



*N^o 7 (Queen's)
Canadian
General Hospital.*

A HISTORY OF No. 7

(QUEEN'S)

CANADIAN GENERAL HOSPITAL

MARCH 26TH, 1915—NOV. 15TH, 1917

THIS BOOK IS DEDICATED TO

JAMES DOUGLAS, LL.D.

Chancellor of Queen's University.

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COL. F. ETHERINGTON, C.M.G., O.C. NO. 7 CANADIAN GENERAL HOSPITAL.

FOREWORD

It is the purpose of this little book to furnish, as far as circumstances permit, some account of the organization and work of No. 7 (Queen's) Canadian General Hospital.

Many friends in Canada are interested in the work of this Hospital, and from the beginning they have given it generous support. It is hoped that the pages that follow will in some degree prove that their interest and support have been a blessing to thousands, and that those who have been the recipients of their generosity have not been unappreciative.

This is not the time nor the place to attempt to deal with the scientific aspect of Base Hospital work, but something has been written to show the general reader what kind of cases are received and how they are dealt with.

Those connected with the Hospital are disposed to think that to some extent the unit has accomplished the work that it set out to do. As will be seen in the subsequent pages, there has been a steady growth in the extent of the service that the unit has been called upon to render. As No. 5 Canadian Stationary Hospital it left Canada in May, 1915, with an establishment sufficient to provide for two hundred patients. Shortly after arriving in England the accommodation was doubled, and the added personnel were immediately raised in Kingston, joining the unit in July. On August 1st we embarked at Southampton for the Mediterranean, and on August 14th, at Cairo, a 600-bed Hospital was opened and run for eight months. In February, 1915, authority was given to change to General Hospital size, the additional personnel again being recruited in Kingston by Dean Connell. At the close of the Gallipoli campaign we were moved to France and conducted a 1,040-bed Hospital under canvas during the Somme offensive. With the approach of winter the present site was taken over. Here there is a total accommodation for 2,300, and on more than one occasion there has been a full Hospital.

While prophecies are always hazardous, and especially so in war-time, it would appear that the end has come both to the wanderings and to the repeated enlargements.

Nov. 15th, 1917.

HISTORY OF THE UNIT

MOBILIZATION: No. 5 STATIONARY HOSPITAL

In November, 1915, the Officer at present in command of this unit offered to raise for Overseas service the personnel of a Stationary Hospital. A reply was received from the Secretary of the Militia Council to the effect that while the patriotic offer was appreciated, there was at the time no opportunity of taking advantage of it. In this unsatisfactory state the matter continued. From time to time Medical Units were organized, but no word came as to whether our proposed unit would or would not be needed. In Medical as in other branches there was at that period no clear understanding of the great demands that would ultimately have to be met.

In order to obtain a definite decision in the matter, a visit was made to Ottawa, and through the kindness of Mr. W. F. Nickle, M.P., an interview was arranged with the Minister of Militia. As a result a cable was sent to the War Office, London, repeating the offer, and in a few days orders were received to proceed with the organization of the unit.

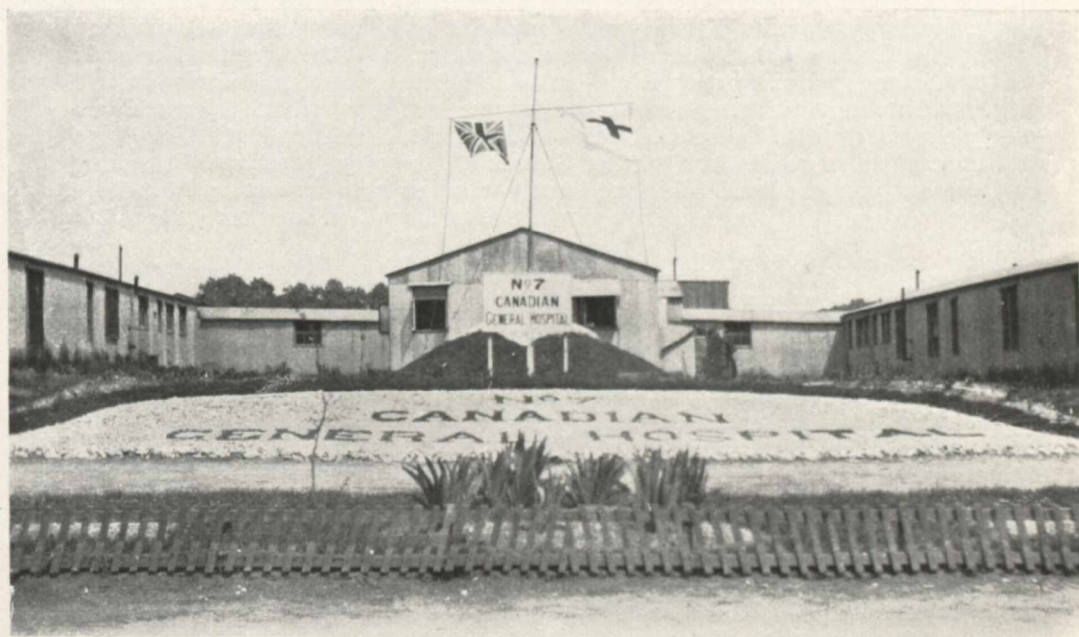
The message was received at Kingston at one o'clock in the morning of March 26th, and at nine o'clock recruiting began. At this time the Medical Faculty of Queen's University agreed to give its support and assistance, so that from the beginning success was assured. Students from all Faculties offered themselves, and much care was exercised in the selection of the personnel. In addition to the ordinary tests for military service, every man chosen was required to have a clear academic record and to be of good character. Of the total of eighty-nine other ranks, eighty were students or graduates of one or other Faculties, and of these seven were Doctors of Medicine. Eventually most of these men were transferred to other services, where they received commissions. Many of the Medical students were subsequently returned to Canada in order that they might complete their studies. Some details of the changes may be found in the pages that follow. Although such a large proportion of the original men have left, there can be no doubt that their qualities have imparted to the unit a character and distinction of much value.

The Nursing Sisters—thirty-five in number—were selected from a large number of applicants. They came for the most part from Eastern Ontario. The majority are still with the Hospital, although they now form a relatively small group. By reason of our frequent change of location, they have done temporary duty at many Hospitals in England, in Egypt, and in France, but they are always ready to return to the unit which they have come to call their "home." Long hours, hard work, few holidays, and trying conditions of many kinds have failed to damp either their enthusiasm for their calling or their loyalty to the unit of which they were original members.

For the staff of a Stationary Hospital at that time only ten officers were needed—eight Medical Officers, a Dental Surgeon, and a Quartermaster. The problem was to select this number from the many who offered. In the selection two objects were kept in view: first, that the officer should measure up in professional attainments, and second that his personal qualities should make for efficiency, comradeship, and *esprit de corps*. The Medical Faculty was most generous in releasing its members for this service, with the result that the eight medical officers comprised:—the Professor of Clinical Surgery, the Professor of Pathology, the Professor of Anatomy, the Assistant Professor of Surgery, and Clinical Assistants in Eye and Ear and in Medicine. Of the original ten, seven remain. They have served continuously for nearly three years with this unit, and it is not too much to say that



THE PREMIER'S VISIT.



THE HOSPITAL FRONT.

it is to their enthusiasm and constant devotion to the work of the Hospital that success is in no small measure due.

In a fortnight recruiting was practically completed. Outfitting had proceeded apace, and a course of training outlined and put into effect. The Nurses were not assembled until a later period, but at their homes they made the manifold preparations demanded for such an expedition. Nothing was known regarding the time of departure, though rumour, as has been the case on many an occasion since, repeatedly fixed the date.

At last, on May 5th, we were given twenty-four hours' notice to entrain. Fond farewells were made—in some instances these proved to be last farewells also—and our life in Kingston and Canada was at an end for a period which none could then, as they cannot even now, foretell.

TRAINING AND EQUIPMENT

The interval between the Mobilisation and Embarkation of No. 5 Stationary Hospital was spent in equipping the rank and file of the unit and gathering together, with the aid of the Red Cross Society of Kingston, a nucleus of Hospital supplies to be taken Overseas with us. The Hospital equipment, we were told, would be supplied on our arrival in England. Fortunately, it did not take long to complete these duties, for though over a month elapsed between the order for Mobilisation and the order for Embarkation on Overseas service, very little warning was given of the latter order, so that, except for those members of the unit whose homes were in Kingston, no time could be granted for "last leave" or farewells.

The Sisters who were to compose the Nursing Staff having been called in, a General Muster of Officers, Sisters and Men was held on the University Campus on the afternoon of May 5th, 1915, and afterwards a Farewell Tea was given in Grant Hall by the ladies of Kingston. Immediately following, the "March Out" began. On the way to the railway station a halt was made at the Kingston Armouries, where the unit joined forces with a battalion of the Eastern Ontario District, which had orders to proceed Overseas by the same boat as ourselves. Here addresses were delivered by the Mayor of the City and Mr. W. F. Nickle, M.P. Then began the memorable march to the "Outer Station" (Kingston Junction). The street and roadway for the whole distance were packed with citizens to wish us "Bon Voyage" and a speedy return. We doubt if ever a send-off was more general and hearty.

OVERSEAS

On the morning of May 6th we boarded at Montreal the good ship *Metagama*, being joined by No. 3 General (McGill) and No. 4 Stationary Hospitals. At the boat we were greeted by the Minister of Militia, and shared with the Montreal units the magnificent "Au Revoir" given by the citizens of Montreal. Those of us who were on the *Metagama* on that day still picture with reminiscent emotion the cheering, waving crowd as the *Metagama* loosed her hawsers to head down the mighty St. Lawrence. After a voyage mixed with pleasure and anxiety—the rumour of the sinking of the *Lusitania* having reached us while at sea—we landed at Plymouth Harbour on the morning of May 15th.

At Plymouth the Nursing Sisters left our party, proceeding to London to be posted to British Hospitals or sent Overseas for duty in France, while the rest of us made a very hungry and tedious train journey to Shorncliffe, which we reached about 4 a.m., May 16th. Temporary quarters were assigned us at Moore Barracks, but in a few days a new location near by was found for the unit at St. Martin's Plain.



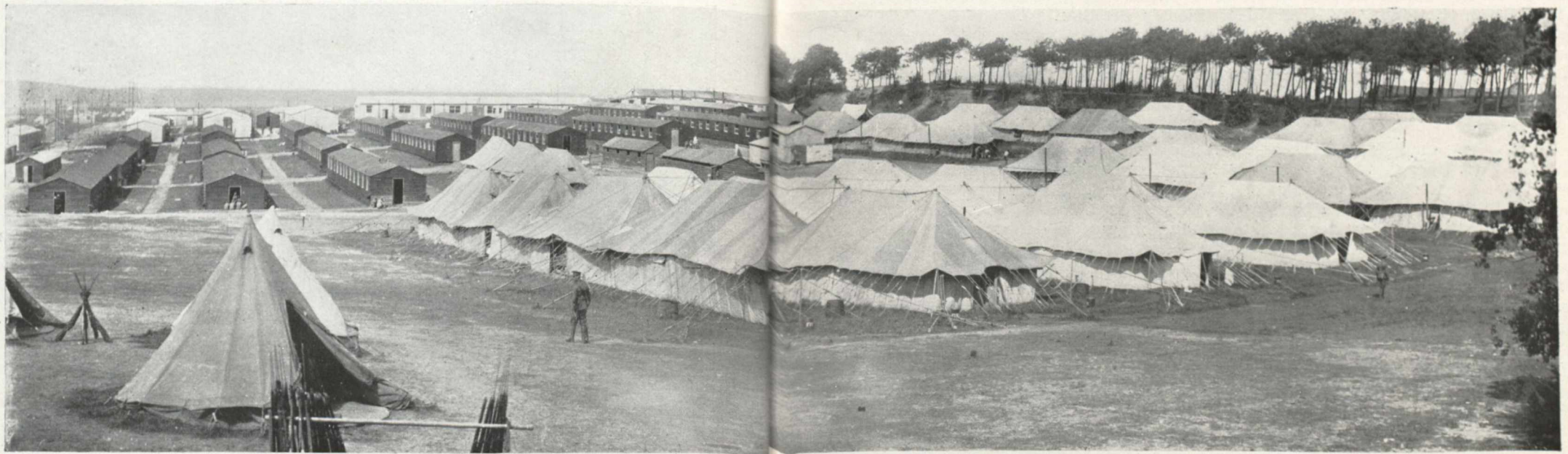
THE UNIT—KINGSTON, 1915.



STAFF—1915.



PANORAMA OF HOSPITAL CAMP IN FRANCE, 1916.



PANORAMA OF SECTION—1917.

ST. MARTIN'S PLAIN

The first few days after our arrival were spent in indenting for the authorized equipment for a 200-bed Hospital (the establishment on which we had been mobilized), as we expected at any moment to be sent to France, whither the majority of our Nurses had already gone. But this was not to happen just yet. Orders came posting temporarily the majority of our Officers to Hospitals in England. A couple of weeks later the O.C. received orders to equip and man at St. Martin's Plain a new Stationary Hospital which the R.A.M.C. had been taking steps to establish. We set about securing the necessary equipment for a 400-bed tent Hospital—the establishment of a Stationary Hospital had just then been increased from 200 to 400 beds. Grounds were laid out, tents pitched, equipment put in place, and the absent Medical Officers recalled; so that on June 1st we were ready to receive patients. The Hospital was soon so overcrowded that we were instructed to add another 200 beds. We just had the additional equipment in place when another order reached us on July 24th instructing us to indent at once for equipment for a 400-bed Hospital, with accessories, for men on Overseas Eastern Service. During our stay at St. Martin's Plain we had treated upwards of 1,000 patients, and the A.D.M.S. was kind enough to say that our services had been very satisfactory.

The order to get ready to proceed at once on foreign service caused great satisfaction and also great excitement, as we were anxious to be reunited with the Nurses of the unit, eager to see what awaited us, and solve the mystery of our destination. The next few days saw great activity in the Corps, calling home Nurses, handing over the Hospital at St. Martin's Plain, and obtaining the necessary equipment for the Eastern voyage. It was at this juncture that Nursing Sister B. Willoughby joined the unit as Matron, after an extensive experience in Military Nursing, both prior and subsequent to the outbreak of war. As Matron of a Civil Hospital, possessing the additional qualification of service for six months in War Hospitals in France, our new Matron brought to her duties a knowledge that has always been of advantage in the management and disposition of her Staff. Twenty-four hours before breaking camp reinforcements of Officers and Men, numbering forty-five, arrived from Kingston to bring the unit up to strength on the new basis of a 400-bed Hospital; and early Sunday morning, August 1st, we set out, like Abraham, towards the East, not knowing whither we went.

EGYPT

Embarking on H.M.S. *Asturias*, we found that, in addition to the regular Hospital Staff belonging to the ship, we had as our companions the personnel of two other Canadian Stationary Hospitals, viz., Nos. 1 and 3. The voyage eastward, with the exception of a day in the Bay of Biscay, was enjoyed by everybody, and after touching at Malta we arrived at Alexandria, Egypt, on August 11th, just in time to see the *Royal Edward* setting out on her ill-fated northern voyage. Here we were held two days while the authorities determined the destinations of the different Canadian units. We held the lucky card, for our order read "Proceed to Cairo"—that great city on the Nile on whose streets the Canadian schoolboy might enjoy, any day of the year, sights as interesting as a circus and menagerie procession. Here Eastern and Western customs meet, and ancient and modern types of people and practice are set in contrast.

On arrival in Cairo our Nurses were temporarily assigned for duty to British Hospitals within the city, and our men to the Hospital at Nazarieh Schools, which we had expected to assume charge of as our own. Arrangements, however, were finally made to have us take over Cavalry Barracks at Abbassia and convert them into a Hospital. Some changes had necessarily to be made in those quarters, but by August 26th our doors were opened for the admission of our first patients.



OFFICERS—CAIRO, 1916.



NURSING SISTERS—1916.

In arranging the wards in the Hospital we named them after generous donors toward, and workers for, the Hospital, viz.: Connell, Gordon, Douglas, Martin, Davis and Bermingham.

The Barracks, as barracks, were supposed to be the second finest in the world, and situated on the outskirts of Cairo at Abbassia, fringing the boundless Libyan Desert, with many ancient landmarks within easy reach, they proved to be an ideal spot both from the hospital workers' and the sightseers' point of view. For we were hard by Heliopolis, with its historically famous Obelisk, its Virgin's Well and Tree, and its Church of the Holy Family, while to the other side of us the turreted structures of the Tombs of the Caliphs lifted themselves skyward, and further on the great Pyramids of Gizeh and Sakkara,

"Piled by the hands of giants for godlike kings of old,"

told the story of endless toil and ancient engineering skill.

Our Hospital at Abbassia opened with 400 beds, part of the space in the Barracks having to be used temporarily for X-Ray Room, Laboratory and Operating Theatre. For these departments a specially planned building was afterwards erected. Our patients consisted chiefly of wounded and sick from the Gallipoli Peninsula, but in addition we received a goodly number of sick and emergency cases from the troops quartered in the vicinity of Abbassia. The emergency cases included, e.g., men injured in tramway accidents, by bites from camels, and in their work amongst the horses at the extensive Remount Depots in the vicinity of the Hospital. Shortly after the opening of the Hospital, eighty beds were added to the equipment, and two months later we expanded by an addition of another 200 beds; and then in January, 1916, we passed into the category of General Hospitals by becoming No. 7 CANADIAN GENERAL HOSPITAL, with an establishment of 1,040 beds. We drew the equipment for this expansion, but it was never all put in place, owing to the turn events had taken in the Gallipoli campaign.

During our stay in Egypt we treated over 10,000 patients, including in-patients and out-patients, nearly all of whom were Imperial troops, but a number of Newfoundlanders and Anzacs were also admitted as patients. The time spent at Abbassia, where so many New Zealanders and Australians were located, gave us the opportunity of making friends with many on military service from the sister colonies beyond the seas.

There were bright and sad spots in our Hospital life in Egypt. We shall not soon forget the Christmas festivities provided for the patients and staff—the carol singing, the decorations, and the splendid dinner—when a special effort was made in that far-away land to bring cheer to many who were both disappointed and homesick. The members of the unit felt lonely when Lt.-Col. W. T. Connell, who had been a tower of strength to the Staff, was called home for duty at the University, his departure having created a yearning for home and the Homeland. But the greatest shadow that crossed our path was the sudden death, on February 8th, of Lt.-Col. H. R. Duff, who had joined us after our arrival in Egypt. He was quietly laid to rest in the British Cemetery, where he sleeps like the happy warrior, glad to have had some part in a great struggle.

The unrest that comes through a decrease in the amount of work due to the changes in the Gallipoli campaign, together with the natural desire to get nearer to the scene of hostilities, resulted in a proposal that we move nearer the fighting line. The outcome was that an order came authorizing us to close the Hospital, pack our equipment, and sail westward. The evacuating of the patients and the packing and shipping of the equipment were executed in record time. On April 10th we entrained at Cairo, setting sail from Alexandria on H.M.H.S. *Delta* the following evening. This voyage was even more delightful than the one eastward,

for the Bay of Biscay had more compassion on us than it had on the outgoing trip, and we had a splendid opportunity of viewing the Rock and Forts that guard the western entrance to the Mediterranean.

Many were the guesses made as to where we were now to pitch our tents. The wish was perhaps father to the thought, for it was generally agreed that we were to go to England. Those who had counted on the leave they were to get, or on the purchases they were to make when England was reached, were doomed to disappointment, for we barely touched at Southampton, nobody being allowed to go on shore.

FRANCE

After two hours in Southampton Harbour, when we were permitted only to gaze at the promised land, the ship which had carried us so far steamed out on the last stage of our journey. We came soon to the first of the many contrasts between the surroundings we had left and those for which we were destined. A wind of bitter coldness swept the Channel; in its teeth we landed at Havre, following the tortuous way to the inner harbour. Our connection with the East was broken. Egypt and the incidents of life and work there remained a reminiscence. We had reached the first milestone in the path of a new experience.

The morning of April 22nd dawned upon us clinging to the comforts of H.M.H.S *Delta*, but stirred by excitement and expectation. Where would our journey end? When would we recommence hospital work which had been interrupted in Cairo a month before? Would we find a hospital equipped, requiring a staff only to commence activities? Would we be near the battle line of the Western Front? Such questions that passed from lip to lip, ever meeting with evasive answers, marked the trend of our speculations upon these matters of vital interest. Every member of the unit was anxious to recommence work. Some degree of knowledge in regard to our future was not long denied us, for it was announced during the day that the Officer Commanding had received orders to proceed with his unit to a point where we were to establish a tent hospital. The day following arrival at Le Havre we met many Canadians at that place, and re-established a long-broken connection with our fellow-countrymen on active service. The evening preceding our departure for the new scene of our labours found the personnel in all branches well informed concerning the geography of the place. The details of this new knowledge few verified on the occasion of the morrow's journey, for we tasted then of the minor difficulties and trials that furnish variety in the life of a mobile hospital unit. Between the hours of 4 p.m. Easter Sunday and 4 o'clock in the morning of the following day, we covered the distance between Le Havre and our destination in a train shrouded in darkness and permeated with cold.

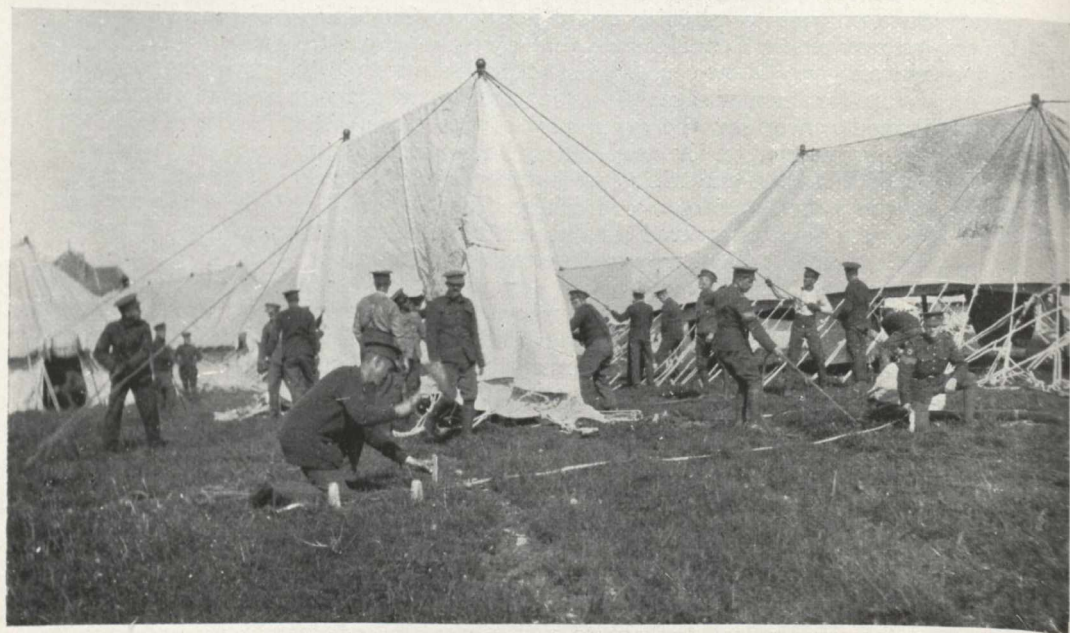
Monday, April 24th, found us in the little seaport which, for the next six months, was to be the interesting and unique scene of our labours. Three military hospitals under the B.E.F. were already in operation there, one of these being No. 2 Canadian General, from whose nursing staff our Sisters received many kind attentions in the hours following their arrival.

The place to which we had come was a small village whose inhabitants as fisher-folk make a living from the heavy and dangerous toil of the sea. It nestles close to the shore, adopting its form to the sinuosities of the coastline, against high, towering cliffs which serve to mark out the village proper from an elevated suburban district with diverse charms of scenery. The site chosen for our hospital possessed extraordinary advantages of beauty and wholesomeness in surroundings, its landward boundaries being the limits of neighbouring hospitals and the pleasant stretches of a golf course.

Through the Medical Authorities of this area the order was conveyed to us to proceed with the establishment of a tent hospital of 1,040 beds. In our possession



STAFF—1916.



TENT-PITCHING—1916.

at the time was equipment for 400 beds, which had been transported from Egypt. The work that laid next our hand was the acquisition of equipment to meet the needs of our new expansion. This was accomplished in due course, and the associated task of the pitching of hospital marquees was undertaken. The work was carried out with skill and zest by our men. Within the period of a week, a city of canvas, with prospective paths and roadways staked, had sprung into existence on the site.

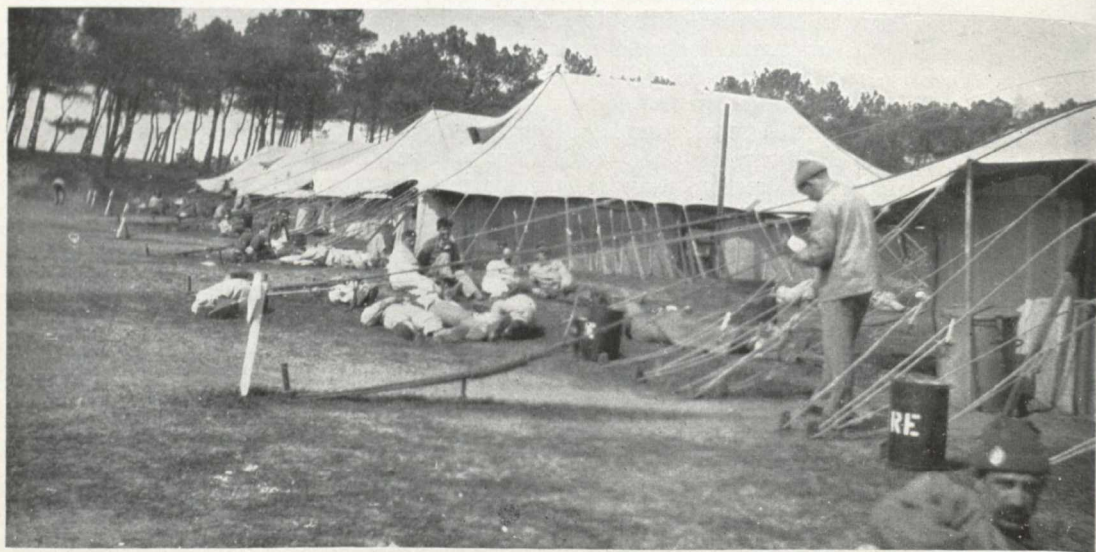
And thus, by work from day to day, the Tent Hospital, which was to be our first charge in France, came to completion. It was not our first-born; but the pleasure of creation was common to every member of the unit. Experience gained in the establishment of our two former Hospitals proved of the greatest value in carrying out our latest task. But many new considerations had to be met in France that were not present in England or Egypt. The ground on which the Hospital was situated had to be surveyed and prepared for erection of tents. Much levelling and road construction proved necessary. There were no permanent buildings that could be utilized, beyond an iron-covered cookhouse. Not only had the Hospital to be established and provision made for carrying on administrative activities, but preparation of quarters for personnel of all ranks constituted a considerable extension of labours. All difficulties were, however, overcome; the preparation of our new place of work was advanced from stage to stage to become a Hospital in every significance of that term. One can picture it as it stood through the summer, a comfortable and conveniently disposed home for the treatment of the sick and wounded in war! Large marquees, in sets of three placed end to end, and constituting a ward, stretched in regular lines over an area of twenty acres. A great field of canvas roofs rose and fell in the wind. Neat gravel paths formed a pattern of squares as they ran between wards and joined hospital boundaries from side to side and end to end. There were twenty-seven wards, each capable of accommodating thirty-six beds; there were tents for use as offices and other special purposes associated with hospital management; large marquees were used as dining-hall and store places for equipment; there were the bell tents where men and N.C.O.'s lived just near the scene of their labours. Quarters for Officers were also established in the immediate vicinity of the Hospital.

Some delay in the time of the admission of our first patients was occasioned by the need of a hut in which should be established the X-Ray Department, Operating Theatre, and Laboratories. The construction of this hut was undertaken, and completed in one month. In the interval between the time of our arrival and the time when our Hospital was complete, Nursing Sisters and a large proportion of Medical Officers did temporary duty with other units in the area. Finally, on June 5th, we were ready to receive patients in our newly-completed Hospital, a thing of rapid growth, but self-contained and complete in equipment, with spacious wards, in clean, well-ventilated marquees, an Operating Theatre, Dispensary, Dental Department, Pathological Laboratory, and X-Ray Department.

The amount of work that fell to us increased gradually, affording opportunity for testing all points of the system of management that had been inaugurated. It culminated with the early stages of the Somme Battle, about July 2nd, when all our previous figures of admission were eclipsed, and our introduction to wounds and illnesses of the Western Front was completed. This was a period of pressure felt in all departments. Three or four convoys a day, composed of men fresh from the horrors and glories of battle would be brought to us. They were transported from the railway station in Red Cross Ambulances, that ubiquitous agency of convenience and mercy, already on the stretcher that had borne them in the first stages of their return to care and treatment. Not infrequently the hardened mud of the trenches clung to their uniforms, and evidences of a fresh, uncared-for wound were



HOSPITAL LINES—1916.



A PORTION OF TENT SECTION.

obvious. In other cases the patients had had the initial stages of treatment carried out in Field Ambulance or Casualty Clearing Station. For a period of four or five weeks the Somme Battle left its mark upon our activities. After that our convoys came less frequently, work being carried on without the sense of acute pressure. Taken as an index of our capacity to meet the calls upon us, the experience of the period just discussed afforded grounds for satisfaction. Upon all branches of the staff a test had been imposed. A failure at any point would have had effects far beyond the point of its occurrence. The prompt and orderly disposal of patients to the wards, with the acquisition of name, regiment, religion, etc., as he passed the Admitting Officer was the first step in the procedure of admission. Once in the ward where treatment was to be carried on, the removal of the soiled uniform, the bath, the first examination of dressings and wounds were undertaken. The subsequent treatment depended upon the patient's condition. In many cases the use of the X-Ray and operation proved necessary; in others, investigation through the Laboratory; and, just as in a civil hospital, the facilities of the various departments were utilized in any combination required to establish diagnosis and promote treatment. During the busy period in July, fifty operations per day was a common record, with seventy examinations with X-Ray, and a still higher number of investigations in the Laboratory. In the wards innumerable dressings were done, splints applied, various details of treatment and matters of diet arranged. Some patients with trivial wounds would be sent from Hospital to a Convalescent Depot; others, with more severe wounds, were sent to England; a large proportion had their treatment continued in Hospital for a period of three or four weeks. By such stages, then, work was carried on. The picture was ever changing. At one time ambulances were stringing in bearing sick and wounded; at another men were being congregated on stretchers at a central point for transfer to England; and always there were the long rows of wards with neatly aligned beds along either side, each with its occupant, with Nurses and Orderlies pursuing their beneficent tasks.

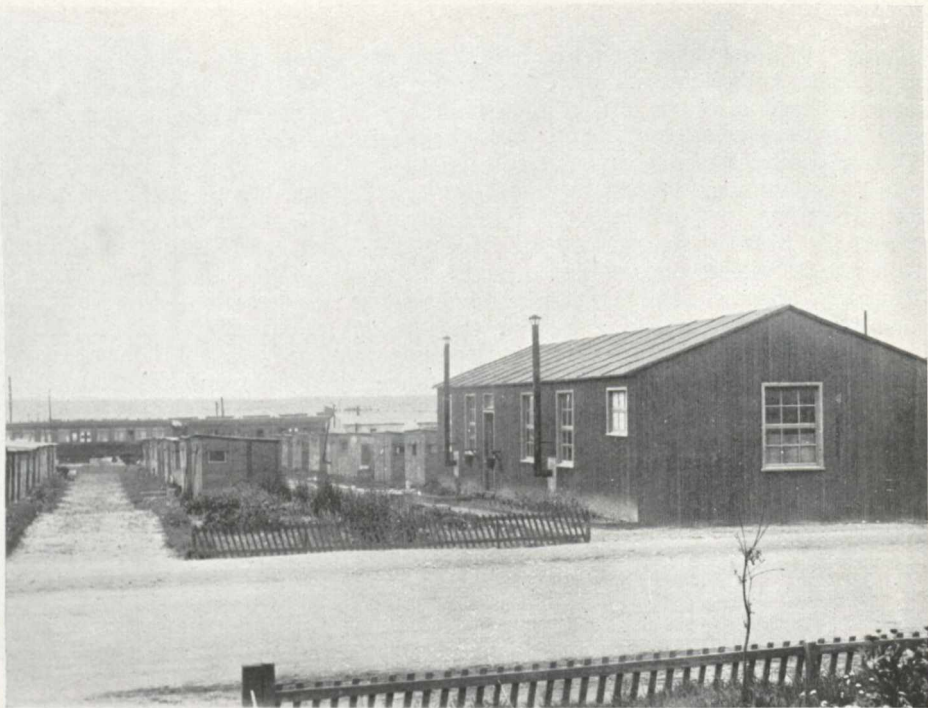
Throughout these shifting scenes of Hospital life and work there ran a process of development. The task of improving facilities for treatment was never ending. New departures in regard to the admission of patients and the keeping of records were frequently made. To establish conditions favourable to the greatest efficiency was an ideal continuously kept in view.

The first Operating Theatre in use in our Hospital was established in a marquee. The floor, of thick tarpaulin, lent itself well to thorough cleaning; large petroleum-burning lamps, comprising part of the original equipment, supplied excellent light; portable sterilizers were in use, and all the requirements of science were met to a degree that only experience would lead one to credit. An important development occurred, however, when, on July 5th, the Operating Theatre was established in the special Hut, in association with the X-Ray Department and Laboratory. This Hut, further, afforded accommodation for forty beds, which were utilized for Surgical cases of special importance.

The organization of work, as carried out under instruction from the Officer Commanding, involved division of Hospital facilities into a Medical and a Surgical Section. The two classes of cases were thus separated as far as this was possible. Separate provision was also made for cases requiring isolation.

Within the wards themselves the process of betterment in facilities was going on steadily. The floors were continuously being made more level. Cupboards for dressings and instruments were provided; small office facilities were established; and the invaluable Red Cross extras lent much to increased comfort and beauty.

The general appearance of the Hospital—a consideration of importance—reached its state of highest development in August. The paths and roadways had become



OFFICERS' QUARTERS—1917.



OFFICERS—NOVEMBER, 1917.

hard and clean ; grass boulevards assumed features to delight the eye ; flowers bloomed at the front of the wards ; stretches of lawn added to the sense of general neatness, and, favoured with warm, fine weather, the Hospital and its surroundings became a source of mental change and rest which constitute such important factors in treatment of patients. From morning until evening the sides of the ward marquees were raised until the patients were sheltered by a roof of canvas only. Fresh air and clear light and the sounds and fragrance of nature floated freely in, so that a place of treatment for the wounded became a home of cheering beauty. At other times beds would be carried out to the sides of the wards, where, in the warm sunlight, all curative influences reached a maximum. It was in these days, with our beds filled to capacity, and summer warmth established, that the pleasure of work as regards all ranks of personnel reached its highest point.

The number of admissions to Hospital remained fairly constant throughout the summer, involving every department in activity. On a few occasions only were there less than 700 patients under treatment. These included representatives of nearly every branch of the British Army and the diverse national elements of which it is composed. Men from English, Scottish and Irish regiments constituted the largest group, but Australians, New Zealanders, Newfoundlanders, and our own fellow-countrymen formed a considerable proportion of the total population.

Apart from purely professional treatment, recreation for patients became a matter for which larger facilities were provided. A large marquee was set aside for purposes of recreation. This was comfortably furnished ; reading matter was provided, together with games and many other means of diversion. Church services were held on Sunday, and special entertainments given at other times. A cinema established by the Camp Authorities, with a bi-weekly change of films, was open to patients from all Hospitals in the area. By such means any monotony of Hospital life was relieved.

The life of the personnel of the unit, as regards Officers, Sisters, and men, was one of work, broken by such pleasures as were calculated to furnish profitable relaxation in hours off duty. The men and N.C.O.'s were established in quarters just adjacent to the Hospital. Baseball, football, and participation in inter-hospital athletic contests provided means of amusement, promoting health and good spirit. Every encouragement to these activities was given by the Officer Commanding.

The Sisters, too, were established in quarters some hundred yards from the Hospital. One permanent building was available for their use, and baths were subsequently installed. Such social activities as were capable of easy organization were followed, an extension of these being developed through association with the members of other Hospital staffs.

The Officers of the unit had at their disposal one permanent building, a small, castle-like structure, picturesquely situated adjacent to Hospital limits, overlooking the eastern entrance to the Channel. This was utilized as a Mess Room ; tents pitched on ground just adjoining provided sleeping quarters. During the summer all ranks lived in comfort in surroundings whose beauty was a predominating influence opposed to trials and distresses associated with the incidents of war.

Thus did the days pass until the fine weather of summer was left behind. The season of rain and wind came upon us, and pointed the obvious impossibility of continuing work in a Tent Hospital. About the second week in October our patients were transferred to the permanent Hospitals of the area, and we "stood by" for orders to a new scene of labour.

No attempt to describe the work of a Military Hospital would be complete that failed to refer to certain activities involved in the treatment of patients, such as the nature and source of the food supply ; the acquisition and use of equipment



THE HOSPITAL FRONT—PATIENTS ENJOYING FRESH AIR AND SUNLIGHT.



MEN AND N.C.O.'S—NOVEMBER, 1917.

and supplies. The food for patients was issued daily to the unit from the Army Service Corps. It included a wide range of supplies, from which could be chosen the varying diets necessary in treatment. Excellent meat, fowls, fish, medicinal wines, milk, bread, butter, eggs, cheese and sundry articles sufficient to meet all needs were regularly available. The cooking was done in large fully-equipped kitchens, such as are common in institutions with a large population. A Medical Officer ordered any diet that in his discretion the patient required. This included extras made on the ward under the direction of the Nursing Sister in charge.

During the summer, about the third week in July, the staff of the unit was increased to bring its numbers to the point officially designated as proper to a General Hospital. Personnel of all ranks had been enlisted in Kingston for this purpose during the preceding winter. Lieut.-Colonel J. F. Kidd, of Ottawa, who had seen long service at Bramshott, was drafted to us at this time, assuming the post of Director of Surgery. At intervals in the month subsequent to his arrival we were reinforced by twelve Medical Officers, thirty-six Sisters, and forty-three men. This addition to our numbers unfortunately reached us just when the demands of the July offensive had begun to lighten. There were numerous changes in personnel involving all ranks, a process continually going on in a Military Hospital.

With the early days of November came more definite indications that the unit would soon move to another locality. The first chapter of our experiences in France was about to close. We had passed far from our initial status; the work undertaken had become heavier and of greater importance. From a Stationary Hospital the organization had passed to the status of the General Hospital, with three times the number of original Officers and Sisters, and a proportionate increase in other ranks.

During the summer more than 5,000 patients had been treated in Hospital. Experience with war wounds on a large scale had thus been gained. The unit stood prepared for any further increase in its responsibilities.

Our experience in the summer marked an important stage in our development. Every demand made upon our Hospital by the Authorities had been met. For five months, which marked a prolonged and extensive British offensive, the Hospital had been filled almost to capacity. Carefully considered treatment, operative and therapeutic, had been given to patients. A large proportion of our admissions had been returned to duty; the percentage of recoveries had been high. All departments connected with the professional side of our activities had undertaken and carried out work of a high standard. The ideal of making every activity serve the care of patients had been the steady inspiration of every member of the unit. The feeling entertained when our work was finally interrupted was that we had to some extent realised this ideal.

We had not long to wait before the announcement of our new place of work was made. As had been the case before our transfer to France, speculation on our future was active and anxious. November 14th saw us embark by special train for —, a well-known Hospital centre. The day following our arrival the unit took over its new Hospital with its 500 patients, and recommenced its career of activity. With the arrival of a convoy of 200 patients the first evening of occupation we were fairly launched on a new stage of our work.

The Hospital to which we had now come differed from any with which we had been connected; and was not without distinction among similar institutions established by the British Authorities in France. It was of substantial structure, having thirty-five wooden huts, each with a capacity of thirty beds. There was, in addition, a separate section consisting of four large iron-covered wards, closely associated with the Operating Theatres and X-Ray Department. A capacious iron-covered Administration Building provided excellent Office room, and housed

the Dispensary and Pathological Laboratory. The kitchen, large and fully equipped, was also established in a separate structure, especially adapted to requirements.

The site of the Hospital, in contrast to conditions at our previous Hospital, was low, constituting the coast region of an arm of ocean where there are flat shores only. The soil was sandy in nature, a heavy rain leaving few traces except on beaten paths and roads. The high-water mark was at a point about half a mile from the Hospital boundaries. An ambulance journey, of a few hundred yards only, separated the patient from the point of disembarkation and the wards. The route taken by ambulance trains from the front to the Hospital area in which No. 7 was situated was direct and convenient, making prompt transfer of patients to Hospital readily possible, as it should be from consideration of its primary importance.

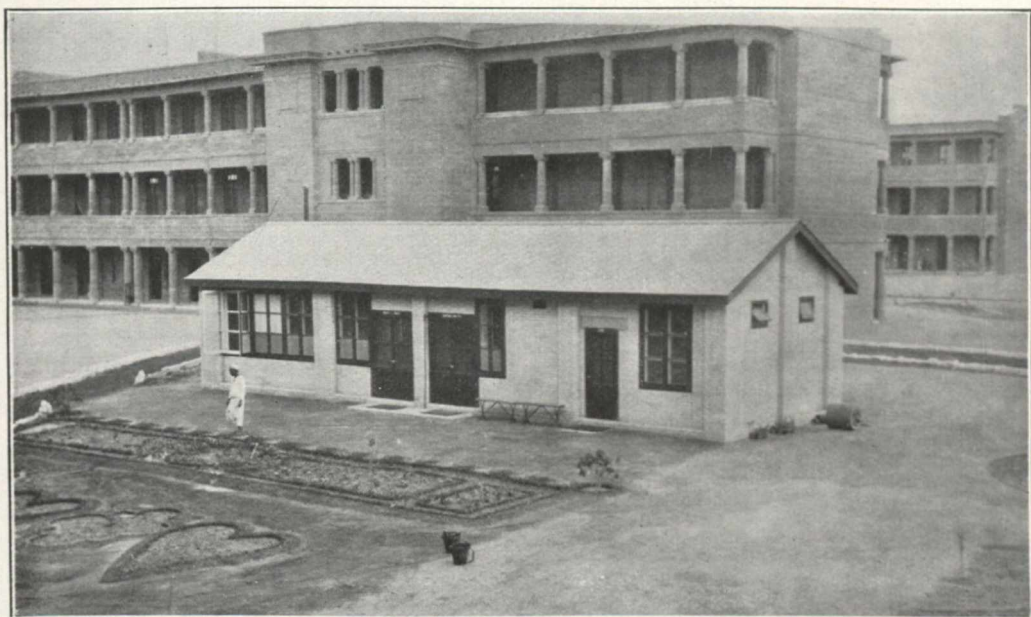
It was part of the record of the Hospital the unit had inherited that it had been the scene of very efficient work by one of the first American Medical Corps to take part in the treatment of wounded in France. Long prior to American participation in the war that unit, organized by the late John B. Murphy, the widely-known Chicago Surgeon, had been settled in this new Hospital, carrying on its work here for the period of a year. Later the American unit was succeeded by a British General Hospital, who were our immediate predecessors. To such a Hospital, then, the unit had been sent; and immediately begun work, without loss of a day, in Hospital operation. Work proceeded along similar lines on November 15th and 16th. Yet in the period indicated the management of the Hospital had been transferred in all its branches from one unit to another.

In addition to the fact of recommencing work in a new Hospital, it was soon evident that the institution was in an atmosphere of keen activity and regular interest. The immediate Hospital area was large; its experiences embraced all forms of war work; the scientific stimulus was correspondingly keen. Here also we found one of the earliest formed Canadian General Hospitals proceeding with its work. Into this wide community of War Hospitals we entered to open a new phase in our career. From November 14th, 1916, until the time of writing the unit has remained in the one Hospital. To bring its general history up to date it remains only to describe the work done in the interval indicated, and point out such developments as have taken place. It is a year ago since this new page in our history was turned, and reference to the statistics of the Hospital indicates what has been done in that time. The figures are mentioned because they furnish an epitome of activities.

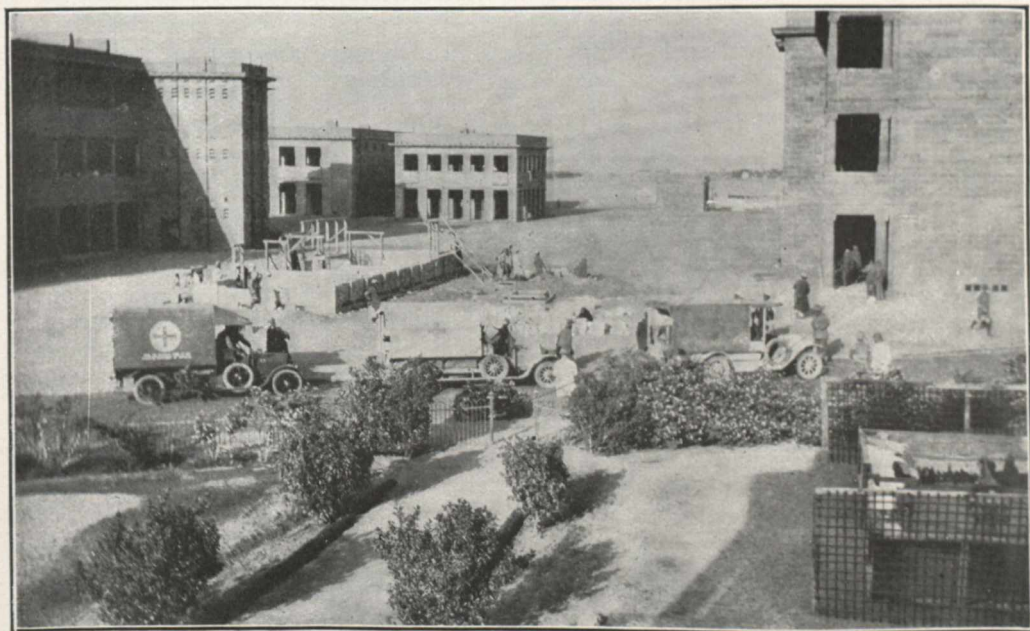
In the proper care of patients many things subsidiary to treatment are involved. Hand in hand with the increase in the amount of professional work carried out has gone a multiplication of the tasks of every Hospital Department. The upkeep of grounds, arranging of paths, flower-beds and details of beautification—always an item of importance—has called for unusual resource and care in our present situation. The use of incinerators, the supervision of discipline as carried out by our police, convoy duty, and extensive clerical work in administrative sections, have constituted activities ever involving larger numbers of men and more careful supervision. So it is that, while Hospital capacity has been increased and the number of our patients in any given period multiplied, there has been an ever-widening scope of essential subsidiary activities.

The pressure of work remained fairly constant throughout the winter. In this period the admissions of Medical cases reached high proportions; but the number of Surgical cases too was in excess of previous figures. This condition was due to the fairly steady succession of engagements carried out in the British offensive.

The winter was not free from minor hardships to the Hospital Staff. It was the first experience of the climate of France, and weather conditions were more



OPERATING THEATRE, X-RAY DEPARTMENT, LABORATORY, AND BLOCK I, CAIRO.



PATIENTS ARRIVING FROM GALLIPOLI—CAIRO, 1916.

severe than had been anticipated. All branches of personnel suffered from illness among their numbers. Early spring found acclimatization nearly complete.

The Hospital, when taken over, had a capacity of 1,040 beds. With the advent of spring provision for an increase in the accommodation was made. The total capacity was advanced to 2,290—the first stage of this expansion, from 1,040 to 1,500 to be met by utilization of any extra space available in the huts, and the final stage by the use of marquees. During March, 1917, the marquees were put in place, additional beds and equipment being secured, and all details connected with the expansion completed. The first week in April saw every bed utilized. The light Surgical cases were placed in the marquees, a special large tent in this section, with a staff of four Nurses, being devoted to the work of applying and changing dressings on patients not confined to bed. In this emporium a large number of wounded were given attention.

During the summer the capacity has been maintained at 2,290, the marquee section being steadily utilized. The average amount of work accomplished in a day in the Hospital has been greater than at any time since organization. One Operating Theatre is in steady use, the second being utilized for emergencies and in times of universal pressure. The staff of Medical Officers has been proportionately increased, being at times as high as forty. The number of Nursing Sisters has also been increased.

During the past summer a splendid hut as a place of recreation for patients has been erected by the Canadian Red Cross. More recently, too, a kitchen has been built, equipped with special cooking ranges, in which various dishes are prepared to supplement patients' diet when required. This innovation is of the utmost importance as a factor in Hospital treatment.

Christmas—the third the unit has celebrated since its organization—will find its career in foreign service still unfinished. Its history, including the professional or scientific activities, is one of increasing responsibilities. The old organization has changed; personnel has been greatly increased; the scope of work has been widened; unique experiences in Egypt and France form pleasant and profitable memories constituting a basis of knowledge by which ever-changing developments are to be met.

The general history of the Hospital, from its organization to the time of the issue of this record, covers the main facts of the changes that have taken place in the period involved. It shows the change of scene as the unit followed on order the shifting fronts of the world war; it indicates the changes in Staff, the gradual disappearance of the Medical Undergraduates from the ranks, the increase in numbers when our status was changed from that of a Stationary to a General Hospital; and finally, the steady increase in the amount of work and the nature of our responsibility. But it does not contain certain details of the main facts which comprise the history. Many of these details possess unusual interest. The marvels of the X-Ray, with its plumbing of the depths of human tissues; the more-readily appreciable facts of War Surgery, with its problems of Lock-jaw, Amputations, Blood Poisoning, Frost-bite and Firearm Wounds; the manner of admitting to Hospital during one night as many as 750 patients; the task of cooking for a daily average of 1,500 persons; the means of entertaining patients during their stay in Hospital; the special work done in Medical Diseases, Eye, Ear and Throat Diseases and Wounds; the disposition of men to carry out a thousand and one tasks of essential importance to Hospital life; the athletic interests of the men of the unit, whose life, if not varied by some such pleasure, would be monotonous; the manner of our record-keeping; the life of our Nursing Sisters—these and other matters, the details of which make a series of pictures that unfold the history of the unit more completely, are discussed under separate heads.

THE REGISTRAR'S OFFICE

The Registrar of the Hospital is the Official Keeper of all records concerning patients. He controls the admission of patients, their disposition and evacuation, and stands as the representative of the Officer Commanding in communication with the Higher Medical Authorities on points relating to Hospital population. It is from his office that official returns and figures affecting patients are issued. He is the custodian of all material submitted by Medical Officers in relation to patients' wounds or illness. It is his files and records that will be searched through in the future when any facts are required concerning the hospital career of any of the thousands of soldiers who have been treated in our wards. His duties are thus comprehensive and important, requiring for their successful discharge careful organization and constant supervision. It is in the Registrar's Office that the activities of the night are as urgent as those of the day, a night and a day staff being essential to the carrying on of his functions. Visit his Office at any time in the twenty-four hours and the click and clatter of typewriters will tell of the compilation of returns, the preparation of lists or the formulation of an answer to official inquiry. The furniture of the Office itself reveals the import and the functions carried on within the four walls which contain it. It all bears witness to its purpose as a shrine of records. There are long official tables covered with an array of baskets promoting the classification of documents; desks supporting pigeon-holed structures; typewriting machines surrounded by a litter of statements and figure-covered papers, and long, upright cabinets for filing patients' Case Cards. The Office, in fact, is a veritable Clearing House for activity. This is its usual condition, but if one is to have a picture of it and its staff at their best, it is necessary to see it during the admission to Hospital of a Convoy of patients.

Some time prior to the arrival of patients at Hospital, the Registrar receives notification that a Convoy of wounded and sick may be expected. The message further indicates the total number and the proportions of stretcher and walking cases. Sometimes one, sometimes the other class predominates. At varying intervals of time after notification is received, the bugle sounds "Convoy Call," which to the wise is "word sufficient." At the same moment the Ambulance Train bearing the Convoy may be heard to reach the Railway Siding just at Hospital limits. Men on duty for stretcher-bearing move hurriedly to the scene of their labours. Lights are switched on in the Hut through which all patients pass in process of admission; the whirr of the Ambulances is heard, and if it be night their broad lights play on roads and buildings. The magic "Convoy Call" has awakened to duty a large proportion of our staff, and set the Hospital community astir with activity and interest.

The hour at which Convoys arrive are fixed by circumstances beyond our control. It may be high noon or midnight: in the hours of dawn or twilight. There may be one Convoy a day, or several. It is common, however, for them to arrive at night, thus converting a time of rest into a time of work.

The process of admitting a Convoy involves no little organization of work, for every stretcher-case is carried from the Ambulance to Admission Hut, and later to the ward in which he is to receive treatment; while walking cases are taken to the bath-houses, issued with hospital clothes, and then conducted to their wards. For Convoy purposes the men of the unit are divided into two sections, equal in strength, which take duty for alternate Convoys. This secures for every man an unbroken sleep every other night.

The distance from the Railway Siding to our Hospital is a few hundred yards



EVACUATION TO CONVALESCENT DEPOT.



LEAVING FOR BLIGHTY.

only. Ambulances with their load of patients come rapidly to our grounds and pull up at the door of the Admission and Discharge Hut. The stretchers are hoisted from the Ambulances by four especially strong and experienced men and carried inside. Here the Registrar and his staff are on duty. Facts relating to the patient's army history—i.e. regimental number, unit, period of service, etc.—are obtained, and recorded on an index card which the patient carries to his ward, and which will ultimately contain a full statement of all facts relating to patient while in this Hospital. It is this card that is carefully filed in the Registrar's Office for future reference should this prove necessary. In quick succession the patients pass before the Registrar, who assigns them to wards, and are carried away by bearers to their Hospital destination. In the meantime, all patients able to walk take baths, and then, finally, are shown to their wards. Smoothly, without disorder, with a minimum of delay, the process of admitting is completed, and the Hospital community settles down to the performance of further tasks for the new patients—tasks that fall mainly on Medical Officers and Sisters. Often as members of our staff have witnessed the process of admitting Convoys, interest in it only slightly lessens with time. It remains a thing of general concern, for the emotions must ever respond to the sight of men who have just come from the field of battle where life is freely staked in a great cause.

Evacuations, when patients are sent from Hospital to Convalescent Depots, England, or returned to duty, as a process of work constitute a reversal of that previously described. If human emotions respond to the sight of new patients as suggested, so, too, do they respond to the pleasant spectacle of men ready for transfer to England. These men staked life for a great cause, and came through with honour. Their return to their homes is a source of joy untold. This fact "he who runs may read" on their faces and in every movement. They are loaded into Ambulances, carried to the Ambulance Train, to begin the journey home. No one who is called to share in the work involved in this transfer undertakes it with other feelings than those of pleasure.

In regard to the records kept in the Registrar's Office, those of most importance have to do with Hospital population as it varies from day to day. All statements of numbers have to be frequently revised and brought into relation with admissions transfers and evacuations, one of which processes is nearly always in development. These records in the long run deal with the admission of patients—making possible a calculation of numbers on a daily or monthly basis—and the place of their destination. A summary of these figures is shown at the end of this description.

Within Hospital a description and history of the patient's condition on admission are written. This includes an accurate description of wound or illness, and is recorded on the back of the Case-Card, to which reference has previously been made. These cards are retained for future reference, being carefully filed in order that they may be readily accessible. They indicate treatment received in Hospital; show the condition at time of discharge or transfer. If for any reason information on these points is desired, it is always available and will be taken as definite evidence of facts.

It may be pointed out that, in order that the history of a patient's condition may be complete, he is admitted to Hospital with a numbered card which contains a record of pertinent facts bearing on his career at Field Ambulance or Casualty Clearing Station. On this card Medical Officers of this unit make additions to the history of condition, and send it with the patient to England.

Records from the Registrar's Office covering certain periods of Hospital work are shown.

On November 15th, 1916, our present Hospital was taken over, and about

600 patients then in Hospital were transferred to us. Accommodation was then available for 1,600 patients, and shortly afterward this had to be increased to a total capacity of 2,290 beds.

At one time we actually had 2,285 patients in Hospital, and during one single twenty-four hours, 939 were admitted and 115 discharged—a total of 1,054 handled in one day. During the nine and a half months, the admissions totalled 35,783: for the year, admissions amounted to 48,338, with a death-rate of 9827 per cent.

No. 7 CANADIAN GENERAL HOSPITAL.

ADMISSIONS AND DISCHARGES (*Nov. 15th, 1916, to Aug. 31st, 1917*).

	Remaining in Hospital.	ADMISSIONS.	TOTAL TREATED in Month.	DISPOSALS.		Deaths.
				To Hospital in England.	To Duty.	
1916.						
Nov. ...	—	1,797	1,797	533	430	17
Dec. ...	817	2,762	3,579	1,080	1,483	23
1917.						
Jan. ...	993	2,517	3,510	1,047	1,341	15
Feb. ...	1,107	2,453	3,560	1,421	1,113	18
March ...	1,008	2,968	3,976	1,367	1,368	11
April ...	1,230	7,638	8,868	4,093	2,717	132
May ...	1,926	3,327	5,253	2,613	2,014	84
June ...	542	4,590	5,132	1,291	2,256	25
July ...		2,171	3,731	889	1,642	5
August ...	1,195	5,560	6,755	2,551	2,873	56
		<u>35,783</u>		<u>16,885</u>	<u>17,237</u>	<u>386</u>

DENTAL DEPARTMENT.

Patients treated	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.
(Total ... 3,335) ...	150	162	170	165	258	357	481	622	520	450

OPERATIONS PERFORMED

(Total ... 4,526) ...	172	158	170	152	260	1,368	876	505	227	638
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The unit, having first commenced operations under the name "No. 5 Stationary Hospital," at St. Martin's Plains, Shorncliffe, England, handled about 1,000 patients during the months of June and July, 1915.

The Hospital remained in operation in Cairo from August 26th, 1915, until March 23rd, 1916, during which time 4,140 patients were admitted. Of these, 3,619 were discharged to Duty, 270 to Base duties, 173 transferred to England, and 28 died. In addition, some 6,000 out-patients were treated in the Laboratory, Eye, Ear, Nose and Throat, and Dental Departments.



AMBULANCE CONVOY.



SERGEANT-MAJORS AND SERGEANTS.

Operations were conducted from June, 1916, to the beginning of October, as follows :—

No. 7 CANADIAN GENERAL HOSPITAL.

ADMISSIONS AND DISCHARGES.

1916.	Remaining in Hospital.	ADMISSIONS.	TOTAL TREATED in Month.	DISPOSALS.		Deaths. *
		Total.		To Hospital in England.	To Duty.	
June ...	—	607	607	67	218	—
July ...	322	1,625	1,947	737	760	25
Aug. ...	425	862	1,287	282	676	7
Sept. ...	322	1,392	1,714	586	907	14
Oct. ...	207	105	312	31	279	2
Totals ...		4,591		1,703	2,840	48

Percentage of deaths for total period 1.043

DENTAL DEPARTMENT.	June	July	Aug.	Sept.	TOTAL.
Patients treated ...	230	509	345	362	1,446
OPERATIONS PERFORMED	46	360	83	263	752

THE NURSING SISTERS

The original Nursing Staff attached to the unit has grown from small to large proportions. On departure from Canada its strength was below forty; it is now slightly more than one hundred. The fact of the increase in itself reflects the growth that has taken place in No. 7 Hospital in the two and a half years of its existence.

The majority of our Nursing Staff, on arrival in England, were dispatched to France for service in Hospitals in that country. This was the first stage in their career of varied experiences. The next developed when they were recalled to England just in time to join the unit in its journey to the East. On arrival at Cairo, during the period our Hospital was being made ready for patients, the Sisters' services were utilized in various Imperial Hospitals in that city. This was a unique if somewhat trying experience, both the regular and temporary Hospital buildings being places of historic interest. It was an epitome of transfer from the Western to the Eastern world to leave the Civil Hospitals of Canada for duty in the renowned Citadel of Cairo. Rich in Oriental charm, unique in situation and structure, its large dome visible from the furthest limits of the city, its twin minarets raised like colossal pillars towards the sky, the Citadel had figured in some of the most fascinating chapters of Egyptian history. Less notable, but still extraordinary in situation and history, were the other Hospitals in which members of our Nursing Staff did duty.

During the period of the unit's work in Cairo, in hours off duty, our Nursing Staff proved tireless sightseers. There was little of interest in Cairo and its environs



NURSING SISTERS—NOVEMBER, 1917.



SISTERS' MESS—1916.

with which they did not gain a first-hand acquaintance. Heliopolis, the ancient City of the Sun; the Tombs of the Caliphs, the Mosques, the weird native Commercial District, and many other places that make Egypt a land of limitless interests, they visited in learning the Story of the East.

In France, as has been previously indicated, the Nursing Sisters were given temporary duty in the period when our Tent Hospital was being established. With the admission of our first Convoy of patients, they recommenced work with the unit, and since that time there has been no occasion to interrupt their attachment.

The Nursing Staff received its first reinforcements at our first Hospital in France, when Matron Willoughby had placed at her disposal forty-three Sisters, many of whom had enlisted some months previously for service with the unit. Later in our career further reinforcements were received, and since taking over our present Hospital the strength of the Nursing Staff has been brought up to the figure indicated at the commencement of this description. There have been many losses in the ranks of our Sisters. Sickness has brought about the departure of a considerable number; some have been transferred to Casualty Clearing Stations; there has been a steady process of change in personnel.

The Sisters have always been established in quarters adjacent to the Hospital. They have suffered many minor privations and inconveniences, but have steadily continued their invaluable services to the Hospital.

Within their own quarters, under the Matron, the Sisters have been able to develop such social activities as were possible in the circumstances of the present time. This has contributed to lend variety and pleasure to their life. In hours of rest, too, they have gone far afield in the district in which the Hospital is situated, visiting places of interest, widening their acquaintance with the scenes and people of France.

When the history of War Service is written, the debt of gratitude due to our Nursing Sisters may be adequately stated. In the meantime they are facing with good spirit the prospect of their second winter in France.

* * * * *

There is a great deal in the papers these days about our armies: there are pictures of them advancing, building bridges, and resting; there are long, sad casualty lists for those at home to read. But how much, I wonder, does the average man or woman know of the Hospitals in France, or of the hundreds of Canadian Nursing Sisters, living in huts and tents, who nurse and cheer the men, thus doing so much for their country.

Many possibly have but the vaguest idea of what active service means to a Sister—the old pictures of the Crimean War come to their minds, of great barns and barracks, filled with wounded, with inefficient help, unscientific nursing. But those days are past: to-day all the knowledge and skill that science and training can produce have been joined together in one great effort to relieve, as far as possible, the sufferings of the men.

Sisters, of course, are not found at the Field Dressing Stations, their first appearance being at the Casualty Clearing Stations, which are situated anywhere from eight to twelve miles behind the lines. There the work is carried on with all the precision and dispatch that is possible. Usually the first operating is done there, and on days when the intake is heavy the big Operating Hut, with its six tables in a row, is the busiest spot in the camp. Here the boys catch their first glimpse of the Sister, possibly the first of womankind that they have had for some time. She is generally in a hurry, always busy, with a white veil flying in the wind and sleeves rolled up to her elbows doing dressings, taking temperatures, preparing patients for the theatre, looking after the fresh arrivals as the stretchers are brought



NURSING SISTERS—CAIRO, 1916.



A TEA-PARTY—1917.

in—in short, doing the hundred and one things that a Nurse finds to do in a busy ward. And they are very grateful, the poor men, as they come in, wearing their dirty khaki and blood-stained bandages, with grey-lined faces that all the happiness of life seems to have left. “Ay, but ye’re a real kind lass,” says an old Black Watch, as he moves to let the Sister dress a wound in his side. “Can ye no get us a fag?” inquires a feeble voice from a near-by stretcher, and as the cigarette is lighted he adds, “I see ye have twa wee stars on yer shoulder. Is it that ye’re a rael officer?” “That’s right,” laughs the Sister, as she hurries away to get a drink for someone else, while Jock lays back his head and meditates on the curious phases of life which allow of his being energetically nursed by a lieutenant in a white veil and apron.

From the Casualty Clearing Station the men are transferred to the long Hospital Trains, where again the Sisters’ care is needed for the journey to the Base Hospitals. The Clearing Stations are generally under canvas, but the numerous wards of a Base Hospital are in long iron-covered or wooden huts, and are generally capable of accommodating one to two thousand patients. Here the staff of Nurses is anywhere from sixty to a hundred, and from the actual nursing standpoint the routine is more that of an ordinary Military Hospital, as the patients remain from one to six weeks—anyway, until they are in condition for the somewhat arduous trip across the Channel to England, the Mecca of every wounded Tommy. It is almost pitiable to watch their faces, as the Medical Officer comes slowly down the ward, marking the various cases for Convalescent Camp, back up the Line, or for “Blighty.” There are disappointments sometimes, for everyone cannot go to an English Hospital to recuperate, but the joy on the face of some poor soul who has been out perhaps eighteen to twenty months, when he sees his Hospital card inscribed for “Blighty” is almost pathetic.

The work of a Base Hospital, from a Sister’s standpoint, is a steady routine of dressings, temperatures and diets. Here she has a chance to know her patients in between whiles—to write their letters, to get them books, to laugh over their funny tales from the trenches, and to make firm friends with each and every Tommy in the ward. “Ye’ll write me a letter, Sister,” inquires a voice from the near-by bed.

“Certainly, Jock—who to?”

“Aweel, jist to a lady friend.”

“Your girl?” inquires the Sister, getting out some Red Cross notepaper.

“It’s no to ma lassie,” returns Jock, with a bashful blush; “it’s jist tae anither lady.”

Sister shakes her head over the numerous loves of an amorous Scot, and after fulfilling this delicate mission, proceeds to write an exceedingly affectionate epistle from a tactful Tommy to his wife, ending with the following diplomatic stroke:

“Hoping this finds you as well as it leaves me at present, and I could do with five shillings at your earliest convenience.—Your faithful husband, BILL.”

In a season of many Convoys and much arduous work the Sisters’ hours on duty are from eight to eight, with what time off that can be snatched, as the work allows. Night duty comes around to each one in turn, and in busy times is somewhat of a strain, possibly because at the Base the Convoys from the Clearing Stations nearly always arrive at night. It is at night when the pain seems to overcome all else, when vitality is lowest, and when the poor lives which mean so much to somebody else flicker out. If those at home could see the long, dim wards, with the red-shaded lights casting their grotesque shadows on the beds, each with its weary occupant, stretchers and trestles on the floor lining the aisle, a long table in the centre, with its piles of gauze, bandages and instruments, it would probably give them a better idea of what active service really means than could any description.

It is a very difficult matter for one working in a Hospital to speak of the work of a Nursing Sister from a purely impersonal standpoint. Everyone knows that a Nurse has need of infinite patience and an infinite capacity for hard work. Out here she needs something in addition to these—an infinite sense of humour. It sounds funny to write home about the tent blowing down at 2 a.m. on a rainy night, but the actual experience is not pleasant. An amusing story can be made of the innumerable coats and sweaters worn on a January term of Night Duty, but no one pretends to think that she enjoys doing it. But even endless condensed milk and a distressing lack of bath water do not deter the average Nursing Sister from getting a fair share of enjoyment out of life—even if it is intermixed with many necessary and a few unnecessary evils. After all, in this terrible war, the actual nursing and caring for the wounded is quite the most wonderful thing in the world, and in response to this national need the women of all countries have shown that they can display their patriotism in an equally tangible way, both at home and abroad. And so, in conclusion, we, who nurse in France, would tender our thanks to those who, working at home, make it possible for us to “carry on”; to the makers of comforts; of surgical dressings, and of the hundred and one little things that help us in our daily work with the wounded men. Were it not for them we could not continue; no credit is due to us that they do not share; and so, from the mud in France to the clear cold of Canada, we stretch hands of greeting with both hopes and prayers that in 1918 another and a brighter year may find its birth.

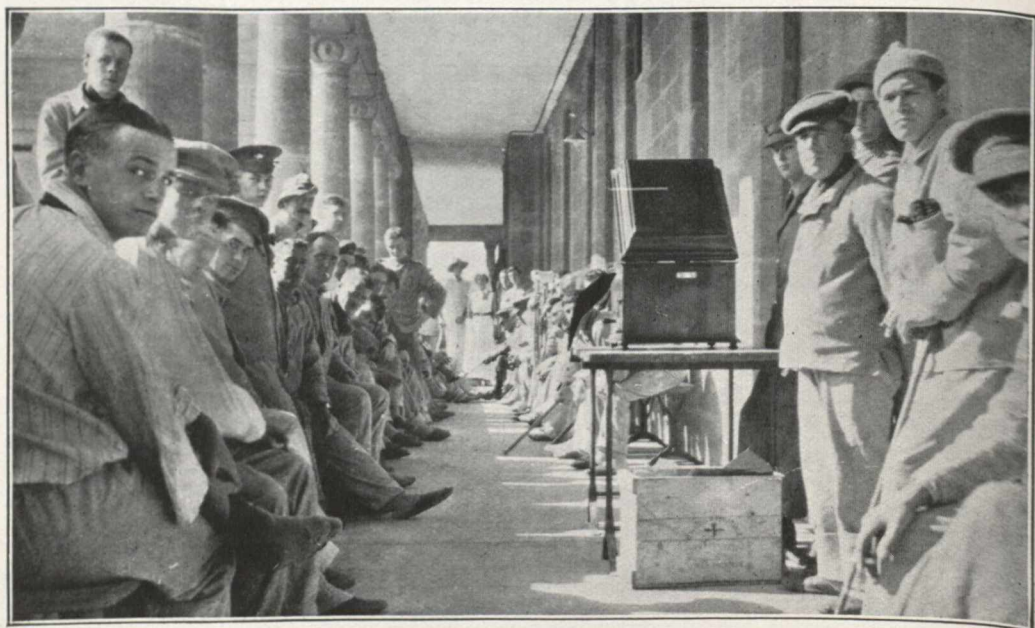
THE CHAPLAINS' DEPARTMENT

The comforts and consolations of the Church have been brought close to the men on active service through the army chaplains, who carry on their work at every point where troops are found. In a hospital where many wounded men are under treatment the chaplain's work assumes special importance.

The unit has three chaplains attached to it. Their first duty concerns the representation of the Church in relation to the patients and staff. Services are regularly held, adapted in form to the conditions of active service. But the work of the chaplain goes far beyond Church services. It is he who undertakes a variety of duties helpful and comforting to the men. If a Tommy is unable to write his parents or his sweetheart, the chaplain undertakes the task. If there is a message for a patient, this may be communicated through the same agency. Visits to the wards with an offer of help in any matter, the carrying out of innumerable acts of kindness—these constitute an essential part of the chaplain's work. At any time of day or night, through her representatives in khaki, the Church brings her comforts to the men who constitute the army; and this end is secured not only through formal means, but by the almost illimitable range of kindly acts which they perform. Recreation for both personnel and patients is also a matter coming within the chaplain's work. He carries out arrangements for concerts; has the recreation hut under his supervision; and is ever seeking to promote any diversion that may brighten the life of the wide circle of men and patients with whom he works.



N.C.O.'S LEAVING TO QUALIFY FOR COMMISSIONS.



CHRISTMAS MORNING—CAIRO, 1916.

COURSES OF STUDY FOR PERSONNEL

The fact that the personnel of the unit included a large number of Medical Students, some of whom required a year's study only to complete their Course, led to the establishment in Egypt of a Course of Study embracing several subjects of the College curriculum. This Course was carried on by Medical Officers with the unit who had previous connection with the professorial staff of the University.

The Course embraced Lectures, Clinics and Demonstrations. Anatomy, under the supervision of Major G. E. Kidd, was taught on a small scale much as it is at the University. Subjects were obtained through the State University of Medicine in Cairo; dissection was carried on every afternoon, lectures, demonstrations and later "grinds" being arranged in conjunction with it. Lectures on Public Health and Pathology were given by Lieutenant-Colonel W. T. Connell; while, under the direction of Colonel Etherington, lectures on various Surgical and Medical subjects were given by the younger Medical Officers.

The lectures were open to all Medical Students, and to see a large room filled with knowledge-seeking youths, note-booked and full of College songs, reproduced under conditions that were strange and unique the atmosphere of the University at home. Often, as the sun disappeared in a blaze of glory over the western rim of the Desert, and the sounds and sights of Oriental life at this hour obtruded on our senses, a lecture would be brought to a close and men from the Western world would leave their barracks' class-room to follow a diversity of pursuits in the Hospital. In a time of anomalies, when the unexpected no longer caused surprise, and every hour brought forth some startling event, the scene depicted would yet inspire reflection.

Our Students, too, had the further unique advantage of attending the Course of Lectures and Clinics on Mental Diseases given by Dr. Warnock, Superintendent of the State Asylum in Cairo, as part of his regular instruction to Students of the Egyptian State Medical College. During their visits to the Asylum the students were further shown cases of rare but important diseases, such as Pellagra, and a variety of conditions arising from Oriental drug habits.

More recently, in France, Courses of Study in French and Mathematics have been arranged. Competent instructors have been secured, and as many as forty men from the unit are in attendance at the lectures. The Red Cross has promised to bear the cost of construction of a special building to be used as a Class-room, Writing-room and Library. When this is available for use a great development in the Study-Course within the unit may be expected.

CHANGES IN PERSONNEL

During the two and a half years that our unit has been Overseas there have been many changes in the personnel. Among the N.C.O.'s and men these changes have been most noticeable.

When first mobilized there was in the ranks a large percentage of College men, graduates and undergraduates, especially from the Medical School and from the Arts Faculty. As time went on it was quite to be expected that a number of these men, with their training and ability, should try to secure advancement in the Service and to look for broader fields of endeavour. Many, therefore, have been transferred,

some to receive Commissions, some to take training which would prepare them to answer the insistent call which the authorities have made for qualified men.

The first break in our ranks was made soon after our arrival in England, when seven of the Medical Graduates were transferred—Sergeant-Major C. A. Briscoe, Sergeants C. A. Kidd, P. M. McLachlan, R. W. McQuay and Corporal C. W. Coulter to take out Commissions in the R.A.M.C. ; and Sergeant F. X. O'Connor and Corporal H. W. Whytock promoted to be Officers in the C.A.M.C. Captain F. X. O'Connor remained with the unit.

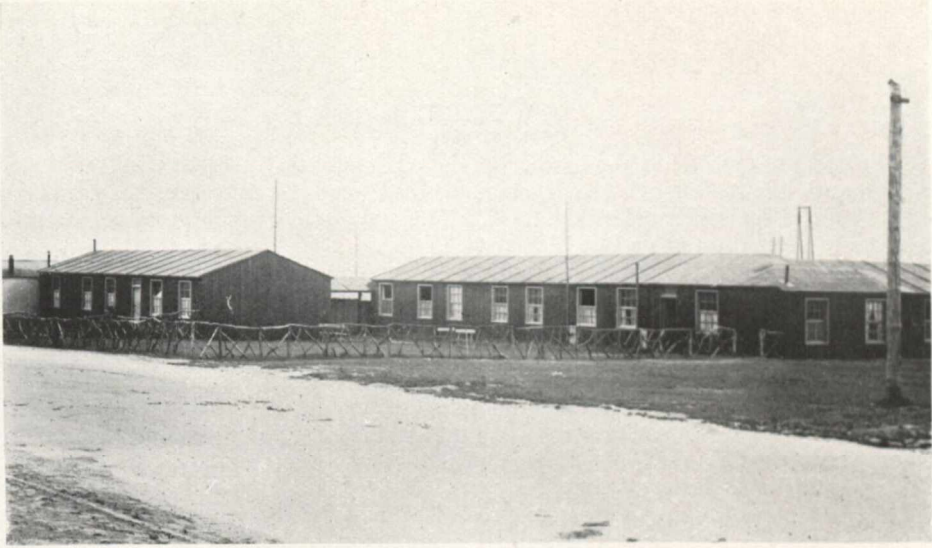
For almost a year no further changes were made. Then in March, 1916, just before the close of our Egyptian service, an order from London to the effect that all Medical Students of final year standing should return to Canada to complete their studies, recalled home the following men :—Sergeant-Major E. C. A. Crawford, S.-Sergeants L. D. Stevenson and A. B. Whytock, Sergeants H. Barnes, D. R. Fletcher, K. M. Shorey and R. J. Tucker, Corporal J. B. Willoughby, Privates G. F. Denyes, G. F. McLaughlen, F. H. O'Reilly, J. R. Patterson, G. S. Purvis and G. L. Sills. These men attended the Summer Session at Queen's University. Twelve of them received Commissions in November, 1916, and ten are again serving Overseas.

In March, 1917, the order regarding the return of Medical Students was amended to include those men who had completed the third year of the five-year Course. Thirty of the men of the unit came under this category, and left for Canada to resume their studies. Their names are as follows :—Sergeants L. H. Appleby, G. L. Bell, F. H. Barry, W. D. S. Cross, C. S. Dunning, G. F. Goodfellow, J. E. Hammett, J. Kearney, A. J. McIntyre, R. M. Parker, H. A. Pelton, Corporals G. M. Campbell, H. W. Leahy, D. H. Nichol and D. Nicholson, Privates L. S. Fallis, G. F. Guest, A. B. Haffner, J. C. McGregor, F. E. Price, C. Reist, G. J. Rutledge, R. C. Shaver, E. C. Topliffe, H. A. Woodside, G. Baggs, R. W. Kirkby, P. R. Urie, C. F. Abbott and K. R. Maitland.

Those who left the unit were not, however, all Medical Students. During the past year, in France, the following of our men were transferred to take out Commissions :—In Artillery—S.-Sergeant T. W. Third, Sergeant A. B. C. Throop, Corporals F. D. McKenzie, R. J. McKenzie and W. F. Chown, Privates R. O. Campney, W. R. Grassie, J. M. McIlquham, J. H. Odell and L. C. Spence. In Infantry—Sergeants H. J. Inman, A. R. Merrill, F. B. Walsh and G. L. Warner, Corporals C. C. Henderson and R. E. Shields, Privates J. J. Dyer, W. Susman and G. Morrison. In the Royal Naval Air Service—Privates N. M. Craig and R. J. Young. In the Diplomatic Service—Bugler M. B. McLaughlan.

Eight men were transferred without higher rank to combatant units, and thirty were sent back to England as casualties.

After each depletion the ranks were brought up to strength by reinforcements recruited at home, and so the efficiency of the unit was not impaired. Every unit in France to-day has experienced a similar series of changes. Sickness, transfers and promotions have been the occasion of new men being brought into the line and new material into the training. Our Hospital has been particularly fortunate in having men carefully chosen, and drawn largely from the University. It has, in spite of every change, remained to a remarkable degree a College unit, and has followed that tradition for efficiency, equality, sacrifice and service which has always characterised that Institution from whose halls it first set forth.



SISTERS' QUARTERS, 1917.



MATRON WILLOUGHBY.

Obituary

The saddest episode in the history of the unit was the "passing" of our Second in Command, Lieut.-Colonel Hugh Ramsey Duff, on February 8th, 1916. Colonel Duff was one of the senior officers in the C.A.M.C. in Canada, and occupied honourable positions in that branch of His Majesty's Forces.

He served with distinction during the Boer War in South Africa, and on his return to Canada rose in his chosen profession until he became the A.D.M.S. of No. 3 Military Division, with his headquarters at Kingston, Ontario.

When the present war began Colonel Duff immediately volunteered for Overseas Service, and was attached to a Battalion of the Eastern Ontario Regiment. Unfortunately, first a riding accident, and later an attack of pneumonia, delayed the realization of his wish to go Overseas. In the fall of 1915, however, he was appointed Second in Command of No. 5 Stationary Hospital. He proceeded to Egypt and joined his unit in October of the same year. To this unit his wide military experience and his sane judgment of men proved of inestimable value, and the fact of his illness (the seeds of which remained from his previous sickness) and his subsequent death was received with profound regret by all who had been associated with him in the work of the Hospital.

The spirit of the man was revealed in his own words. Someone suggested to him that, considering the nature of his previous illness and his unequalled knowledge of the military medical situation in Canada, it would have been better had he stayed at home and accepted the position offered to him of the Chairmanship of the Pensions Board. He replied: "Being an Officer in the Permanent Army I would rather die Overseas than live in comfort at home when my country is at war." He ever tempered justice with mercy, and had a far-seeing charity that enabled him correctly to appreciate the viewpoints of both officers and men. He was the ideal "Officer and Gentleman."

His funeral was an impressive ceremony to all who took part in it. Followed by the members of his unit, his body was carried to its resting-place in the little Anglo-Egyptian Cemetery that nestles in the heart of the great Moslem City of Cairo, and there, thousands of miles from the beloved country for which he both lived and died, he sleeps beneath the shadows of countless minarets raised in the honour of an alien faith.

Not since the demise of the late Lieut.-Colonel H. R. Duff in Egypt, during February, 1916, had there been a break in our ranks caused by death until Nursing Sister Etta Sparks journeyed into the "Great Beyond" on August 20th, 1917.

After five years' nursing in an American Hospital, Sister Sparks joined the Queen's Hospital unit when it was first mobilized in Kingston. Proceeding Overseas she served for a few months in France, attached for duty to No. 1 Canadian General Hospital. In August, 1915, she accompanied her unit to Egypt. From that date she never missed duty for a day through sickness, until, a few weeks before her death in the Kitchener Hospital, Brighton, she was sent to the Villa Tina suffering from the complaint that proved fatal.

A faithful and competent Nurse, she had proved more than equal to all the vicissitudes and emergencies that had arisen in very strenuous periods of military duty. She was sincerely liked, both by her co-workers, whose burdens she was ever ready to assume, and by her patients, whose wants she was eager to anticipate. The sympathy of a host of friends in the unit goes out to her sorrowing parents and family in Canada.

MEDICINE

Those who have no associations with the work at a Base Hospital are apt to think only of the *wounded* soldier, and to picture every patient with splinted limb, bandaged head or other evidence of injury by one of the many missiles of war. There is, however, another man equally worthy of our sympathy and admiration, even though he is not permitted to wear the coveted "gold stripe"—the *sick* soldier. In every Hospital Medical patients are to be found at times in equal numbers with Surgical. They have taken the same risks as their wounded comrades, but have fallen victims to one of the many diseases which exposure and strain subject them to, and which so often place them in a category where they can no longer take their place among fighting men or return to the active life which they enjoyed before the war.

In Egypt this unit first entered upon its Medical work. The great majority of our patients suffered from Tropical Diseases, rarely met with in Canada. The Hospital at that time was fortunate to have, as Officer in Charge of Medicine, Lieut.-Colonel W. T. Connell, whose experience and knowledge was of untold value to the Medical Officers under him, in combating Dysentery, Malaria, Dengue Fever and other maladies so common in the East.

The greatest scourge amongst our troops who fought in Gallipoli was Dysentery. It gradually sapped the vitality of its victim until, pale, weak and haggard from a persistent and severe diarrhoea, he had to report sick from extreme exhaustion. Some cases were more sudden in onset, and demanded immediate hospital attention. Most of those that reached us in the early stages of the disease were quickly cured and returned to duty. Some cases were slow in yielding to treatment; a few became chronic; still fewer were fatal.

The prophylactic treatment for Typhoid Fever by inoculation has had a severe test throughout this war, and has proved to be one of the greatest advances in Medical Science. Nowhere was the test greater than in the East, where, in spite of excessive heat, numerous flies, and poor sanitation, Typhoid was comparatively rare. Most of the men who did contract the disease had either not been inoculated or many months had elapsed since inoculation. Paratyphoid was more frequently observed, but the "T.A.B." Vaccine, which produces an immunity against all the Enteric Group, has made Paratyphoid Fever equally as rare a disease among the troops in France as Typhoid, and one feels justified in concluding that there is also a marked decrease in the number of cases of Paratyphoid now occurring among the soldiers in Egypt.

Some cases of Malarial Fever were always to be found in our wards at Abbassia. Many of the patients on admission had forgotten the initial symptoms, viz., lassitude, aching of the bones, headache and loss of appetite, and complained only of a severe "Ague," characterized by an intense rigour, which gradually subsided and was followed by a rapid rise of temperature, and later by profuse sweating. Each "Fit of Ague" lasted from six to ten hours. There were rarely more than three attacks of fever, as the disease readily responded to quinine. The majority of patients suffering from Malaria were discharged to Convalescent Camps, and later to duty, but undoubtedly some suffered from after-effects of the disease, as a number of Malarial patients have been treated by us in France.

Apart from Dengue and "Sand-fly" Fever, the more common diseases furnish the remainder of our cases. The comparatively frequent occurrence of Pneumonia among the troops stationed in Egypt is probably explained by the great difference

between the mid-day and evening temperatures, and the consequent liability to chill if proper precautions are not taken.

The Medical work in France differs widely from that in Egypt. Tropical diseases are rare. A greater proportion of cases are slight, owing to our closer proximity to the field of action. The average stay of patients in Hospital is much shorter. They are kept only through the acute stages, being evacuated to England as soon as their condition will warrant.

A number of cases enter Hospital diagnosed "P.U.O."—Pyrexia (Fever) of Unknown Origin. To attempt to describe the different cases that have passed through this Hospital under that heading would entail the writing of a special treatise on Fevers, for almost every known disease in which fever is a symptom has at one time or other been labelled "P.U.O." At the beginning of this campaign those three letters simply indicated that the symptoms of the disease from which the patient was suffering had not developed sufficiently to enable the Medical Officer who first saw the case to make a final and correct diagnosis. Before Trench Fever was included in the Official Nomenclature of Diseases, all cases presenting that group of symptoms which we now associate with Trench Fever were diagnosed "P.U.O." This is still the popular term for that disease, and most of our cases of "P.U.O." are really Trench Fever and recognized as such. The disease is thought to be infectious, and transmitted from one patient to another by the body louse. The onset is very sudden, with headache, pain in the small of back, and fever, closely followed by pains in the shins and abdomen. The two last symptoms vary in intensity with the individual. Recurrent attacks of fever are characteristic of the disease. The interval between attacks is four, five or seven days, and during the attack all symptoms are greatly exaggerated. Frequently in the interval the patient is free from all pain and feels quite well. In two weeks the average case of Trench Fever is sufficiently recovered for discharge to a Convalescent Camp.

Disordered action of the heart, "D.A.H.," furnishes a large number of cases, in which the patient rapidly improves with rest, and after a course of graduated exercises at special centres, is able to rejoin his unit or is chosen for work on the Lines of Communication.

Trench Nephritis differs from the Nephritis of Civil Practice, in that complete recovery is more common, and the duration of illness shorter. All Nephritic patients are treated in a special ward, equipped with electrical hot-air baths, where their symptoms readily yield to treatment. When all acute symptoms have subsided, the patients are evacuated to England.

Gas Poisoning and Shell Shock are battle casualties which are treated in the Medical wards. On admission to Base Hospitals, patients who have been gassed are usually suffering from Bronchitis and gastric discomfort. Many of them have disordered heart action, but the great majority are fit for duty within a short period. Men suffering from Shell Shock present symptoms varying from complete loss of speech and extreme nervous debility to mild depression and lack of self-confidence. These cases, formerly treated by all Medical units, are now transferred to special hospitals for nervous diseases.

With the winter months come all those maladies caused by cold, dampness and exposure. These are anxious days for the officers of the Medical Section, for the work is heavy and the cases serious. Purulent Bronchitis furnished our most virulent type of affection last winter, and in spite of all efforts the mortality was high. The treatment of other diseases gave excellent results, and our staff felt well recompensed for their efforts.



FRACTURED-FEMUR WARD.



BADLY HIT.

SURGERY

This survey of the Surgery done at No. 7 Canadian General Hospital will include only such facts as will be of interest to the general reader.

The transportation of the sick and wounded from the battle areas to hospitals has been robbed of many of its difficulties. This has largely been accomplished through the use of Motor Ambulances as a means of transport, and the introduction, for Army purposes, of carefully constructed and equipped Hospital Trains. Even severely wounded men can be brought forty or fifty miles to a Base Hospital in a few hours. In times of stress, when casualties are numerous, the transfer of large numbers of patients is still carried out—though, ordinarily, severe cases are detained at Casualty Clearing Stations near the Trenches.

As a Base Hospital, every class of case known to War Surgery is seen and treated at No. 7. The treatment and results are directly influenced by the prior treatment at the Front. On arrival at the Base many cases require only a short period of treatment before being sent to England. Others undergo one or more operations, have the initial treatment supplemented, or are kept under observation until the issue of their condition is clear.

The highly organized machinery necessary to carry on the work of a Base Hospital is as complete as it is humanly possible to make it. Everything is supplied to make possible the care of patients on scientific lines. Surgical instruments and apparatus, dressings, rubber gloves, splints in great variety, and medicines are liberally supplied. Our Operating Theatres are well lighted and steam-heated. In times of crisis five operating tables are in use, each with its Surgeon, Orderly, Nurse and an Anæsthetist. Ether is the anæsthetic generally used, though many operations on the thighs and legs are carried out under Spinal Anæsthesia.

At this Hospital the cases are segregated in separate wards, depending on the type of wound, a system which has proved of great convenience. Under this system of distribution we have a Chest Ward, Fracture of Femur Ward, Knee Ward, Head Ward, etc. Each patient on admission here has fastened to his uniform, such as it may be, a ticket protected from the rain and mud by a transparent waterproof cover, on which is indicated the nature of his wound or illness, and information as to name, regiment, and treatment, if any, that has been carried out in Casualty Clearing Stations. All cases pass from the Ambulances through the Admission Hut, where they are assigned to wards by the Registrar. The milder cases are given a shower bath and clean garments and walk to their wards. The stretcher cases are carried to the wards, given a bed bath, and formally started on the first stages of their treatment. Only urgent cases are disturbed by a change of dressing and examination of wound immediately after admission, it having been proved that sleep, stimulated by warm soup or cocoa, is the best preliminary to subsequent care. The intense poisons of war wounds frequently show their presence in a condition known as Gas Gangrene, which if not treated at once by operation may result in loss of limb or even life. For the approach of this great foe of the wounded man, and for any bleeding, a most alert outlook is maintained from the first.

From time to time the routine described is interrupted by the conditions created by the occurrence of important offensives at the Front. The date of several of these are indelibly stamped on the memory of all workers of this Hospital, particularly that of July, 1916, when the Somme Battle opened, and that of April, 1917. The week prior to these engagements our Hospital was emptied to the last possible man, our Operating Theatres, Wards, and Dressing Centres were piled high with reserves of gauze and dressings. With all our machinery in readiness we wait



A SURGICAL WARD—IN PRESENT HOSPITAL.



A TENT WARD—1916.

in anticipation. Very soon the Convoys begin to arrive, and everyone is hard at work. The Nursing Sisters do their duty with courage and devotion, a Convoy of helpless wounded finding them at their best. Everything is done to lessen the suffering of these stricken men. The most lamentable cases, which are seldom seen now, are those in which the condition of the wound and the general state of the patient have been aggravated through the fact that the patient has been left to the exposure of No Man's Land for many hours, cut off from friend and foe, fighting against all the dangers involved in delay in commencement of treatment.

The spectacle of a ward filled with newly-admitted men, fresh from the field of battle, severely wounded, worn with excitement, racked with pain, suffering from loss of sleep and tremendous exertion, is one not calculated to raise one's spirits if one is ignorant of the usual subsequent occurrences. The men themselves are uncommunicative. Sleep is their chief desire. Twenty-four hours later, however, the scene is changed. The men begin to show an interest in their surroundings; the ordeal of operation is perhaps passed; nerves have begun to recover from shock; the first whispers and gossip about the fighting are heard. In the next twenty-four hours there is a further development in the process of recovery of good spirits. The depression of the first night in hospital has gone. Talk ranges up and down the line of beds: occasionally a joke is heard; then later someone raises a song; the evidences of exhaustion are gone. The men respond to their vitality and indomitable spirit—the process of recovery has advanced a further stage.

In treatment of Surgical cases, activity centres about the X-Ray Room and the Operating Theatres. In times of pressure the work of these departments is carried on into the night. Urgent cases are given precedence, and wherever possible X-Ray examination precedes operation. Large stretcher-parties are on duty to carry the patients from the wards to the X-Ray Department and the Operating Theatre. In quick succession patients are given attention. With long lines of men on stretchers waiting their turn for attention or return to the wards, the halls of our Surgical building presents a scene of great activity.

As to the nature of Surgical treatment it has to be remembered that the vast majority of wounds are caused by a missile of some form, rifle bullet, machine-gun bullet, fragments of shrapnel, shell casing, and metal parts of all sizes and descriptions. These may penetrate deeply into any part of the body, the result depending on the structures involved and on the size or extent of the wounds, which range from the most severe type, large and gaping, down to small skin punctures.

A brief review of the wounds of various regions of the body will be given:

HEAD INJURIES.—These are of great importance, owing to the difficulty of estimating the extent of the injury in the initial stages. The slightest cranial wound may cause death from Meningitis. Every case of this type, even though it appears a simple scalp wound, is given a careful examination, and an X-Ray photograph is taken. The nature of head injuries commonly seen in Base Hospitals has been considerably modified by the use of the steel helmet.

CHEST WOUNDS.—All types of chest wounds are common. Some involve only the wall of the chest; others involve the lungs, in which fragments of shrapnel or a bullet may be lodged. Recovery from such wounds is slow, and incapacity prolonged in even the most favourable cases.

BLOOD-VESSEL INJURIES.—These are frequently seen. In many instances the large arteries of the arm or leg may be completely divided without much bleeding. In all wounds in the region of large blood-vessels careful watch is kept for such complications as gangrene or aneurism (which arises from a tear in the artery). Operation has given good results when the artery has not been too severely damaged.



SURGICAL DRESSING TENT.



TO PASS THE HOURS—PATIENTS KNITTING.

FRACTURES.—The greatest interest at the present time attaches to fractures of the thigh. These cases are detained in Hospital for long periods of time, treatment in some cases extending over a period of three or four months. In order to facilitate the management of these cases, they are segregated in one ward. At times the number under treatment has been as high as fifty. These men show remarkable patience in regard to their condition. Their wounds are severe from the first, and in process of treatment complicated splints and other apparatus are used. They are required to lie in one position for a considerable period. Their Hospital career is prolonged. But they cultivate a happy spirit and have few complaints.

INJURIES TO SPINAL CORD.—These form one of the most fatal types of war injury. Many cases have serious complications. In a small percentage of cases operation may effect an improvement in condition.

AMPUTATIONS.—In War Surgery many amputations are a necessity. At times amputation must be performed shortly after the patient has been wounded, in order to save life. If the main vessels or nerves of a limb are involved, if the bone is badly broken or a joint is injured, amputation may be the only safe course. Special anæsthesia is frequently used in these cases.

Figures of the number of Operations are shown elsewhere.

THE PATHOLOGICAL DEPARTMENT

This department has the same importance in a military hospital that it has in any hospital serving the public in times of peace. Its work is indispensable; it is one of the agencies which enable Medical Officers to secure for their patients treatment that is abreast of the latest achievements of science.

The Pathological Department was organized by Lieut.-Colonel W. T. Connell, and began work under his direction. The equipment originally secured was carefully chosen to meet every requirement that might arise. In Egypt it played a rôle of primary importance in the treatment of patients. The medical cases in this period were mainly of a type demanding for certain recognition the investigations of the Pathological Department. Dysentery, several forms of fevers, and other tropical diseases could be dealt with only after the microscope and other appliances had been brought into use, pointing the way of treatment. The daily work of the department thus became of the greatest importance and assumed ever larger dimensions. Under Colonel Connell, a Medical Officer and four men were at work in the laboratory. The place was a scene of activity throughout the day, and the dull glow of the incubator lamp (that important agency by which specimens are prepared for examination) could be seen throughout the night. Not only was work carried out in connection with hospital patients, but many men and officers from camps in the vicinity received special treatment under laboratory direction. The department continued to better its equipment to meet every new demand. It carried on the difficult work of aiding in the diagnosis of obscure diseases, and undertook experimental work to elucidate the nature of diseases that occurred amongst the troops in the East.

In France the laboratory continued its work, which, with an increasing number of patients, has been steadily growing in extent. For the first six months it was housed in a special structure in association with the Operating Theatre and X-Ray Department. In our present hospital the scene of its work is a more capacious room in the administration building. In this room everything speaks of the work

which is being carried on. It has the aspect of a laboratory such as one knows in civil life.

At the time of writing 700 specimens a month are examined in the Pathological Department. In Egypt, 1,400 specimens were examined for dysentery; while 4,000 vaccine treatments were administered. These figures indicate the scope of work carried on in the department under discussion, and suggest its essential importance in the scientific treatment of soldier patients.

EYE AND EAR WORK

The Hospital has two wards, with accommodation for ninety beds, for Eye, Ear, Nose and Throat Patients. There is an Isolation Tent as well for diphtheria suspects, and for the treatment of septic throats. A dark-room has been constructed for ophthalmic examinations, and a liberal assortment of special instruments has been supplied.

Every morning at nine o'clock there is an outdoor clinic of special cases referred from different wards for diagnosis, treatment and disposal.

Army Eye, Ear, Nose and Throat practice may be briefly synopsised under two headings: (1) Surgical Cases from the Front, Lines of Communication and Base, requiring operative treatment; (2) Sick from the same areas demanding diagnosis and medical treatment.

On account of high-explosive projectiles which scatter metallic fragments and debris over a wide radius, foreign bodies of the orbit are a frequent occurrence. On admission suspicious cases are immediately X-rayed, and the foreign bodies localized. A large percentage of these cases, on account of the extensive injury, require a removal of the eye. Only a small number, where magnetic steel has pierced the globe without producing serious injury to the organ, are saved by the Giant Magnet. With the widespread employment of lachrymatory and lethal gas, many cases of severe Ophthalmia have been treated with marked success.

The steel helmet affords very slight protection for the ear; therefore, lacerated wounds of the ear, and penetrating wounds of the mastoid and face are not infrequent. The great proportion of aural cases admitted suffer with chronic middle-ear discharge or its after effects. With active and persistent middle-ear treatment more than seventy per cent. of these cases clear up within less than three weeks and are returned for active duty. The remainder are classified according to their degree of deafness, and are recommended for Labour Battalion, temporary or permanent Base duty. Traumatic rupture of the ear-drum, due to high explosives, are not uncommon, especially during the great offensives.

Gunshot wounds of face are frequently complicated by retained foreign bodies in the accessory sinuses. These missiles are located by X-Ray and removed. Wounds of the neck, involving the larynx, that demand tracheotomy, are comparatively rare. During the autumn and winter many severe cases of Laryngitis are successfully treated.

The question of operation in all cases, except those of wounds where this form of treatment is imperative, is considered only in its bearing on the patient's military efficiency.

Many interesting cases of shell shock, producing temporary loss of voice, deafness and blindness, have been treated by suggestion and electro-therapeutics.



QUEUE AT DINING TENT FOR WALKING CASES.



THE FLOWER URCHIN.

X-RAY DEPARTMENT

Perhaps no department in the modern Military Hospital has received more attention or demanded more consideration than that of X-Rays. While the Medical Services in the South African War offered nothing more than a small field equipment, usually located in a tent, where a Medical Officer attempted to screen his patients and possibly take some radiographs—under almost impossible conditions—to-day we find that in every Hospital where Military Surgery is performed, there is apportioned for X-Rays suitable quarters, the latest and best equipment on the British market, capable of standing the strain of constant work, and every accessory that would tend to satisfactory results both for the surgeon and the radiographer.

In this Hospital, to obviate any power trouble that might originate in the local (French) electric lighting plant, we have been provided with a four-cylinder (32 h.p.) petrol engine and dynamo, capable of supplying direct current 250 volts and 50 amperes, which is quite sufficient for all X-Ray work, and in an emergency might assist in lighting the adjoining Operating Rooms. The X-Ray equipment includes a twenty-inch "Cox" Coil, Couch with Tube-box beneath, "Dean" Tube-stand of the latest pattern, Wheatstone Stereoscope, and all other accessories that pertain to modern Radiography.

Every patient whom the Medical Officer deems it necessary to be examined is sent to the X-Ray Department as soon as possible after his admission to the Hospital, where he is screened and radiographs are taken prior to his operation. Should his case warrant it, immediate reports are made out regarding his condition, when he is transferred to the Operating Theatre, where his wounds are attended to and the shrapnel or other foreign bodies removed. In the ordinary way reports and radiographs are presented the following day, when the patient's condition is considered by the Medical Officer, and such Surgical procedures as are deemed necessary are carried out.

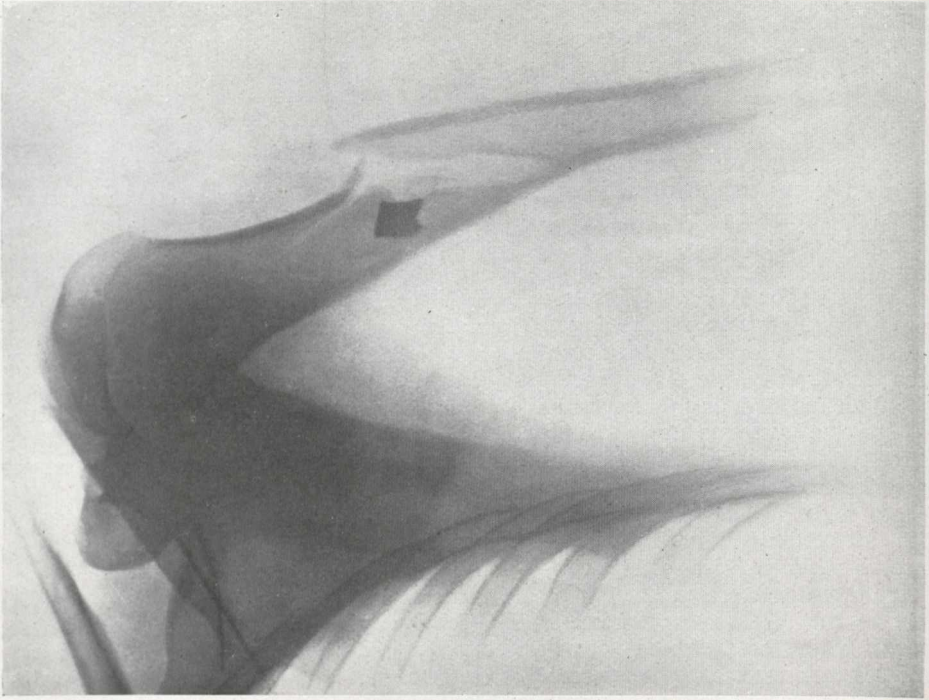
It has been found that in the case of small fragments of shrapnel deeply embedded in the muscles, in spite of the most accurate localization, great difficulty is experienced in their removal. To obviate this it has been our custom to have the patient, under anaesthesia, carried to the X-Ray Room, where the surgeon sees the limb-screened and removes the foreign body under the X-Rays. Thus many cases that, under ordinary circumstances, would have to be abandoned or subjected to further operative measures, and possibly a long convalescence in England, are finally disposed of to the great advantage of the patient and the army.

Upon evacuation to England, all patients who have been examined in this department take with them reports and radiographs, thus overcoming the necessity and expense of repeating the work there, and at the same time providing the Medical Officers who will have further charge of the cases with all details of the work done while here.

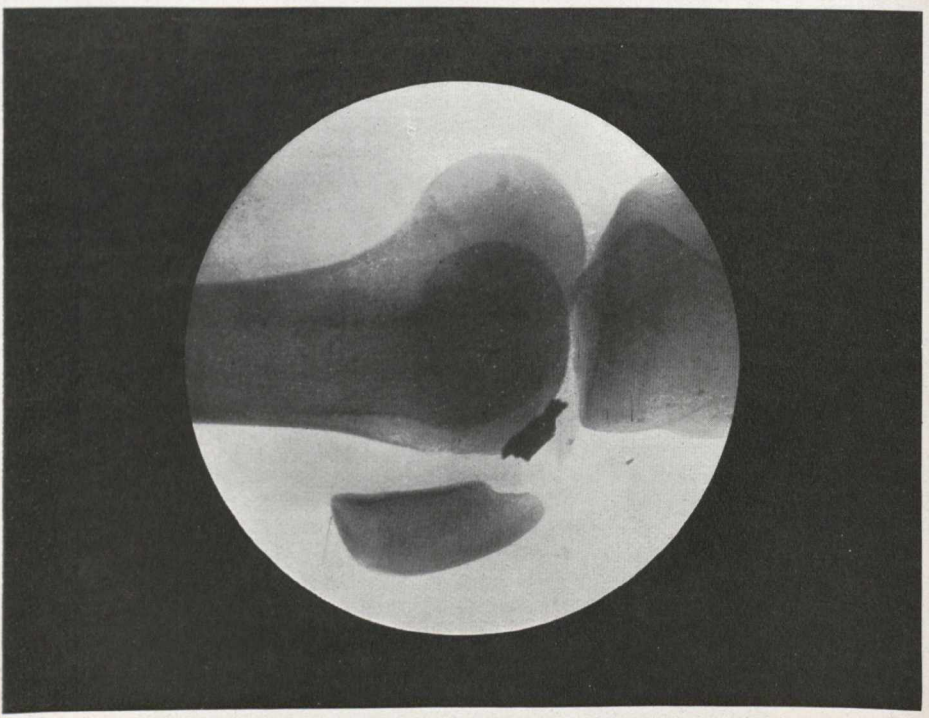
In addition to the wounded from Gallipoli, who were under our care in Cairo, Egypt, and the work done at our first destination in France, during 1916, over 6,859 patients have been examined, and 9,566 radiograms have been made since taking over this Hospital last November.

DENTAL DEPARTMENT

From the moment the Hospital began its regular treatment of sick and wounded, the amount of dental work carried out assumed large proportions. There has



SHRAPNEL FRAGMENT AND FRACTURE OF ARM.



SHRAPNEL FRAGMENT IN KNEE-JOINT.

been in this department, as in all others, a steady increase in activities ; its history is one of essential work done on behalf of our patients.

In Army work, Dentistry assumes greater relative importance than in Civil life. The efficiency of the soldier is almost as directly impaired by bad teeth as by a wound. In the Army, too, there are large numbers of men who have never been taught the importance of attention to the state of their teeth. They are able to follow the pursuits of civil life, despite their teeth ; but in conditions in which they live on active service, inefficiency quickly develops. Wounds involving teeth and jaws constitute another cause contributing to the special status of war-time Dentistry.

In Egypt, the Dental department was established in a conveniently disposed room in the main Hospital block. The most modern equipment was provided, making the performance of all forms of dental treatment possible. All Hospital patients in need of dental treatment were detained in Hospital until this had been carried out. By this means a valuable adjunct to ordinary medical or surgical treatment was secured. In addition to treatment given to our own patients, there was a daily parade to our Dentist of men from the Bases and other Hospitals in the area. In the latter class of patients were many Officers who had not had an opportunity of securing dental treatment in many months of active service.

All forms of dental work were undertaken, including Extractions, Fillings, Making of Plates, Treatment of Pyrrhœa, and Trench Mouth. In the cases of wounds involving teeth or mouth, the Dental Officer worked in conjunction with the Medical Officers, removing roots, cleaning the mouth generally, and preparing the patient for more permanent Dental work when this could be done. In cases where the jaws were fractured, the fragments were wired or splinted, an essential factor in treatment.

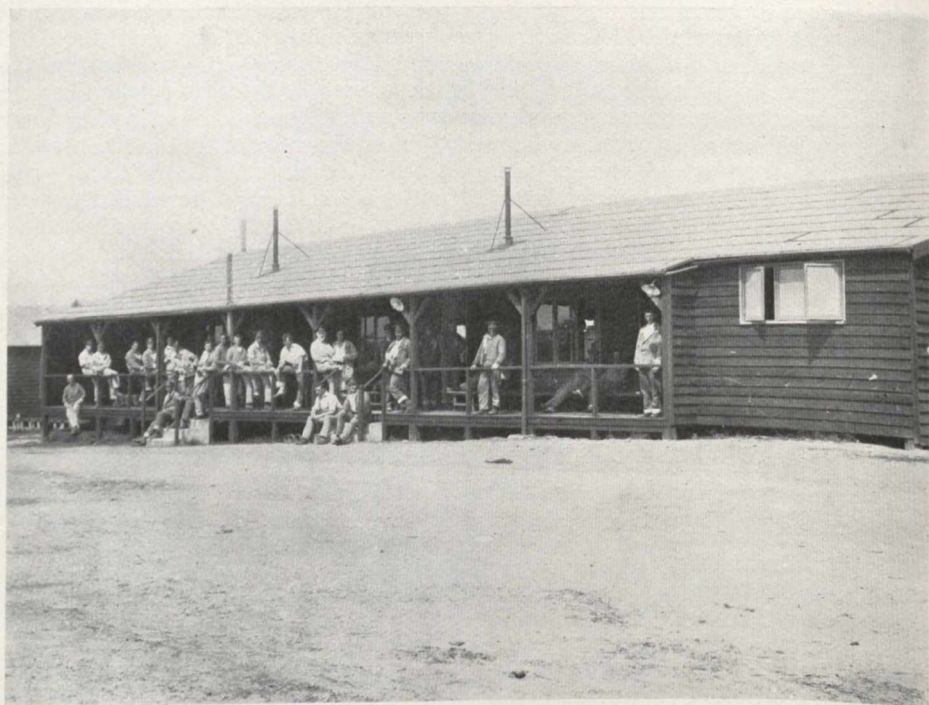
In France, both in our first and our present Hospital, dental treatment has assumed great importance. The fact, however, that many patients requiring dental treatment are detained in Hospital a short time only before being sent to England sets limits to the work that can be done in many cases. But notwithstanding this fact, the amount of treatment required is very great. The soldier on active service is on duty in the trenches or in neighbouring billets for months, in conditions which preclude the possibility of regular care of teeth. As a result, teeth decay, gums become inflamed, and frequently Trench Mouth, a serious and incapacitating condition, develops. This latter condition is one of infection. It frequently follows a sore throat, showing itself first in the form of grey-coloured ulceration along the borders of the gums. Tartar is coincidentally deposited at the neck of the teeth, which finally become distinctly loose. A marked degree of success has been obtained in the treatment of these cases. —

The following is an example of the work done in the Dental department, No. 7 Canadian General Hospital, in one month :

Number of patients treated	..	..	..	..	450
Total number of Fillings	..	..	..	..	172
Prophylaxis	..	..	..	..	52
Root Fillings	..	..	..	..	29
Extractions	..	..	..	..	321
Devitalizing	..	..	..	..	39
Treatments	..	..	..	..	299
					—
Total number of Operations	..	..	..	..	912



THE RECREATION HUT—A FAVOURITE GAME.



RECREATION HUT.

RED CROSS

WORK IN THE HOSPITAL

This Hospital has been exceptionally fortunate in having as its source of supplies, not only the Red Cross Society in general, but a particular branch of that organization that had for its incentive the general desire to serve humanity and relieve distress, and, in addition, a special incentive based on the bond of a common Alma Mater, together with the personal element of friendship and acquaintance. The result has been a liberal supply of not only the regular Red Cross Hospital supplies, but donations of many articles that do not fall under the regular catalogue of materials supplied by the Red Cross, such as Phonographs, Christmas Stockings, etc.

Since mobilization we have received upwards of 2,200 cases of supplies through the Kingston Branch of the Canadian Red Cross Society, while many other donations have come to the Hospital or to individuals in the unit for Hospital use, direct from local branches in Canada. We are indebted to Canadian local organizations, from Windsor to Ottawa, for making it possible for the Kingston Branch to deal so liberally with us; and we are especially indebted to the Kingston Branch for not only having made very large contributions themselves, but for having undertaken the repacking and shipping of practically all the supplies we receive from Canada.

Many other organizations have come to our aid, such as the Canadian Field Comforts Commission, the Canadian War Contingents' Association, who have made generous gifts for the comfort of the men of our own unit; and such Voluntary Organizations as the Wimbledon War Workers' Association and the Liverpool Service League—all of whom have contributed very largely to the welfare of both patients and staff. Special mention, too, must be made of the very large donations of fruit and general supplies received almost daily by the Matron from the General Canadian Red Cross Society. We have been fortunate, too, in receiving the gift of an Automobile from Mr. Bermingham, of Kingston; an Ambulance from Davis and Son, Kingston; and another from Napanee. Although we are not now allowed to use these, while they were in our possession they rendered splendid service. And in addition to all this, subscribers to the General Fund and the Fund for extra comforts and equipment for individual beds have made it possible for us to obtain anything that was really necessary for the comfort and well-being of patients in general and any individual case in particular.

In many cases we have found that the difference between bare necessity and "the little extra" means a difference far out of proportion to the amount involved.

"A little more, and oh! how much!
A little less, what worlds away!"

The going of the second mile in this case means far more than multiplying the first mile by two. Who can estimate, for example, the amount of pleasure created by the gift of the two large Phonographs by the Kingston Society, and of the one from St. Andrew's, Lindsay, or the gifts of Christmas Stockings so largely contributed towards by Kingston, Renfrew, Belleville, Napanee and Ottawa? We could quote from dozens of patients' letters we have censored testifying to the degree of pleasure that these gifts created. We can recall many examples of the far-reaching effect of such gifts. For example, a wounded and dysentery-wasted soldier in Hospital at Abbassia, Egypt, on receiving his well-filled Christmas Stocking on Christmas morning, put it aside, untouched. When asked why he did this, he answered, "I am going to send it to my children in England; I have nothing else to send them

this Christmas." The generosity of our friends in Canada enabled us to give the man a stocking for himself, as well as the one to send to his children in the Homeland.

No wonder we regard the Red Cross Society as the agent that stands at the flood-gates and turns the stream of human kindness, undiminished, on to the waste places; for it is the tie that binds the far-separated acts of service together until the little trickles of humanity shall all come together in a vast stream of human sympathy, so pure and powerful as to accomplish a new thing on earth.

WORK IN CANADA

When Queen's Hospital became a part of the Canadian Expeditionary Force the people of Kingston did not simply show a temporary interest by an enthusiastic farewell or a parting gift, but through the medium of the local Red Cross Society they have kept themselves constantly informed of the needs of the Hospital, and have endeavoured to meet those needs by periodic shipments Overseas of Hospital necessaries and comforts. Since the Hospital began work the Red Cross Society of Kingston has devoted all its energies and resources towards furnishing surgical supplies and comforts for the patients in this Hospital. This has been done with the concurrence of the Red Cross Society of Canada, and in its effort it has had the active assistance of a number of local societies throughout Eastern Ontario and of numerous Alumni and Alumnae Societies all over Canada.

The Local Organization (with Mrs. Martin as President, and Miss Redden as Secretary), naturally had, in addition to the motive of general patriotism enthusiasm, the direct incentive that has for its source the personal link that binds us to fellow-citizen, fellow-student, and intimate friend. Donations made would not lose their identity in the great flood of gifts continually flowing from Canada; they had a definite destination, and the distributors of them would be personal friends. This latter incentive induced many Red Cross, Alumnae and other Societies throughout Canada, and even in the U.S.A., to make the Kingston Branch the medium for the whole or a portion of their Red Cross gifts. The combined effort has yielded such splendid results that the information comes that these gifts from Canada have almost made the Hospital independent of other Voluntary Organizations. The first shipment of supplies accompanied the unit on its departure in May, 1915, and from that date supplies have been regularly sent from time to time. It is a matter of great satisfaction to know that, of the almost two thousand cases shipped, scarcely one has failed to reach its destination, notwithstanding the enemy's submarine activity; and it is also most gratifying to be told by those doing duty in the Hospital that, on looking backward, they cannot now see how they could have coped with their work if these supplies had been denied them.

In cities, towns, villages and rural communities throughout Canada, circles, large and small, of devoted women prepare the supplies. There are Dressings of every kind, Shirts, Pyjamas, Sheets, Pillows, Pillow Slips, Socks, Quilts, Comfort Bags full of useful articles, Toothbrushes, Pencils, Handkerchiefs, Soap, etc., all the necessary small kit that often means the difference between comfort and hardship—not forgetting the cakes of chocolate and the inevitable Chewing Gum, so dear to the Canadian abroad, and numberless other things that cheer the patient while in Hospital. From these places comes a constant stream of parcels to the Red Cross Society at Kingston. Here they are gathered together and packed in Red Cross boxes, accompanied by the names of the donating society, and in shipments of a hundred or more boxes are forwarded to No. 7 Canadian General Hospital (Queen's).

The work of packing is done in rooms loaned for this purpose by the Medical Faculty at Queen's. This Faculty supplies all boxes used, and pays also for all the necessary printing and arranges for the shipment of the packed cases.

At Christmas-time a special effort has been made, and sufficient Christmas Stockings have been filled and sent to provide for every patient and member of the personnel. Filled with the good things characteristic of Christmas cheer, we feel that, like Mercy, these stockings are twice blessed—blessed by the givers who have prepared them with kindly thought, and blessed by the recipients who welcome the expression of goodwill and sympathy from the peaceful land across the sea.

It is indeed gratifying to note that there has been no slackening of effort in the past, and that for the future an even more ambitious attempt is being planned. The Societies are determined to keep sending a hundred cases each month.

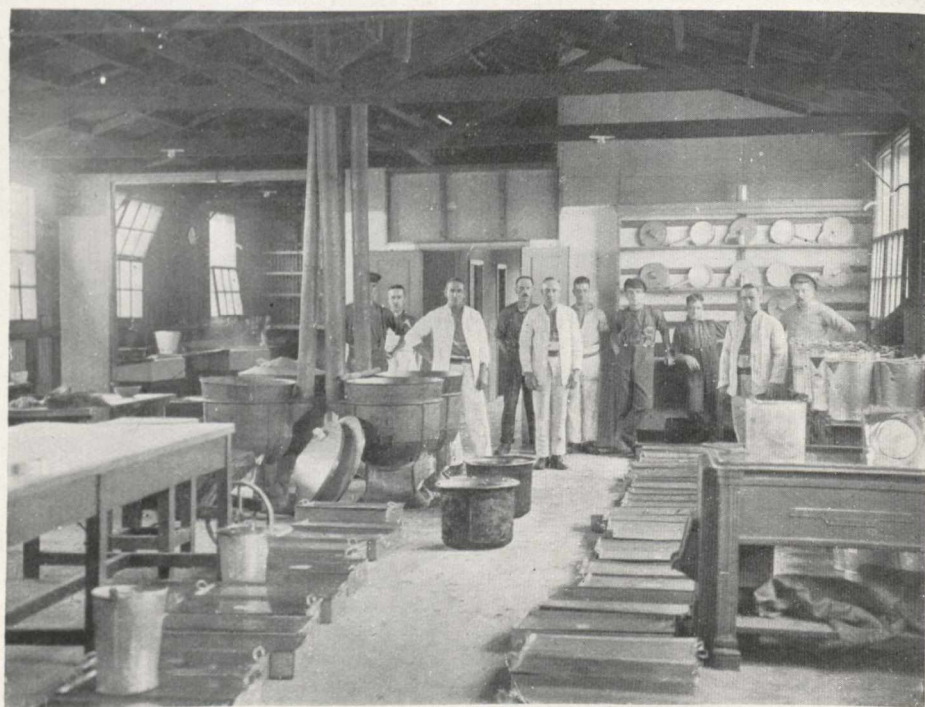
Space forbids a catalogue of the names of individuals who have contributed to the good work, but this opportunity cannot be omitted of expressing the heartfelt thanks of all connected with the University and the Hospital to everyone who has given in any way to this good cause. It is realized that, in the effort to keep the supply constant, much time has been spent, great trouble and inconveniences suffered, and heavy sacrifices made by the interested workers. As a recompense for that, however, they may have the assurance that much suffering has been alleviated, and much brightness and joy given to the men who, leaving behind them the comforts and the ease of home life, have faced the stern realities of the battlefield in an attempt to establish truth and liberty in the world.,

LIST OF SOCIETIES IN CANADA CONTRIBUTING SUPPLIES

Almonte Women's Institute.	Glenburnie Beaver Club.
Anglo-Canadian Club.	„ Young Ladies' Patriotic Society.
Algonquin Women's Institute.	Gananoque Red Cross and Patriotic Society.
Arden, Tommy's Friend Club.	Harrowsmith Als-I-Kan Club.
Bay View Women's Institute.	„ Red Cross Society.
Battersea Red Cross Workers.	Haileybury.
Brighton Women's Institute.	„ Presbyterian Church.
Belleville, St. Julien Chapter I.O.D.E.	I.O.D.E., N.E. Loyalist Chapter.
„ Qunite Chapter I.O.D.E.	Kingston, Red Cross Society.
„ Red Cross Association.	„ Lord Kitchener Club.
„ Cheese Board.	„ Miss M. Chown's Sat. Class.
Brockville Collegiate.	„ Nurses, Alumnae.
„ Y.W.C.T.U.	„ Chapter of Graduate Nurses.
Bishop's Mills Red Cross Society.	„ Queen's University Levana Society.
Beaumaris.	„ Queen's Alumnae.
Calgary, Queen's Alumnae.	„ Chalmers Church.
Campbellford, St. Andrew's Ladies' Aid.	„ Ladies of the Lake Shore Road.
„ I.O.D.E.	„ Lend-a-Hand Circle of King's Daughters, Sydenham St. Methodist Church.
Cobden Red Cross Society.	„ Somme Club.
Clarendon Red Cross Society.	„ Girls' Own Circle, Zion Church.
Collin's Bay Ladies.	Lindsay, Kawartha Chapter, I.O.D.E.
Delora Red Cross Society.	„ St. Andrew's Sunday School.
Elginburg Patriotic Society.	Lord's Mills School.
„ Young Ladies' Society.	
Edmonton.	
Foxborough.	
„ Thurlow Red Cross.	
Glenburnie Red Cross Society.	



THE BARBER'S SHOP.



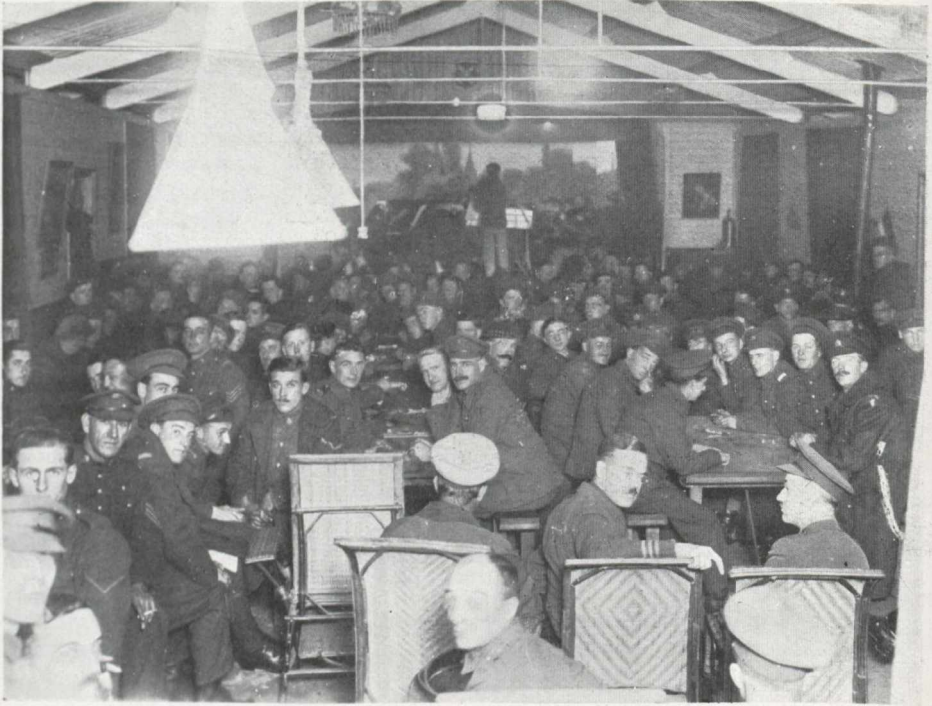
MEN'S KITCHEN.

Maynard, The Women's Institute.	Sunbury Red Cross Society.
Milton Red Cross Society.	Sandhill Red Cross Society.
Morewood.	Strathcona, Alta.
Milton I.O.D.E.	Toronto, Women's Patriotic League.
Madoc Women's Patriotic League.	„ Girls' Club, St. Andrews.
Norham, Balaklava Chapter I.O.D.E.	„ Women's Patriotic League, St.
Napanee, United Empire Chapter I.O.D.E.	Andrews.
„ Red Cross Society.	„ St. Andrew's Church.
Ottawa Women's Patriotic League.	„ Queen's Alumnae.
„ Queen's Alumni.	„ Soldiers' Aid High Park Pres.
Odessa Red Cross Society.	Church.
East Oxford Women's Missionary Association, St. Matthew's Pres. Church.	„ Women's Association, Bloor St.
Owen Sound.	Pres. Church.
Pembroke Women's Patriotic Committee.	„ Rosedale Pres. Church.
Peterborough.	Tweed, Women's Patriotic Association.
„ George St. Meth. Church.	„ Women's Institute.
„ Fairmont and North	Utica, N.Y., U.S.A., Capt. Fryatt
Monaghan Women's	Chapter I.O.D.E.
Institute.	Windsor, St. Andrew's Church Patriotic
„ Canadian American Club.	Society.
Packenham Women's Institute.	„ Central Methodist Church.
„ Red Cross Society.	„ Bruce Avenue Baptist Church.
Picton, Sir Thos. Picton Chapter	„ St. Alphonsus Society.
I.O.D.E.	„ Happy Helpers.
„ Girl Guides.	„ Patriotic League.
„ Friends.	„ Methodist Patriotic Society.
Parry Sound, Pres. Women's Missionary Society.	Walkerton Branch I.O.D.E.
„ St. Andrew's Church.	Wilton Red Cross Society.
Renfrew, Red Cross Society.	Warkworth, Duke of Argyle Chapter
„ Collegiate Institute.	I.O.D.E.
„ Collegiate Red Cross Society.	Women.
Sandwich Patriotic Society.	Wexford, No. 5 Base Hospital Soldiers'
Seeley's Bay.	Aid Society.
	Walkerville Hospital Helpers.

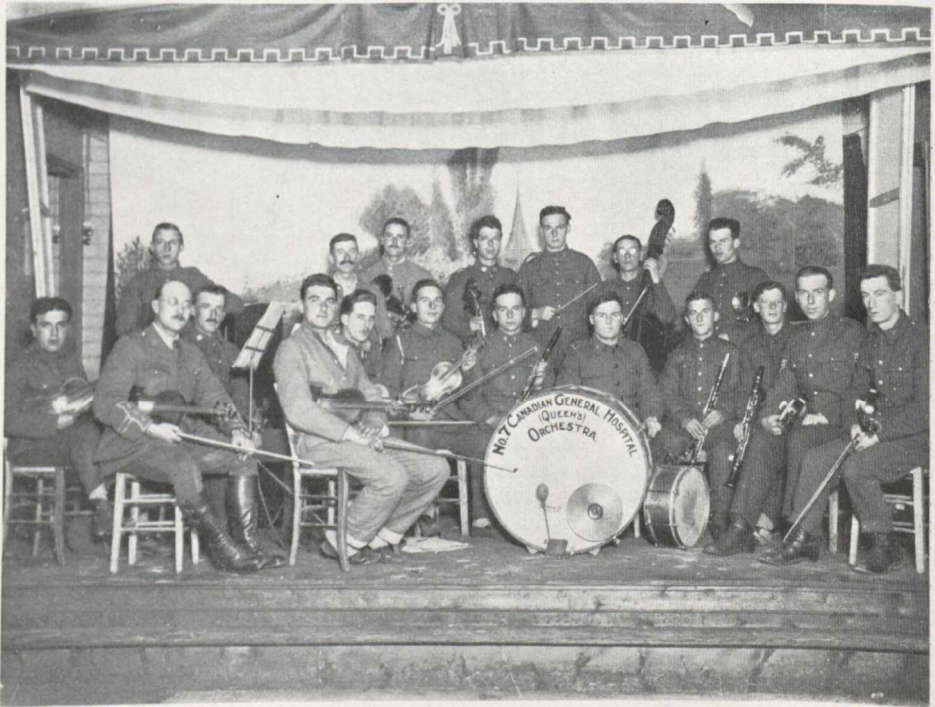
N.B.—The above list was compiled at the hospital in France, and may be both deficient and inaccurate in consequence. Should this be so, we crave the indulgence of our kind contributors in Canada, and take this opportunity also of thanking every one of them for their most generous support.

The Medical Faculty at Queen's has also received donations of \$25 for extra comforts for individual beds from about 400 individuals or organizations. These donations have been duly acknowledged through the public press.

These contributions in money have met a need that could not possibly have been met in any other way. They have made it possible to obtain extras for diet and equipment that were not or could not be supplied through the regular channels. The little things that a Nurse so much needs to decorate and complete her ward, as well as any special article to meet a patient's individual case, could all be procured through this fund; so that this military hospital prides itself on a completeness and independence not usually found in such institutions.



A SMOKING CONCERT—RECREATION HUT.



THE ORCHESTRA.

REGIMENTAL DUTIES

Reference has been previously made to the subsidiary activities involved in the treatment of patients in hospital. They comprise a set of duties, not part of treatment, but upon the performance of which treatment depends, and which increase in extent and diversity as the number of patients increases. They constitute an essential part of hospital work ; but are yet only a shadow or reflection cast by the processes of treatment that directly concern the patient. Known under the more common and significant name of Regimental Duties, they include those activities that call men to the fatigue parties, to police duty, to the Quartermaster's Stores, to the tasks of the cookhouse, the sanitary squad, to various Administrative Offices, and the ever-menacing toil of stretcher-bearing. It is the performance of regimental duties that sets the Adjutant and Sergeant-Major figuring their man-power, bringing certain non-essential duties to the irreducible minimum. And—subsidiary in a sense, moreover, though the regimental duties may be—they require for their performance a high percentage of available men. The bugle with its urgent note, the visit of the orderly sergeant to the men's quarters, parade and roll call—all these agencies of discipline subserve the carrying out of that comprehensive set of duties which appertain to the unit rather than the management of the hospital.

It has been the experience of No. 7 Hospital that regimental duties develop more rapidly than hospital duties. In the early stages of development their rate of growth is equal. Later, every extension of hospital work is accompanied by a disproportionate increase in the scope and variety of regimental duties.

At the time of our unit's first roll call on the soil of England, eighty-nine N.C.O.'s and men answered their names. Of this number rather more than three-fifths were medical students. A full muster now would show an increase in these ranks to 218. This figure includes two Sergeant-Majors, twenty-one sergeants, and thirteen corporals. This body of 218 constitutes the man-power which is available for both hospital and regimental duties, and it is the agency that must perform many diverse tasks during day and night, in good weather and in bad. It must include in its potentiality a wide versatility, capacity for discipline, and a guiding purpose of doing a fair share of work. It constitutes the physical basis of hospital life. Within the range of its activities are included the extensive duties of the Quartermaster's Department, the clerical work of the Administrative Offices, the tasks of sanitation, police duties, the care and beautification of hospital grounds, cooking, and a variety of other services.

It will be readily understood from what has been written in regard to regimental duties that their performance, in a hospital of 2,300 beds, is a matter requiring careful disposition of men and every conservation of labour. First things must come first. If any function is to go unfulfilled, it must be one of minor importance. The claims of every demand for labour must be carefully weighed. The good spirit of the men must be maintained. When every bed in hospital is occupied, miscalculation of any of the factors entering into the performance of regimental duties will spell trouble.

Both regimental and hospital duties are under the charge of a Sergeant-Major. Of the regimental departments, that of the Quartermaster is the largest, requiring the services of some twenty-five men. This department includes the Steward's Stores, from which all rations are issued, the Dispensary and Clothing Stores. The carrying out of its services requires a wide range of knowledge, and not a little expert skill. The Dispensary, in charge of a Sergeant Dispenser and

three assistants, handles all medicines ordered for the treatment of 2,300 patients. Its stock includes almost every drug of which the medical profession makes use : the number of prescriptions filled in a day would be large in comparison with the record of the largest city drug stores. From raw materia's the staff is called on to prepare many complicated solutions and antiseptic combinations used in war surgery. It is maintained from day to day in a state of order and neatness which meets a standard as high as that raised under the stimulus of private enterprise. Long rows of neatly labelled bottles line its shelves : the stock is so disposed as to contribute to the impression of order and system ; the balances, measuring glasses, all the apparatus of dispensing have their ordered place.

The Clothing Store is devoted to handling of patients' clothes. To it is delivered for disposal the clothes worn by patients on admission to hospital. From it are issued clothes for men who are being discharged to convalescent camp or base. Not infrequently as many as one thousand incoming and outgoing patients have come within its attentions in one day. This department is responsible, too, for the fumigation of clothes, blankets, etc., the issue and repair of all hospital equipment, and the repair of hospital buildings, thus embracing in its responsibilities work requiring for its carrying out careful supervision, system, and a considerable range of knowledge of special processes and military hospital procedure.

One of the most important of regimental duties is that of cooking for patients and men of the unit. This is carried out in large kitchens, equipped with special ranges, boilers and other utensils ; and requires for its performance a staff of thirty men. Like other regimental duties it requires special knowledge, unvarying regularity and careful supervision. A glance into the kitchen at any hour of day or night reveals much that is of interest, and gives an understanding of the subsidiary activities on which hospital life depends. If one's visit is made during the night, dinners for night staff will be in preparation, and the first stages in the cooking of breakfast will have been commenced. There is evidence of activity, which grows in the early hours of the morning and culminates when day has broken, with its clearly defined duty of feeding 1,500 or 2,000 men. During the day work never slackens. At times the kitchen is piled high with supplies ; again, the dinners or suppers are set out in order ready for delivery to wards or dining tent ; later, the work of kitchen cleaning is in progress ; and always the ranges are hot and the boilers steaming.

The work of sanitation is under supervision of a Medical Officer. He has at his disposal a squad of sixteen men, under a sergeant, who has special acquaintance with the details of his work. The duties of this department comprise the disposal of all refuse, removal of all loose paper from hospital grounds, and supervision of the bathing of patients who are admitted as walking cases.

The work of record-keeping, and all clerical work in connection with the admission and discharge of patients, is carried out in the Registrar's Office, and is regarded as a regimental duty. Six men are employed in this department during the day and four during the night. The details of their work are discussed elsewhere.

The departments that have already been discussed are the most important that come within the scope of purely regimental duties. In addition there are others of less importance, whose functions are, however, quite essential. These include the Company Office, Post Office, and Pay Office, the staff of each being in charge of a sergeant.

The arm of the law exercises its functions within the hospital domain in the form of police supervision. The personnel of the police squad is chosen from men available for regimental duties. Marked by a distinguishing band on the left sleeve of their uniform, these men support the reign of order in the unit and report violation of regimental rules. During the night and day their work proceeds, and



RECREATION HUT.



THE BASEBALL TEAM.

though the attitude of their fellows in personnel towards them is epitomized in the old saw

"No rogue e'er felt the halter draw
With good opinion of the law,"

yet they are esteemed as a source of strength to the unit.

Branching into a diversified set of functions, one finds regimental duties exercised in a carpenter's shop, barber's shop, shoe-repair shop, and comprising the extensive and important task of beautification of hospital grounds. A carpenter's shop, staffed by three tradesmen, besides doing repair work, has turned out a large amount of necessary material, such as splints, tables, filing cabinets, etc. Ground beautification is in charge of an expert gardener, who has laid out paths and flower-beds, cared for the lawn, and carried out innumerable tasks to enhance the beauty of our surroundings. Both the barber's shop and the shoe-repair shop steadily perform functions contributing much to the comfort of life of hospital patients and personnel.

Hospital duties, as carried on by the men, are supervised by the hospital Sergeant-Major, who has under him ten Ward Masters, all N.C.O.'s. These are detailed each to a group of wards, and, under the Medical Officer, supervise the work of ward orderlies.

The Operating Theatres, when busy, require the services of ten orderlies, three of whom are N.C.O.'s, all trained anæsthetists. The X-Ray Department employs an engineer, electrician and photographer. The Laboratory, Surgical Dressing Tent and Dental Office each has its complement of men.

And thus, leaving aside for separate description the work of stretcher-bearing, which is done by our men at any hour of day or night, as a part of variously designated duties, the picture of the extra-hospital work in the unit is completed. This work varies slightly from day to day with the number of patients in the hospital and the number of patients evacuated and admitted. But it is an endless process, demanding regular attention, energy, and thought. The call to its performance often comes when unexpected—is announced by unfailling agencies; but it constitutes the manner in which the men and N.C.O.'s of the unit perform essential functions in connection with the prosecution of the war.

RECREATION

One of the necessities for a base hospital accommodating large numbers of patients is recreation in various forms. Many men with slight wounds are bound to be kept in hospital for days, or even weeks, unemployed. The wards afford little space or opportunity for amusements. Some place specially set apart for rest and recreation is essential. In this matter, No. 7 is well provided.

Through the generosity of the Canadian Red Cross Society, under the able oversight of Lieut.-Colonel H. W. Blaylock, a large and splendidly appointed recreation hut has been built. It is situated near enough for all patients who can walk, or even hobble on crutches. Inside it is fitted up with a large stage at one end, two billiard tables at the other, and throughout the rest of the room, plenty of armchairs and tables. Games, writing materials, papers are provided for the asking. There is a good and increasing library of several hundred books which are in great demand. Any day, and all day, one may see the recreation room crowded with convalescent patients enjoying themselves in much comfort and content. The billiard tables are in use literally every hour of the day. The library books are in constant circulation. Ping-pong, draughts, chess and card

games are always going on. The hut is in charge of a lady V.A.D. (Canadian) whose whole time and energy is given to entertaining the patients and managing the various activities of the place.

The recreation hut has, however, many more uses than these. As a rule there are two or three concerts or entertainments a week held in it. At the base there are a good many concert parties of various kinds, some of them of excellent quality, and composed of soldiers who, in civil life, were professional musicians, entertainers, or actors. These parties are ready and willing to give entertainments anywhere that they can find a room, a stage, and an audience. All these are there in the recreation hut. As a result, the patients are frequently treated to a couple of hours' good music or other kinds of amusement. In addition, there are several concert parties which come from England for the purpose of entertaining the soldiers, and these, too, are very ready to give a turn to the hospitals. The hut holds about 350, and at most of such "shows" it is crowded with an enthusiastic audience.

In the evening, after 7 o'clock, the N.C.O.'s and men of the unit enjoy the use of the hut, and, as may be supposed, take full advantage of the privilege. Any evening, when there is not a concert, up to 9.30, one can find a large crowd of them using the billiard tables, or reading the day's papers, or playing chess, or listening to the Edison gramophone, or the hospital orchestra at practice.

On Sunday the hut is fitted up as a Church, with an improvised altar, reading desk and chairs, and all the services, both Anglican and Nonconformist, are held there. The evening service, at which there is much singing of favourite hymns, is generally well attended, and in winter often crowded.

SPORT

On active service sport may seem an anomaly, a perpetuation of the diversions of peace and leisure. On the contrary, athletics are the saving grace of military existence. Sport is a perfect antidote for the colourless monotony of base life, and even within range of the guns the Britisher seeks his keenest enjoyment and recreation in the realm of sport.

The organization and responsibilities of newly-equipped hospitals at St. Martin's Plains, England, and Cairo, Egypt, at first fully occupied the attention of our personnel. But once the hospital routine was running smoothly, the unit took advantage of the splendid situation and facilities of the Abbassia Barracks. A fast asphalt tennis court faced the Sergeants' Mess. A spacious sandy Campus gave excellent opportunities for soccer or baseball. Many interesting baseball games were played here by teams chosen from the unit. By special invitation of the American colony an exhibition game was played at Gezireh before a large audience. On two occasions the hospital nine defeated an all-Australian team. An all-American Baseball team played gilt-edged ball, and were only defeated by a close score after a most exciting finish. An exhibition Rugby match under Canadian Intercollegiate rules was played at Gezireh.

The personnel of the Baseball Team in Egypt was the following:—Catchers : T. H. Angrove, T. Third ; Pitchers : F. Barry, F. Carter ; 1st Base : W. Grassie ; 2nd Base : C. Young ; 3rd Base : E. Rutledge ; Shortstop : G. Harris ; Right Field : A. MacIntyre ; Centre Field : F. Carter ; Left Field : J. J. Dyer.

Later, in France, after the organization of the hospital was completed, there was the keenest interest taken in athletics. An enthusiastic meeting elected Colonel Etherington, Hon. President ; Major Polson, President ; Sergeant Third, Secretary ;

and Captain O'Connor as Manager. A diamond was selected, carefully skinned and levelled. Four baseball teams were selected by the executive, and a very interesting schedule was run off until the diamond was commandeered by the Convalescent Camp. The keenest baseball rivalry developed between No. 2 and No. 7 Canadian General Hospital teams. The teams were very evenly balanced, each team winning three games. In the big Field Day organized by No. 2 Canadian General Hospital on July 1st, 1916, our representatives carried off the majority of the events.

The members of the Baseball Team in 1916 was as follows:—Catchers : T. Angrove, R. M. Scott ; Pitchers : F. Barry, P. R. Urie, F. Knapp ; 1st Base : W. Grassie ; Captain O. M. Madden ; 2nd Base : C. Young, J. A. Gratton ; Shortstop : L. H. Appleby ; 3rd Base : G. D. Stewart, E. Rutledge ; Right Field : A. MacIntyre ; Centre Field : F. Carter ; Left Field : G. H. Harris.

In another town the baseball club was at first very much handicapped by the lack of diamond facilities. Towards the close of the season, however, through the courtesy of Major W. Adams and Major Lamb, playing privileges were granted on an excellent diamond. To the time of writing our team has played eleven games in the area, winning ten, tying one, against the following teams amongst others : No. 1 Canadian General Hospital, No. 22 General Hospital (Harvard Unit), and No. 18 General Hospital (American Unit). On Dominion Day a combined Athletic Meet was put on at Canada Park by No. 1 and No. 7 Canadian General Hospitals. A cinder tennis court has been built for the N.C.O.'s and men, adjacent to their lines.

The Baseball Team at present is as follows:—Catchers : T. Angrove, E. E. Champagne ; Pitchers : C. Jenkins, F. Knapp ; 1st Base : Captain Madden ; 2nd Base : C. Young ; Shortstop : J. A. Gratton ; 3rd Base : G. D. Stewart, E. J. Blakey ; Right Field : Captain Duff, H. A. Dunlop ; Centre Field : F. Carter ; Left Field : G. Harris.

The Athletic Executive desires to thank Colonel Etherington for his active co-operation and support in all the athletic activities of the unit. To the Canadian Red Cross the unit owes a special debt of gratitude for the assistance it has received through Lieut.-Colonel Blaylock, chief representative in France. To the Kingston Red Cross Branch, and especially Miss Marion Redden, the unit is deeply grateful for the baseball equipment which they have so generously and liberally supplied.

THE ORCHESTRA

The latest organization to develop within the unit is the Hospital Orchestra, which, though of recent birth, has quickly come to assume the tasks of maturity by providing high-class musical entertainments to a wide constituency both within and outside our hospital. So important, in fact, is the part played by the orchestra in hospital life, so deeply appreciated the pleasure of its performances, that the wonder is that we were so long without it.

Some six months ago, at the suggestion of Captain Ferguson, then attached to the unit as chaplain, the nucleus of the present orchestra was organized and began practice. This nucleus consisted of a pianist and four violinists from our unit. Progress was slow in the early stages, but the subsequent addition to our personnel of Private Radford, who has proved a talented musician, lent an impetus to development. The Canadian Red Cross undertook the provision of instruments for orchestral purposes. The process of practice and training was given unremitting attention. At times capable musicians were found among hospital patients.

Their services were utilized during their convalescence, development being thus further promoted.

With the growth in numbers and efficiency, the orchestra made its bow to the public, taking part in a concert given to our personnel in the recreation hut. This effort met with every success, and the future of the organization became assured.

From a nucleus of four musicians the orchestra grew to twenty-four pieces. The addition included such important pieces as the bass violin, cornet, 'cello, and a large number of violins.

From the first high-class music was given, and every effort was made to gratify all demands for musical entertainments. The orchestra thus became an important factor in recreation for patients and hospital staff. Up to the time of writing, several concerts have been organized under the orchestra, which by utilization of its members in parts other than full orchestral selections have attained a high degree of variety and interest.

At times the orchestra provides a quintette to play in the hospital wards for the benefit of patients unable to go to the recreation hut. Not infrequently, too, the whole organization visits a neighbouring hospital to widen the constituency to which it brings pleasure. It is always in demand for entertainments throughout the immediate hospital area. The importance of the place it fills in the life of this war-time community and the excellence of its performances cannot easily be exaggerated.

Thus it is that our latest organization has grown to strength from small beginnings, until its existence seems essential to our well-being. The general expressions of pleasure which greet the announcement of every concert, and the interest shown by the audiences, are sufficient indication that in the orchestra the unit possesses an organization capable of adding pleasure and variety to the life of the community of which we form a part.