

1919 to 1939 (Post WWI)

- 1919 CAMC reverted to 1914 status
Permanent Force Component being the
Royal Canadian Army Medical Corps (03 November 1919)
- 1922 Provided medical services for the Royal Canadian Navy and Royal Canadian Air Force
- 1927 Provided medicals for all pilots including civilians
- 1931 61 out of 81 Non-Permanent Medical Units rated moderately poor
- 1932 Provided medicals for the Unemployment Camps (170,000 men)
- 1933 Provided medicals for the Royal Canadian Mounted Police
- 1936 The Non-Permanent Component became the **Royal Canadian Army Medical Corps (NP)**
- 1938 Provided administration for the Dental Corps

RCAMC WORLD WAR II 1939 – 1945

The Royal Canadian Army Medical Corps Permanent consisted of 166 all ranks, of whom 7 were on the staff at Ottawa. The RCAMC (NP) had 190 Officers at summer camp with 24 Field Ambulances, 12 Field 'Hygiene Sections', 6 Casualty Collecting Stations, and 18 Reserve General Hospitals plus the Basingstoke Neurological Hospital. The medical stores were reported in good condition but equipment was largely obsolete.

The Royal Canadian Navy and the Royal Canadian Air Force raised their own medical units in WWII and the RCAMC served the Canadian Army. A training centre for the RCAMC was established in Camp Borden.

The Field Ambulances served with distinction with each of the Canadian Division. By 1945, the RCAMC had five Casualty Collecting Station, 28 General Hospitals, 3 Convalescent Hospitals and a General Hospital specializing in neurology and plastic surgery. Members of the RCAF as well as burn victims from the army (especially tanks) were treated at the Queen Victoria Hospital, East Grinstead, Sussex by Sir Archibald McIndoe and **Wing Commander Ross Tilley**, CM, OBE (photo at right). Tilley had been a member of the RCAMC prior to WWII and was transferred to the RCAF early in the war. McIndoe and Tilley pioneered new plastic surgery techniques for treating burns and also for treating the psyche of burn patients. The Guinea Pig Club was formed from their patients and integrated into the pubs in East Grinstead to get them back to a normal life as much as possible.



RCAMC 1945 (Post WWII)

The RCAMC school in Camp Borden was made a permanent Corps School and a Permanent Field Ambulance was established there as well. One effect of the war was the recognition of the need for non-medical officers. Prior to 1939, only 3 non-medical officers had been commissioned and post-war 1/3rd of all male officers were non-medical. These included instructors, quartermasters, pharmacists, bacteriologists and stretcher-bearer officers. Non-medical officers commanded some units.

In 1959, the Canadian Forces Medical Services was established to centralize administration of medical support to the RCAF, RCN and Canadian Army.

In 1968, the Royal Canadian Navy, the Canadian Army and Royal Canadian Air Force were unified to form the Canadian Armed Forces. The medical branch already had a unified administration. However, as the uniforms became available, all medical members wore the green uniforms. The motto of the CFMS *Militi Succurimus* (We hasten to aid the soldiers) was approved in 1981.

In the First Gulf War in 1991, Canada contributed 4,500 members including the First Canadian Field Hospital based in Al-Qaysumah, Saudi Arabia as part of Op Friction. Captain Dennis Haynes, the current

(2012) Deputy Commanding Officer of 12 (Vancouver) Field Ambulance served with the 1st Battalion Royal Canadian Regiment in 1991 and was detached to 1 Canadian Field Hospital and deployed to Saudi Arabia during the **First Gulf War**.¹

In 1995, the Canadian Forces Medical and Dental services were united under the Surgeon General. The Surgeon General's title was changed to Chief of Health Services and later downgrades from a Major-General / Rear-Admiral rank to Brigadier-General / Commodore as the Director of Medical Services. It was further downgraded to the rank of Colonel in June 2000 (with a non physician Major-General as the Director General). The Surgeon General position was again made a General Officer / Flag Officer rank in June 2004 when **Hilary Jaeger** was promoted to Brigadier-General. When **Commodore Margaret Kavanaugh** retired in July 2007, the Surgeon-General and Director of Health Services positions were combined into one reporting to the Chief of Military Personnel and remained a Brigadier-General / Commodore position.

Constant changes to the structure and role of the Canadian Forces Health Services in the 1990's and early 21st Century weakened the regular and reserve force. The name of the organization was changed in 1995 from Canadian Forces Medical Services (CFMS) to Canadian Forces Health Services (CFHS) when the Dental Branch was made a part of the CFHS. However, the demands made on military health services by the Afghanistan conflict forced the CFHS to change for the better. Led by **Hilary Jaeger** and **Commodore Hans Jung** (as Deputy Surgeon General and later as the Surgeon General), the CFHS rose to the challenge taking the lead at the Role 3 Military Hospital in Kandahar and providing a strong regular and reserve medical force in Afghanistan throughout the mission.²



The addition of CF Trauma Training Centres at hospitals such as Vancouver General Hospital (VGH) and the Royal Columbian Hospital provide an excellent training ground for anaesthetists, general surgeons, trauma surgeons, emergency room surgeons, specialized nurses, and Non-Commissioned members to practice their skills in preparation for deployment to Afghanistan or other missions. Physicians like **Commander Ross Brown**³ at Vancouver General Hospital (VGH) deployed several times for short periods of time to utilize their skills; 12 (Vancouver) Field Ambulance recruited trauma nurses from VGH to deploy to Kandahar.

¹ Captain Dennis Haynes, DCO, 12 (Vancouver) Field Ambulance wearing his Gulf War Medal (1st medal)

² Commodore Margaret Kavanaugh, OMM, OSTJ, CD – Brigadier-General Hilary Jaeger, OMM, OSTJ, MSM, CD, QHP – Commodore Hans Jung, OMM, CD, QHP

³ Commander Ross Brown, OMM, CD

Lieutenant(N) Jeff Lee,⁴ the VGH Detachment Training Officer for the CF Trauma Training Centre deployed with the 2005 Disaster Response Team to the earthquakes in Pakistan, has served two operational tours as a Critical Care Nursing Officer at the Role 3 Hospital in Kandahar, Afghanistan and commanded the five volunteer VANOC Medical Teams at the Whistler venue for the 2010 Olympics. 12 Field Ambulance recruited trauma nurses from VGH to serve in Afghanistan.

Role 3 Multinational Medical Unit at the Kandahar Airfield (KAF) was under Canadian command from the fall of 2005 to October 2009. The United States Navy assumed responsibility after that. Originally a multipurpose building, the plywood structure that used to house the Role 3 was chosen for the hospital because it stood at the edge of the airfield. ("Role 3" is NATO jargon for a hospital designed to provide military patients with a wide variety of intensive therapy for a limited period of time.) The KAF hospital became a cutting-edge trauma facility delivering life-saving care to patients of all kinds: not only Canadian and coalition military and civilian personnel, but also Afghan soldiers, police and civilians. The original hospital was closed on 23 May 2010 and moved into the hospital's new quarters right next door.



At its peak in 2007 the Role 3 Military Hospital in Kandahar provided approximately 900 surgeries. Multiple surgeries were frequently performed on the same patient to save life and limb. Surgeries were performed for battle and non-battle injuries on Canadian soldiers, Coalition troops and Afghan civilians. Approximately 1,300 Canadian soldiers, Coalition troops and Afghan civilians were admitted to the Role 3 Intensive Care Unit and ward beds in 2007. 98% of the casualties treated at the Role 3 during 2007 survived their injuries. An average of 35 patients was seen daily at the walk-in clinic (next door to the Role 3 trauma facility) between August 1st and December 31st 2007. Most patients were civilian contractors, coalition troops and some Afghan civilians. There were over 4,000 physiotherapy appointments made. The dental clinic (with two Dental Officers) saw approximately 3,000 patients in 2007. A TV series was made about the hospital.

CANADIAN FORCES DENTAL SERVICES

The mission of the CFDS is to enable the CF to fulfill its operational role by providing high quality, operationally focused dental care, at home and abroad. The CFDS was led by a Director General Dental Services, Brigadier-General as an independent unit. However, with the reduction in General Officer / Flag Officer ranks in 1995, the position was downgraded to a Colonel and placed under the Canadian Forces Health Services (ending 58 years of 'dental' autonomy in the CF). In 2003, the Surgeon-General position was restored to the rank of a Brigadier-General leaving the Director of Dental Services as the only CF professional / technical authority not established at a General rank. 1 Dental Unit is commanded by a Colonel and consists of a small headquarters in Ottawa and 26 dental detachments, including two in Europe. The six largest detachments are designated specialist centres and are commanded by a Lieutenant-Colonel. These clinics have a periodontist, a prosthodontist, and an oral maxillofacial surgeon on staff, in addition to general dentists. Smaller clinics are commanded by Majors or Captains. Many clinics employ Advanced general Dentistry specialists to provide and co-ordinate specialty dental care. CF Members are entitled to comprehensive dental care at public expense. Dental Staff in the Canadian Army always wore Canadian Army uniforms and provided dental services to the RCAF and RCN as well as the Canadian Army.

⁴ HLCol Michael Sanderson, MSTJ with Lieutenant(N) Jeff Lee MSTJ, Commander King Wan, CStJ, CD and Major Wendy MacKenzie, MMM, CD at the Change of Command parade in October 2010.

COLONEL COMMANDANTS of the CANADIAN FORCES DENTAL CORPS / SERVICES

LOTT, Frank Melville	BGen	CBE ED	1947 - 1954
CAMERON, George Lynch	Colonel	DSO OBE VD	1954 - 1958
EDGEcombe, John Frederick	Colonel	OBE	1960 - 1965
WANSBROUGH, Elgin McKinnon	BGen	OBE MM ED CD	1965 - 1970
BAIRD, Kenneth Martin	BGen	OBE CD QHDS	1974 - 1978
KEARNEY, Bertrame Patrick	BGen	MBE CD	1978 - 1982
COVEY, George Ross	Colonel	MBE CD QHDS	1983 - 1985
THOMPSON, William Rae	BGen	MMM OSjt CD QHDS	1985 - 1990
BRICK, J.C.	Colonel	CD	1991
NEILSON, Jardine	Mr	--	2000 - 2003
MacINNIS, William A.	LCol	CD	2003 - 2009
CURRAH, John Robert Ellwood	Colonel	CD	2009 - 2011
LANCTIS, Victor Joseph	BGen	MSjt MB CD DDS QHDS	2011 – present ⁵

COLONEL IN CHIEF CANADIAN FORCES DENTAL SERVICES

DUCHESS of GLOUCESTER

HRH

GCVO

01/2006 - present



⁵ HRH The Duchess of Gloucester and BGen Victor Joseph Lanctis, MSjt, MB, CD
2010 Unit Christmas Photo

12 Vancouver Field Ambulance ⁶

In World War I, the medical unit from Vancouver was sent to the 5th Canadian Division and stationed with the Seaforth Highlanders of Canada. After WWI, Colonel Leeson setup as a reserve RCAMC unit and the title was the 12th Field Ambulance. The unit won the “Mary Otter” Trophy in 1938 for the best medical team in Canada. **Private George Shoebottom** was a member of that team.

The 4th Canadian Infantry Division was mobilized in 1941 with three field ambulances: 12th, 15th and 16th. Later that year it became the 4th Canadian Armoured Division. The 15th Field Ambulance remained as before. The 12th became the 12 Canadian Light Field Ambulance (light meaning it was equipped to be fast moving to keep up with 4 CAD), and the 16th became the 16th Canadian Field Dressing Station

On mobilization, **Lieutenant-Colonel Sid Baldwin** was appointed Officer Commanding Canadian Light Field Ambulance (CLFA) and Major Merv Caverhill became the second-in-command. On 06 June 1941, Major Caverhill went to the Vancouver General Hospital looking for medical officers. **Drs. Bill Bie, Rod Whitman and Tom McMurtry**⁷ all joined the Field Ambulance that day. They all became life long friends as did their wives. Later, **Captain Darwin Oliver** joined the unit, but unfortunately he died soon after from a rapidly growing malignancy. **Captain Dave B. Collision** joined about that time as well. Dave was an Obstetrician / Gynaecologist who would later be promoted to Lieutenant-Colonel.

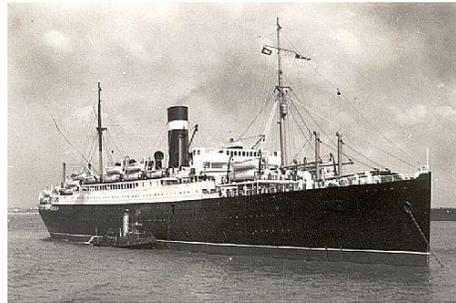
During the ensuing weeks, LCol Baldwin was supervising the medical exams of enlisting men at the Old Hotel Vancouver. He hand picked likely looking candidates for the 12th. The result was that we got a core of excellent enlisted men for our unit. The unit gradually came up to full strength and was housed in the Seaforth Barracks.

The Quartermaster was Captain Harold Davenport. The head of the Royal Canadian Army Service Corps section was **Captain Lynch** (no not, Sergeant Gray!). Later RCASC officers were Quartermaster Lieutenant (later Captain) **Dick Whittington** and transport officer Lieutenant (later Captain) **Cliff Middlemiss**. The initial **Regimental Sergeant-Major** was “**Jock**” **Stewart** (no not Scott). Jock served us in action and was always a tower of strength.

In the fall of 1941, the unit moved to Camp Valcartier, Quebec and continue with basic training as before.

In late November 1941 the unit moved to Camp Debert, Nova Scotia, which had just been vacated by the 5th Canadian Armoured Division. During about nine months there, more training continued with lecturers and long route marches which relieved some of the boredom and helped improve physical fitness. There were two gas chamber exposures. One of these necessitated alcohol to control after effects. It was quite popular! The city of Truro, Nova Scotia, was 18 miles away and helped lessen boredom for those who could get there.

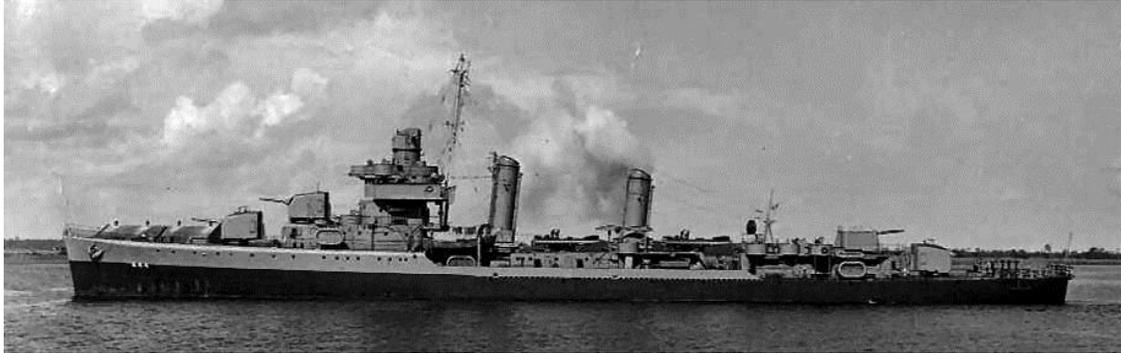
On 21 August 1942 (two days after Dieppe) the unit left camp and proceeded to Halifax where the unit boarded the troop ship *HMS Letitia* (a former cruise liner and then a Royal Navy Armed Merchant Cruiser; later in the war a Canadian Hospital Ship). The *HMS Letitia* left the next day in convoy escorted by destroyers of the US Navy.



⁶ This description of the unit in WWII was written by Dr. Thomas S.G. McMurtry and is came from the 12 Field Ambulance Museum courtesy of LCol Adrian French, CD

⁷ I learned of Dr. T.S.G. (“Tom”) McMurtry’s connection to the unit when I wrote this book. An interesting connection I have with him is that his son started medical school at the University of Alberta in Edmonton with my wife and I in 1965. He was named Tom as well. He didn’t graduate with us transferring to UBC for second year medicine. The younger Tom graduated from UBC in 1969 and went on to become a cardiologist in the Okanagan. He unfortunately died at a very young age.

SINKING of the UNITED STATES NAVY DESTROYER *USS INGRAHAM* ⁸



During the evening of 22 August 1942, *HMS Letitia* failed to react to an order to perform an emergency zig-zag. The USN Destroyer *USS Buck* was sent to correct *Letitia's* actions. This set in motion a chain of events that led to a collision between *USS Ingraham* and Oil Tanker *SS Chemung*, setting off depth charges on the *Ingraham*. As a result of this, the *Ingraham* sank with the loss of 218 hands (11 survived). There was a further collision between *SS Awatea* and *USS Buck*.⁹ Some ex-miners of the Lake Superior Motor Battalion volunteered to go down and shore up the bulk heads of the *SS Awatea* and the ship limped home successfully.

The Convoy sailed southeast to latitudes where it was quite hot and the ocean had numerous jelly-fish. It was a smooth and unremarkable trip and eventually going Northeast we were elated to be met by Sunderland Flying Boats somewhere off the coast of Ireland. They escorted us up the Irish Channel and the Firth of Clyde to Clydebank where we debarked and were transported by rail to Bordon, Hampshire. We ultimately were stationed at "Malthouse Farm" near Bordon.

12 Canadian Light Field Ambulance in Britain 1942

Thus began life in England for the unit - further training, and trying to keep busy awaiting the war on the continent. Some four months later the unit moved to Hove, near Brighton. It was a popular move with the members because the social amenities were excellent. About this time **LCol Baldwin** left to command 2nd Canadian Casualty Clearing Station and **LCol E.E. "Tuffie" Tieman** became the Officer Commanding. They were both fine leaders. Tieman had been in the army as a Medical Officer prior to the war. He was stricter than Baldwin but always fair.

One day while stationed at Hove College, the unit about to start an operation when German planes came in low under the radar and surprised everybody. All the operating staff had to rush forward, grab the patient off the operating table and into a place of safety. Nobody was wounded in the incident but the incident sure startled the patient.

⁸ The American destroyer *USS Ingraham* sank after a violent collision with the Navy oil tanker *SS Chemung* in pea-soup fog off the coast of Nova Scotia. The *Ingraham* was part of task Force 37 escorting Convoy AT-20 to the United Kingdom. An internal explosion caused the ship to blaze from stem to stern. It was all over in a flash, the burning wreck vanishing beneath the waves taking the lives of 218 of her crew. There were only 11 survivors, one officer and ten men, all rescued by the *Chemung's* boat crews.

⁹ The *USS Buck* was escorting a convoy during a dense fog off Nova Scotia on 22 August 1942. The *USS Buck* was struck starboard side aft by the New Zealand troop-transport *Awatea* while trying to escort another vessel to her correct position in the convoy. The impact broke *Buck's* keel and sliced about two-thirds through the fantail. Seven sailors were killed in the collision. As the starboard propeller was wrecked, and the port propeller damaged, the destroyer maintained steerageway only with difficulty as the crew tried to secure the fantail with lines and wires. When the port propeller fell off a few hours later, leaving the destroyer helpless, the fantail was cut loose since wave action was battering and chafing the hull. To make matters worse, as destroyer *Ingraham* (DD-444) closed to assist she was mortally damaged by a collision with oiler *Chemung* (AO-30). After rescuing the survivors from *Ingraham*, the oiler managed to take *Buck* under tow until relieved by *Cherokee* (AT-66). *Buck* reached Boston on 26 August, where she underwent repairs until November. Upon completion of yard work she returned to Atlantic convoy escort duty that winter, guarding convoys to European waters into June 1943, when she was ordered to the Mediterranean for patrol duty out of Tunisian and Algerian ports.

During the early fall of 1943, there was a huge exercise in Suffolk and Norfolk. When it was over, the unit was re-located to East Grinstead. At this time, **Major Caverhill**¹⁰ (right) was promoted to Lieutenant-Colonel and took command of the unit with **Major J.A.C. (“Lofty”) Thomson** becoming the second-in-command. He was a very popular and efficient officer. East Grinstead was the location of the famous burn treatment centre under the direction of **Mr. McIndoe** who revolutionized the treatment of burns. The stay in East Grinstead was another period of relative inactivity and waiting. In May 1944 the unit moved under canvas and was introduced to V1 and V2 bombs but none were dropped near East Grinstead.



The successful invasion of Normandy was a great relief for the men and the unit was to join the battle on D + 30. The unit marshalled on D29 in the Thames estuary and the next day proceeded uneventfully to France. The *T.S.S. Louis Pasteur*, a French Ocean Liner from Compagnie de Navigation Sud-Atlantique, took them over to the war zone. During the next few days, the members became aware of all that was going on around and got their first taste of trying to sleep in slit trenches under chandelier flares with the odd bomb dropping nearby. During these few days, members of the staff (including RCASC members) designed a new set-up for the ADS (Advanced Dressing Station). This consisted of placing 2 lorries back to back some 25 to 30 feet apart and attaching steel cables to each lorry. A large tarpaulin was placed over the cables and a large Red Cross over that. Thus there were 4 bays at the sides of the lorries, one of which was the entrance for the casualties where documentation was done by clerks. Another was the exit bay and the other 2 were for storage of various supplies. In the centre were stretcher trestles where the care of the wounded took place. The whole interior was lit by our own electricity generator.

On 10 August 1945, 12 Canadian Light Field Ambulance, as part of the 4th Canadian Armoured Division, went into service at Cintheaux, a few miles south of Caen, and the ADS set up proved to be very efficient. The first lone casualty was a burn case and **Nobbie Clark** was carefully applying a picture perfect St. John’s Ambulance type of dressing. **Jock Stewart** shouted from the admission bay, “For heavens sake Nobbie, get a move on – there’s another load here.” Casualties came in steadily for the next few days and **Captain McMurtry** was immensely proud of the job everyone was doing: the stretcher bearers, the clerical staff filling out casualty and I.D. forms, the nursing orderlies treating the wounded, ambulance orderlies and drivers. The largely unnoticed service corps staff under **Captain C.C. Middlemiss** kept all the vehicles in good working condition. The cooks kept up their end also.

On 14 August 1944, the ADS shut down preparatory to taking part in the drive toward Falaise. That afternoon the RAF planned to use heavy bombers in close support for the first time. It was a timed run at a certain speed from the French Coast to dropping of the bombs. It was to last 2 hours. The initial run was on target but as the Germans lobbed smoke bombs onto the allies forward line, the RAF bombs kept falling shorter and shorter and eventually were dropping bombs near the unit; more particularly, on the 1st Polish Armoured Division to the left. Although the unit was closed, it quickly set up the Advanced Dressing Station and handled some 100 casualties. The unit still managed to keep the drive to Falaise on time but the Officer Commanding was criticised by the Assistant Director of Medical Services for opening the ADS. The injured Polish troops were glad they did!

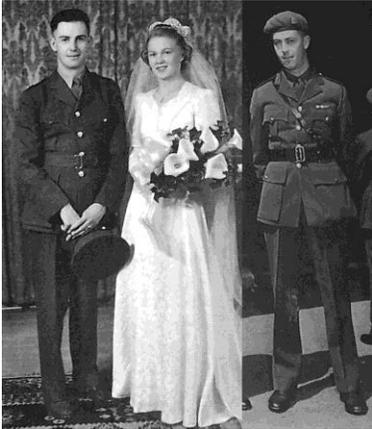
As an aside, the United States Army Air Force B-29’s bombed the 2nd Canadian Corps Ammunition Dump on 8 August 1944 not far from the unit as well. At the mess that evening, the 12 CFLA officers were critical of the Americans. The **Dental Officer, Captain Jolley**, who had served in the Italian Campaign, said: “Think nothing of it. In Italy when we bombed; the Germans ducked. When they bombed; we ducked. When the Americans bombed, everyone ducked.”



¹⁰ Lieutenant-Colonel Caverhill commanded the unit throughout the Northwest Europe campaign and again commanded the unit on his return to civilian life. He died at a very early age in 1948.

At Falaise, there were many casualties and, as evacuation routes were doubtfully secure, they had to be held until morning. There were 5 stretcher cases in each ambulance and many others, plus walking wounded in the ADS. They were Poles and Germans as well as Canadians.

The next phase of the battle was chasing the retreating enemy. There were several short stops without having to handle casualties. Near Antwerp, the Division paused and the 12 CFLA was involved in evacuating casualties from the battle of the Scheldt Estuary. Many of these were foot injuries from “shoe mines”.



The next phase was the battle of the Leopold Canal. The unit set up in Maldegem, Belgium, a few miles from the canal. The ADS was set up in a school there. **Ken Clarke's** 'A' Section was evacuating casualties from Regimental Medical Officer to the unit. It was a long difficult battle. First an infantry battalion was unsuccessful; next the 10th Infantry Brigade tried and were unable to get a foot hold on the other side of the canal. Then the 3rd Canadian Infantry Division moved in and succeeded. The ADS continued to handle all the casualties. The unit was evacuating to an Field Dressing Station with a field surgical unit commanded by major “Bam” McLaughlin (later Professor and Head of Surgery at the University of Western Ontario). He made a special trip to Maldegem one day to congratulate the Officer Commanding on the high standard of work our nursing orderlies were doing, particularly their application of *Thomas Splits*.¹¹

After Maldegem, the unit settled in for the winter near s'Hertogenbosch in Holland and were mainly inactive. No. 8 Canadian General Hospital was nearby. The only excitement was in December 1944 when Field Marshal Von Rundstedt attacked in the “Battle of the Bulge” pushing back the U.S. Forces with many casualties. There was fear that the Germans might launch a parachute attack from the general area of Utrecht landing behind the Canadian Army. The 4th Canadian Armoured Division moved at the end of December to be prepared for this and the 12 CLFA moved on 31 December 1944 to a small town in Belgium. The ADS was set up in a school but there were no casualties to treat. New Years Eve was celebrated with Belgian beer. Later the unit moved back to s'Hertogenbosch.

During this time, **Major Thomson** was posted to a Canadian Military Hospital and **Major Jack Wright** (of Canadian tennis fame) took his place. Somewhat later LCol Tieman was promoted to full Colonel on being appointed Assistant Director of Medical Services (ADMS) of the 3rd Division. **Lieutenant-Colonel Don McPherson** became the Officer Commanding 12 Canadian Light Field Ambulance (CLFA). He was a psychiatrist and was a very fine man. He seemingly didn't know the meaning of the work ‘fear’ and nearly drove his jeep driver crazy as he reconnoitred near the forward lines.

In the spring of 1945, the allies began a wide offensive to push the enemy back to the Rhine. One day the 12th Field Ambulance received orders from the Director of Medical Services to proceed at a specified time next morning to an 8 figure map reference to be prepared to set up an Advanced Dressing Station. Thus began our part in the battle of the “Hochwald Forest”. The advance party found this reference to be on the forward slope of a hill and the only allied personnel there were artillery spotters. The Field Ambulance stopped short of that to await further decisions. While the unit waited at the side of the road, the 22nd Canadian Armoured Regiment passed though us and **Lieutenant-General Guy Simmons** came by in his armoured scout car. 12 Canadian Light Field Ambulance had been the ferocious troops at the front of the assault! The unit managed to get the ADS set up in the area where they remained for several days with a steady flow of casualties.

¹¹ Major Ken Clarke and his bride Elna on their wedding day in 1940. Ken was a medical graduate of the University of Alberta and later a Professor at the university. Photo on the right is Ken with the South Alberta Regiment. His citation for the Military Cross is under honours.

After the Germans were pushed back across the Rhine, the 4th Division moved back to Breda in Holland to rest and refit. **Dr. McMurtry** left the unit at this time and has only second hand knowledge of the battle of Sogel where the unit achieved fame. Over the final months of the war, various medical officers left and came. At the time of the rush to Falaise, the unit was saddened by the death of **Captain Jake Mandel** from shrapnel as he was driving his jeep. Jake was a particularly fine person in every way whom **Dr. McMurtry** had known from their University of Saskatchewan days.

The Battle for SOGEL, Germany

12 Canadian Light Field Ambulance was in support of the 4 CAD during the battle of the Hochwald Forest in April 1945 near the German town of Sogel. On 10 April 1945, they made Royal Canadian Army Medical Corps history becoming the only field ambulance to engage the enemy in combat.

On the night of Saturday 7 April 1945, The Lincoln & Welland Regiment departed Delden to catch up to the rest of the Division already advancing into Germany. The trek was very hard under heavy road traffic and a road surface which was breaking up. On April 8th the Regiment had caught up to the Regiment near Meppen, Germany. The next day the Lincoln and Welland Regiment was given its orders to participate in attacks on Sogel and Werlte, Germany in order to clear the road northeast to Oldenburg, 80 km away. It was the Lincoln and Welland Regiment's primary job to mop any pockets of resistance which were encountered on the way. By noon on the 9th, the Regiment moved into Sogel. There were light casualties as they cleared the south half of the town. On the evening of the 9th the orders, were made to attack Werlte at first light on the 10th. Early on Wednesday, the 10th of April, the Lincoln and Welland Regiment moved east in company with tanks of the Governor General's Foot Guards.

At approximately 0800 hours on 10 April 1945, the 12 Canadian Light Field Ambulance's Advanced Dressing Station was disturbed by the burst of machine-gun fire in the streets. It became obvious at once that the village was being counter-attacked with 30 or more German paratroops infiltrating their position. Immediately both officers and men of the unit took up arms and proceeded to defend the ADS. The Commanding Officer quickly organized two platoons, and placed them at the approaches to the dressing stations. They held off the enemy with weapons borrowed from the wounded - at the time medics didn't carry weapons. Some of the enemy came within 10 yards of the ADS and were killed. Under fire, some of the personnel made their way to other parts of the town to obtain Bren guns and hand grenades from the small handful of infantry that were left behind in the town. They then returned to the ADS to distribute the badly needed weapons. With all this activity going on, bullets whistling through the windows of the building, the unit carried on with their medical work, administering treatment to casualties, and clearing them through the ADS. Two of the stretcher bearers working under direct enemy fire, were wounded. The gallant defence of the unit continued from about two hours before the enemy was driven off following which a troop of Canadian tanks arrived and blasted the houses from which the enemy were sniping. Five unit members were wounded in the encounter, one of them seriously. Of the enemy, a number were killed and other wounded.

The Commanding Officer, **LCol Alexander Donald ('Don') MacPherson**, received the **Distinguished Service Order** for his leadership in this action; **Corporal Forrest Francis Thompson** was awarded the **Military Medal**. He was a dispatch rider attached to 12 Field Ambulance and his citation reads that Private Thompson,¹³ "Armed only with a Sten gun, moved from house to house, personally accounting for several Germans".

¹² **Citation for the DSO:** "In the early morning hours of 10 April 1945, then the Advanced Dressing Station (ADS) of 12 Cdn Light Field Ambulance was located in SOGEL, Germany, MR3471, in the centre of 4 Cdn Armoured Brigade fortress position, an enemy counter-attack reached the centre of the town. In violation of the rules of war, the enemy fired indiscriminately at all Medical Corps personnel and patients in and about the ADS which was plainly marked by Red Crosses. LCol MacPherson, realizing the seriousness of the situation, quickly organized his RCASC personnel into two sections and covered all approaches to the ADS. Then a squadron of tanks came to his assistance. LCol MacPherson personally directed their efforts and the enemy was repulsed in this section with 11 killed and 14 prisoners taken. During the entire action, the RCAMC personnel of the Advance Dressing Station continued to render efficient medical attention to all casualties in the vicinity. LCol MacPherson's actions during the attack were beyond mere praise and his swift and efficient organization of his unit, and utter disregard for his personal safety, under constant enemy small arms fire, not only saved the casualties in the ADS at the time, but helped to protect HQ 4 Canadian Armoured Brigade which was immediately in the rear."

Another story from 12 Canadian Light Field Ambulance is about unit personnel during the Northwest Europe campaign acquiring enemy pistols as souvenirs. One member of the unit was showing off his Luger to a buddy during a rest period when there was a bang and the owner had accidentally shot his chum in the leg. Luckily, the wound was not serious. The wounded man was patched up and shipped off to Britain for further treatment. The victim actually wrote to the CO asking him not to punish the shooter because as a result of his medical evacuation to Britain the victim had unexpectedly been able to be present at the birth of his first child!

Another story told by **Nobbie Clark** was he and **George Shoebathan** going on a mission and obviously reading their map incorrectly. They were confronted by an armed German sentry who was aiming his weapon at them in a very professional manner. However, the German sentry did not shoot at them. Instead he simply said, “Turn around, go back the way you came Or I must shoot you”. George was immediately convinced by the wisdom of this enemy advice and lost no time in following the sentry’s instructions to the letter and taking their departure back to whence they came.

At the cessation of hostilities in WWII, the unit was stationed on an estate near Varel in Germany. From there they were repatriated to England and then to Canada.



Citation for the Military Medal to Corporal Forrest Francis Thompson: “At first light on 10 April 1945, the Germans put a strong counter-attack on the village of SOLGEL, Germany MR8751. The ADS of 12 Cdn Light Field Ambulance was situated in a building called the Hotel Jensen. It was shortly apparent that the enemy had infiltrated from the NORTH, SOUTH and EAST. The enemy paratroopers occupied buildings all around the ADS and proceeded to snipe the medical personnel as they worked on casualties. Defence parties were organized. Private Thompson, a dispatch Rider, immediately volunteered to assist in the clearing of the houses. Armed only with a Sten Gun, he moved from house to house, personally accounting for several Germans. On no less than three occasions, he went back for more ammunition for his party, crossing and recrossing the bullet swept street with complete disregard for his personal safety. When the clearing parties reached a house in which the enemy seemed to be firmly established with automatic weapons, Private Thompson placed himself in an exposed position and by accurate fire support enabled the remainder of the party to dispose of the enemy. When four tanks arrived to assist the medical personnel, Private Thompson returned to his unit to assist in the evacuation of casualties. The initiative and daring of this soldier, above and beyond his normal call of duty, is a splendid example of bravery and deserving of high praise and commendation.

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The photo shows Private Thompson with a German prisoner (from 12 Field Ambulance Museum)

The map shows where Sogel is in Germany.