage from fires from incendiary bombs).
05/17	216 cases of ptomaine poisoning admitted from local camp. Influenza epidemic kills 48 of 50 men in medical ward. 200 men sleeping in tents on ground for lack of beds.
05/19	Nursing Sister KM MacDonald killed in a raid at Etaples.
11/11	Armistice Day. Seaborn hears of armistice with Germany.
11/12	Light and air raid precautions lifted. Lighthouse at Calais reactivated.
11/26	French DMS visits Calais Hospital. Number of patient admission by No. 10 Hospital at Calais: 16 712.

1919

03/09	Seaborn travels to battlefronts including Arras, Lens, Armatieres and Bailleul.
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04/05	Calais Hospital stops patient admissions; transferred under command of No. 30 Imperial General Hospital.
04/09	Nursing Sisters depart to England.
04/16	No. 10 Hospital unit departs from France to Bexhill-on-Sea, England.
05/19	Embark on S.S. Regina at Liverpool, England.
05/20	Depart from Liverpool for Halifax, NS.
05/29	No. 10 arrives in Halifax.
05/31	No. 10 arrives in London, ON. Received with a short address from Reception Committee. Unit demobilized with small cadre retained to close unit affairs.
