Paper

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The 13th Stationary/83rd (Dublin) General Hospital, Boulogne, 1914–1919

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ABSTRACT Casualties from the Western Front during the First World War were often evacuated to base hospitals on the northern coast of France for more advanced and specialist care. These temporary base hospitals frequently had more than 1,000 beds and were typically staffed by older, more senior doctors than were present nearer the front line. The 13th Stationary Hospital opened in October 1914 on the Boulogne docks and became the main specialist unit for the treatment of eye, face and jaw injuries. In May 1917 it was renamed the 83rd (Dublin) Hospital when the staff was augmented by volunteer staff from Irish hospitals. The hospital subsequently housed an innovative 'physical medicine' or rehabilitation unit. The hospital remained open for the duration of the War, moving to Langenfeld in the Ruhr following the Armistice.

KEYWORDS Boulogne, First World War, 13th Stationary Hospital, 83rd (Dublin) Hospital

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INTRODUCTION

Between the first Battles of the Aisne and Ypres, in early autumn 1914, and the spring offensives of 1918, the Western Front in France and Belgium remained in a state of relative stalemate. During this period the front lines deviated by little more than 30 km. Despite this, it has been estimated that British and dominion forces suffered around 2.25 million casualties.[1] Of these, approximately 750,000 died either immediately or later, and no known graves exist for 40%. The remainder were either captured or wounded. The enormous number of casualties along this static front resulted in the creation of highly organised structures for the assessment, triage and evacuation of the sick and wounded.[2]

A soldier wounded at the front would typically be brought by stretcher-bearers to Regimental Aid Posts on or just behind the front line. These units, staffed by junior doctors called Regimental Medical Officers, provided emergency care and dressings, patching up the lightly wounded for return to the front and attempting to stabilise the more severely injured.[3] More seriously injured patients were transferred back to an Advanced Dressing Station and then to a Main Dressing Station, both run by Field Ambulance units, for more sophisticated care. From the dressing stations, the wounded were then transferred to Casualty Clearing Stations which were better equipped field hospitals and, if not returnable to duty from there, would be transferred, typically by ambulance train, to base hospitals often around Boulogne and Etaples. Although these base hospitals were temporary establishments, they were well equipped and attended by senior medical and surgical staff often considered 'too old' for the front line. They could deliver sophisticated care not significantly different than could be delivered in a British civilian general hospital of the time. They were initially established in non-medical structures such as hotels, municipal buildings, even casinos, but as the War progressed they could be housed in temporary huts or tented encampments. Casualties from base hospitals who could not be returned for duty would be transferred to hospitals across Britain and Ireland by hospital ships.

Base hospitals were divided between stationary and general hospitals with the main theoretical difference being size. At the outbreak of the War, general hospitals' planned establishments were for up to 1,050 patients. The recommended number of staff for these were 32 medical officers, 73 female nurses and 206 Royal Army Medical Corps (RAMC) soldiers acting as attendants and orderlies. However, in practice, levels of staffing varied greatly. Stationary hospitals were theoretically smaller and were originally intended to be smaller medical units along lines of communication or to deal with specialised problems, e.g. infectious disease. They had a nominal capacity of 600 patients at the outbreak of the War but in reality these figures were often exceeded and, along the Western Front, were often indistinguishable from general hospitals.[4] As the number of casualties increased so did the need for facilities for caring for them. By 1917 some base hospitals had capacity for 2,000 or more inpatients, total military hospital capacity in France had increased to more than 40,000 and this capacity could be increased by another 30,000 at times of high activity.[4] Most of the official records for these base hospitals have been destroyed and remaining records are fragmentary.

In this paper I will give an account of one of these temporary hospitals that operated throughout the War and after the Armistice.

THE 13TH STATIONARY HOSPITAL

The 13th Stationary Hospital (Figure 1) was established in Boulogne in October 1914 in the immediate aftermath of the first Battle of Ypres where nearly 30,000 British soldiers were injured.[5] It was initially established in old sugar warehouses near the Gare Maritime on the Boulogne docks and was accordingly often referred to as the 'Sugar Sheds' hospital. Its location meant it was conveniently situated to receive casualties from the front by ambulance train and to evacuate them to hospital ships in Boulogne harbour.[6,7] The hospital was relocated in September 1915 because the warehouses were required by the army postal services and local businesses. The new hospital consisted of wooden huts which were less robust than the warehouse buildings but an improvement on other base hospitals which had spent the previous winter in tented accommodation.[2,5]

An advantage of the system of transfer of wounded from Casualty Clearing Stations to base hospitals was that it allowed development of a level of specialisation within the hospitals and specifically the creation of specialist units.[2] When ambulance trains arrived, casualties could be triaged to the base hospital most suited to their injury. The 13th Stationary Hospital had two specialist units treating maxillofacial injuries and eye injuries.

The maxillofacial or jaw unit (Figure 2) was developed mainly due to the vision and persistence of French-American dentist Charles Valadier[6] who was a pioneer of reconstructive surgery for soldiers with severe jaw injuries. Between 1914 and 1916 he had convinced the General Staff of the importance of the development of such a unit and had been carrying out innovative jaw surgery in a unit in Wimereux.[8] While he was successful in convincing the medical authorities as to the role for such a unit, it was initially felt that his activities should be supervised by an army surgeon. The first of these appointed was the New Zealander Harold Gilles, now often credited as 'the father' of modern plastic surgery. Valadier's work is credited as inspiring Gilles' interest in facial reconstruction and led to him establishing the first specialist facial reconstructive surgery unit in Aldershot,[6,8] and then at Queen Mary's Hospital in Sidcup in 1917. Valadier's unit later expanded to 50 beds and Gilles acknowledged that 'the credit for establishing the first plastic and jaw unit, which so facilitated the later progress of plastic surgery, must go to the remarkable linguistic talents, of the smooth and genial Sir Charles Valadier'.[6] By 1918, with the opening of Sidcup, most jaw and facial injuries were evacuated to the UK with

FIGURE 1 Entrance to the No 13 Stationary Hospital, October 1916. (Royal Engineers Collection, Imperial War Museum)

Valadier's unit operating as an initial treatment and clearing station. In 1919 he was made a Chevalier of the Legion of Honour by the French Government.[8]

The ophthalmology unit of the 13th Stationary Hospital was the largest centre for eye injuries from the Western front. It was initially established with 50 beds but increased in size and by 1918 had 120 beds.[9] The unit was led by Lieutenant Colonel William Lister[10] who had worked as a surgeon in Moorfield's Eye Hospital and the London Hospital before the War and had joined the RAMC in 1914. He was responsible for the organisation of ophthalmic services in the army and was involved in all areas of eye care, from the provision of spectacles to soldiers to the allocation of 'roving ophthalmic consultants' in the army hospitals and to management of trachoma in Chinese labourers on the front.[10] He felt that specialist units for the management of eye injuries were important and thus the unit in the 13th Hospital was opened in 1915.

BECOMING THE 83RD (DUBLIN) GENERAL HOSPITAL

As the War progressed, the increasing number of casualties on the Western Front presented challenges for the Army Medical Services. More experienced doctors were required to staff the base hospitals but at the same time losses of doctors led to experienced medical staff from the base hospitals being transferred to units nearer the front line.[2] In early 1917, senior doctors working in auxiliary hospitals and territorial units from across the UK were approached to expand and staff these new units. In spring 1917, following an agreement between General Sir Alfred Keogh, Director General of the Army Medical Services, Surgeon General Sir Richard Ford and William Taylor, Consulting Surgeon to the Forces in Ireland, medical staff of the 13th Stationary Hospital would be augmented by senior staff

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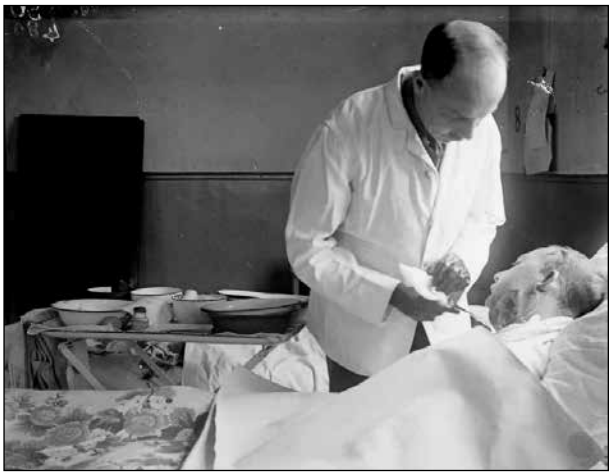

FIGURE 2 Attending a patient in the special ward for jaw cases in the 13 Stationary Hospital. It is possible that the doctor in the photograph is Harold Gilles (Imperial War Museum)

from Dublin hospitals on short-term attachments.[11,12] As a component of the agreement, the hospital would be re-designated the 83rd (Dublin) General Hospital. Several new base hospitals were established about this time across northern France from territorial units, including the No. 53 and No. 54 (London) General Hospitals and the No. 58 (Scottish) General Hospital.

William Taylor[13] was a surgeon based in the Meath Hospital in Dublin and President of the Royal College of Surgeons of Ireland. In his role as Surgeon to the Forces he was responsible for wounded soldiers being repatriated to Ireland and was active in the Auxiliary Red Cross Hospital established in Dublin Castle, in addition to caring for wounded soldiers evacuated to his own hospital. After making the agreement with Keogh and Ford he set about recruiting volunteers to staff the hospital from colleagues in Dublin. A condition of recruitment was that doctors must be 'over 40 years of age, and only to exceed 50 by a small margin'.[14] Younger doctors would have been eligible for recruitment to RMO posts and to the Field Ambulances. The upper age limit on volunteers 'caused much disappointment, as it prevented the inclusion in the hospital staff of several well-known Dublin surgeons and physicians who had volunteered their services'.[14]

The Irish doctors volunteered their services for three or six months, and temporary commissions were awarded for six months and extended for doctors undertaking further rotations to the hospital. Each three-month detachment was to consist of nine doctors; 'two physicians, three surgeons, an oculist, a pathologist, a radiographer, and an anaesthetist'.[14] It is unclear if these intentions were met, for example, Robert Rowlette completed two tours, one designated as a pathologist and another as a physician. The Chief Physician and Chief Surgeon of the group were given temporary commissions as lieutenant colonels, the other surgeons and physicians were made majors and the specialists were made captains.

There is no single source detailing all the Irish doctors who served in the 83rd Hospital. Appendix 1 has been compiled from published lists in the Dublin press, particularly the *Irish Times* and *Irish Independent*, which reported on the departure of some contingents. Information was also obtained from the *British Medical Journal*, which recorded the departure of the first contingent, and the *London Gazette*, which reported the granting of temporary commissions.

The arrival of the Irish contingent and other 'Territorial' unit doctors caused unhappiness among many medical staff already working in Boulogne hospitals.[15] The 13th Stationary Hospital had developed a substantial reputation and had functioned effectively throughout some of the most difficult periods of the War so its re-designation as the 83rd (Dublin) was not well received.[6,15] Many of the medical officers already working there were not career RAMC staff and had volunteered earlier in the War, often giving up their practices at home as a consequence. Furthermore, they had typically initially only received commissions as lieutenants and captains and, because the hospital had never received a full complement of staff, the commanding officers were only given the rank of major. Indeed, while Taylor and subsequent senior surgeons and physicians may have been appointed to higher ranks, command of the hospital remained with the incumbent who, at the time of arrival of the first Irish detachment, was Major Harry Christopher Sidgwick, a career RAMC officer.[15]

There was further disquiet because a number of the more junior doctors at the base hospitals had previously been transferred to dangerous postings nearer the front to replace others who had been killed and wounded. The Irish were seen to have received senior commissions despite having little appropriate experience and having had the advantage of maintaining their practices at home for two or more years. They were also allowed comparatively brief postings and were exempt from being transferred to more hazardous front line posts.

Led by Taylor, the first detachment arrived in France in May 1917 and eventually four consecutive detachments were sent from Dublin. Table 1 lists the known members of each detachment. It has been impossible to find a full list of the third rotation from November 1917. Unlike the previous rotations the names of the doctors were not published in the national or medical press and the only source available is the notice of granting of temporary officers commissions in the London Gazette. If staff already held commissions or had previously served in the hospital, their commissions would not have been announced. For example, Arthur Wyndoe Baker, a

surgeon who worked predominantly in dentistry and was Dean of Dentistry in the Dublin Dental Hospital, already held a temporary commission and was mentioned in dispatches for his role in leading the Officers Training Corps of Trinity College Dublin during the Easter rising in Dublin in 1916. He almost certainly served at the 83rd General Hospital in this three-month period and is listed in the *Irish Times* on 4 December 1917 as having left Dublin for France. His obituary reports that he served in the hospital and worked with Valadier.[16] It is of interest that Baker was 65 in 1917, thus well exceeding the age limits placed for staff. A number of doctors from outside Dublin were recruited beyond this point, although the reason is unclear but it might suggest that Taylor was having difficulty persuading colleagues to volunteer. We have no record if anyone acted as ophthalmologist, anaesthetist or pathologist in this third detachment, or as radiologist in the final detachment.

There are a few reasons why there may have been increasing reluctance of medical staff to serve in the hospital. Irish nationalist sentiment increased in the aftermath of the 1916 Easter Rising and there was growing discontent in Ireland following heavy losses in Irish Divisions at Messines and Ypres in June 1917. In addition there was widespread anger at the prospect of conscription being introduced to Ireland in 1918.

Re-designation of the hospital as the 83rd had little effect on its day-to-day operation. Specialist units remained under the command of their respective senior officers; indeed Valadier did not even change his departmental stationery to reflect the hospital's new name, leaving the title '13th Stationary Hospital' on his reports and operative notes throughout the War.[9] The Irish surgeons, while experienced in general surgery and senior in rank, typically had little experience in the types of injury arriving at the hospital. For this reason they were often left assisting and learning from more experienced junior surgeons.[15]

At around the same time as the change of name, a new 'physical medicine' or rehabilitation department was opened with the support of the British Red Cross.[17] The unit was placed under the command of Major J Curtis Webb. He had previously opened a smaller unit in the No. 7 (Officers) Stationary Hospital, which was found to be effective, and the British Red Cross funded the establishment of a much larger unit in the 83rd. The unit included 'a large treatment room, wards for officers and other ranks, waiting rooms, consulting-rooms, etc.' and was run by a 'staff of nurses trained in the administration of physical treatment and of masseurs'. It was used to treat a wide range of conditions including 'myalgias (lumbagos, etc.), sciatica, and other neurites and neuralgias, synovitis (chiefly knees), sprains, strains, contusions, the paralyses, aphonias, etc., after shell-shock, and so on'.[16] Apart from these physical therapies

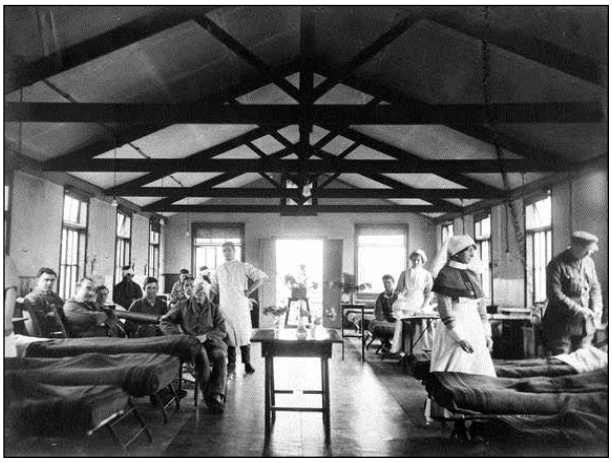

FIGURE 3 Ward in the No 83 General Hospital. Nurse in the foreground is a member of the QAIMNS, the nurse in the background is likely to be a member of the VAD. (Imperial War Museum)

the unit also had a facility to provide the innovative, but ineffective, electrotherapy where small currents were passed through patients muscles to induce involuntary contractions.

One of the benefits of having so many large hospitals in close proximity was the opportunity to learn from experts, and information about effective surgical techniques and medical therapies could be quickly disseminated. The microbiologists Alexander Fleming and Amroth Wright, the neurologist Gordon Holmes and neurosurgeon Percy Sargent were all based at the neighbouring 13th General Hospital in Boulogne. Perhaps the most renowned doctor to visit the 83rd General was American neurosurgeon Harvey Cushing. He operated in the hospital on occasion and in his diary of 1 April 1918 recorded: 'In the afternoon again to No. 83 to show them the tricks of a lumbar puncture'.[18]

Medical societies were formed in both Boulogne and Etaples and met regularly. In June 1918 Cushing reported in his diary 'This afternoon the Boulogne Medical Society met in the Consultants' Hut at No. 14 Stationary. McCormick dilated on scabies and impetigo to make one itch – 40 per cent of all losses from sickness are due to these causes'.[18]

NURSING

Like most British base hospitals, the 13th Stationary/83rd General unit was staffed by a combination of regular army nurses, members of the Queen Alexandra's Imperial Military Nursing Service (QAIMNS), and supported by members of the Voluntary Aid Detachments (VAD), who were typically untrained nursing staff who worked as auxiliaries and provided other support services such as catering (Figure 3).

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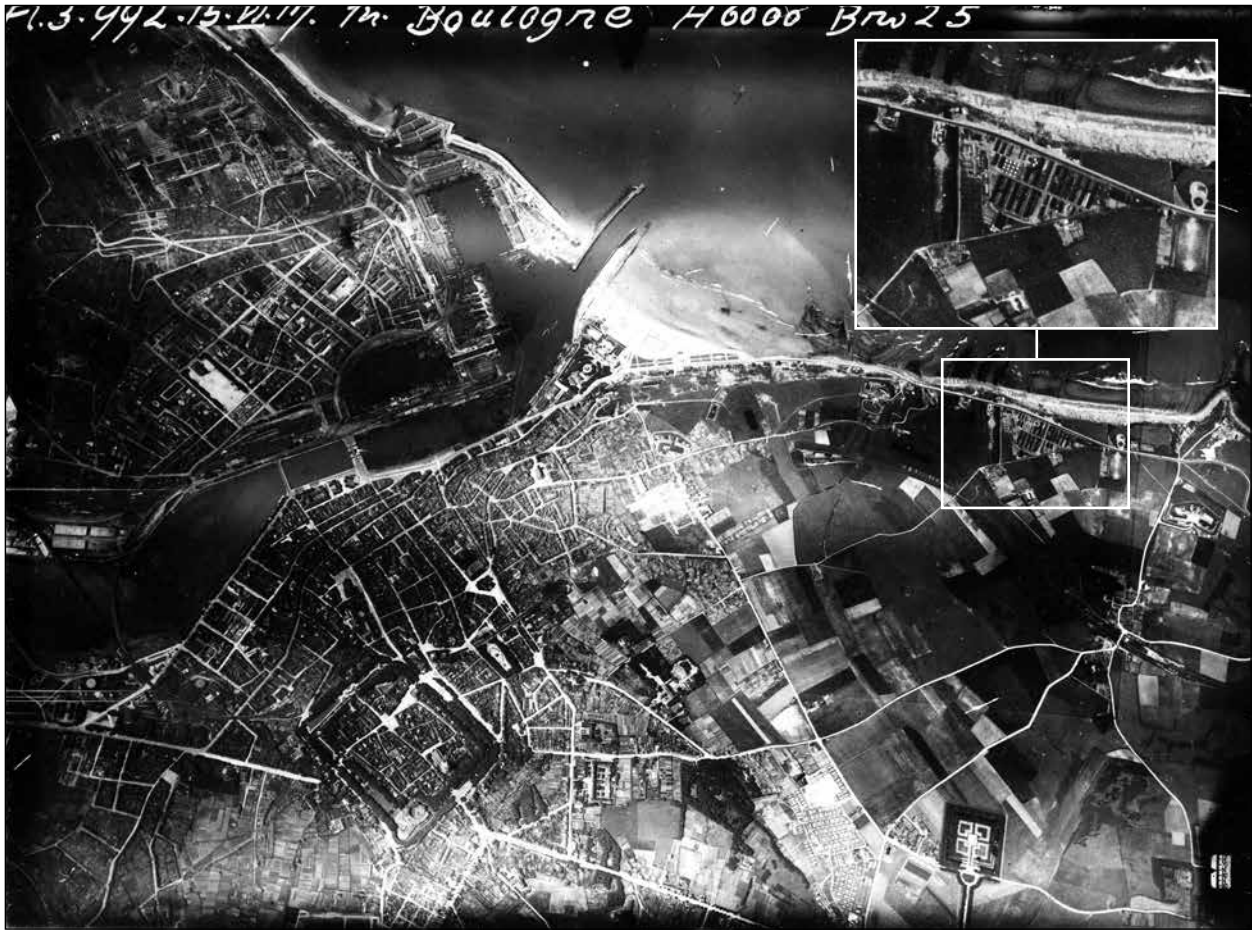

FIGURE 4 Aerial photograph Boulogne June 1917 with No 83 (Dublin) General Hospital. (enlarged). Eugene McDermott Collection, University of Texas

After the move to the Wimereux Road, nursing staff was billeted in huts on the hospital site but also in two local large houses, the Chateau de la Falaise and the Pension de la Legion d'Honneur.[19] After an inspection by the Matron of the Forces Maud McCarthy in June 1918, she reported there was accommodation for 93 nursing staff in three sites and that there was no overcrowding.[19]

The nursing staff was multinational, drawn from across the British Isles, dominions and elsewhere. Records of nursing staff are less comprehensive than those of medical staff but, for example, Matron during 1917 was Margaret Helen Smyth, a British nurse, and Assistant Matron was a Miss Walker. An Australian QAIMNS reserve nurse, Amy Ruth Sargent, was sister in charge of the operating theatres in autumn 1917. When the US entered the War in 1917, several US army nurses were also assigned to the hospital. Nurses were typically attached to the hospital for six-month periods, however transfer of nurses from specialist units caused concerns among senior nurses and consultants and such staffs rotations were sometimes prevented.[19]

Apart from medical and nursing staff, a large number of other personnel, both civilian and RAMC rank and file, would have staffed the hospital, working as orderlies, officers batmen and attendants. As the War progressed, the RAMC tried to recruit men who were not considered for front line duty on grounds of age, physical impairment or previous injury. They advertised for 'men of grade other than Grade 1, and not below the age of 30 years'.[20] These men may have been supplemented by small numbers of career RAMC soldiers recruited pre-War and others such as non-'absolutist' conscientious objectors. Of note, by 1918, the RAMC was bigger than the entire original British Expeditionary Force that had arrived in France in 1914.

REDISCOVERING THE HOSPITAL

No single source gives an accurate location for the hospital once it moved from the Gare Maritime and the few remaining photographs of the hospital were uninformative in this respect. It was eventually possible to find its location accurately using clues from a number of sources. The hospital is most often described as being in Boulogne or Wimereux. It seems that many of the references to Wimereux relate to comments from Harold Gilles that he had worked there with Valadier.[6] There is no evidence that the hospital moved again after

leaving the Gare Maritime and his comments may relate to a period before the establishment of the jaw unit in the 13th Stationary Hospital. The most accurate contemporary account comes from Arthur Leslie Rodda, an Australian soldier who kept a detailed war diary and was sent to the 83rd General Hospital for treatment. On 15 January 1918 he recorded that 'in morning taken by motor to No 83 (Dublin) Hospital on the Wimereux Road right on the coast. There saw a specialist and he said he would send a report on my case.'[21] We also know from a letter from Amy Sargent that the hospital was close to the coast as the staff could go 'sea bathing'.[22] The names of the houses used for nurses' accommodation also give some clues. The name 'Chateau de la Falaise' suggests that the hospital was close to the cliffs just to the north of Boulogne, and the Pension de la Legion d'Honneur suggested a location on or near the Avenue or Chemin de la Legion d'Honneur, again just north of Boulogne. We know that the nurses' accommodation was close to the hospital as Maud McCarthy reported they were 'in a house just behind the quarters.'[19] Finally, Harvey Cushing reported in his diary in April 1918 that 'bombs dropped in fields behind it, no great damage done'.[18] Base hospitals and Casualty Clearing Stations were vulnerable to accidental aerial bombing by the Germans as they were frequently built near to rail lines to allow for access to hospital trains. A high resolution reconnaissance photograph (Figure 4) of Boulogne, taken on 15 June 1917 by the German Flieger-Abteilung 3 squadron, was identified in the collections of the University of Texas. Magnification of the area confirmed the presence of an encampment consistent with a base hospital, in a triangular area demarcated by the Wimereux Road, Chemin and Avenue de la Legion d'Honneur. The locations for the 2nd Australian General Hospital, No. 8 Stationary Hospital and the No. 14 Stationary Hospital were also identified. Of note, the site and layout of No. 8 Stationary Hospital is still visible as 'parch marks' on modern satellite images of the area.

The hospital appears to have at least 12 long ward blocks. These blocks were temporary huts and could usually accommodate about 50 patients. There are at least 16 other smaller buildings, some of which may have been wards, workshops and accommodation for staff. There are also what appear to be bell tents in two groups of 16 and three. These were frequently used at base hospitals to provide additional accommodation for the injured at times of pressure and the photograph was taken in the immediate aftermath of the battle of Messines (1–14 June 1917) where Canadian and Allied forces suffered nearly 25,000 casualties.

We have little detail on how the hospital was laid out other than an entry in Maud McCarthy's diary on 21 June 1917: '83 Dublin General Hospital – visited the Specialists' Huts. Major Valadier busy operating. Saw Major Curtis Webb (radiologist) and went over the new Therapeutic Hut put up by the Red Cross. Wards and annexes most conveniently arranged and special treatment room with all the latest appliances. Beds for 12 officers, with Mess and anteroom. Adjoining this hut is one for special ophthalmic treatment for officers and men – Colonel Lister's department.'[19] These details would imply that the hospital possibly had a capacity for anywhere between 600 and 1,000 casualties.

After the completion of the fourth three-month rotation of Irish doctors, command and staffing of the hospital returned to the regular army and RAMC. The hospital remained in its location in Boulogne until April 1919, helping to deal with patients from the Spanish flu epidemic. At that point the hospital was relocated to the site of an asylum in Landesberg, Germany, to provide care to the British Army occupying the Rhineland under the command of Lieutenant Colonel F E Gunter, a physician and career RAMC officer. There is nothing visible of the hospital on aerial photographs of the 1930s and, at time of writing, the site remains undeveloped, with the exception of a playing field in its eastern end.

ACKNOWLEDGEMENTS

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APPENDIX 1

First Detachment: May 1917-July 1917.

- Edward Henry Taylor. Surgeon to Sir Patrick Duns Hospital, Dublin and Regius Professor of Surgery in Trinity College Dublin. He was a general surgeon but had collaborated on and published work on Neurosurgery
- Charles Butler Maunsell. Surgeon in the Royal Hospital for Incurables Donnybrook and the Cottage Hospital Drogheda
- Kearsley Egerton Leveson Gower Gunn. Surgeon to the Adelaide Hospital specialising in Urology
- Alfred Robert Parsons. Physician to the Royal City of Dublin Hospital
- William Arthur Winter. Physician to the Royal City of Dublin Hospital
- Edward John Macartney Watson. Physician and Radiologist to Sir Patrick Duns Hospital
- Charles Edward Boyce. Anaesthetist to the Dublin Dental Hospital
- Frank Chetwode Crawley. Ophthalmologist to the Royal City of Dublin Hospital and Royal Victoria Eye and Ear Hospital
- William Boxwell. Physician and Pathologist to the Meath Hospital

Second Detachment: August 1917–October 1917

- Thomas Eagleson Gordon . Surgeon to the Adelaide and Rotunda Hospitals, Dublin
- Alexander Blaney. Surgeon to the Mater Hospital, Dublin
- Denis Kennedy. Surgeon to St Vincent's Hospital, Dublin
- T Gillman Moorhouse. Physician to the Royal City of Dublin Hospital. (Moorhouse had previously served at Gallipoli)
- Charles Preston Ball. Physician of The Royal Hospital for Incurables, Donnybrook
- Robert J Rowlette. Physician and pathologist to Jervis St. Hospital
- W J Corbett, Ophthalmologist. Corbett was Irish, trained in the Royal College of Surgeons, but was London based
- George Pugin Meldon. Anaesthetist working in the Royal City of Dublin and Dublin Dental hospitals and with the St John's Ambulance
- Maurice R J Hayes. Radiologist from the Mater Hospital

Third Detachment: Nov 1917–Jan 1918

- William Taylor. Surgeon to the Meath Hospital
- James Wallace Killen. Surgeon to the Ear, Nose and Throat Hospital in Londonderry
- Samuel Horace Law. Ear, Nose and Throat surgeon to the Adelaide and Mercer's Hospitals in Dublin
- Henry Cooke Drury. Physician to Sir Patrick Duns Hospital
- John Lumsden. Physician to Mercer's Hospital and St John's Ambulance
- Charles Molyneux Benson. Radiologist to from The Royal City of Dublin and Sir Patrick Duns Hospitals
- Arthur Wyndoe Baker. Surgeon to the Dublin Dental Hospital

Fourth Detachment: February 1918–April 1918

- George Jameson Johnson, Surgeon to the Royal City of Dublin Hospital
- Charles Arthur Kearsley Ball. Surgeon to Sir Patrick Duns Hospital
- KE Gunn. Surgeon to the Adelaide Hospital (returned for a second attachment)
- Robert J Rowlette, Physician and Pathologist to Jervis Street Hospital (returned for a second attachment)
- Leonard Kidd, Physician from the Fermanagh County Hospital
- W J Corbett. Ophthalmologist, London. (returned for a second attachment)
- Arthur Earnest Boyd. Anaesthetist from the Richmond hospital
- R M Bronte. Pathologist from the Meath Hospital