Alberta Doctors' Digest

The last 100 days of WWI

This last reflection on Alberta physicians in WWI addresses the participation of the two identifiable Alberta military medical units at the Battle of Amiens from August 8-11, 1918: the 8th (Calgary) and 11th (western universities) Field Ambulances (FAs).

Why was that battle important? In retrospect, it was the turning point in WWI and heralded the beginning of the last 100 days of the war, one that had been expected to continue into 1919.

To the astonishment of the allied leaders, the Canadian and Australian corps advanced 13 miles in the first two days. It was the longest advance by the allies since the war began. German Marshall Eric Ludendorff called it the darkest day of the German army in the war – not for military reasons, but because of its psychological impact. It elated the allies and demoralized the axis troops. Thereafter, German surrender rates rose. No further allied battles were lost.

In spring 1918, many changes were occurring in the Great War. Canada had already introduced conscription to sustain its manpower. The British had returned troops from the Middle East and Italy and had released the last reserves. The American buildup in Europe was accelerating. The Spanish flu was spreading through both sides. Germany had signed a peace treaty with Russia, allowing many German troops to be moved to the western front. Emboldened, the German army took the offensive on March 21, aiming to divide the French and isolate them from the British Empire forces. The German advance was halted.

Anxious to take the offence, Marshalls Foch and Haig accepted the plan of Australian Lieutenant-General (Lt.-Gen.) John Monash (who was knighted shortly after the battle, like Lt.-Gen. Currie was after Vimy) to attack at Amiens, one of the lightest defended sectors. The infantry-based plan, backed by 500 tanks and at least 900 guns, was undertaken with the utmost secrecy and surprise. When approved, the four Canadian heavy divisions (100,000 men with 20,000 horses and 1,000 guns) were clandestinely moved alongside the five Australian divisions.

In preparation, several feinting steps were taken. A Canadian Casualty Clearing Station (CCS), a wireless group and two battalions were moved north in the line to confuse the Germans. False documents were leaked. The Canadian troops were told it was a raid, but not where they would attack.

At the time, most of the Canadians were temporarily held in reserve, having established a reputation as a cohesive, aggressive, well-led fighting force. Despite only a 13-day notice, the 30-mile move south from Arras was accomplished from July 29 to August 4. It concentrated along a 6,500-meter sector of the line. The Canadians replaced an Australian division.

Canada’s 13 field ambulance units (nine to 11 doctors and 300 men each) arrived at Amiens from August 3-7. Their move required night marches led by officers using flashlights. The 8th FA was misdirected and had to walk back 30 miles one night to their assembly point at the asylum 1.5 miles southeast of Amiens.
Field Ambulance commanding officers (COs) were briefed on August 4. Three FA units were assigned to each of the four divisions to leapfrog over each other as the advance progressed. On August 6, the senior British Medical Officer ordered the evacuation of 4,000 wounded from their advanced and main dressing stations (ADS, MDS) and CCS, where most of the operations were performed, to free up space.

On August 6, the 8th was selected as the initial FA to support the lead off 3rd Division. It was supplied with additional stretchers and bearer teams. Their ADS and MDS units were moved 10 miles east of Amiens and positioned immediately behind the lines. Buildings with basements were preferred to avoid using exposed tents.

The evacuation plan was to manually remove the first casualties, followed by horse and then motor ambulance (carrying four wounded each) when the shelling diminished. Routes were adjusted where roads were prohibited.

Everyone was in place for the 4:20 a.m. start on August 8. It commenced with a rolling barrage, the destruction of the pre-triangulated German guns and the arrival of the tanks. Two Canadian-flown planes flew overhead to drown out the noise of the arriving tanks. The morning mist further obscured the attackers.

The surprise was complete and the ensuing eight-mile advance was rapid. Divisional objectives were reached by 8-11:30 a.m. The 8th FA followed and was repositioned by the afternoon after clearing the battle sites of casualties. The worst cases were from burnt tanks. French casualties from the south arrived after Germans began lobbing gas shells at them.

The biggest challenge for the FA was to collect, assess, triage and evacuate the casualties to the dressing stations and then the CCS. It could take an ambulance five to six hours to cover the lengthening trip. One medical officer commandeered 300 prisoners as the best stretcher bearers he could get. When one Canadian shouted to them, “Eh Fritz, we’re off to Berlin,” the laughing reply was, “Ah, you Berlin; me London.”

Despite the plan, a bottleneck of 500 wounded developed at the MDS, and another arose at the asylum CCS because of the transportation shortage. To expedite clearing, a resuscitation team was sent to the asylum to give transfusions and perform amputations. Forty-eight surgical teams were sent ahead of the four CCSs that were moved up by the British medical corps.

The 11th FA advanced with the 4th Division starting at 7:30 a.m. on August 8. They passed through the 3rd Division. The next day they overtook a German casualty camp (originally a British one) and its German wounded. The medical officers and men had left with only their highly valued medical equipment.

On August 9, another leapfrog by the 3rd Division advanced the line five miles. Then the opposing battle lines became stalemate as 10 German divisions were rapidly brought in by rail. During one pause, soldiers playing Crown and Anchor in the trenches were hit by a German shell with 16 wounded. Another shell hit an open court full of German wounded with sad results.

7,643 Canadian corps casualties (eventually 17,000) were handled on August 9, and many more prisoners (eventually 18,000) were taken. Casualties amongst all the FA staff during the battle were light with nine killed and 28 wounded.
Four Victoria Crosses were awarded in the first two days, although none were to the FA.

The Canadian divisions were moved back to Arras from August 19-22. The FAs followed, in preparation for the battle of Arras on August 26. There, the Canadians became the first troops to crack the Hindenberg Line.

Tragedy befell the 11th FA on August 29 when its CO, Lieutenant-Colonel (Lt.-Col.) H.H. Moshier, went searching in his ambulance car for a better site. On his return, the road was blocked by a disabled tank. Although within sight of their unit, Moshier and his driver were instantly killed when a German airplane-guided long-range gun shell exploded just above their car. Moshier was buried the next day near the back of Vimy Ridge. Medical historian Colonel A.E. Snell (the medical director of the 3rd Division at Amiens) noted how the FA had lost a keen, capable leader who was never satisfied unless he had a personal knowledge of the ground over which his bearers were to work.

Moshier was a professor at the University of Alberta, superintendent of the Strathcona (University) Hospital, and the initiator of the Faculty of Pharmacy. He had brought 16 medical students and six theology students with him when his unit was called up in March, 1916. In the fall of 1917, at age 28, Moshier succeeded the first 11th FA CO Lt.-Col. J.D. McQueen of Winnipeg. Today, the Moshier Medal is awarded to the top medical student in the U of A’s Faculty of Medicine and Dentistry graduating class.

The 8th FA was formed in Calgary in January, 1916 under Lt.-Col. S.W. Hewetson and went overseas shortly afterward. Hewetson was evacuated because of illness and died in England in March, 1917. Lt.-Col. J.N. Gunn succeeded him in February, 1917, but he developed trench fever twice and was evacuated before being replaced by Lt. Col E.R. Selby in February, 1918. Selby continued as the CO until the unit was demobilized after the war.

In the aftermath of the battle, an inquiry was held over the inadequate supply of transport ambulances by the British. Important recommendations for future battles included using returning ammo and supply lorries to transport casualties to the CCS, moving the CCS units forward faster and before the battle, providing more than 50 ambulances (seven per FA) for the corps in heavy fighting, issuing more stained (lightproof) tents to the main dressing stations to permit operations at night, and releasing accurate and timely information and maps on anticipated troop movements.

The value of tanks (almost all were disabled or wiped out) was discussed repeatedly. The Australians felt they were worthwhile, but the Canadians were not so impressed. The question is still being argued.

In his congratulatory letter after the battle, Lt.-Gen. A.W. Currie noted how the Canadians had faced 16 German divisions and routed four of them. He urged, “Let us remember our gallant dead, whose spirits shall ever be with us, inspiring us to nobler effort, and when the call comes again, be it soon or otherwise, I know the same measure of success will be yours.” It was.

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