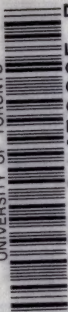


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POLITICS  
and the C.A.M.C.

Colonel Herbert A. Bruce,  
A.M.S. and C.A.M.C.







# POLITICS AND THE CANADIAN ARMY MEDICAL CORPS

A History of Intrigue, containing Many Facts Omitted from  
the Official Records, showing how Efforts at  
Rehabilitation were Baulked

By

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With Introduction by

HECTOR CHARLESWORTH

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WILLIAM BRIGGS  
TORONTO  
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## INTRODUCTION.

BY HECTOR CHARLESWORTH.

After all wars it is customary to engage in stock-taking; to canvass the mistakes that were made as well as the results that were achieved. The custom is salutary. It would be the most obvious folly in any community to settle down complacently after a period of stress and tolerantly dismiss any sins of omission or commission that may have been committed, as but the evidences of a higher virtue. Peace is the time for the restoration of clear vision and the rectification of injustices perpetrated in the hurly-burly of war. Therefore no apology need be made for the man who with intimate knowledge of any phase of Canada's war effort brings the facts to the light of day.

The demobilization of Canada's Army which is now making rapid progress rendered it inevitable that many officers relieved of the obligations of Military Service should become candid in ventilating matters it had been the policy of administrators

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to obscure or conceal. This is particularly true of the Canadian Army Medical Service which for nearly three years has been a subject of sporadic criticism.

The medical service of any army is so vitally connected with the efficiency of that army, its responsibilities are so intimately related to the welfare of the common soldiers, that its methods and organization are second in importance only to the conduct of officers and troops in the field of battle. If its administration has been marked by blunders, whether well-meaning or perverse, it is necessary and just that after the smoke of battle has cleared away, and the public *morale* can no longer be detrimentally affected, the facts should be made known. It was inevitable, in view of all the circumstances, that the Canadian Army Medical Service should come under review so soon as demobilization, especially of higher officers with a close knowledge of our organization overseas, was well under way. It is all the more important, therefore, that Colonel Herbert A. Bruce, M.D., the protagonist of the controversy with regard to the Canadian Army Medical Service, should lay all the facts before the public, and tell his own story, supported by documentary evidence, in a manner so clear that no politician can obscure the facts.

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In the belief that it may assist the layman to grasp at the outset the general outlines of the detailed narrative which forms the main portion of the volume, this introduction has been penned from the standpoint of a detached observer. The writer has read the original documents on which Colonel Bruce's narrative is based, and can vouch for the fact that he has not stated anything which he is not in a position to prove. It has also been thought advisable that one who was in a position to observe political events in Canada during the long absence of Colonel Bruce overseas—events which necessarily had their reflex on the controversy in London—should endeavor to place the story in perspective from the standpoint of Canadians on this side of the Atlantic.

The organization and system of the Canadian Army Medical Service began to be the subject of criticism within a few months after Canada's troops became an actual factor in the prosecution of the war by their glorious resistance in the second battle of Ypres, April, 1915. Criticisms became so cumulative that in the spring of 1916, the Government of Canada was forced to give it recognition and decided to send overseas Colonel Bruce, of Toronto, with instructions to make a thorough investigation of the

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work of the C.A.M.C. and formulate recommendations for its improvement. It is necessary at this point to say a word as to the unquestionable qualifications of Colonel Bruce for this task. He had for years been recognized as one of the most eminent of Canadian surgeons. As a young man he had succeeded in obtaining the very high honor which everywhere attaches to the title, "Fellow of the Royal College of Surgeons of England," and was the second Canadian in the history of the institution to win that distinction. He was, and is, one of the Professors of Clinical Surgery at the University of Toronto and Surgeon to the Toronto General Hospital, which, it is perhaps unnecessary to say, holds high rank among similar institutions throughout the world. He was a Past President of the Toronto Academy of Medicine, a Regent of the American College of Surgeons, Washington, and a Fellow of the American Surgical Association; and had held a number of distinguished professional offices, including that of Vice-President of the Congress of Clinical Surgeons of North America and President of the Ontario Medical Association in his native province. He already held the rank of Lieutenant-Colonel in the Canadian Army Medical Corps which had been

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established some years before the outbreak of the war, as a volunteer body.

Prior to receiving instructions to go overseas on the mission outlined in the present volume, Colonel Bruce had desired to give the Canadian Army the benefit of such professional services as he could render, especially in view of the fact that the events following the first winter of trench warfare made it apparent that the struggle was to be long and the issue doubtful. Despite the vast claims of his professorial duties and large private practice on his energies, he went overseas at the close of the Academic year of 1915 and offered his services to the Canadian Army Medical Corps. Without going into details which have no bearing on the purpose of this volume it may be said that he found little disposition on the part of the authorities to avail themselves of his offer, even though it involved a very considerable sacrifice on his part; but he was for a time attached to a hospital in France.

He therefore returned to Canada and it must have been not a little gratifying to him, when, in the spring of 1916, he received notification from Ottawa that the Government had decided to avail itself of his services. He was shortly afterwards, appointed Inspector-General of the Canadian Army Medical

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Services overseas and his rank of Lieutenant-Colonel in the C.A.M.C. was increased to that of full Colonel. He at once made arrangements to suspend private practice and embark and arrived in London in June of 1916.

As a first step in his new duties he asked that he be assisted by a committee of investigators who had had experience of actual conditions, and on his arrival he proceeded to make his selections for this committee. In Colonel Bruce's own narrative the high qualifications, from every point of view, of the men he chose to assist him, are made clear. They were officers of the most complete experience and loyally gave their co-operation. From the outset the newly-appointed Inspector-General had realized that it was not a "one-man job" and he proceeded to systematize the work of collecting information and suggestions, with the assistance of four Army Medical men and one military layman. By dint of hard work, which, in the latter stages of the enquiry, sometimes involved sixteen hours of the day, a report of a most comprehensive nature was completed in the space of three months and presented to the Canadian Government on September 20th, 1916.

Of the many defects both in system and administration which that report revealed readers of

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newspapers already have a general idea, and in Colonel Bruce's narrative they are now made the subject of detailed permanent record. The defects which the researches of the Inspector-General and his fellow investigators had uncovered were so many and serious that they felt compelled to recommend a reorganization of the Canadian Army Medical Service "from top to bottom." So far as possible the investigators refrained from any attempt to censure individuals, who, though conscientious in the performance of their duties, were victims of the system of which they formed a part. The main purpose was to secure immediate remedies in a branch of the Army on which the efficiency of the whole was so completely dependent.

It cannot be too strongly borne in mind by the reader, that this report was intended to be *confidential* by Colonel Bruce and the associates who attached their names to it. They had no wish to disparage the public reputation, even of incompetents, and were restrained by the established precepts of professional etiquette in the phraseology of many of their findings. Their wish was that reforms be effected not through public protest but by thorough and determined administrative effort. Without their knowledge or consent the contents of the document were

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made public in Canada and the "Bruce Report," as it was called, became a football in political warfare, not only partizan, but internecine within the ranks of the dominant party in this country at that time. It will be seen that this unfortunate turn of events was the one thing needful for the men whose interest or inclination it was to becloud the issues and cripple the hand of the Inspector-General at the very inception of his proposed reforms.

Two chief subjects of controversy arose, and in the turmoil of debate received little intelligent discussion, based on a sense of the realities. One of these was with reference to a recommendation in the "Bruce Report" looking to the concentration of Canadian hospitals in a centre easily accessible for inspection and visitation. The Shorncliffe Area, which was close to the chief points for the disembarkation of wounded arriving from France, was suggested. The condition which Colonel Bruce and his committee had uncovered was that Canadian wounded had been scattered at many points all over the British Isles from the south of England to one almost inaccessible spot in the north of Scotland, and even in Ireland. The wounded men had time and again expressed their dissatisfaction with this diffuse method of handling them, and their desire to be ministered



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to by doctors and nurses from their own land. In fact the Canadian Government was familiar with these causes of complaint prior to instructing Colonel Bruce to go overseas to report on the general situation, but when he so promptly diagnosed the condition affecting the disposal of Canadian wounded on their arrival in Britain and advised as a remedy their concentration, so far as possible, in Canadian hospitals, he was immediately accused of furtive designs upon the unity of the Empire. Nevertheless the common sense of Colonel Bruce's recommendation could not be continuously ignored and his policy was adopted even before the echoes of the clamor against his proposal died away. We find that while the Babbie Report, in 1916, declared that "to separate the (wounded) men who have fought side by side must tend to undo the bond of brotherhood sealed in the face of the enemy," the administration of the Canadian Army overseas, in an elaborate review of its war activities, laid upon the table of the House of Commons by Sir Edward Kemp, Minister of Militia Overseas, on May 12th, 1919, confesses that it was the later policy "to provide beds in sufficient numbers in Canadian hospitals in the British Isles to meet the requirements of the casualties among the

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Canadian troops in France." Thus the policy first enunciated by Colonel Bruce early in 1916 and condemned as unpractical and unpatriotic was put into effect at the close of 1918, when the flow of casualties from France had all but ceased.

Another serious error in policy which the "Bruce Report" condemned was the action of the Canadian Army Medical Service in taking over fifty-seven small V.A.D. (Voluntary Aid Detachment) hospitals in the Shorncliffe Area, at a time when the entire Toronto General Hospital Staff was lying idle at Shorncliffe. This staff could have taken care of over 1,000 patients, whereas in the V.A.D. group little more than 500 Canadian patients were being cared for in the 1,500 beds that they contained. The main objection, apart from the waste of effort involved, was that these V.A.D. hospitals were not equipped to handle surgical cases from the battlefield. The nurses, though devoted and enthusiastic, had had no adequate training to deal with such casualties, and the medical attendance was provided by local practitioners of limited experience at a time when the talents of eminent surgeons from Canada were lying idle. Among the acts of ineptitude had been the despatch by Surgeon-General Carleton Jones (head of the C.A.M.C.), of the Toronto General Hospital

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Staff to Salonica, where belligerent action had been indefinitely halted, while ignoring the needs of the Canadian soldiers who were actually fighting in France. The policy which sent eminent surgeons to Salonica to treat malaria, dysentery and other ailments which had lain outside the range of their specialized practice at home was typical of a wasteful distribution of talent that seems to have characterized the whole administration of the C.A.M.C. This unenlightened method of distribution had resulted in the appointment of one eminent surgeon as O. C. of a field ambulance, which called for no surgery whatever, while in other instances physicians with a very limited knowledge of surgery, were called upon to perform delicate and hazardous operations. This indiscriminate misuse of the abilities of the personnel at the command of the Surgeon-General was found to be prevalent rather than exceptional. With regard to the sending of Canadian hospital units to Salonica where physicians, rather than surgeons, were needed, Colonel Bruce held that if there was a need on that front, it could have been filled by withdrawing British hospital units from among those who were serving the Canadian troops in France and replacing them with the idle Canadian units from England.

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Why, it may be asked, is a medical service attached to an army? Surely, to look after the needs of the army! That answer would appear to be axiomatic; but the principle on which the Canadian Army Medical Service was governed was that it had no direct and primary function to perform with regard to the Canadian Army. Its heads were always eager in proffers of surgical and medical assistance to the Imperial, and even to the French Governments, at a time when wounded Canadians lacked proper surgical attention. It is not an unfair inference that an appetite for titular honors and other distinctions lay back of this policy.

Of the many other defects in administration which the "Bruce Report" pointed out, and which could not be defended on sentimental and other grounds, it is not necessary to speak here. They will be found in graphic detail elsewhere in this volume.

Though the War is over, there is one phase of the maladministration which characterized the Canadian Army Medical Service at the time when Colonel Bruce made his effort at betterment which constitutes a living issue. Owing to the diffuse and unintelligent distribution of Canadian wounded in many parts of Great Britain no proper records of casualties were kept by the Canadian authorities and the Canadian

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taxpayer will no doubt for many years to come be mulcted for a pretty penny as a result of this short-sighted policy. The importance of records in connection with a proper and just administration of a pension system cannot be over-estimated; but, because of the conditions described in the "Bruce Report" these records are inadequate, and the gateway to misrepresentation in connection with pension claims left wide open. There is no question but that Canada will continue to pay heavily for the blunders of the administration on this vital matter.

It may seem incredible that it should have been possible for anyone to becloud the practical and economic issues so clearly defined in the "Bruce Report" by raising the issue of Imperialism; but this was precisely what happened. The name of old Mother Britain was invoked to give a halo to incompetence, to clothe with a picturesque mist a quagmire of maladministration, and to punish and pursue the men who had attempted to effect reforms. In this tragic denouement candor compels the assertion that the ministry of Canadian Forces Overseas, which, just at this juncture, was established with Sir George Perley, who had been acting High Commissioner in London, as incumbent, played a sinister role. As a result "Argyll House," the headquarters

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of this Ministry, has come to be used as a term of reproach not only in connection with this but other matters.

As was but just, Surgeon-General Carleton Jones had been instructed to prepare a reply. Both documents were laid before the Sub-Militia Council, an organization consisting of staff officers of the Canadian Overseas Army which acted as a governing body of that force. In order to get the facts before them in concise and legal form, they instructed Major John Lash, Deputy Judge Advocate-General of Canadian Forces in England, to examine both documents and draw up a *precis*. Major Lash's summary showed that Surgeon-General Carleton Jones, though in virtue of his position responsible for the abuses reported on, was in agreement with Colonel Bruce in practically all the latter's recommendations; though naturally not with that which called for a reorganization from "top to bottom." The latter recommendation was of course the natural sequel of the criticisms which the Surgeon-General, by his agreement with them, tacitly admitted to be just and right.

The Sub-Militia Council, in view of Major Lash's summary, could adopt but one course. On motion of Brigadier-General F. S. Meighen, seconded by

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Major-General Sir Sam Steele (since deceased), it gave Colonel Bruce as Inspector-General plenary powers to proceed with the reorganization as proposed. The Council was, however, anxious to deal with Surgeon-General Carleton Jones as considerately as possible, and decided to take the moderate course of ordering him to return to Canada and to report to the Adjutant-General. This was on motion of Colonel Ashton, seconded by the late General Steele. These decisions were reached on October 16th, 1916, and the full minutes dealing with this subject of the Sub-Militia Council's deliberations are published herewith. Had these officers been permitted to follow their own judgment they would undoubtedly have succeeded in obtaining a really effective reorganization of the Medical Service. Nevertheless, after the presentation of the "Bruce Report" on September 20, 1916, a tentative commencement at reform had been made, which seemed to promise excellent results. This was before the appointment of Sir George Perley as Overseas Minister.

In the meantime matters were transpiring in Canada which were to have an unfortunate influence on the course of events. As has been stated, the untimely publication of what had been intended as

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a confidential report had resulted in controversies, in which the real issue—a more efficient organization of the Canadian Army Medical Service—was obscured. This had its reflex in Great Britain, where it was made to appear that the “Bruce Report” was a deliberate assault on the sacred cause of Imperialism and an affront to the unselfish young women who constituted the Voluntary Aid Detachment. Nothing could have been farther from the truth; but the misrepresentations were quickly turned to advantage by those who would be affected by reorganization of the C.A.M.C., or who imagined that the road to social preferment lay in ardent lip-service to the cause of the Empire. Of this latter coterie, it is not wide of the facts to say Sir George Perley, the Acting High Commissioner was the chief. Owing to a decision of the Ottawa administration to divide the Militia Department and create an Overseas Ministry, Sir George Perley, at this critical juncture, became clothed with power to take the question of the Canadian Army Medical Service under his own control. Practically his first official act was to over-ride the decision of the Sub-Militia Council and cancel the order for the return of Surgeon-General Carleton Jones to Canada. This arbitrary act was unquestionably due to the influence of



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certain ladies who knew nothing of the grave problems involved, but were filled with hysterical excitement on the subject of the V.A.D. hospitals.

Sir George's use of his powers to over-ride the decision of the better-informed Canadian staff officers, was the more extraordinary since it was also a reversal of the declared policy of the Government at Ottawa, which had announced its emphatic support to the policy of reform and reorganization. In this matter Sir Robert Borden cannot escape responsibility, since he allowed a member of his Cabinet to check measures of immense importance to the welfare of Canadian soldiers, in obedience to the outcry of a small, and relatively unimportant social coterie in London.

In the meantime, however, Colonel Bruce, in his capacity as Inspector-General, had rapidly proceeded to lay the foundations of a new organization, but the Canadian Government chose to take the position that his Report, and the subsequent action of the Sub-Militia Council, constituted a reflection on themselves. They adopted the unheard of and undignified course of appointing a Board of Investigation to investigate their own Investigator. This Board, which was appointed on November 25th, 1916, was headed by Sir William Babbie, who had recently

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been retired from the post of Chief of Medical Services in India, pending investigation of the deaths of many soldiers from lack of proper medical attention in the first Mesopotamian campaign. In this volume will be found ample proof of the absurdity, to use no harsher term, of such a selection, and also evidence of the inferiority in experience of Sir George Perley's hand-picked Board in comparison with the experienced investigators who had assisted the Inspector-General in compiling his original Report.

It should here be said that Colonel Bruce was not only prepared to welcome a further investigation of the Canadian Army Medical Service, but in a voluminous correspondence published in this volume urged it upon Sir George Perley; for evidence was still accumulating to substantiate his findings. But, having performed an unsought, difficult and unpleasant duty to the best of his ability, he objected to the appointment of a Board to investigate himself. That the purpose of this Board was not merely to investigate but, so far as possible, to discredit him, was abundantly clear from the indiscreet utterances of its members even before they commenced to hear evidence. And in one or two instances it was fair to assume that they had been selected because their

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hostility to him was well-known in Canadian official circles in London.

However, Colonel Bruce's protests and efforts to obtain a really complete enquiry were of no avail. The extraordinary methods which this "Hush" enquiry—for it deserves no better name—pursued, in its sittings and findings, are shown in the following pages. The Babbie Board made its report on December 21st, 1916, and the published text, which is included in this volume for purposes of record, shows it to be a weak and unsatisfactory document from every point of view. It discussed questions of Imperial sentiment which had nothing whatever to do with the issue, and, while agreeing in many instances with the criticisms of Colonel Bruce, and accepting his recommendations, it did so with bad grace, and apparently in an apologetic mood because it had failed to fit the facts to its inclinations. On the whole the Babbie report was clearly a forced attempt to whitewash the Canadian Army Medical Service as constituted prior to September, 1916.

It, however, was good enough to suit the purposes of Sir George Perley, who sought to stifle public criticism by issuing to the Canadian Press an altogether misleading statement. The text of Colonel

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Bruce's suppressed reply is now for the first time placed before the Canadian public.

An ironical circumstance is that the Babbie Report overshot its mark so far as to embarrass the Government. Those Cabinet Ministers in touch with the controversy had come to the conclusion that Surgeon-General Carleton Jones could not be retained in that position. The Government apparently had no intention of reinstating General Jones, and had decided to appoint General (then Colonel) Foster in his stead. The Babbie Report was, however, so sweeping an exoneration of Surgeon-General Jones that the Government, contrary to its intention, was obliged to reinstate him temporarily. It was arranged that he should hold the office for a few weeks, after which he should return to Canada as Director of Hospital Services in this country.

Though Sir George Perley had dismissed Colonel Bruce from the post of Inspector-General, he chose to invoke military regulations to restrict his activities and orders were secretly given to the military embarkation officer at Liverpool that if Colonel Bruce attempted to take ship for Canada he should be arrested and sent back to London. It may seem incredible that a surgeon of the highest standing, who had committed no crime save that of honestly

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carrying out instructions, and held distinguished military rank, should be the subject of such proposed indignities, but these are the facts.

At the same time it was decided that while he was to be compulsorily retained as an officer of the Canadian Army Medical Service Colonel Bruce should be excluded from participation in the duty of caring for the Canadian soldier—the cause nearest his heart. The British War Office having expressed a desire to obtain his services, it was arranged that he should be seconded to the Imperial Service. But in permitting the transfer the Overseas Ministry made the proviso that he should be excluded from any area in which there were any Canadian hospital or medical units. This policy of exclusion was continued after Sir Edward Kemp succeeded Sir George Perley as Minister of Military Forces Overseas, and until the conclusion of the war.

Is it not a cause for general indignation that one who stood in the first rank of Canadian surgeons should have been prohibited from ministering to the soldiers of his native land—to those who naturally had first place in his sympathies. That he should be made to suffer this chagrin for the sole crime of having executed too faithfully the duty he was asked to perform! Twice afterward, Colonel

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Bruce offered his services to Canada when the ever-increasing number of Canadian wounded in need of surgical care was apparent to everyone. In December of 1917, he made such an offer to Sir Edward Kemp, and in July of 1918, to Sir Robert Borden. No action was taken in either instance and until the armistice was signed the prohibition against his being permitted to serve in any area on the Western Front, where the Canadians were engaged, was maintained.

The same spirit also prevailed with regard to those efficient officers who had assisted in the original investigation and signed the Bruce Report. They were given to understand that they had been "sent to Coventry," and that the door of honor and preferment was closed to them. Particularly flagrant was the treatment of Lieutenant-Colonel Wilson, of Niagara Falls, details of which are given in Colonel Bruce's narrative. Colonel Wilson was D.D.M.S. at London when Surgeon-General Jones was reinstated, the second highest position in the C.A.M.C. Both General Jones and his successor, Surgeon-General Foster, sought to break Colonel Wilson down by persecution. He was reduced from next to highest to the lowest position in the Service and, though a lieutenant-colonel in rank, was placed in

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the trenches to perform the duties of a junior officer. Finally he was shipped away to a Forestry Corps camp in the Jura Mountains, although his surgical and administrative abilities were unquestionably high. There exists ample evidence to show that Colonel Wilson was thus degraded by General Foster, as a punishment for the assistance he had given in connection with the investigations on which the Bruce Report of September, 1916, was based. Under circumstances of the deepest humiliation Colonel Wilson bravely "carried on." Another signatory of the Report, Major Charles Hunter, who had been one of the leading physicians of Winnipeg, and a man rarely endowed with special medical knowledge, was also humiliated by being assigned to subordinate duties.

In one sense Colonel Bruce may regard himself as fortunate in having been seconded to the Imperial Army. Though officially ostracized by the Canadian Overseas Administration he received the most kindly recognition in the Army Medical Service of Great Britain. For two years he filled the important post of Consulting Surgeon to that body in France. This was professionally a position of exceptional honor, since there were but twelve consulting surgeons with Field Marshal Haig's vast Army. In February,

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1917, when Germany's ultimatum as to unrestricted submarine warfare had rendered inevitable the participation of the United States in the conflict, Colonel Bruce received an invitation from Hon. Newton D. Baker, U. S. Secretary for War, to visit Washington and address the Council of National Defense on the subject of medical organization. This important body, consisting of members of the Cabinet and various military, naval, financial and industrial leaders of eminence, had been formed to further "preparedness" in its every aspect. Colonel Bruce accepted the invitation, and was able to give the Council much valuable information and advice on the problems that lay before the Army Medical Service of the United States. In the summer of 1918 he was sent to represent Great Britain as one of the delegation of three to attend the American Medical Congress in Chicago, which was supplemented by a visit to the American Surgical Association at Cincinnati. His associates were Sir James MacKenzie, representing the medical profession in England, and Sir Arbuthnot Lane, one of the Consulting Surgeons of the British Medical Service in England. Colonel Bruce was selected for this mission from the Consulting Surgeons in France. On the conclusion of the War he was on retirement.



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gazetted a full Colonel in the British Army, in recognition of his services. These facts are cited, not for purposes of laudation, but merely to show the standing of the man who now tells the story of his efforts to reform the Canadian Army Medical Service, and who was cheated of his desire to serve the wounded soldiers of Canada by a concerted policy of ostracism and intrigue, because his proposals for reform did not run on all fours with the views of a coterie who placed social considerations above efficiency.

In Colonel Bruce's chronicle he appears to have endeavored to preserve chronological order so far as was possible, and to cast it as nearly in narrative form as the inclusion of a vast amount of documentary material would permit. This documentary material has rendered certain repetitions inevitable, but it was necessary that it should be included, otherwise the charge that Colonel Bruce had drawn on his imagination for his facts would inevitably be forthcoming. These facts are in themselves so serious as to furnish complete justification for their publication, if only in the interests of justice to those men who performed an unsought but necessary duty and whose reward was humiliation and persecution. It is to be hoped also that the information

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the volume contains of the subject of Army Medical organization may serve, if not as a complete guide, at least as a warning post as to what to avoid in case Canadians are ever in the future called upon to render service on the battlefield.

Viewing the narrative of Colonel Bruce from the individual standpoint, altogether apart from the Hospitals controversy, it is clear that some explanation must be required of the Ministry of Canadian Forces Overseas, and of the Prime Minister himself, as to why antagonism to Colonel Bruce was carried to the length of refusing his professional services when twice offered. Relatives of the dead and of the wounded are entitled to know why the abilities of this experienced and able surgeon were expressly denied to their near and dear ones, at crucial periods when the Canadian Army was in need of all the expert surgical assistance available.

## AUTHOR'S PREFACE.

Returning to Canada I find much confusion existing as to the controversy which grew out of the conditions disclosed in my Report to the Canadian Government upon the administration of the Canadian Medical Service Overseas, in September, 1916. As this confusion, and consequent misconceptions, have arisen by reason of the refusal of the Ministers of Militia to permit anything in the nature of criticism of the Canadian Medical Services to reach the public, I, having reverted to civilian life and being no longer bound by the military obligations which sealed my lips while I wore His Majesty's uniform, have acceded to the request of hundreds of my fellow-citizens to set down the history of and the facts underlying that controversy. Since the armistice has left me free to speak, it has been urged upon me that for the public good, and in the interest of the Canadian Army Medical Service, to which during the long years of war Canadian medical practitioners and Canadian nurses made such an unstinted, whole-hearted and effective contribution of their energies

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and abilities, I should not be accessory to the efforts of the Militia Department in withholding this information from the Canadian people.

My original Report was submitted as a confidential document upon the instructions of the then Minister of Militia. Copies of it were sent by me only to the Prime Minister and others authorized by the Minister of Militia to receive them, but shortly afterwards a digest of my findings appeared in some of the Canadian newspapers. This publication was without my knowledge or sanction, but, as it gave rise to a considerable amount of concern and uneasiness in Canada as to the administration of the Army Medical Service the Government, instead of facing the situation and remedying the abuses disclosed, resorted to the expedient of appointing a Board of Inquiry. This Board, which was headed by Sir William Babbie, was instructed not to make another investigation of the Medical Service, but simply to review my Report, and this it did.

In due course the Babbie Committee issued its finding. This was instantly communicated to the press of London in a memorandum of Sir George Perley, which was largely confined to those parts tending to discredit my revelations. The publicity which was accorded to the report of the Babbie

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Board was denied to my Reply, although the latter document was prepared and submitted upon the authority of the same Overseas Minister of the Military Forces of Canada, Sir George Perley.

In the following pages the reader will find a *resumé* of the main points in my own Report. The Appendix, which contains a large amount of accumulated evidence, upon which the text was based, is omitted, as it seems unnecessary to reproduce it here. The original Report and Appendix is to be found in the files of the Militia Department at Ottawa. The complete Report of the Babbie Board is given, as is also that of my Reply, and I have included some correspondence with Sir George Perley, covering the various stages of the attempt at the reconstruction of the medical services overseas.

A perusal of these documents will afford the reader some evidence of the difficulties involved in the conduct of an investigation into the defects in the organization and management of a permanent Service, prejudiced by ancient traditions, and fortified by autocratic powers conferred upon it by military regulations. It will also reveal the harsh treatment an individual may incur from a military administration which one has sufficient courage to criticize. In the great march of events of the past

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five years few individual experiences are worth ink and paper, and I have therefore endeavored to make this record as impersonal as possible.

When after volunteering my services, the Government accepted them and delegated to me the unpleasant task of investigating and reporting upon what is perhaps the most important Service in the Army, I realized that a judicial and unbiased revelation of the defects discovered might bring down upon me the enmity of those whose *regimé* I threatened to disturb. But the members of my Committee were one with me in the conviction that our obligation to the Canadian soldiers far outweighed personal considerations. Our work fortunately resulted in more efficient and more generous treatment for the sick and wounded and we are amply repaid.

An apparently deliberately-distorted statement of my attitude towards the Medical Service, as the result of my investigation of it, which was circulated for political purposes and evidently with the object of arousing antagonism against me, renders it necessary that I should here reiterate that neither in my original Report, nor in this volume, have I criticized the medical men carrying on their professional duties in the Canadian Army. My exposure was of the administration of the service, and of the misuse

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of its personnel. In my own experience of three years I have never failed to express my unbounded admiration and respect for these men, for the sacrifice they made and for their efficiency in the various Canadian medical units in France and England. Nor can the praise of the informed and discerning be withheld from those members of the medical profession who carried on so ably and so uncomplainingly at home.

To the medical officers serving with battalions I have paid special tribute for their admirable work under the greatest difficulties and hazards, and with unfailing cheerfulness, and sympathetic helpfulness, that gave moral support to the men. Their personal exhibitions of courage were only second to those of the stretcher-bearers, who displayed a heroism beyond all praise. To the medical officers, working in the field ambulances, casualty clearing stations, and hospitals in France and England, I have also paid homage for their splendid devotion to duty. Indeed I have on many occasions remarked the unusually high standard of professional qualifications and aptitude existing in the Medical Service, the general competence and zeal of the nursing staff and the fine spirit in which all "carried on," often under adverse and trying conditions.

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It was not permitted me to serve as I had hoped to do, our own Canadian sick and wounded. Having incurred the displeasure of those in authority because I refused to make my role of investigator a travesty and complacently shut my eyes to the great evils which menaced the comfort and well-being of our troops, I was banished from the service in which I had enlisted. As a consultant of the British armies in France I found an opportunity for service to help in the alleviation of the suffering and the physical rehabilitation of many to whom it was my privilege to minister. In consenting to permit the facts which are contained in this book to be made public, I consider I am discharging a duty and a service to my country, for the reason that the issues involved are living ones. Canada must profit by the experiences of the late war, even though in certain phases these experiences have involved grave blunders and injustices. The day is yet far distant when we can safely dispense with a properly-organized Army Medical Service. It is in the interest of everyone that this Service should be conducted along efficient, economical and truly national lines. This can only be accomplished by ending, and rendering impossible the recrudescence of the evils of favoritism, promotion



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by seniority, outside interference by irresponsible persons, and other detrimental influences which have tended to impair efficiency during the period of the war. It must be clear to everyone who reads this book that many of the mistakes of administration are due to the lack of scientific professional knowledge in the executive of the service; and that its purely administrative part should be divorced from the professional side. One hopes that this proposal has been duly emphasized in the ensuing pages. The reforms outlined can only be accomplished by the Government availing itself of the abilities of medical officers of keen minds and outstanding ability who have seen service in the various activities of the war. Keeping this necessity in mind, it will be apparent that the present volume is intended to be not merely an indictment but has also a constructive purpose.

### *My Original Commission and Report.*

Early in the spring of 1916 I was instructed by the Hon. the Minister of Militia and Defence for Canada, Lieutenant-General Sir Sam Hughes, K.C.B., to make an investigation into the work of the Canadian Army Medical Service Overseas, to report upon its efficiency, and to make recommendations for the improvement of the Service.

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In July of that year I was appointed Inspector-General of the Canadian Army Medical Service, and upon my recommendation a Committee, consisting of the following officers, was appointed to assist in the investigation:—

Colonel Wallace Scott, C.M.G., F.R.C.S., C.A.M.C., Commanding Officer Moore Barracks Hospital.

Colonel Walter McKeown, C.A.M.C., Surgeon; President of a Standing Medical Board.

Lieutenant-Colonel F. W. E. Wilson, O.B.E., A.D.M.S., Canadian Training Division, Shorncliffe.

Lieutenant-Colonel Charles Hunter, C.A.M.C., A prominent Winnipeg Physician, and Member of a Medical Board, Folkestone.

Colonel Frank Reid, C.M.G., Director of Recruiting and Organization, C.E.F.

On the conclusion of a very careful and thorough investigation of the Canadian Hospitals and Medical Service in England, we presented a confidential Report to the Hon. the Minister of Militia, and through him to the Canadian Government. In the necessary investigations and in the preparation of

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this Report I was ably assisted by the Committee, and the criticisms and recommendations contained in it have been endorsed by each Member of this Committee. The following is a Summary of the Report :

Throughout the enquiry our motive was to ascertain if everything possible, as regards medical and surgical skill and nursing, had been and was being done for the brave men who had been wounded or had become sick while fighting in our cause, and to whom we therefore owed the best and most efficient service which it was in our power to give them. Incidentally we also endeavored to ascertain if the method of administration of the Medical Services was such as would be likely to yield the best results without waste of public money. I may at once state that, in so far as the medical and nursing staffs were concerned, we found that both the doctors and nurses had discharged their duties in a most self-sacrificing and exemplary manner. Therefore, anything that we were compelled to say in criticism of the administration and defects of policy must not be interpreted as a reflection upon the personnel, who had been most diligent in carrying out the duties assigned to them. When members of the Medical Staff are placed in positions in which they have no

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opportunity of performing the duties for which their previous training has especially fitted them, it is perfectly obvious that their services are not being used to the best advantage. At the same time, however, I should like to point out and to emphasize the fact, which is equally patent, that the individual, who is practically helpless in the matter, is not in any way to blame for the consequent waste of good material. The responsibility for this waste must be laid at the door of the Director of Medical Services, who, in too many cases, appeared to have ignored special qualifications altogether, and had distributed the personnel in the most haphazard manner.

At the outbreak of the war our medical organization was a small one, and quite unprepared to cope with the large problems created by the necessities of a rapidly-increasing force. Making all due allowance for these difficulties, it would naturally be expected that some definite policy would have been pursued to ensure that our men should receive the best possible treatment. I take it that the first duty of the Canadian Army Medical Corps was to the sick and wounded of our Canadian Expeditionary Force, and if this was so, a policy of concentration of hospitals would seem to possess manifest advantages. Instead of this, hospitals had been scattered

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all over the country, rendering efficient control and inspection difficult, and also entailing needless expense in transporting patients to and from them.

More than a year before my investigation was undertaken special arrangements had been made for sending wounded Canadians to the Queen's Canadian Military Hospital, Beachborough Park, and on June 16th, 1915, it was suggested, in a letter from Colonel Hodgetts, Commissioner of the Canadian Red Cross, to Surgeon-General Carleton Jones, that the War Office should be requested to make similar arrangements in regard to the Duchess of Connaught Hospital, Cliveden. This request was accordingly made. The War Office acceded to it, and gave instructions that Canadian soldiers should be sent to one or other of these two hospitals, and as a consequence of this arrangement many more Canadians found their way to them. In spite of the fact that on December 17th, 1915, in reply to representations made to him to the effect that for Imperial considerations it was advisable to spread the Canadians throughout Great Britain, the Director of Medical Services (Canadians) had expressed the opinion that "it is conducive to the patients' well-being and comfort to be under our own administrative control," we find him, on February 2nd, 1916, writing to the

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War Office to ask that the instructions given in regard to the two hospitals mentioned above should be amended, and stating, in a further communication dated March 25th, 1916, "that it is not now considered necessary, from a Canadian point of view, to make any special arrangements at Southampton for the collection of Canadian patients." No reason is assigned for this complete change of attitude.

At the time of the publication of the Report we had in Salonica, where there were no Canadian soldiers, three hospital units, with a total bed capacity for 2,800 patients.

Even should it have been found impracticable to send Canadian patients to Canadian hospitals in France, those proceeding from the Base in France on hospital ships to England could easily have been labelled "Canadian," and have been collected at the point of disembarkation, from whence they could have proceeded directly to a Canadian hospital. This procedure would have been facilitated if we had had a concentration of Canadian hospitals in some convenient area near the seaboard, such as that suggested by me at Shorncliffe.

In this connection I should like to point out that if we had had a concentration of primary hospitals under our control it would have been possible to

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secure the services of consulting experts in the various departments, and have thus ensured the best possible treatment for our men, whereas the policy which had been pursued of scattering hospitals all over the country made it impossible, under existing conditions, to obtain the very large number of experts which would have been required.

It had been stated to be desirable, from an Imperial point of view, that our soldiers should mix in the hospitals with those from other parts of the British Empire. My experience with sick people leads me to the conclusion that they prefer to be amongst their relatives and friends, and I imagine that the feelings of a sick soldier in no way differ in this respect from those of a sick civilian. During the inspection undertaken for the purposes of my Report we found our Canadian soldiers stating that they wished they had been sent to Canadian hospitals, where they would have been under the care of doctors and nurses from home, with whom they would naturally have had more in common; and Canadian Medical Officers complaining that, in consequence of the existing conditions, they rarely had an opportunity of treating a Canadian patient.

Further, as we shall ultimately be responsible for pensions, I was very strongly of opinion that it was

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imperative that we should ensure that our wounded and sick soldiers were under the immediate supervision of our own Medical Service.

The Canadian Medical Service was criticised under the following headings:—

### I. MANY SOLDIERS WERE ARRIVING IN ENGLAND FROM CANADA MEDICALLY UNFIT; WHO SHOULD NEVER HAVE BEEN ENLISTED.

Many hundreds of soldiers, clearly medically unfit for service overseas, had been sent from Canada to England. This applied especially to the battalions and drafts which arrived from Canada in the second year of the war, and in consequence of this an order was issued on March 9th, 1916, that all drafts should be medically inspected immediately after their arrival in the Shorncliffe Area.

This medical examination of the newly-arrived drafts showed that they included a large proportion of unfit men; the Canadian Pioneer draft, which arrived on June 29th, 1916, being found to have fifty-seven unfits out of a total number of 254 all ranks, that is to say, 22.5 per cent. of unfits.

A large number of the men who had been discharged from the Army had given a history of asthma of long standing, many of them stating that



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they had left England years ago because they were unable to live in that country. Some of them had exhibited marked symptoms of asthma at the time of enlistment. In some cases the men had lived in comparative comfort in Western Canada, but had a recurrence of their old trouble on moving to Eastern Canada with their battalions, and on reaching England it had been found necessary to discharge them.

Men suffering from tuberculosis had also been allowed to enlist in the Canadian Expeditionary Force. At the time of enlistment, although the disease might possibly have been latent, owing to the beneficial effects of previous treatment, there was still evidence of the presence of old tubercular foci. In the majority of these cases the men signed their own death warrants on enlistment, and in addition they were a constant menace to the troops with whom they had been in close contact in crowded huts and transports.

The following appear amongst a number of special cases cited in the Appendix:—

Private R. Mick, 297454, enlisted with the 224th Battalion on March 17th, 1916. He was *sixteen years of age, weighed eighty pounds only*, and had suffered from infantile paralysis, which left him with undeveloped and weak muscles in the right hip and thigh. He was passed on two occasions as

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medically fit. After arrival in England he spent most of his time in hospital. He was still in England at the end of August, 1916, although he had done no military duty since coming over, and was of no military value.

Private Wenrow, No. 412252, 39th Reserve Battalion, aged 34; enlisted February 8th, 1915, and was discharged on May 8th, 1916, having done very little work since enlistment, and being unfit for marching, owing to severe bunions on both feet, which had been there on enlistment.

Private Alert, No. 417943, 23rd Reserve Battalion, enlisted July 21st, 1915, and was discharged July 18, 1916. At the time of enlistment he had partial paralysis of the whole of the left side of his body.

A more careful and rigid examination by competent medical officers was recommended.

### 2. THAT THE SYSTEM OF DISTRIBUTION OF CASUALTIES FROM THE FRONT TO IMPERIAL HOSPITALS IN ENGLAND, SCOTLAND, WALES AND IRELAND IS EXTREMELY UNSATISFACTORY.

At the time of the publication of my Report a Canadian casualty arriving from the front was sent indiscriminately to a hospital in England, Scotland, Wales or Ireland. On August 16th, 1916, there were only 1,612 Canadian overseas patients in Canadian primary hospitals, whilst 5,135 were in British hospitals, scattered over a wide area in England,



## BRITISH HOSPITALS IN WHICH CANADIAN PATIENTS ARE SITUATED



MAP No. 1.

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Scotland, Wales and Ireland. At this time a complete inspection of Canadians in Imperial hospitals had not yet been made. Subsequently, when this was completed *by inspectors appointed by me*, it was found that *Canadian patients* were accommodated *in no less than eight hundred different hospitals, scattered throughout the length and breadth of the United Kingdom.* (See Map No. 1).

The conditions found in seven of these hospitals, situated in the London Area and at Aberdeen, Scotland, may reasonably be taken as typical of those which obtained in the others. In these hospitals 248 Canadian patients were examined by our inspectors. It was found that of this number 116 ought to have been evacuated to Canadian convalescent hospitals, fifty-two discharged as permanently unfit for active service, and thirteen who were suffering from venereal disease, should have been cared for in a venereal area of our own. That is to say that of the 248 Canadian patients examined, 171 should not have been in these hospitals at all, and twenty per cent. of them ought to have been previously evacuated to Canada as permanently unfit.

It was recommended that steps be taken to secure authority from the War Office for the collection of Canadian casualties at the base in France, so that

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they might subsequently be directed to Canadian hospitals in England. It was also recommended that active treatment hospital accommodation, sufficient to take care of all Canadian casualties from the Front, should be provided in a concentrated area in England, and the use of British hospitals for Canadian patients discontinued as much as possible.

### 3. THE PRESENT METHOD OF HAVING HOSPITALS SCATTERED OVER A WIDE AREA IS MOST OBJECTIONABLE.

A glance at Map 1 illustrates this very clearly. Buxton, for instance, which had recently been taken over as a Canadian hospital for patients suffering from rheumatism, was 236 miles from Folkestone. Argument is unnecessary to show that the wider the area of distribution of patients, the more difficult becomes efficient administration, supervision and inspection. A further and no less important point is the cost of transporting patients these great distances and back again to convalescent hospitals.

Map 2 illustrates the proposed concentration scheme. It was impossible to make this an ideal one, owing to the fact that large sums of money had been spent by Canada upon hospitals in various localities, and that it was necessary to make use of these hospitals, if possible.

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4. THERE WAS UNNECESSARY DETENTION IN HOSPITALS. THERE HAD BEEN NO MEDICAL INSPECTION BY THE CANADIAN MEDICAL SERVICE OF CANADIAN SOLDIERS IN IMPERIAL HOSPITALS, AND THERE HAD BEEN NO EFFICIENT MEDICAL INSPECTION OF CANADIAN HOSPITALS, IN CONSEQUENCE OF WHICH CANADIAN SOLDIERS WERE RETAINED IN HOSPITALS IN GREAT BRITAIN, MANY OF WHOM SHOULD HAVE BEEN RETURNED TO CANADA, WHERE THEY COULD HAVE BEEN MORE ECONOMICALLY AND EFFICIENTLY TREATED. THE LACK OF SYSTEM PERMITS THE AIMLESS MOVING OF PATIENTS FROM HOSPITAL TO HOSPITAL.

The treatment of Canadian sick and wounded soldiers had not been such as to ensure either the earliest possible return of convalescents to the fighting unit or Base duty, or the prompt discharge from the Service of the medically unfit.

Until July 1st, 1916, when Lieutenant-Colonel Finley was appointed Consulting Physician, no experienced medical man had been employed to exercise a general supervision over the medical treatment. There was still no Consulting Surgeon, although the

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necessity for such an appointment was urgent. Owing to the lack of efficient supervision, soldiers were sometimes allowed to remain in hospital for weeks, or even months, after they were fit for training, or at least for base duty, or when they were clearly cases who should have been discharged from the Service. During the inspection several cases were met with who had been detained in hospital for over a year after they should have been discharged.

Patients had been transferred aimlessly from one hospital to another, with no satisfactory records of their condition accompanying them. The information acquired at the first hospital, had therefore to be elicited again, before the medical staff of the second hospital could begin successfully to treat the patients.

In the Recommendations the urgent need for a Consulting Surgeon was strongly emphasized, as well as the necessity for co-ordination of the Service in England, Canada and France. It was also recommended that the personnel of hospitals should be of a more permanent character than heretofore, and that there should be periodical inspection of all cases in hospital, to ensure their not being detained for an unnecessarily long time. Suggestions were made



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which it was estimated would effect a thirty-three per cent. reduction in the number of Canadian casualties in hospitals in Britain. These included measures to prevent the enlistment of unfit men and of those who obviously could never be trained successfully for overseas service.

### 5. THE USE BY THE CANADIAN MEDICAL SERVICE OF VOLUNTARY AID HOSPITALS WAS MOST UNDESIRABLE, AS THEY WERE INEFFICIENT, EXPENSIVE AND UNSATISFACTORY.

Most of the Voluntary Aid Detachment hospitals were formerly dwelling-houses, roughly adapted to serve as hospitals. In most of them there was no proper operating-room; in some, operations were performed in a recreation or other unsuitable room, whilst in others any patient requiring an operation had to be removed to another hospital for it.

In spite of the lack of the necessary equipment and personnel, a considerable number of these hospitals received wounded and sick directly from the Front. There were, no doubt, isolated instances of V.A.D. hospitals, *e.g.*, St. Anselm's Hospital, where the building, equipment, and medical and nursing staffs were all that could be desired. There is no doubt, too, that at the beginning of the war these

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hospitals served a most useful purpose, and were, in the absence of military hospitals, practically indispensable. In the emergency, the hearty welcome, the will to serve, largely made up for the absence of trained skill and surgical appliances. But there was no question that at the end of the second year of the war the continued use of V.A.D. hospitals by the Canadian Medical Service was undesirable. In the Shorncliffe Area alone there were fifty-seven of such institutions, with a total capacity of over three thousand beds. They were scattered over a wide area, and were in many instances inaccessible by rail, factors which undoubtedly increased the cost and difficulty of administration. In addition the medical staff consisted of civilian practitioners, often with no surgical experience. Under these conditions it was obvious that the greatest care was necessary in selecting suitable cases for admission to these institutions, in the supervision of the surgery, and in careful inspection of the patients, with the object of ensuring that they were not detained in the hospitals for too long a time.

(In this connection it should not be forgotten that practically all the military hospitals throughout Great Britain had subsidiary V.A.D. hospitals

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attached to them, to which, of necessity, many of our Canadian patients found their way.)

It is a grave indictment of the Canadian Medical Service to say that a fair proportion of the patients in these V.A.D. hospitals at this time should never have been sent there; that inspections by competent Canadian medical officers were scandalously infrequent; and that quite twenty-five per cent. of the patients were retained in hospitals for weeks or months after they should have been discharged. Owing to the fact that the hospitals were under the charge of civilian medical men, with no military experience, the importance of the early return of soldiers to their units, or at least to base duty, was in many cases entirely lost sight of, the result being that the discipline and morale of soldiers, who had long been ready for the hardening influence of the training camp, were impaired by the enervating effects of an unduly prolonged stay in hospital.

A constant effort seems to have been made to keep these institutions filled, and in at least four cases agreements were in force for some considerable time, under which the Canadian authorities agreed to pay for ninety per cent. of the beds in the hospitals, whether those beds were filled or not.

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It was recommended that the use of Voluntary Aid Detachment hospitals by the Canadian Medical Service be discontinued.

(During the final weeks of the war the last remnant of the V.A.D. hospitals was being disposed of by the Canadian authorities. In the meantime, of course, Canada has paid the price for her tardiness in adopting the recommendation on this subject made by me in 1916. An editorial, dealing with the British Voluntary Aid Detachment hospitals, which appeared in the *British Medical Journal* some considerable time after the publication of my Report, entirely supported my attitude in the matter.

I wish to emphasize the fact that in what was said in my Report I intended no disparagement whatever of the service of the Voluntary Aid Detachment nurses. On the contrary, I expressed my appreciation of the self-sacrifice and devotion displayed by those nurses, and of the splendid services which they had rendered to the sick and wounded, and further stated that there was plenty of work which these partially-trained nurses were capable of doing in various capacities. After two years' experience in the British hospitals in France, I feel that I cannot speak too highly of the value of the splendid work which they have so unselfishly and cheerfully performed.

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Far from intending to criticize the Voluntary Aid Detachment nurses, I had in view, at the time I made my Report, their employment in the Canadian Service, and during the early period of my reorganization took up the question with the Matron-in-Chief, who I found very much opposed to the idea. If I had continued my work of reorganization, I should have insisted upon the employment of a large number of Voluntary Aid nurses in all our hospitals, as many splendid young women in Canada had offered to give their services, and I was convinced that their work would have been of the greatest value, and incidentally would have effected a very considerable saving to the Canadian Government.

My policy was to adapt to military conditions the system which prevails in civil hospitals at all times, whereby a certain percentage of novices perform duties which require no special skill or nursing experience. In the civil hospital, beginners perform these services as the initial part of their training for the nursing profession, at little or no expense. It occurred to me that by a process of diluting the staffs of trained nurses in Canadian military hospitals with V.A.D. nurses, the same system would be attained with a resultant economy of expenditure. It would also have enabled the Canadian Army

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Medical Service to avail itself of the energy of many patriotic Canadian girls without training who were eager to serve as volunteers in any capacity without remuneration. Canada, indeed, was practically the only country in the war which made no use of such available material. British experience showed that with a few months' practise, V.A.D. nurses became capable of performing a large share of the work of caring for the patients. At the end of eighteen months to two years their ability to serve the sick and wounded was undistinguishable from that of the regularly trained nurse. What a great opportunity Canada has lost in not having employed this voluntary aid. If she had done so we would now have available a large force of trained young women, who would be able to assist in handling the extra burdens thrown on our country in the care of the disabled soldiers; a force which would be an invaluable asset in the case of such an epidemic as that of the influenza which occurred last autumn and winter. The British Medical Service followed a system of employing about forty per cent. V.A.D. nurses in co-operation with sixty per cent. trained nurses and from my two years experience in British military hospitals, I can say that the quality of the nursing was not diminished thereby, but was quite

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up to the high standard found in Canadian military hospitals where only graduate nurses were employed. My purpose was that so soon as the more pressing reforms in the Medical Service were completed to initiate this system of employing V.A.D. nurses.)

### 6. THE ADMINISTRATION OF THE GROUP OF FIFTY-SEVEN VOLUNTARY AID HOSPITALS UNDER SHORNCLIFFE MILITARY HOSPITAL BY THE CANADIAN MEDICAL SERVICE WAS UNSATISFACTORY AND EXPENSIVE.

On July 22nd, 1915, the Shorncliffe Military Hospital and its subsidiaries were handed over by the Imperial Government to the Canadian Medical Service for administration. Most of these subsidiary hospitals were Voluntary Aid Detachment hospitals. When this arrangement was made it was agreed that the Canadians should supply the working staff for the Shorncliffe Military Hospital, and should take over all the duties of transfers, returns, the outfitting of overseas patients with clothes, equipment, etc., for which the Imperial authorities had previously been responsible. The agreement further specified that the Shorncliffe Military Hospital was to be used for Canadian and Imperial soldiers, both cases occurring locally and those transferred from overseas.

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The Shorncliffe Military Hospital is an old building, inconveniently located and most difficult to administer. At the very time that the arrangement referred to was made the personnel of No. 4 Canadian General Hospital was at Shorncliffe, and not being used for any purpose whatever. If, instead of taking over the Shorncliffe Military Hospital group, this hospital unit, with equipment and staff for taking care of 1,040 patients, had been installed in a new general hospital building, a costly and disastrous mistake would have been avoided. In the Report a detailed statement is given, showing the cost to the Canadian Government of the administration of this group of hospitals for purposes other than Canadian. The amount given in the Report is rather over \$113,000.00 per annum, but it was subsequently found that certain items, bringing the total amount up to \$160,000.00 per annum, had been omitted.

At the time when my investigation was made the Shorncliffe Military Hospital and its subsidiary hospitals were taking care of only 558 Canadian patients. This total number included 113 venereal cases, who should have been provided for in an area of their own. The remaining 443 cases could quite well have been accommodated in one stationary



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hospital, and therefore this item of \$160,000.00 a year can be regarded as wasted.

7. THE METHOD OF OPERATING JOINTLY WITH THE RED CROSS CERTAIN HOSPITALS BUILT AND EQUIPPED BY THEM WAS UNSATISFACTORY. SUCH DUAL CONTROL WAS UNDESIRABLE.

The system of dual control in these hospitals had undoubtedly given rise to a certain amount of difficulty, with no advantages to counterbalance it. It was therefore recommended that the Red Cross Hospitals be placed in the same relation to the Canadian Medical Service as the Ontario Military Hospital at Orpington; that is to say that the hospitals, when built and equipped, should be taken over and managed by the Canadian Medical Service.

8. IMPROPRIETY OF DETAINING CANADIAN ARMY MEDICAL CORPS PERSONNEL TO IMPERIAL HOSPITALS AND STILL RETAINING THEM ON CANADIAN PAY ROLLS.

In the section of the Appendix dealing with the administration of the Shorncliffe Military Hospital Group there will be found a nominal roll of C.A.M.C. personnel employed in V.A.D. hospitals in the Shorncliffe area, together with the cost to the

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Canadian Government per month of such personnel. Even though this may be adjusted later on, when the question of reciprocal service has to be considered, the matter will present many complications, and entail considerable difficulty.

### 9. UNSATISFACTORY SITUATION AT SHORNCLIFFE, DUE TO ASSISTANT DIRECTOR OF MEDICAL SERVICES BEING ALSO A.D.M.S., DOVER DISTRICT (IMPERIAL).

The occupancy by a Canadian officer of a position under two different administrations has not proved satisfactory. As A.D.M.S. Dover District he received repeatedly Army Council instructions, which clashed with his instructions as A.D.M.S. Canadians, and it was therefore clear that a good and satisfactory A.D.M.S. Dover District could not make an equally satisfactory A.D.M.S. Canadians.

It was recommended that this dual position be abolished, and that the Imperial authorities take over the A.D.M.S. Dover Area.

### 10. NO ATTEMPT HAD BEEN MADE TO RESTRICT THE LARGE NUMBER OF OPERATIONS PRO- DUCING NO INCREASED MILITARY EFFI- CIENCY.

No instructions of any kind had apparently been issued dealing with the above subject. The only

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military justification for operations for minor disabilities is the resulting improvement in the efficiency of the soldier, and after two years of war, definite conclusions ought to have been reached in regard to the desirability of many operations which were still frequently performed. Such operations include those for varicocele and varicose veins, for hæmorrhoids, dislocated semilunar cartilage, mastoid disease and hernia.

It was recommended that operations on Canadian soldiers for minor disabilities be restricted to those which improve military efficiency, and be performed only by medical officers possessing sufficient skill and practical experience.

### II. THE INSTALLATION OF AN EXPENSIVE PLANT AT RAMSGATE WAS INADVISABLE, AS A LARGE NUMBER OF THE CASES TREATED THERE SHOULD HAVE BEEN SENT TO CANADA FOR TREATMENT.

At the Granville Canadian Special Hospital, Ramsgate, were treated joint injuries, nerve lesions and contractures, shell-shock and neurasthenia. Amputation cases were also transferred to this hospital to await the application of an artificial limb.

As regards equipment, one cannot help being sceptical as to the military value of much of the

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elaborate installations for baths of all kinds and electrical appliances, calculated though they may be to impress the casual visitor.

It was highly desirable that soldiers who were permanently unfit, or who at the most could only be fit for base duty, should be returned to Canada as soon as they were able to travel without detriment to their health. This especially applied to amputation cases, both for the sake of the man himself, and from an economic point of view.

Amputation cases waited in England to be fitted with an artificial limb, necessitating a stay of six months on an average after healing of the stump. During the weary months which elapse before the artificial limb can be worn and freely used, functional and professional re-education should be begun, either simple training in the man's old occupation or the teaching of some new line of work. Lack of occupation and of some incentive tends to prolong indefinitely the actual medical treatment of convalescent patients, occupation having a curative effect in the later stages of treatment. Re-educative measures had been undertaken to a limited extent at the Granville Special Hospital, but as arrangements had been made by the Hospitals Commission to deal with

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these cases in Canada it was not necessary to retain them in England.

From the economic standpoint it may be said that in France it is estimated that about one per cent. of the wounded will require artificial appliances of some kind, and that the life of an artificial limb is only from three to five years. This being so, there is no doubt that in the future there will unfortunately be a great demand for the manufacture and repair of artificial limbs, and the Canadian Government has very wisely established a factory for this purpose in Canada.

In the course of the investigation we came across this very curious anomaly. Although the artificial arms were manufactured in and obtained from America, our men were detained in England until these could be brought across the Atlantic, the authorities, apparently, being totally oblivious of the fact that they would be nearer the source of supply after they returned to Canada, and in one case of which we have records the soldier was *brought back* from Canada to be fitted with an artificial arm which came from America.

Cases of nerve and joint injury, in which it is obvious that very many months must elapse before the man can again be of any military value, should

## POLITICS AND THE C.A.M.C.

also, as a rule, have been returned to Canada. The necessary nerve and orthopædic operations, which usually have to be delayed until some time after the wounds have healed, are better undertaken where it is intended to carry out the after-treatment and re-education measures.

The location of this hospital was unfortunate, especially for neurasthenic and shell-shock cases, owing to the frequent visits of Zeppelins to the area in which it was situated.

After careful consideration we came to the conclusion that if this hospital was transformed into an active treatment hospital, no less than forty-one of the paid civilian personnel could be dispensed with, thus effecting a saving of \$14,877 per annum.

It was recommended that the hospital be used as an active treatment hospital for the reception of cases direct from the Front, the amputation, nerve and joint cases being in future returned to Canada.

(It may be of interest here to mention that the unsuitability of this site for a hospital of this kind, for the very reason given above, was subsequently abundantly demonstrated. But, although my warning was given in September, 1916, the hospital was not abandoned until April, 1918, after considerable loss of life and destruction of property had been

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caused by bombs during an air raid. The hospital was then removed to Buxton, where its character was largely changed, as a result of the adoption of the recommendation for sending the class of cases which had been previously treated in it, to Canada).

### 12. THE ESTABLISHMENT AT BUXTON OF A SPECIAL HOSPITAL FOR THE TREATMENT OF RHEUMATICS WAS ILL ADVISED, AS THE MAJORITY OF RHEUMATICS WILL NOT BE FIT AGAIN FOR ACTIVE SERVICE, AND COULD BE BETTER AND MORE CHEAPLY TREATED IN CANADA.

In June, 1916, a Canadian Red Cross special hospital was opened at Buxton for the treatment of rheumatism and allied conditions. This hospital was 165 miles north-west of London and 236 from Folkestone, and therefore a long distance from any other Canadian hospital, rendering the cost of transportation to and from it excessive.

As severe rheumatism is practically certain to recur under such conditions as obtained in the army in England and overseas, it seemed to me that it should be regarded as sufficient ground for discharge as permanently unfit, and that all the chronic cases should be returned to Canada. The slighter ones could have been perfectly well treated in any of the

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Canadian primary hospitals. The same remarks apply to severe cases of shell shock, which were also being treated in this hospital, and in which recovery, from a military point of view, is always incomplete.

We came to the conclusion that it was a mistake ever to have established a special hospital in England for the treatment of rheumatism, and it was, therefore, recommended that its use for this purpose be discontinued.

### 13. PRESENT SYSTEM OF HANDLING CANADIAN VENEREAL PATIENTS WAS STRONGLY CONDEMNED.

On account of the extreme urgency of the venereal situation a memorandum was submitted by me to the Hon. the Minister of Militia and Defence on September 5th, 1916, to the following effect:—

That no satisfactory arrangement had yet been made for dealing with venereal cases, and no special place provided for them until the Elham House property was secured a short time before my investigation was undertaken. The buildings on this property were quite as good as those in any modern hospital, and were in every way suitable for a primary hospital for the reception of wounded direct from the Front. As we were at the time in urgent need



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of primary hospitals it seemed a needless extravagance to put venereal cases in such a splendid institution, and the use of huts in a venereal area was, therefore, recommended.

The objections to treating these cases in hospital were pointed out. In civil life this is never done, except for a complication of the venereal disease, the patients carrying on their ordinary avocations during the course of treatment. The method of dealing with the situation was placing a premium upon the contraction of the disease, as it meant that the soldiers were relieved from duty for long periods of time, and that when they left the hospital they were flabby and demoralized, and required a long course of training before they were fit for service. If they were given regular exercise and light training while they were being treated for the disease they would be discharged in good physical condition to the Command Depot, and only require a short period of training before they became fit to rejoin their units.

It was recommended that the course suggested in the last paragraph should be adopted. It was pointed out that the time during which the services of the men would be lost would thus be considerably reduced and, in addition, the country would be

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saved a large amount of unnecessary expenditure. It was also recommended that the building occupied by the venereals should be evacuated, and that a certain area should be acquired for their use. This would have immediately liberated a first-class hospital, which could have been used as an active treatment hospital for our overseas casualties.

### 14. FAULTY SYSTEM OF HANDLING INFECTIOUS DISEASES.

Up to this time cases of measles had usually been sent to Moore Barracks Hospital, and those of other infectious diseases to the Folkestone Isolation Hospital. In many ways this arrangement was not very satisfactory. There was no resident physician at the Folkestone Isolation Hospital, and the medical officer paid only occasional visits to the institution. Patients were received at a rate of so much per patient per day.

As the arrangement which had been made for treating cases of infectious diseases occurring amongst the Canadian troops in institutions not under our own control had been found to be a most unsatisfactory one, it was recommended that in

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future Canadians should look after these cases themselves, and place them under the best possible conditions for appropriate treatment.

### 15. MEDICAL BOARDS TO REGULATE THE CLASSIFICATION OF CASUALTIES WHEN CONVALESCENT, HAD NOT BEEN ADEQUATELY PROVIDED FOR.

The Medical Board situation was a disgrace to the Canadian Medical Service, and was largely responsible for excessive wastage of the Canadian Expeditionary Force and for the unsatisfactory estimation of pensions. There was no central control; no uniformity of standard amongst the different Boards; no supply of an adequate, permanent and efficient personnel for the Medical Boards; no records of a satisfactory nature available regarding very many of the casualties, and no instructions regarding pensions. The importance of efficient Medical Boards and a proper classification of casualties had never been appreciated by the authorities. Medical officers, frequently new arrivals from Canada, often young men with little experience, and ignorant of the elements of the work required, were sometimes hurriedly brought together to form a Medical Board, and allowed to classify,

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without supervision, casualties for duty, training, base duty or discharge. Naturally enough no uniform standard of fitness had prevailed amongst the different Boards, composed, as they were, of these shifting elements, and independent of each other. Hence had arisen contradictory findings on the same casualty, and Medical Board work had often degenerated into a farce.

The different Boards at Folkestone, Bramshott, London and Havre were not co-ordinated in any way. Thus, in August, 1916, of 111 cases which were boarded at Havre, and considered there to be fit only for permanent base duty, nearly 50 per cent. had been previously passed by the Medical Boards in England as fit for duty at the Front in from four to six weeks. Of 226 cases which were returned from France as permanent base duty men on July 16th, 1916, about a quarter were passed by the Medical Boards in England as fit for full duty in four weeks.

As regards the boarding of officers, no general policy had been determined on, and there was no agreement between the Boards at London and Folkestone, the result being that dozens of officers were retained in England who might, with advantage to the country, have been discharged from the service.

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The question of casualties in England appeared to have been largely regarded as an isolated problem, and no co-ordination with Canada had been attempted, though the time was ripe for such co-ordination.

The appointment of an Assistant Director of Medical Services Invaliding was recommended, for the purpose of securing co-ordination between the Medical Boards in England and France, and co-operation with the Claims and Pensions Board in England and the Military Hospitals' Commission in Canada, together with complete re-organization of the Medical Boards. The imperative necessity of regarding casualties in Britain and Canada as one problem only, and not as an isolated one in each country, was emphasized, and it was pointed out that this was especially important in view of the re-education work which was being undertaken in Canada.

The appointment of Standing and Travelling Medical Boards, the personnel of which should be permanent, and the members of which should possess, if possible, a certain amount of military experience, was recommended. These Boards would not deal with discharges and permanent base duty

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men, but their function would be to see periodically all soldiers, other than those in hospitals, not classified as fit for full duty, with a view to placing them, if considered advisable, in a higher category, and thus reducing the wastage of man power in the Army. The Board of Medical Officers inspecting the Canadian troops at the base in France should be composed of men thoroughly conversant with the work of the Travelling Medical Boards in Britain and interchangeable with the members of these Boards. This was the only possible way of securing the necessary uniformity of standard.

### 16. SATISFACTORY RECORDS REGARDING INDIVIDUAL CASUALTIES WERE NOT AVAILABLE.

The records of the sick and wounded were found to be hopelessly bad, patients very rarely bringing with them any written information from France, and very insufficient and unsatisfactory records being kept in England. The entry on the medical history sheet (the only record in most cases) was made, as a rule, by the registrar of the hospital, who knew nothing whatever about the patient, saw him only on admission and discharge, and blindly copied the diagnosis already entered on the medical history

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sheet at the previous hospital, or jotted down whatever the patient stated to be his disability. As a result of this, when the patient ultimately came before a Medical Board all previous records had usually been lost, with the exception of such brief—and often misleading—entries on the medical history sheet.

The following recommendations were made:—

A nominal roll of all Canadian soldiers, specifying their disabilities, should be forwarded to the Canadian Records Office every week, and a certified entry made at once on the medical history sheet of each patient. A similar weekly return should be made to the Records Office by Canadian hospitals at the base in France. After the facts had been carefully entered on the medical history sheet at the hospital to which the soldier was sent any documentary evidence from France should be sent to the Records Office, and not retained in the hospital. The importance of the medical history sheet in hospitals in Britain was emphasized, as also was the necessity of this document accompanying the soldier from one hospital to another.

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17. THE EXCEEDINGLY IMPORTANT QUESTION OF PENSIONS, WHICH WILL INVOLVE THE EXPENDITURE OF LARGE SUMS OF MONEY BY CANADA ANNUALLY, HAD BEEN NEGLECTED BY THE CANADIAN MEDICAL SERVICE.

The importance of pensions had not been recognized in any way. Canada will have to pay in pensions millions of dollars annually for the next fifty years. It may be safely assumed that the country is anxious to do full justice to all claims for disabilities resulting from, or aggravated by, military service. To be scrupulously fair to the individual soldier, and to give him the benefit of the doubt when such exists, and yet to protect the State against unjust claims for compensation, was the bounden duty of the Medical Service.

In order to ensure full justice to the individual soldier and protection to the State the following precautions were absolutely essential:—

- (a) Some means of identification.
- (b) Reliable records and first-hand documentary evidence, as far as is possible.



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- (c) A final examination before discharge made by medical men who have every facility for thorough medical examination, and whose professional standing would render it difficult to subsequently successfully attack their conclusions.

Judged by this standard, the Canadian Medical Service had failed to an almost criminal degree:—

- (a) Insufficient precautions had been taken to secure ready identification.
- (b) The records were hopelessly bad.
- (c) There had been only two permanent members—one of them of junior rank—on the two Boards dealing with discharges. The personnel had been constantly changed, and medical officers of little professional experience and no knowledge of the special problems involved had been attached for a few weeks, giving place to men of the same calibre.

Re-organization was suggested on the following lines:—

- (a) Steps should be taken to secure adequate means of identification.

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- (b) Careful records should be kept.
- (c) There should be thorough medical examination by a competent and permanent Medical Board.

It was recommended that when the soldier finally appeared before the Medical Board a short history of the essential facts of his case should be written, read to him, and signed by him in the presence of witnesses.

The medical examination of officers for discharge on account of physical disability had been perfunctory and inadequate, and it was recommended that this should be made more satisfactory from the point of view of pensions.

So far as could be ascertained, no special consideration had then been given in Canada to the very important question of aggravation of pre-existing disability by active service. The desirability of definite rules for the guidance of the Medical Boards in estimating such disabilities was emphasized.

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### 18. LACK OF CO-ORDINATION IN THE CANADIAN MEDICAL SERVICE BETWEEN CANADA, ENGLAND AND THE FRONT.

The investigation revealed a lack of adequate co-ordination between the Canadian Army Medical Corps in Canada, England and France. This was noticeable (1) In the examination of the men, and (2) in the administration of the Canadian hospitals in France.

As regards the examination of the men, there was no common standard. It sometimes happened that a man, who apparently had had no difficulty in passing a Medical Board in Canada, was, on his arrival in England, found unfit for service at the Front. Furthermore, as has been previously mentioned, a man who had been passed by a medical officer in England as fit for service at the Front, was frequently retained at the base in France as unfit to proceed to the trenches.

In regard to the Canadian hospitals in France, so far as we could discover, the only function performed by the Director of Canadian Medical Services (London) with reference to such units was the control of promotions; their location, movements, patients treated, and all such matters of general

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administration, being controlled by the British Director of Medical Services, Lines of Communication. The return of Canadian medical officers required in the Canadian Medical Services in England was, therefore, a matter of considerable difficulty which could be accomplished only by a circuitous correspondence with the War Office.

### 19. CANADIAN ARMY MEDICAL CORPS PERSONNEL IS NOT BEING USED TO THE BEST ADVANTAGE.

It was understood by the majority of the officers of the Canadian Army Medical Corps when they enlisted for overseas services that they were intended to serve, primarily, Canadian sick and wounded soldiers, but it was found on my inspection that the personnel of the C.A.M.C., with a few exceptions, had not been engaged in the care of the Canadian sick and wounded. A special illustration of this was the fact that a Canadian personnel of about 900, with subsequent reinforcements of at least half that number, belonging to three stationary and two general Canadian hospitals, had been despatched to the Mediterranean, although no Canadian troops were serving with the Mediterranean Force. In France, C.A.M.C. units, including six general hospitals, four stationary hospitals, and three casualty

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clearing stations, were not serving, except in a very small proportion of cases, the Canadian sick and wounded. The same applies to England, where the staffs of the Shorncliffe Military Hospital, the Ontario Military Hospital, Orpington, and the Duchess of Connaught Red Cross Hospital, Taplow, were serving from 70 to 80 per cent. Imperial patients. Thus it was very evident that the C.A.M.C. personnel was not fulfilling the purpose for which it was originally designed; that is, attendance on the Canadian sick and wounded.

There was no doubt that each of the Canadian base and stationary hospitals in France at this time could have doubled their bed capacity without increasing the medical personnel, and very slightly—if at all—increasing the nursing staff. Therefore, if it was intended that the bed capacity of these hospitals should remain as it was, then the number of medical officers serving in them should have been considerably reduced.

A survey of the duties which were being performed by the officers of the C.A.M.C. in England, France and the Mediterranean disclosed the fact that there were many square pegs in round holes. In other words, the officers were not given the duties which their qualifications, training, and previous

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experience rendered them most competent to perform. The reason for this, apparently, was that the hospital units had been mobilized in Canada, and there seemed to have been a great objection on the part of the officers commanding these units to exchange a man whose talents would have been of more use elsewhere.

### 20. THE POLICY OF THE DEPARTMENT HAD BEEN OPPOSED TO THE USE OF EXPERIENCED MEDICAL AND SURGICAL CONSULTING SPECIALISTS.

Although from time to time a number of prominent medical and surgical specialists had offered their services to the Department, the Director of Medical Services had consistently refused to avail himself of them. Why a consulting specialist, who has proved himself of so much use in civil life, should not be equally useful in military practice is difficult to understand.

It was recommended that a certain number of physicians and surgeons of recognized professional standing be appointed as consultants to our Expeditionary Force.

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### 21. DISCONTENT CONCERNING PROMOTIONS, ESPECIALLY IN REGARD TO REGIMENTAL, MEDICAL OFFICERS SERVING AT THE FRONT.

Discontent, naturally impairing efficiency, existed on the subject of promotions, and in many instances there was no relation between the length of service and professional ability of the medical officer on the one hand and his rank on the other. The raising of local hospitals and other medical units in Canada had led to the promotion of doctors, who, arriving overseas, compared very unfavorably with many of their juniors in rank.

It was recommended that promotion of medical officers be made on merit; length of service, professional ability and organizing capacity being the criterion. Rapid promotions in Canada should be discontinued, and if fresh medical units should be raised in Canada their command should be given to medical officers who had already served overseas. It was pointed out that deserving medical officers of battalions and field ambulances, who had served overseas, would be of the greatest value in England on Medical Boards, on the staffs of convalescent hospitals and in brigades, and that their services should be recognized by suitable steps in rank. It

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was also recommended that acting rank be given to medical officers temporarily employed on duties demanding the same.

### 22. THE C.A.M.C. TRAINING SCHOOL HAD NEVER BEEN PROPERLY ORGANIZED, ALTHOUGH OF THE GREATEST IMPORTANCE TO THE CANADIAN MEDICAL SERVICE.

The C.A.M.C. Training School was for officers, N.C.O.'s and men of the C.A.M.C. for the entire Canadian Expeditionary Force overseas. It was, further, a reserve depot for all C.A.M.C. units overseas. The importance of the work done by this training school had not been recognized or appreciated.

It was recommended:—

1. That the Canadian Training School should be given an authorized establishment sufficiently liberal for its necessities.
2. That the officers selected to staff it should be the best obtainable.
3. That permanent quarters should be at once supplied for its location.



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### 23. IN THE OPERATION OF THE MEDICAL SERVICE SUFFICIENT ATTENTION HAD NOT BEEN PAID TO ECONOMY IN MANAGEMENT.

It will be apparent from what has been stated that there seemed to be a lack of attention by the Medical Service to the important question of expense. Owing to lack of time it was impossible for us to get a complete statement in regard to expenditure, but I may here again direct attention to the unnecessary expense incurred in the administration of the V.A.D. hospitals, an item amounting to \$160,000.00 annually, and the equally unnecessary outlay on the equipment of the Granville Special Hospital. Under the heading of "Unnecessary Detention in Hospitals," a number of instances have been given of men being detained in hospitals for long periods, although physically fit to be returned to their units. In the time at our disposal we were unable to compute the loss in fighting efficiency and money which this had entailed, but we know that both must have been very considerable.

The following recommendations were made for re-organizing the Canadian Medical Service:—\*

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\*In subsequent pages it will be seen that most of these recommendations were adopted.

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1. That the Canadian Medical Service be re-organized from top to bottom.
2. That the medical arrangements in Canada, England and overseas be co-ordinated, so that the special qualifications of each medical officer be used to the best advantage.
3. That Canadian casualties be, as far as possible, treated in Canadian hospitals, the first duty of the Canadian Army Medical Corps being to the Canadian sick and wounded.
4. That there be a concentration of Canadian hospitals, and that the use of voluntary aid hospitals for Canadians be discontinued.
5. That we discontinue the present arrangement with the Red Cross in so far as the operation of hospitals jointly with them is concerned, and that in future we take over from them for administration any hospitals which they procure and equip.
- \*6. That, as soon as suitable accommodation can be provided in Canada, soldiers who are

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\*A reference to the report of the Minister of the Overseas Military Forces, 1918, submitted by Sir Edward Kemp, states on page 384 that:—

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obviously incapacitated for any further active service be returned to Canada when they are fit to travel without detriment to their health, their further medical treatment and necessary re-education to be carried out in Canada.

7. That immediate steps be taken to provide hospitals in Halifax, Montreal, Toronto, Winnipeg and Vancouver, together with a smaller one in Ottawa, and that these have suitable accommodation for a limited number of officers.
8. That a certain number of Canadian medical officers who have had experience at the front be detailed for duty in Canada to assist in the organization of these hospitals.
9. That all ranks, before leaving Canada, be examined by an independent Medical Board to ensure the weeding out of unfits, and that a sufficient number of Boards for this purpose be established throughout Canada, to

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“The Medical Service returned to Canada in the year 1917 9,000 patients for further treatment, and in the year 1918 there were returned 13,481 patients,”

which is possibly one of the best examples of the effective action which followed Colonel Bruce's investigation.

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be under the direction and control of an A.D.M.S. Embarkation.

10. That the establishment of the A.D.M.S. Embarkation at Bath be abolished.
11. That the three Canadian hospitals now stationed at Salonica be immediately recalled for duty in England if they can be spared by the Imperial authorities.
12. That, in future, no medical units be organized in Canada for overseas duty.
13. That there be established in Canada a sufficient number of well-equipped C.A.M.C. depots for thoroughly training the personnel.
14. That the re-organization scheme herewith attached be adopted.

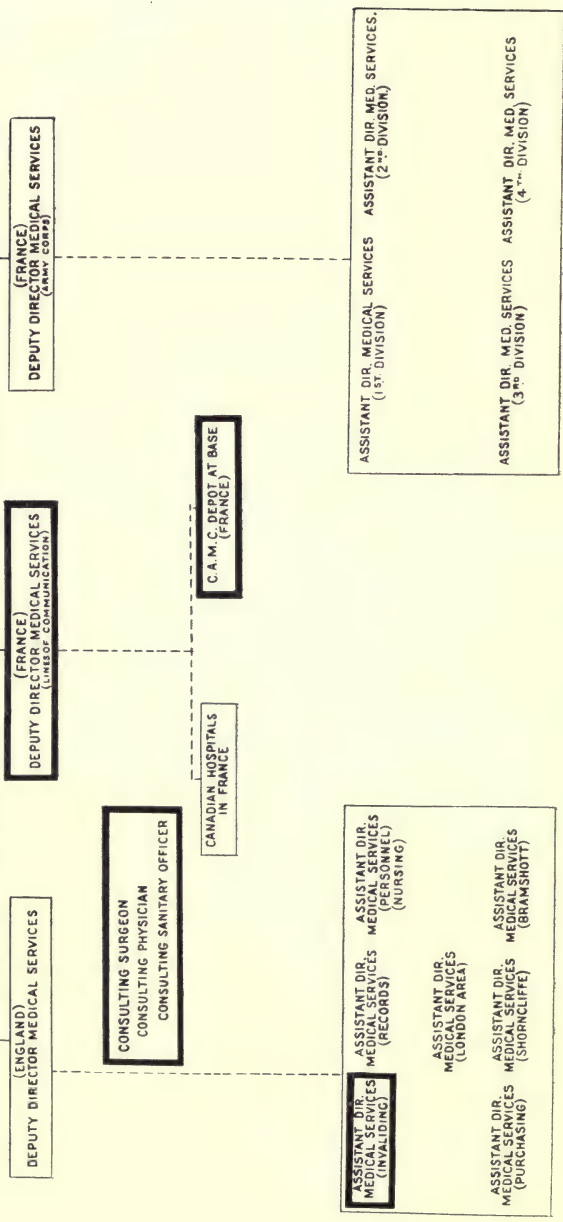
### *PROPOSED RE-ORGANIZATION: CHAIN OF RESPONSIBILITY.\**

A proposed scheme of re-organization of the Canadian Medical Services is herewith attached. This was essential in order to carry out the primary function of the Canadian Medical Services, *e.g.*, the care of Canadian sick and wounded. The Canadian

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\*See chart attached, marked No. 2.

DIRECTOR OF MEDICAL SERVICES.



INDICATES ADDITION TO PRESENT ESTABLISHMENT



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hospitals in France were to be, if possible, grouped together, with the object of concentrating the Canadian casualties in Canadian hospitals as far as possible. It was intended that these hospitals should be under the administration, to as great an extent as possible, of the Canadian Deputy Director of Medical Services. In this officer's charge would be the Medical Services of the Canadian Lines of Communication in France, extending from the Canadian Army Headquarters to, and including, the Canadian base at Le Havre, or such other point as might be used later on.

If this officer were held responsible for the proper examination of drafts coming from England, according to the common standard mentioned elsewhere, and were also responsible for the invaliding of unfit men according to the same standard, much of the existing confusion and loss of time and men would have been avoided.

The scheme of re-organization shows a co-ordinate Canadian Medical Service. The duties of the different officers are herewith outlined:—

Director of Medical Services, Canadian Expeditionary Force; Headquarters, London, England.

To act as the supreme authority over the Canadian medical forces in England and France.

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To have directly under him the D.D.M.S., England; D.D.M.S., Lines of Communication, France; and the D.D.M.S., Canadian Army Corps, France.

Deputy Director of Medical Services, England.

To have the responsibility of the Canadian Medical Services in England. Directly associated with him shall be a Consulting Surgeon, a Consulting Physician, and a Consulting Sanitary Officer. His immediate staff to be five Assistant Directors of Medical Services, and the Assistant Directors of Canadian Training Divisions shall be responsible directly to him.

Deputy Director of Medical Services, Lines of Communication, France.

This officer shall have the responsibility to as great an extent as possible (pending arrangements with the Imperial authorities) for the control of the Canadian hospitals in France. It shall be his object to as much as possible centralize the hospitals, so that they can the better perform their duty of gathering together the Canadian sick and wounded for transport to England. He shall, with an Assistant Director of Medical Services, have control of



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the examination of men arriving as reinforcements from England, and to him shall be given the responsibility of classifying casualties coming back from the Front as to their disposal either on base duty in France or to be returned for disposal in England. He shall further have control of a C.A.M.C. depot in France, where C.A.M.C. officers and other ranks shall be available for reinforcements in France. In this way an easy interchange of officers and men between England and France, it is hoped, will be brought about.

Deputy Director of Medical Services, Canadian Army Corps, France.

This officer will be responsible for the Medical Services of the Canadian Army Corps, with an A.D.M.S. for each division in the corps.

Assistant Director of Medical Services, Embarkation, Canada.

There shall be an A.D.M.S. Embarkation in Canada, who shall be held responsible for the sending forward to England of fit men. He shall also be held responsible that the troops embarking in Canada for England shall be as free as possible from infectious and contagious

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diseases, and shall take measures to prevent the spread of such diseases as much as possible on shipboard. (Under the conditions which obtained at the time of my investigation each unit arriving from Canada was a hotbed of contagious disease for the first three months of its stay in England. It was hoped that such an officer would prevent this state of affairs.)

Assistant Director of Medical Services—Personnel and Nursing Service.

This officer shall have charge of the personnel of the C.A.M.C. in the Canadian Expeditionary Force, including personnel records and qualifications of all ranks. In this Department shall be included promotions, ranks and postings of officers, nursing sisters and men, establishment of units and corps orders.

Assistant Director of Medical Services—Records.

This officer shall have charge of casualty and medical historical records, statistics and war diaries; returns from hospitals, location and movement of patients, and enquiries concerning the same.

Assistant Director of Medical Services—Invaliding.

This officer shall have control of Invaliding

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Boards. That is, he shall select the personnel of Boards, arrange for the instruction of officers in Board work, promulgate rules and regulations with reference to Boards, compile statistics in reference to the same, and control the movements and location of Medical Boards.

Assistant Director of Medical Services—Supplies.

This officer shall have control of supplies and equipment for the Canadian medical units, medical stores, claims and accounts.

### *ACTING SUB-MILITIA COUNCIL CONSIDERS AND ACCEPTS MY REPORT.*

My Report on the Medical Service and the Interim Reply of General Jones, which he subsequently stated he wished to be regarded as his final reply, were considered at a meeting of the Acting Sub-Militia Council for Overseas Canadians, held at the offices of the Department of Militia and Defence, Cleveland House, St. James's Square, London, on October 6th, 1916. There was also submitted a letter from Major Lash, the Deputy Judge Advocate-General, giving a comparative statement of the remarks made in the Report and those in General Jones's Reply. The following officers were present at the meeting:—

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Major-General Sir J. W. Carson, C.B. (in the chair).

Major-General Sir S. B. Steele, C.B., M.V.O.

Major-General J. C. MacDougall, C.M.G.

Brigadier-General R. G. E. Leckie, C.M.G.

Brigadier-General F. S. Meighen.

Colonel W. J. Neill (Now Brigadier-General).

Colonel A. D. McRae (now Major-General).

Colonel Frank A. Reid, C.M.C.

Colonel E. C. Ashton (now Adjutant-General, Canada).

Lieutenant-Colonel James G. Ross (now Brigadier-General) ;

and

Major B. M. Greene (now Lieutenant-Colonel),  
Secretary to the Council.

In addition to the Report and Reply referred to above, there was submitted to the meeting by General Jones a further Report from his Assistant Director of Medical Services, Shorncliffe area, which will be found to be an illuminating document. It is as follows:—

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From:—

Assistant Director of Medical Services,  
Canadians, Shorncliffe Area.

To:—

Director of Medical Services, Canadian  
Contingents, London.

“Referring to my Report to you under date of September 25th, 1916, in reply to your D.M.S., 17.10.7, of September 23rd, 1916, asking for my comments on sections of the Report of the Board of Inquiry held on the administration of the Canadian Army Medical Corps in this area, I wish to state that my reply had to be prepared in a great hurry, and without a copy of the Board’s report to go upon. Colonel Bruce forwarded me a copy, which I now have. I am, therefore, now in a better position to make comments on same, being able to review the Report as a whole instead of sections of it.

“The administration of the Shorncliffe and Dover area has been carried out by the A.D.M.S. Canadians, acting under the direct instructions of the D.M.S., Canadian Contingents, London.

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### “CANADIANS SHOULD BE IN CANADIAN HOSPITALS.

“The A.D.M.S. Canadians suggested to the D.M.S. that all Canadians should be taken care of, if possible, by Canadians in Canadian hospitals. . . .

“At this time Moore Barracks Hospital (the only Canadian hospital) was being remodelled. It could not take care of all the Canadian patients from local Canadian troops in this area, and the A.D.M.S. Canadians suggested to the D.M.S. that No. 4 Canadian General Hospital, which had then arrived, be opened up as a general hospital with 1,040 beds. The D.M.S.’ reply was that this hospital’s equipment was at Southampton, and could not be used except for overseas duty. The A.D.M.S. Canadians suggested that other equipment be sent, and when No. 4 Canadian General Hospital had to go overseas another unit might take its place. This suggestion or procedure the D.M.S. did not care to adopt, but as the Shorncliffe Military Hospital had mostly Canadian patients, the D.M.S. took the same over, and with the Shorncliffe Military Hospital all the Imperial military and *Voluntary Aid Detachment hospitals* under the administration of the Dover command had also to be taken over.

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“ If a *Canadian general hospital* had been opened up, this work for the Imperials would not have had to be done by the Canadians, and *it would not have been necessary to transfer Canadians to Imperial Voluntary Aid Detachment hospitals, where their treatment could not be carried on as satisfactorily as if treated in a general hospital.*

“ No. 4 Canadian General Hospital was put in charge of the Shorncliffe Military Hospital, but was soon sent overseas to be replaced by another Canadian unit. On account of these frequent changes it was pointed out by the A.D.M.S., Canadians, to the D.M.S. that it was absolutely unsatisfactory to administer the command, and a permanent establishment was asked for for this hospital, which was only given a short time ago, and, although repeatedly asked for, this establishment has not yet been authorized. Things are more satisfactory at this hospital since the change has been made, but *not so satisfactory, as far as the Canadians are concerned, as if a Canadian general hospital had been opened in this area, and all Canadians handled by Canadians, which would have put a stop to the unnecessary transferring of patients to so many hospitals as has been the case in the past—in many instances the patients going*

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*from one hospital to another in a circle, and on some occasions landing up in the same hospital from whence they started.*

“ This idea of not opening up a Canadian general hospital made the Shorncliffe Military Hospital very hard to administer, as I had to train up officers for this special staff, and officers for inspecting the numerous Imperial and Voluntary Aid Detachment hospitals, and when they were trained in these important duties they were often removed without warning by the D.M.S., on consultation with the A.D.M.S., Canadians. I have drawn the attention of the D.M.S. to this on a number of occasions, and pointed out that I must, in order to have proper administration, have properly trained inspecting officers, who would be permanent, in order to properly carry on the administration; as I have pointed out to the D.M.S., at times there were not sufficient officers in this district to carry out the duties, as the D.M.S. had either sent them overseas or to other areas; *as a consequence patients were allowed to remain in hospital longer than they should.*

“ Even with this extra accommodation, small as it was, it was not found sufficient, and small Canadian convalescent hospitals (so-called Voluntary Aid



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Detachment) had to be opened to take care of the transfers from Moore Barracks Canadian Hospital and the Shorncliffe Military Hospital. *These so-called Canadian Voluntary Aid Detachments are managed by Imperial ladies, and are Canadian hospitals only in name. If, as was suggested by the A.D.M.S., Canadians, No. 4 Canadian General Hospital had been opened up, this state of affairs would have been entirely avoided, and it would not have been found necessary to open these small convalescent hospitals, all of which, at the time, had served a useful purpose.*

“The A.D.M.S., Canadians, had to administer the Shorncliffe area on the lines as laid down by the D.M.S., Canadian Contingents, London, and did the best he could with the material that he had available. Even Moore Barracks Canadian Hospital was opened too soon; as was pointed out by the A.D.M.S., Canadians, when it opened to receive patients satisfactory arrangements had not been made to treat the cases. This could all have been avoided if a Canadian hospital of 1,040 beds, under canvas if necessary, had been supplied, as was asked for by the A.D.M.S., Canadians.

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“A.D.M.S., Canadians, and A.D.M.S., Dover District (Imperial).

“ The dual position had to occur when the Shorncliffe Military Hospital was taken over, with the numerous military and Voluntary Aid Detachment hospitals of this area; but if the Toronto General Hospital or a Canadian general hospital had been opened, as was requested by the A.D.M.S., Canadians, this would not have occurred. It is *quite true*, as stated in the *Bruce Report*, that the A.D.M.S., Canadians could have easily administered all the Canadian hospitals, as well as the Canadian Army Medical Corps Training School.

### “REGISTRAR'S DEPARTMENT SHORNCLIFFE MILITARY HOSPITAL.”

“ The same answer applies here—that as the D.M.S. directed the taking over of these Imperial hospitals, consequently an increased staff had to be taken on, but the cost of the same could be easily chargeable to the Imperials and the Canadians. This also would not have occurred if a Canadian general hospital had been opened in this area for the reception of Canadian patients.”

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### "C.A.M.C. PERSONNEL EMPLOYED IN V.A.D. HOSPITALS."

"When it was directed by the D.M.S., Canadian Contingents that Imperial and Voluntary Aid Detachment hospitals had to be taken over for administration, it was found when the A.D.M.S., Canadians, made his inspection of these various hospitals that in order to handle Canadian or Imperial patients some of the *staff* employed were *not sufficient to give the proper care and attention to patients* that might be entrusted to them; *also in the matter of discipline, some of these hospitals were found to be very lax.* These matters were brought to the attention of the D.M.S., London, and on his authority the A.D.M.S., Canadians, was allowed to send doctors in some instances, and in others nurses and orderlies, so that it would be ensured that patients in these hospitals would receive the proper attention. This also would have been avoided if a Canadian general hospital had been opened up in this area for Canadian patients.

"In regard to the work in these Voluntary Aid Detachment hospitals not being carried out satisfactorily to the A.D.M.S., Canadians, I took the opportunity to point out to the D.M.S., London, personally,

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at different times, my views on the subject, and also by letters to the D.M.S., Canadians, and the Eastern command. A copy of the letter referred to in my former communication, dated 16th June, 1916, is attached hereto, which clearly shows the views taken by the A.D.M.S., Canadians, in regard to Voluntary Aid Detachment hospitals, and the handling of surgical cases as well as operations in general.

### *AMBULANCE SERVICE.*

“The same remarks apply here. If a Canadian general hospital had been opened in this area for the reception of Canadian patients, the transferring of patients to a very large extent by motor ambulances would not have occurred, but as this has occurred the proper charges for this service could be easily made against the Canadians and Imperials.

*“Unsatisfactory Situation at Shorncliffe due to the A.D.M.S., Canadians, being also A.D.M.S., Dover District (Imperial).*

*“I quite agree with the Report of the Bruce Board in regard to this dual position, to which I have referred before; but the dual position could not be avoided when the A.D.M.S., Canadian Contingents,*

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directed that the Shorncliffe Military Hospital, with its subsidiaries, should be taken over by the A.D.M.S., Canadians, for administration.

“ If the expenses have increased, those belonging to the Imperials should be charged to them.

### *“ Faulty System of Handling Infectious Diseases.*

“ The D.M.S., Canadian Contingents, was quite aware of the way in which infectious diseases were being handled in this area under his administration, and *I quite concur with the Report of the Bruce Board that it would be far better if all Canadian patients were treated in Canadian institutions and handled by Canadian staffs*; but, unfortunately, with the limited accommodations in Canadian hospitals in this area the arrangements which have been carried out in the past had to be made.

*“ I feel sure that if the criticisms of the Bruce Board and their recommendations, as outlined in their exhaustive and most complete Report, on the Canadian Medical Service, are acted upon it will help greatly to improve the Canadian Medical Service as a whole.*

(Signed) G. S. RENNIE.”

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This interesting statement from a member of General Jones's own staff corroborates those made in my Report in criticism of the conditions found in the Shorncliffe area.

The letter from Major J. F. Lash to the Deputy Minister of Militia and Defence, which has been previously referred to, was as follows:—

“I attach herewith copy of the general recommendations contained in the Report on the Canadian Army Medical Service, made by the Committee of which Colonel H. A. Bruce was Chairman, each recommendation being followed by the remarks on it contained in General Jones's reply.

“It will be seen that the first recommendation is not concurred in, and that the fourteenth recommendation is not fully concurred in. The third recommendation is concurred in, but difficulties and large expenditures are anticipated in carrying it out. With the remaining eleven recommendations Surgeon-General Jones is in concurrence, or sees no objection to their being carried out.”

The various documents which have been referred to were submitted to, and considered by, the Acting Sub-Militia Council, and after consideration of the whole situation the members of the Council unani- mously approved of my report and recommenda- tions, and advised that the necessary re-organization of the medical service should be proceeded with in accordance with the recommendations.

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The following resolution was then moved by Brigadier-General F. S. Meighen, and seconded by Major-General S. B. Steele:—

“Resolved that the Report of Colonel Bruce’s Committee and the recommendations therein made be approved, and that the Council advises that the necessary re-organization of the medical service be made to give effect to these recommendations forthwith.”

It was then moved by Colonel (now Adjutant-General) E. C. Ashton, and seconded by Major-General S. B. Steele:—

“That whereas the investigation into the affairs of the Canadian Medical Service carried out by the Committee of which Colonel Bruce is Chairman has already seriously interfered with the due administration of the Canadian Army Medical Corps under the command of Surgeon-General G. C. Jones; and whereas the Council has advised that the recommendations contained in the report of the said committee be put into effect under the administration of someone in complete accord therewith; and whereas in order to make the Canadian Medical Service in England and France effective and efficient the service in Canada must closely co-operate; and to this end it is essential that someone thoroughly familiar with the conditions here go to Canada to co-ordinate the work. Therefore, the Council recommends that Surgeon-General Jones proceed to Canada with a view to co-ordinating the services, and that Colonel Bruce be appointed Acting Director of Medical Services, C.E.F.”

A poll was taken on this question, with the result that all the members voted in favor of the motion,

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with the exception of Brigadier-General Leckie, who refrained from voting for personal reasons.

The various resolutions of the Acting Sub-Militia Council were cabled to the Minister of Militia, and at a subsequent meeting, held on October 13th, 1916, the Chairman of the Council read the following cable, which he had received from Lieutenant-General Sir Sam Hughes:—

“Kindly carry out recommendations of Sub-Militia Council and let Surgeon-General Jones return to Canada to carry on work proposed. Further let Colonel Bruce continue his present mission and also supervise medical service meantime.”

The Minutes of the Acting Sub-Militia Council also contain the following letters from Lieutenant-General Sir Sam Hughes:—

To:—

“The Chairman of the Council.

“Kindly give the necessary authority to Colonel Herbert A. Bruce, Special Inspector-General, Medical Services, C.E.F., to proceed with the re-organization of the medical services as recommended in his special report to me, copy of which is in your possession, and in harmony with the Sub-Militia Council and the Department of Militia and Defence.”

To:—

The Secretary of the War Office.

“SIR,—

“After a searching investigation it has been found necessary to re-organize our medical service, and I am instructing



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Colonel H. A. Bruce, my Special Inspector of Medical Services, to undertake and effect this re-organization under the direction of my Overseas Sub-Militia Council.

“In connection with this re-organization Colonel Bruce will find many matters which it will be necessary to take up with your medical department, and it would be much appreciated if you would arrange so that his needs may receive prompt attention, and that he be granted from time to time the necessary authority to enable him to promptly effect the re-organization of our Canadian Overseas Medical Service, which is so much needed.”

The work of re-organization of the medical service was proceeded with by me in accordance with these instructions, and at my request Colonel Murray McLaren was made Acting Director of Medical Services as a temporary measure until a suitable man could be found. At no time did I occupy this post, nor had I any intention of so doing, as may be seen from a communication sent by me to Sir George Perley, Overseas Minister for the military force of Canada. During my re-organization I had prepared a scheme for an advisory medical board, upon which it was my hope to serve in a professional capacity as soon as the work of reorganization was completed.

At a meeting of the Council, on October 18th, 1916, I submitted a report upon the progress of re-organization, and urged the necessity of providing

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sufficient Canadian beds in England for the requirements of the Canadian Expeditionary Force. I then indicated how this accommodation could be secured, my proposals including the addition to the Ontario Military Hospital at Orpington of a thousand beds, which had been promised me by the Ontario Government. It was pointed out that the adoption of my recommendation to return to Canada all the permanently unfit, as well as all those who were likely to require six months' treatment before they would again be fit for service, would release about four thousand of the beds which were now occupied.

I further reported that I had made the following requests of the War Office:—

(1) "That Canadian sick and wounded, upon arrival in England, should be directed to Canadian hospitals if there were beds available, and if not, should be sent to British hospitals in a circumscribed area."

(2) "That they take back the administration of the A.D.M.S., Dover, and the Shorncliffe Military Hospital Group."

(3) "That a D.D.M.S., Canadians, Lines of Communication, France, be appointed."

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(4) "That Canadian primary hospitals be centralized in the Shorncliffe Area."

At a meeting of the Sub-Militia Council, held on October 27th, 1916, the subject of physically unfit soldiers was brought up for discussion by the Overseas Deputy Minister of Militia and Defence. Statistics were submitted, showing that in twelve battalions which had recently arrived from Canada there was an average of more than sixteen per cent. of unfit men, the great majority of whom ought never to have been enlisted. The total number of unfits in these units was 1,367. It included men who were under age, men over age, men who were immature, men with defective feet, defective legs, and weakness of the heart. The following resolution was moved by Brigadier-General Meighen, and seconded by Colonel Ashton:—

"That whereas the number of soldiers arriving in England from Canada physically unfit for service at the Front is steadily growing, and in the case of twelve battalions recently arrived has reached the serious proportion of over sixteen per cent; and whereas the medical examination of these men has shown that the great majority of them have for a long time been suffering from obvious physical disabilities and should never have been enlisted; and whereas such unfits, by reason of their disabilities, form an undue proportion of the patients in hospitals in England, thus placing a heavy strain on the Medical Service; and whereas these unfits present a very

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serious question from the pensions point of view, owing to the very great difficulty of establishing the facts as to whether the disabilities were the result of or aggravated by military service; and whereas these men, who are not suitable for active military service are nevertheless capable of productive work in Canada; and whereas practically all of such men were taken from productive work in Canada and enlisted into military service, for which they are useless, at enormous expense to the Government, so that not only has the value of their labor been lost to the country, but they have been a heavy charge during their period of service without giving any return.

“Be it therefore resolved that the Acting Overseas Sub-Militia Council hereby recommends that men presenting themselves for enlistment be subjected to a much more stringent medical examination, and that only those fit for active service at the Front be accepted; and further recommends that all soldiers, prior to embarkation for England, be given a further rigid examination, and only those who are then found fit for service at the Front be permitted to proceed to England.”

At a meeting held on November 3rd, 1916, at which Sir George Perley, K.C.M.G., was present, I submitted the following report:—

On October 27th there were 20,256 sick and wounded in England, of which only 9,272 were in Canadian hospitals. The total Canadian bed capacity in England was 11,084, and the number of extra beds required to provide for the Canadian sick and wounded at this date was therefore 9,172. Negotiations had been commenced for the taking

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over of the Canadian Red Cross hospitals by the Canadian Medical Service.

I reported to the Council that an officer had been sent to France to investigate the conditions in regard to Numbers six and eight, Canadian General Hospitals. Number six Canadian General Hospital, which was staffed by the Laval unit, had, on October 28th, 1916, the following personnel:—

Officers .....	37
Nursing Sisters .....	70
N.C.O.'s and men .....	199
	<hr/>
	306

This hospital unit was organized a year before this investigation, and had been stationed in Paris since July, 1916, but had received no patients, for the reason that no buildings had as yet been provided. Some of the officers, three nursing sisters, and all of the non-commissioned officers and men, were encamped at Gravelle, eight miles east of Paris, awaiting the erection of a hospital. One cannot well imagine a more unsatisfactory state of things, and Colonel Beauchamp, the O.C., told our inspector that both he and his staff were absolutely discouraged with their past experience and future prospects.

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It certainly seemed unfortunate that the personnel of a 1,040 bed general hospital, together with the necessary supplies and equipment, should have been allowed *to lie idle for a whole year*, while we were so urgently in need of their services elsewhere.

In order to clear up the situation, in so far as Numbers six and eight Canadian General Hospitals were concerned, I placed the facts before Sir Alfred Keogh, Director-General of the British Medical Service, asking him to make an investigation, and he accordingly appointed a Court of Inquiry, consisting of the following officers:—

President—Colonel G. H. Barefoot, C.M.G., D.D.M.S., Lines of Communication, France.

Members—Lieutenant-Colonel (now Lieutenant-General) T. H. Goodwin, C.M.G., D.S.O., (now Director-General British Medical Service), Major R. B. Black, D.A.D.M.S., R.A.M.C.

After making an investigation, the Court of Inquiry issued a report in which it was stated that the officer in charge of the stores of the hospital (No. 6), reported that there was complete medical and ordnance equipment for a hospital of 1,040 beds, and that these stores appeared to be well cared for and in good condition. The Commanding Officer

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brought the following facts to the notice of the Court:—

(1) The daily expenditure amounted to £200 per day (practically \$1,000).

(2) The discipline was beginning to suffer, owing to the enforced idleness of the personnel.

(3) In regard to the establishment of buildings for the hospital, the only step taken during the previous five months appeared to be a preliminary survey made by an architect sent by the Canadian Red Cross Society.

Subsequently the French military authorities placed at the disposal of the unit a building at Troyes, sufficiently large to accommodate a thousand patients. It was therefore decided that the unit should move into this building, and carry on its work there until the new buildings at Joinville, which were being put up for it by the Canadian Red Cross, were completed. Actually these buildings were not occupied until June, 1918.

During the first six months (July, 1916, to January, 1917), this hospital unit did absolutely no work, owing to the fact that the head of the medical service had not provided in advance a building for them, and for the next eighteen months it occupied a building in a remote district, where they got only

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slightly wounded cases, and were therefore not carrying on their full functions, which means that their services were largely unutilized. One might reasonably ask for an explanation as to why this hospital unit was hurriedly rushed to France on July 6, 1916, and kept there without doing any duty whatever for six months at a cost to the Canadian Government of a thousand dollars per day, and for a further period of eighteen months, during which it performed not a third of the duty of which it was capable?

The attention of the Deputy Overseas Minister of Militia having been called to the unsatisfactory situation in regard to the absence of a common standard of medical fitness in France, England and Canada, he submitted the following particulars for the consideration of the Council:—

There was found to be no standard generally accepted by the medical officers at the Front, the base, and in England. As a result of this men who had been sent out from England to France as physically fit for service were not infrequently returned from the base as unfit. An investigation of the situation at the Front showed that the A.D.M.S. of a division had of necessity to permit the medical officers of battalions to evacuate men on their own



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responsibility, and it appeared that these medical officers to a great extent adopted their own standards for evacuation. It was even reported that the freedom which they enjoyed in this respect was sometimes made use of to get rid of men who for some reason were objectionable to the battalion, but otherwise physically fit for service.

It was recommended that a conference should be held between the Deputy Director of Medical Services, Corps, and the Assistant Directors of Medical Services of each training division, with the object of agreeing upon a uniform medical examination and a definite standard of fitness for service, which should be accepted by the medical officers of the training division, those at the base and those at the Front. It was also recommended that this standard of fitness should be used in Canada.

At a meeting held on November 9th, 1916, in view of my report in regard to the advisability of the return of Canadian casualties to Canada, a resolution was passed by the Acting Overseas Sub-Militia Council to the effect that casualties, the medical treatment and supervision of which were not likely to reach a state of finality in less than three months, should be sent to Canada as soon as the patient was fit to travel.

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The work of re-organization was proceeding most satisfactorily along the lines indicated, and a considerable amount had already been done, when Lieutenant-General Sir Sam Hughes, the Minister of Militia and Defence for Canada, resigned his portfolio. Closely associated with this event was the appointment of Sir George Perley as Overseas Minister for the military forces of Canada, and one of his first official acts was the cancelling of the arrangement made in regard to the return to Canada of Surgeon-General Jones.

### *Sir George Perley Intervenes.*

At this time I had a great many interviews with Sir George Perley in connection with medical matters, but more especially in regard to my report, which he seemed determined to discredit. In one of these interviews he said that he understood that I had told someone that he had condemned this report without having read it. I replied that this was not quite correct, and that what I had said was that either he had not read the report at all, or that if he had done so he had not read it intelligently, as he was evidently not familiar with its contents. In order to give the reader some idea of the difficulty which I had in continuing my work I will here

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insert the correspondence which passed between me and Sir George Perley at this time.

On November 2nd, I received a telephone message from Sir George Perley, asking me to cancel all the arrangements which I had made with the War Office in connection with my scheme of re-organization. When he made this request I pointed out that one of these arrangements which would effect a saving to Canada of \$160,000 a year, was about to be completed, namely, the taking over by the Imperial authorities of the administration of the A.D.M.S., Dover (57 V.A.D. hospitals), and on November 5th I wrote him as follows:—

“DEAR SIR GEORGE:—

“On instructions from you I wrote to the War Office on November 3rd, asking that the various requests which had been made by me in conformity with the re-organization scheme should be left in abeyance for the present. As some of these matters were, in my opinion, of a very necessary and urgent character, as they had been the subject of negotiations for some weeks, and as we had had from the War Office a notification that one of our requests would be put into effect in a day or two, namely, the taking over of the A.D.M.S., Dover, together with the Group of fifty-seven V.A.D. hospitals, I think it is necessary for me to have my position clearly defined.

“Some two weeks ago I was asked by General Carson to re-organize the medical service according to the recommendations made in my report, which report had been adopted. He

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stated that I was to have general supervision of the medical service. He then told Colonel McLaren that it was my wish that he should take the position of Acting D.M.S. I understood that General Jones was asked to proceed to Canada to re-organize the medical service there, so as to make it co-ordinate more closely with the service in England and overseas. In accordance with these instructions I have proceeded upon a plan of re-organization, as outlined in my report.

“One of the first necessities in re-organization was to increase our bed capacity in England to a sufficient number of beds to give us accommodation for all our Canadian sick and wounded. On the 27th of October we had 20,256 in hospitals in England. Our total bed capacity in England is 11,084. The number of extra beds required to provide for our sick and wounded in England is therefore 9,172.

“The plan proposed by me for the care of our venereal cases, amounting at this date to 1,239, and which was suggested six weeks ago, was placing these patients in a battalion area, and the Westenhanger area had been arranged with the Adjutant-General for this purpose. This would liberate for us a special hospital at Etchinghill, which now takes care of three hundred patients, and which, with slight alterations, would provide excellent accommodation for eight hundred active treatment cases; that is to say, by this move we should gain 1,700 beds. The Red Cross is fitting up St. Lawrence College at Ramsgate, with a bed capacity of one thousand. It then occurred to me that we might very well get additional accommodation of one thousand beds at Orpington at very much less cost than building another hospital of this character, in consequence of the fact that practically all of the expensive part of this hospital would not have to be duplicated, such as operating rooms, admitting rooms, laboratories, kitchens, etc. Further, the medical staff is quite sufficient to take care of this additional number of patients. A slight increase in nurses and orderlies would probably be required. This,

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therefore, would be the most economical way of securing this additional accommodation.

“I then cabled to Mr. Hearst, asking him if his Government would feel disposed to give this additional accommodation, pointing out that it could be done for a much less sum than the original cost of the hospital.

“After looking over the Duchess of Connaught Hospital at Taplow I had an interview with Major Astor, and asked him if he, as the owner of the property, would object to this hospital being extended by five hundred beds. He said he was quite willing. I then saw Colonel Hodgetts, and asked him if the Red Cross would be willing. I think it is likely they will agree to this.

“Another recommendation was the return to Canada for active treatment there, as soon as they were able to travel, of patients either permanently unfit, or who would require many months of active treatment. I have three or four officers now working at one hospital examining and boarding men, and they report to me that they will have three hundred ambulatory cases ready to leave in a week's time. If this work is continued amongst our other wounded I am satisfied we shall find that from three to four thousand can be invalided immediately to Canada. I have had a man looking for a building at Liverpool, with accommodation for about 350 patients, the money for it having been given us by Mr. Harold Kennedy, of Quebec. This will provide suitable accommodation for patients in transit. The additional accommodation necessary could be secured by renting two or three hotels in some area now occupied by us.

“Another request to the War Office was that a D.M.S., Lines of Communication in France, should be appointed. This officer would be in charge of the Canadian hospitals at the base in France. It is also requested that he should have under him an Assistant Director of Medical Services, who will have

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the control of the examination of Canadians arriving as reinforcements from England, and the responsibility of classifying casualties filtering back from the Front or to be returned to England. He would further have control of a C.A.M.C. Depot in France, where C.A.M.C. officers and other ranks would be available for reinforcements in France. In this way it is hoped that an easy interchange of officers and men between England and France will be brought about.

“I should like now to briefly refer to my position in regard to the question, which was introduced into the London Press by Lady Drummond, namely, that I believe that the first duty of the Canadian Army Medical Corps is to the Canadian sick and wounded, and that we should have our hospitals centralized in different areas. In the practical carrying out of this scheme we must, of course, have regard to the hospitals which we have already established. These hospitals, as you know, are situated in the neighborhood of London, in the Shorncliffe area, and in the neighborhood of Ramsgate, and we shall shortly require further hospital accommodation in the neighborhood of Brighton. This grouping of our hospitals will enable us to have a number of consulting experts in the various districts. We should, therefore, request the War Office to issue instructions to the disembarking officers at Dover and Southampton as follows:—

1. “Canadians shall be directed to Canadian hospitals, provided beds are available.

2. “If no beds are available in Canadian hospitals, they shall be directed to Imperial hospitals in certain specified areas.

“Such an arrangement would be entirely satisfactory to the Medical Service, and I believe would meet all the objections that are now being raised.

“As, owing to military conditions, even though we provide sufficient beds for our patients in England, they will never

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be entirely occupied by Canadians, a considerable number of the patients—twenty-five to thirty per cent.—will always be British. Under these conditions, a corresponding number of our patients must go to Imperial hospitals. Facilities should of course be given us for inspecting Canadian patients in Imperial hospitals.

“I may say further that certain necessary changes have been made in the personnel with the one object of increasing the efficiency of the medical service, and that I have asked some prominent surgeons to come from Canada to assist us here.

“I have thought it desirable to give you a brief outline of the work which has been done and that I propose to do in the process of re-organization. In conclusion I may say that I should like to receive definite instructions from you before proceeding further as to my present status.

(Signed) “HERBERT A. BRUCE.”

This letter will give some idea of the large amount of work which had already been done in the short time which had elapsed since the commencement of re-organization, and of how many further schemes were in process of realization.

The following letter was written to Sir George Perley on November 7th:—

“Sir,—

“I beg to call your attention to a number of important changes urgently needed in the Canadian Medical Service, which require prompt action, and which cannot be carried through *without your co-operation in conference with the War Office.*

\* \* \* \* \*

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“May I ask for your assistance in securing the necessary authority to go on with this work from the War Office?”

\* \* \* \*

*“Venereal Situation.* The venereal situation in the whole Canadian Expeditionary Force in England has reached a most acute point. Men are lying about the floors of the Shorncliffe Military Hospital suffering from venereal disease. The brigade hospitals in Shorncliffe are taking care of their own venereal cases, which are being isolated in huts in the lines of the battalions. There is absolutely no place to send these cases, and it is now many weeks since the Westenhanger proposition was put before the Council, and yet nothing has been accomplished. Certain alterations will be necessary in the huts to make them suitable for treatment. The authority to alter these huts will have to be obtained from the War Office. I would, therefore, ask your assistance in obtaining the necessary authority.

*“Canadian Officers’ Hospital.* The early installation of a Canadian Officers’ Hospital is very necessary. Canadian officers are distributed all over England at the present time, and it is difficult to get them back promptly. Many cases have come to my attention where officers have been kept in English hospitals much longer than is necessary, probably chiefly because there was no one in immediate authority over them to have them medically boarded and returned to us for further duty, or to be invalided as unfit for further service to Canada. New Zealand has, within a short distance of London, an officers’ hospital, where their officers are taken as soon as they are fit to travel. They have here their own Medical Board.

“We had on October 27th, 505 officers sick and wounded in England. We have been given, free of cost, a hospital of 150 beds at Yarrow, near Ramsgate, which was formerly used as a children’s hospital. It is beautifully situated, and we are



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staffing it, with the expectation of using it as a surgical hospital for officers. \* \* \* \*

“*Standard of Unfits.* Early steps should be taken to co-operate with Canada with reference to the arrival in England of unfit men. I would urge that no time be lost in carrying out this recommendation. \* \* \*

“It is essential that a common standard of fitness between England, Canada and France of men for the trenches should be decided upon. This matter can be best decided by the sending forward of a competent medical officer, who shall be known as an Inspector of Drafts, and who will proceed to the Canadian Army Medical Corps in France to investigate the needs of the situation, re-organize the medical arrangements at the Canadian base at Le Havre, and finally be responsible for the fitness of the drafts of men which are sent from England to France. This officer should have the privilege of free passage between France and England. In this way the matter of the large percentage of troops from England, constantly being held up at the base in France on account of the difference in standard between England and France, will be obviated. \* \* \*

“*Etchinghill.* \* \* As this is a matter of great urgency, I would ask that it be taken up immediately with the War Office, and the necessary authority obtained, so that our own Canadian Engineers can proceed with the work.

### “*Reinforcements Canadian Army Medical Corps.*

“Some little time ago we asked the War Office for the recall of the three hospital units now located in Salonika, but our request was not granted. I have recently learned from our officers who are on leave from Salonika that at the present time there is ample hospital accommodation there, and under these circumstances it would seem likely that if the request was again put to the War Office these units would be returned

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to us. We have the further reason that these units have now served a year in the trying climate of Greece, and on this account alone should be relieved.

(Signed) "HERBERT A. BRUCE."

On November 8th Sir George Perley replied as follows:—

"DEAR COLONEL BRUCE,—

"I am in receipt of your letter of yesterday, and in the first place wish to state definitely that I am prepared at once and at any time to take up and decide any questions which are imperative and require prompt action. At the same time I would call your attention to the fact that a recognized channel exists through which all matters in the medical department should be taken up. Under the present arrangements a report should be made by you through the Acting Adjutant-General to the Acting Sub-Militia Council, so that proper discussion and consideration can take place, but of course you will always be afforded an opportunity of appearing there and giving all explanations. Not only that, but I shall be glad at other times to see Colonel Reid and yourself, and talk over any of the more important and urgent questions, but when it is necessary for me to do this you will readily see that I should have the files before me, with all the requisite reports and recommendations, to enable me to form a proper judgment.

"You have enumerated some matters, which you say require prompt action. You have been attending to the affairs of the Medical Service for some time now, and it seems to me that some of these questions might well have been settled before this, but I am ready to take them up for immediate consideration. \* \* \* \*

"The venereal situation is certainly urgent, and I cannot quite understand why your action regarding it has been so long delayed. The question of a common standard for unfits

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necessitates action in Canada, and I am sending a communication about it to the Government at Ottawa.

“I have taken the time to write you thus fully in answer to your letter, but I cannot always manage to do this. I am sure you will agree with me that any questions which need to be discussed had better be brought before me in the usual departmental way. It saves a great deal of time to simply talk these matters over with all the papers before me, when decisions can be arrived at without correspondence.

(Signed) “GEORGE H. PERLEY.”

It will be seen from the last paragraph of the above communication that Sir George Perley, while admitting the urgency of the case, proclaimed his devotion to red tape, which would ensure needless delay.

On November 20th, I replied to this letter as follows:—

“SIR,—

“Referring to your communication of the 8th inst. in reply to my letter of the 7th, in which I placed before you matters of great urgency in regard to the Medical Service, which can only be accomplished by securing the co-operation of our superior authorities with the War Office.

“I did not reply to your letter before, in consequence of your asking me not to write you letters, but to take such matters up in a departmental way. In the early part of your letter you point out the channel through which matters should be taken up. I may at once state that I was previously well acquainted with this procedure, and my excuse for departing from the usual rule in this particular instance was that you had recently been appointed Overseas Minister, and I desired

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to make you conversant with certain urgent matters which had been under consideration for some time, and which I had repeatedly and vainly brought to the attention, both in writing and verbally, of the Sub-Militia Council and the responsible heads. I therefore wrote to you, knowing that the improvements desired could be accomplished immediately with your support, and could not be carried through without it.

“ May I further point out that all I can do in the way of re-organizing the medical service is to make known the requirements to those in authority over me, and to suggest the most effective way of carrying them out, leaving to those authorities, whose province it is, the duty of taking the necessary steps to put these recommendations into effect. The whole matter of providing hospital accommodation is in the hands of the Quartermaster-General.

“ I note that you agree that the venereal situation is urgent, and say that you ‘ cannot quite understand why my action in regard to it has been so long delayed.’ May I at once state that action on my part in this matter was not delayed, but that on the contrary I placed it before the Sub-Militia Council in Reports submitted on four separate occasions, *i.e.*, September 8th, October 18th, November 3rd and November 15th. In these reports I pointed out the serious situation which had arisen in consequence of the unsatisfactory—and in my opinion improper—method which had obtained in dealing with venereal patients.

“ Before submitting these reports to the Sub-Militia Council I had, on August 26th, written a letter on the subject to the Quartermaster-General, in which a request was made that a battalion area be set aside for this purpose. A copy of this letter is enclosed herewith. This matter was dealt with fully in my report, which was submitted to the sub-Militia Council for their consideration on October 6th.

“ At the present moment the situation is most serious, and is daily becoming more so. Every arrival of troops from

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Canada means an addition to the number of venereal cases, and as we have not sufficient accommodation for the cases already here, it is obvious that the difficulty of the situation is continually increasing.

“There is no arrangement for venereal cases in any Canadian area in England at the present time. To-day, for instance, there are ninety-seven men being treated in the battalion lines, a most serious and improper state of affairs. The Acting D.M.S. is to-day asking the War Office, through the Adjutant-General, if we may, as a temporary expedient, have accommodation for four hundred patients to enable us to get the venereals out of our battalion lines.

“In regard to the administration of the A.D.M.S., Dover, you state that the ‘facts regarding this matter have never been placed before you.’ May I point out that this matter is fully dealt with in my Report, a copy of which is in your possession.

“In conclusion I may add that I shall, of course, continue to make it a rule to take the various matters up with you in the usual departmental way by bringing the files for your information and approval.

(Signed) “HERBERT A. BRUCE.”

I should add that three days previously, on November 17th to be exact, I had written the following letter to Sir George:—

“DEAR SIR GEORGE,—

“You will recollect that about a fortnight ago I spoke to Sir Thomas White, and subsequently to you, in regard to the suggestion that at the time I made my report I might have a desire to become D.M.S., when I stated that I had no thought or wish at that time, nor have I any desire at the present time, to secure this position; in fact, as I stated to you, administrative work of this character is distasteful to

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me, and I should very much prefer being engaged in my regular surgical work.

(Signed) "HERBERT A. BRUCE."

On November 23rd Sir George Perley sent the following reply to this letter:—

"DEAR COLONEL BRUCE,

"I beg to acknowledge your letter of the 17th inst. in regard to the suggestion that you might have had a desire to become D.M.S., and I note that you prefer regular surgical work rather than administration.

(Signed) "GEORGE H. PERLEY."

On November 16th, 1916, Sir George Perley gave instructions to the Acting Adjutant-General for Canada in the following terms:—

"SIR,—

"Will you please arrange at once for a Board of Inquiry, to which shall be referred:—

1. "Report on the Canadian Army Medical Service by Colonel Herbert A. Bruce, dated 20th September, 1916.
2. "Interim Report of Surgeon-General G. C. Jones, in reply to the Report on the Canadian Army Medical Service by Colonel Herbert A. Bruce.

"The Board shall report as quickly as possible to me on the following points:—

- "(a) The criticisms made by Colonel Bruce, as to whether they are justified, in whole or in part.
- "(b) The recommendations made by Colonel Bruce, as to whether the Board endorses and concurs in them; if not, in what respect does the Board differ from Colonel Bruce and its reasons therefor.

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“The Board will be constituted as follows:—

“*President.*—Surgeon-General Sir William Babbie, K.C.M.G.,  
C.B., V.C.

“*Members.*—Colonel E. C. Ashton, G.O.C., C.T.D., Shorncliffe.

Colonel J. T. Fotheringham, C.M.G., A.D.M.S.,  
2nd Canadian Division, B.E.F.

Colonel A. E. Ross, C.M.G., A.D.M.S., 1st  
Canadian Division, B.E.F.

Lieutenant-Colonel J. M. Elder, No. 3 Canadian  
Hospital, Boulogne.

“For your information, the above officers have all been notified informally, but you will, of course, officially notify them as required by the Regulations.

“I would point out that I wish the Board to assemble immediately, and to make its report with the utmost possible despatch.

“The Board will, of course, hear such evidence as it may think necessary to enable it to make its findings, but in any case I consider it essential that the evidence of both General Jones and Colonel Bruce should be taken. You will please have the President of the Board notified to that effect.

(Signed) “GEORGE H. PERLEY.”

This meant that my confidential Report was to be investigated and reviewed, and on November 16th, 1916, I sent the following cablegram to the Prime Minister at Ottawa:—

“To-day’s orders announce new Minister has appointed Board of Inquiry on my report and on Jones’s reply. Would point out that report and reply were considered by Acting Sub-Militia Council, consisting of five generals, with General Steele senior, and five colonels, approved by them, and a

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recommendation made that the Medical Service be re-organized along the lines of report. I was subsequently informed by General Carson that he had received authority from Canada to have me proceed with re-organization, and I have been proceeding by authority with this work for about four weeks. Board ordered is headed by Imperial general. Consider his selection unfair to Canada in view of one of the recommendations, namely, that Canadian patients should, as far as possible, be treated in Canadian hospitals. Three of the four other members are on duty in France, where they have been from beginning, and are unfamiliar with conditions in England, with which my report only deals. It would appear that Minister intends to whitewash effect of my report instead of facing issue. If this Board as constituted stands, I ask to be relieved of my position here so that I may at once return to Canada."

I received no acknowledgment or other reply to this cablegram.

On November 17th I sent the following telegram to Sir George Perley:—

"Must protest against Fotheringham being member of Board. He has expressed himself openly and bitterly, and placed his attitude definitely on record, and is therefore already prejudiced. Also consider larger proportion of Committee should be composed of men familiar with conditions in England, as this is the only part of the service reported upon."

On November 21st Sir George Perley wrote as follows:—

"DEAR COLONEL BRUCE,—

"On my return from France I find your letter of the 18th inst. awaiting me, enclosing copy of a cablegram which you



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sent to the Prime Minister. In view of the controversy which had arisen both here and in Canada regarding some matters in your Report, I feel that it is absolutely necessary in the public interest that they should be settled by a properly-constituted professional Board. There is no question which comes closer to every Canadian than the proper treatment of our wounded, and all we want to do is to make sure that the best is done for them in that respect. You have no grounds for suggesting that I wish to 'whitewash the effect of your report.' I have chosen a most capable Board of professional men simply to advise me regarding these matters, of which I have little personal knowledge. When I was in France I got your telegram protesting against the appointment of Colonel Fotheringham as a member of the Board, because you considered him prejudiced.

"I do not know what your ground is for suggesting this, but the standing and professional reputation of Colonel Fotheringham is such that I am sure he will consider all the questions at issue with an open mind, and with a sole thought to the best interests of the medical service. We all have the welfare of our wounded very much at heart, and I shall expect both General Jones and yourself to appear before this Board and give them the full benefit of your knowledge and professional experience in this matter.

(Signed) "GEORGE H. PERLEY."

It will be seen that Sir George Perley took the ground that the public interest would be better served by investigating the investigator than by open steps to better the Service, which my Report had shown to be so much in need of reform.

On November 23rd I wrote the following letter to Sir George Perley:—

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“ SIR,—

“ I have the honor to advise you that I have just received a copy of your letter to the Acting Adjutant-General, dated 16th November, directing that a Board of Inquiry be held for the purpose of considering my Report.

“ I desire to point out that the recommendations made as the result of my inquiries were concurred in by the Sub-Militia Council, who so advised the Government at Ottawa, and asked for authority to have the recommendations carried out. The Minister of Militia gave instructions that they were immediately to be put into effect, and I was ordered by the Sub-Militia Council to do so. I have been acting on these instructions, and now find myself in the embarrassing position that, as I read your letter of instructions, the Board of Inquiry is to determine whether the recommendations already approved of at Ottawa, and in part carried out, are *proper*.

“ It must lead to confusion to put into effect a policy which may be the subject of immediate change, and then uncertainty created by this new inquiry must be hurtful to the objects which we all have in view. I can give no more striking illustration of this than the disturbance caused by the suspension of the arrangements we had come to with the War Office to relieve us of the administration of the A.D.M.S., Dover area, and the fifty-seven Voluntary Aid hospitals connected therewith.

“ It is the recommendations in the report that are most essential for consideration and adoption, and *these have been*, in all *material* particulars, *concurred in by Surgeon-General Jones*.

(Signed) “ HERBERT A. BRUCE.”

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### *MY EFFORTS TO ENLARGE BABTIE BOARD'S ENQUIRY.*

Here it should be pointed out that all my efforts at this time were directed toward securing permission to bring immediately before the Babtie Board evidence that had accumulated during my term of office as Inspector-General subsequent to the presentation of my Report in September, 1916, and which gave strong confirmation of my findings. There were also matters that demanded immediate action, and I was anxious that the powers of the Babtie Board be sufficiently enlarged to enable them to consider and pass upon these questions. Sir George Perley's attitude, as will be seen from the correspondence, was ever one of obstruction, at first concealed by evasion, but at last when driven to a decision he rules against any admission of new revelations which might still further discredit the Service. On November 24th I wrote the following letter to Sir George Perley:—

“SIR,—

“Now that I have had an opportunity of carefully considering the letter containing your instructions to the Board of Inquiry, I see that my Report is to be the sole subject matter for consideration. Since such is the case I feel it my duty to put in writing the protest that I made to the

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Prime Minister, and verbally to yourself, as to the constitution of the Board.

“The high standing of the President, Sir William Babbie, and his distinguished services in the various appointments he has held in India and the Mediterranean, entitle him to the respect of the members of the profession. Whilst no one will dispute this, I should like to point out that this inquiry has to do with a Canadian question, affecting hospitals which are entirely staffed by Canadians and under the control of the Canadian Medical Service; and, further, that its recommendations must deal with the larger question of the care of the Canadian sick and wounded, not only in England, but also with their return to Canada for a continuation of active treatment there.

“The training and experience of Sir William Babbie has been wholly that of an officer of the regular Imperial Army, which will make it extremely difficult for him to take the point of view that should be taken when considering a matter affecting a civilian force such as Canada has sent. Admittedly, under these circumstances, there must come up in contrast the question of administration and treatment by British medical officers trained in the regular Army, as opposed to the administration of Canadian medical officers familiar with advanced hospital methods.

“It seems singular that when it was thought necessary to appoint a Board of Inquiry to consider the matter dealt with in my Report, men familiar with hospital conditions in England were not selected. Instead of this, three officers have been appointed, whose work has from the beginning been carried out entirely in France. Colonel Ross, A.D.M.S., First Division, and Colonel Fotheringham, A.D.M.S., Second Division, have been engaged at the Front from the date on which their respective divisions went overseas until the present time, and have rendered distinguished services of the very greatest value, both to our own and to the Imperial forces. It is scarcely necessary to say that these services are

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a matter of pride to every Canadian. At the same time it should be remembered that the work of an administrator at the Front is of entirely different character from hospital work in England, and the knowledge required in doing such work is not helpful in solving the problems with which we have to deal in England. In addition I may say that information which I have of opinions expressed by these officers upon the subject of my Report shows that they have already formed a judgment upon it, and makes it quite clear that they cannot be expected to approach this question with an unbiased mind.

“Your letter of instructions directs the Board to hear evidence. May I, without appearing to wish to interfere with your discretion as to the conduct of the inquiry, suggest that the Board be directed personally to visit the hospitals to which our Canadian soldiers have been sent, and especially to enquire into the facilities provided for treatment in the various Voluntary Aid hospitals?”

“In my opinion the inquiry ought not to be limited to the consideration of facts in my Report, but its scope should be extended to cover the conditions which a continuance of my investigation subsequent to the publication of the Report has brought to light. I would, therefore, suggest that supplementary instructions be given to the Board to enquire into and report upon the chaotic conditions found at No. 6 Canadian General Hospital, Paris, and the unsatisfactory state of affairs at No. 8, Canadian General Hospital, Paris; and also to report upon the serious situation discovered at the Duchess of Connaught Hospital, Taplow, and to place the responsibility for the mal-administration upon the guilty parties.

“I would suggest that you send a copy of this letter to the secretary of the Board for its consideration.

(Signed) “HERBERT A. BRUCE.”

I subsequently received the following letter from Sir George Perley, dated November 25th:—

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“DEAR COLONEL BRUCE,—

“I beg to acknowledge receipt of your letters of the 23rd and 24th instant. You asked me to send a copy of the last one to the secretary of the Board of officers for their consideration. As I placed this matter in their hands, I would suggest that it would be better to put your views before them yourself, as you will, no doubt, have an opportunity to do so.

“In your letter of the 23rd instant, you refer to the suspension of arrangements made with the War Office in regard to the administration of the Dover district. It is true that on the 2nd instant I asked you to let this question stand in abeyance for a few days, as I wished to have an opportunity of talking it over further with you. On the 7th instant you wrote me that you had received a notification from the War Office that they would take over the administration on the 6th instant, and that you thought it unfortunate that this should be held up for any great length of time. On the 9th instant I telephoned you to carry out the proposal, and arrange for the War Office to take over that district. It does not seem to me that the suspension of these arrangements for those few days could have caused any serious disturbance.

(Signed) “GEORGE H. PERLEY.”

As a matter of fact the administration of the Dover district was not taken over until thirteen months later.

In reply to this letter I wrote, on November 30th, the two following letters to Sir George Perley:—

“SIR,—

“In reply to your letter of the 25th inst., regarding the suspension by you of arrangements made with the War Office for taking over the administration of the A.D.M.S., Dover, I may say that this concession was obtained by me from the War Office after several weeks' negotiations. They wrote,

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stating that on the 6th November they would take over this administration, and on this date an Imperial officer went to Shorncliffe where he remained until recalled in consequence of the arrangements being cancelled.

“By your direction, I subsequently asked the Adjutant-General to request the War Office to take over this administration, but they have not yet done so.

“It is scarcely necessary for me to point out that the delay in this regard has already cost the Canadian Government rather more than \$7,000.00.

(Signed) “H. A. BRUCE.”

“SIR,—

“Your letter, dated the 25th of November, was delivered to me by hand late in the afternoon of November 29th.

“In answer to my request that you should send a copy of my letter of November 24th to the secretary of the Board of Inquiry for its consideration, you suggest that it would be better to put my views before this Board myself. As I asked that the scope of the inquiry be enlarged, so as to include an investigation into the conditions found at Nos. 6 and 8, Canadian General Hospitals, Paris, and the Duchess of Connaught Hospital, Taplow, may I point out, what must be apparent, that this Board has *no power to enlarge the scope of its inquiry, which is strictly limited to the terms of reference.*

“I take it that the chief function, if not the only excuse, for the establishment of such a Board of Inquiry, is to determine the exact situation which obtains in the Canadian Medical Service. Under these circumstances I do not see how you can refuse to enlarge the scope of the inquiry, in view of the serious situation at these hospitals, which has already been brought to your notice.

(Signed) “HERBERT A. BRUCE.”

I received the following reply to this letter, dated December 1st:—

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“DEAR COLONEL BRUCE,—

“In reply to your letter of the 30th ult., I may say that it was not my intention to have the Board of officers go into all the details of the Medical Service in this particular inquiry, but if fresh information is available which casts further light on the matters referred to in your Report, and the questions at issue before the Board, it seems to me that such facts might be helpful in enabling them to make their report. I am, therefore, sending them copies of your correspondence for such action as they may think advisable.

(Signed) “GEORGE H. PERLEY.”

On December 4th I replied to this letter as follows:—

“SIR,—

“I now have your letter of the 1st inst. in reply to mine of November 30th, in which you say that it was not your intention to have the Board of officers go into all the details of the Medical Service in this particular inquiry, but that if fresh information is available, you *think* that such facts *might* be helpful in enabling them to make their report.

“I desire to call your attention to the wording of your order of the 16th November, 1916, appointing the Board of Inquiry, and specifying the special matters referred to it, which are as follows:—

1. ‘Report on Canadian Army Medical Service by Colonel Herbert A. Bruce, dated 20th September, 1916.
2. ‘Interim Report of Surgeon-General G. C. Jones, in reply to the Report on the Canadian Army Medical Service by Colonel Herbert A. Bruce.

‘The Board shall report as quickly as possible to me on the following points:—



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- ' (a) The criticisms made by Colonel Bruce; as to whether they are justified, in whole or in part.
- ' (b) The recommendations made by Colonel Bruce; as to whether the Board endorses and concurs in them; if not, in what does the Board differ from Colonel Bruce, and the reasons therefor.'

"I take it that the Board will be limited by the terms of that order, and would be justified in rejecting any matters which are not specifically referred to in my Report or the Interim Report of Surgeon-General Jones, in reply to it.

"The matters which have been the subject of discussion between us, and are referred to in our correspondence, as contained in my letters to you of the 23rd and 24th November, and your replies of the 25th November and 1st December, are not specifically dealt with in my Report or the Reply of Surgeon-General G. C. Jones, and, therefore, without definite instructions from you, as Minister of the Overseas Military Forces of Canada, the Board of Inquiry would have no authority to deal with these matters.

"The matters which I refer to, and which are dealt with in the letters mentioned in the preceding paragraph, viz.: the condition of affairs which I found in the Canadian General Hospitals, Nos. 6 and 8, Paris, and the Duchess of Connaught Hospital, Taplow. These matters are of such a serious nature, and involve questions of public importance, not only from the standpoint of mal-administration, but also by reason of the waste of public funds, that I think it desirable, in the public interest, that the present Board should report on the result of my investigation into the above matters.

"I do not wish to go before the Board as you suggest, and be met with the answer that the subject of my further investigations is 'not within the scope of the inquiry,' or 'that the evidence which I propose to offer in regard to these other matters throws no light on the matters referred to in my Report of September 20th.' Nor do I wish to have any

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misunderstanding in regard to the position which I take in reference to the same.

"I therefore wish to place myself on record by a definite and final request to you to issue a further order enlarging the scope of the inquiry of the Board appointed by your order, dated the 16th of November, 1916, so as to include an inquiry into the conditions which I have found to exist in the Canadian Military Hospitals, No. 6 and No. 8, Paris, and the Duchess of Connaught Hospital, Taplow.

"May I ask for your immediate decision on this matter?"

(Signed) "HERBERT A. BRUCE."

The following letter, dated December 5th, 1916, is from Major Thompson, Secretary to the Board of Inquiry:—

"DEAR COLONEL BRUCE,—

"General Babbie directs me to enclose you copy of a letter I received from Sir George Perley, dated the 1st of December, enclosed with which are copies of correspondence Sir George had with you.

"General Babbie directs me to say that the Board would like to hear any statement you might like to make with reference to this on Wednesday, the 6th, at 10.30 a.m.

(Signed) "J. THOMPSON."

To this letter I replied as follows on December 5th:—

"DEAR SIR,—

"The matters which have been the subject of discussion and correspondence between Sir George Perley and myself related to facts which came to light after the making of my Report, and are therefore not strictly within the scope of your inquiry, and I have no desire to give evidence on matters

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that might be regarded as irrelevant or not pertinent to the same.

“If you would allow me to make a suggestion, I would ask your Board to join me in the request I have already made to Sir George Perley, to enlarge the scope of the inquiry so as to include the evidence which I desire to give, and deal with the same as if it formed part of my Report of September 20th. If this is done I shall be glad to supplement the evidence already given, but unless this is done it appears to me that giving evidence on matters beyond the scope of the inquiry would accomplish no useful purpose.

“I might also add that I have partially completed an inspection of Canadians in Imperial hospitals, and while I realize that your inquiry does not embrace this phase of the situation, I mention it in case you thought it well to suggest to Sir George Perley to widen the scope of the inquiry so as to include this branch of my investigations also.

(Signed) “HERBERT A. BRUCE.”

The following letter, dated December 7th, is a reply from Sir George Perley to my letter of December 4th:—

“DEAR COLONEL BRUCE,—

“I duly received your letter of the 4th inst. As I explained to you in my letter of the 21st ultimo, I found when I assumed the duties of Minister of Overseas Military Forces of Canada that I would have to deal with the controversy which had arisen both here and in Canada regarding some matters in your Report and in the Reply made to it by Surgeon-General Jones. In order to arrive at a correct conclusion I felt it absolutely essential in the public interest to have the benefit of the considered opinion of professional men on both your Report and the Reply to it. The present Board was constituted for this purpose, and I did not expect it to go into all the details of the Medical Service in this particular

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inquiry. Such a course would require the Board to continue its sittings for an indefinite period, which would keep its members too long from their own important duties, and cause delay in bringing in their Report. I am, however, anxious that they should have an opportunity of considering any information casting light on the criticisms or recommendations which appear in your Report, and as I wrote you on the 1st inst., I sent them at that time copies of your correspondence, and I suggested that any facts regarding the conditions which a continuance of your investigation subsequent to the publication of your Report had brought to light might be considered by the Board. I have a letter from the secretary of the Board telling me that you discussed this subject before them yesterday, and that they asked you to furnish them with general statements of the points which you wished to bring forward, and that they were very anxious to hear anything that you might have to say that would have any bearing on the terms of reference. I think you might very well avail yourself of the opportunity thus given by placing before the Board such further facts as you may need.

“ You ask me to enlarge the scope of the inquiry to include the conditions at the two military hospitals in Paris, and at the Duchess of Connaught Hospital, Taplow. The situation at the latter hospital has already been fully investigated by a Board of officers of which you were a member, and I understand that the recommendations of that Board have been carried out, so that there is nothing further to be done about it so far as the military authorities are concerned, unless you have some fresh information of which I am not cognizant.

“ You have already had someone in Paris looking into the situation at the Canadian hospitals there, and I do not feel that I would be justified in retaining the present Board to make a full report about that. These men are very busy with their own various important duties, from which they cannot be spared for a very long time. If you think it necessary, I shall be prepared to consider a recommendation

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from the Medical Department that we should send over a couple of medical officers of good standing to look into the position there and make a full report.

“I could not, however, very well enlarge the scope of the present inquiry without asking the Board to visit other hospitals than those you mention, and to go into the various details of the Medical Services. It does not seem desirable that these particular officers, holding such important positions, should do that at this time, and therefore I feel that it is not practicable to enlarge the scope of the inquiry as you suggest. I am anxious, however, that they should hear everything that would help them in their consideration of your Report, and the Reply of Surgeon-General Jones, and I think you should place before them all the information in your possession which will enable them to come to a correct conclusion and make their report as soon as possible.

(Signed) “GEORGE PERLEY.”

In consequence of Sir George Perley's suggestion of a reference to the Chairman of the Board, on December 7th I wrote the following letter to Sir William Babbie:—

“DEAR SIR,—

“I have considered your suggestion, *viz.*: that I should submit a statement to your Board outlining the evidence that I am in a position to give relating to the matters which have been investigated by me subsequent to the making of my Report of September 20th. In the first place, I do not wish to be understood as concurring in the appointment of the Board of Inquiry into my investigations, nor am I receding in any way from the position taken in my letters to Sir George Perley, or in the verbal protests made to him in connection with the same.

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“I do not wish, however, to be understood as in any way hampering your Board in their inquiries, as I think it is in the public interest that these matters be fully investigated and reported upon.

“My position has been fully explained to Sir George Perley, and I think justifies the position which I now take, as appears from our correspondence, which has, I understand, been placed before your Board.

“The condition of affairs which I find exists in the Paris Hospitals 6 and 8, I have not formally reported upon, but I am of the opinion that these matters should be investigated fully, but inasmuch as my Report does not deal with them specifically, they could only be enquired into by your Board as corroborating my Report on the heading of ‘Economy of Management.’

“The same observations apply to the conditions which I find to exist at Taplow, but these conditions have been the subject of special inquiry, and the evidence taken is, no doubt, available. The evidence which I am now prepared to give does not relate specifically to any of the special matters referred to in my Report, but only as corroborating the findings in general, and strengthening, if possible, the opinions that I have formed.

“As far as the investigation in regard to Canadians in Imperial hospitals is concerned, the result of my further inquiry only confirms the opinion which I formed at the time of making my Report, and if any doubt exists in the mind of the Board as to the desirability of continuing the present system, they are welcome to the result of my further investigation. At the same time, I adhere to the views already expressed as to the necessity of widening the scope of the inquiry if your investigation is to be conducted along proper lines, and you are desirous of getting the whole truth.

“You are now enquiring into my Report of September 20th, and, therefore, limited by the four corners of that Report. Matters subsequent thereto might be considered

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irrelevant, as I have not reported on the same. If what I suggest be done, the whole matter will be thrown open, and all the evidence that I have subsequently collected will be relevant and available for your consideration, to enable you to report upon the whole situation.

"I do not want to be understood as wishing to hold back anything; in fact I am desirous of giving the full result of my investigations to a Board properly constituted, with full powers to consider and deal with the same, but I do not want it said hereafter that the evidence which I wish to submit had no bearing on the special matters referred to your Board.

(Signed) "HERBERT A. BRUCE."

On December 8th I wrote the following letter to Sir George Perley, in which I recapitulated my reasons for protesting against the constitution of the Board and urged an enlargement of its powers:—

"DEAR SIR GEORGE,—

"I duly received your letter of the 7th inst. in reply to mine of the 4th inst., and in view of the very full and frank statement made, I desire in reply to set forth my position with the same frankness.

"As you are aware, I was asked to make a Confidential Report to the Minister of Militia in my capacity as Inspector-General of the Canadian Medical Service, and in accordance with that request I prepared and handed in a Confidential Report to the Minister, of which copies were sent by his instructions to Surgeon-General Jones, to the Deputy Minister of Militia, and to the Premier.

"About the middle of the month of November I was handed a copy of a letter, said to have been signed by you, and addressed to the Acting Adjutant-General, asking him

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to arrange for a Board of Inquiry to consider the terms of my Confidential Report and the Reply of General Jones, and asking that Board to report to you as quickly as possible on certain points. Your letter also states how that Board will be constituted.

“In the first place I am not aware of any provision which authorizes you to appoint a Board of Inquiry to report on a Confidential Report, and when I learned what was proposed I immediately entered a verbal protest against this being done.

“I further protested against the constitution of the Board. Three of the members of the Board had openly expressed themselves as antagonistic to the whole scheme of re-organization as outlined in the Report, and this before they had ever read my Report. So that even if a Board of Inquiry is justified, under these circumstances it is unquestionably prejudiced before entering upon its duties.

“I further wish to point out that whereas I can take no objection to a Court of Inquiry being assembled by you to enable you to arrive at a correct conclusion on any subject upon which it may be expedient that you should be informed, this Board is authorized to report to you as to whether my criticisms and recommendations ‘are justified in whole or in part,’ and as the Report may affect my character and reputation as Inspector-General, I should have had a full opportunity of being present throughout the entire inquiry. This, I desire to point out, I have not had.

“As I said before, the majority of the Board were prejudiced against my Confidential Report from the outset, and in my opinion could not approach the subject with an open mind, and as the object of the Board, as stated in your letter to the Acting Adjutant-General, was to report to you, as Minister of the Overseas Military Forces of Canada, it occurred to me that if the Report is to be of any value, those who are to make the report to you should approach the subject with an unbiassed mind.

“Further, I suggested to you that this Board of Inquiry, or Court of Inquiry, if the object of appointing the same



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was to assist you in arriving at a correct conclusion in regard to the medical situation in England and France, should not limit itself to criticizing certain items of my Report, but that the whole subject should be thrown open, and that you should have the benefit of their report and advice upon the medical situation generally.

“I trust I have made my position clear to you, namely, that if this Board or Court of Inquiry was appointed for the purpose of criticizing my recommendations and criticisms, then I was entitled to be present throughout the entire inquiry. If, on the other hand, the Board or Court of Inquiry was for the purpose of advising you on the medical situation generally, then I will be only too glad to appear before it as witness, and give it all the information upon every subject upon which I have informed myself.

“Further, I have very good reasons for stating that efforts have been, and are being made to influence the Board of Inquiry to bring in a finding adverse to my Report, and I would particularly call your attention to an article which appeared in the *British Medical Journal* on the 25th November last, and which was evidently inspired by someone, or was a reflection of views expressed by some of the members of the Board before they had had an opportunity of considering my Report or the evidence before them. I cannot resist quoting one sentence from the article referred to:—

“‘We fully believe that the tenor of the Report will be such as to lead to the re-instatement of Surgeon-General Jones and to justify Sir William Osler in withdrawing his resignation.’”

“In conclusion I desire to state that my sole object in accepting the position of Inspector-General was with the idea of giving my services and the result of my experience to the Canadian Government, in the hope that I might better the situation as existing at the time in the Canadian hospitals in Great Britain and France. My Confidential Report has set

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forth fully and fairly the conditions which I actually found to exist, and my criticisms thereon were honest, and the recommendations which I made will, if carried out, undoubtedly benefit, not only the unfortunate wounded, but also effect a large saving in expense to the country. If, however, you come to the conclusion that my criticisms are not justified, and that my scheme for re-organization is impracticable, then I can only say that my efforts to correct the abuses which I found are futile, and I will willingly hand over the task of re-organization to whoever you may select, because I cannot but think that you will agree with me that re-organization is sadly needed.

“I do not wish you to understand me as being antagonistic to you in this matter. My desire will be to help and guide you if given an opportunity of doing so. But to have a Court of Inquiry appointed to consider a Confidential Report without my being allowed to be present throughout is a matter which I justly resent, more especially after my scheme for re-organization had been approved by the Minister, and I had had the same under way for some weeks before the Court of Inquiry was authorized.

“Major Lash called upon me this morning, I assume under your instructions, and I discussed the situation very fully with him. But in order that there may be no misunderstanding, I have taken the opportunity of answering your letter, and explaining my position to you as fully as possible.

(Signed) “HERBERT A. BRUCE.”

The following letter was written by me to Sir George Perley on December 9th:—

“DEAR SIR GEORGE,—

“In writing you yesterday I overlooked calling your attention to the official announcement said to have been issued from the office of the High Commissioner for Canada, and appearing in the *British Medical Journal* for November

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25th, 1916, under the heading of 'Canadian Army Medical Service.'

"The announcement states that for the purpose of obtaining an authoritative finding upon the issue which has arisen out of the recent Report on the Canadian Army Medical Service by Colonel Herbert Bruce, and the reply thereto by Surgeon-General Jones, Sir George Perley has constituted a board of inquiry, with instructions to report as quickly as possible upon the criticisms made in Colonel Bruce's report, and whether they are justified in whole or in part; also upon the recommendations made in Colonel Bruce's report, and whether the Board endorses and concurs in them, and if not, in what respect does the Board differ in opinion, and its reasons therefor.

"Am I to understand from this that the report of the Board is to be considered as an *authoritative* finding on my Confidential Report? The letter from you to the Adjutant-General, which I referred to in my letter of yesterday, rather gives one the impression that the decision in this matter rests with you, but the official announcement can hardly be considered as consistent with this idea.

"I would be glad if you would let me know the exact meaning of the words used in the official announcement, because I am to-day writing the *British Medical Journal* with reference to the article, which is both unfair and unjust, and unless they consent to at once correct the inaccuracies, and to withdraw certain statements therein, I propose to submit the matter to my solicitors, for the purpose of taking the advice of counsel with regard to the same.

(Signed) "HERBERT A. BRUCE."

The following letter, dated December 9th, was written to me by Major Thompson, Secretary to the Board:—

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"I am directed by the Board of Inquiry to inform you that the Board informed Sir George Perley of your interview with them on the 6th December, and sent him a copy of your letter of the 7th.

"Sir George Perley has sent the Board copies of your report dealing with the conditions that existed at the Duchess of Connaught Hospital, Taplow, and also a report by Lieutenant-Colonel McKeown regarding the Canadian hospitals at Paris. Sir George adds that these may possibly help the Board in making its report, and says that he thinks the Board might hear what you and General Jones have to say about them. If you wish to give evidence on these points, I will be glad to arrange a meeting.

(Signed) "JOHN THOMPSON."

On December 12th I replied to this letter as follows:—

"I have to acknowledge your letter of the 9th inst. and note that you have reported the result of my interview with your Board to Sir George Perley, and that he has sent the Board copies of my report dealing with the conditions that existed at the Duchess of Connaught Hospital, Taplow, and also the report of Lieutenant-Colonel McKeown regarding the Canadian hospitals at Paris.

"In reply, I beg to say that I made no report on the Duchess of Connaught Hospital, Taplow, but was a member of a Board that made inquiries; and would suggest that you get the full report of the investigations which were made as a result of the report, and of the findings of the Court which made the investigations. I also note that Sir George Perley adds that these may help the Board, and thinks that the Board might hear both my evidence and that of Surgeon-General Jones. As to my giving any further evidence, I beg to refer you to a letter written to Sir George Perley dated December 8th, of which you no doubt have been furnished with a copy,

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and which fully explains my position. In case you have not a copy, I am herewith enclosing one.

“In your letter you make no mention of my request to give you further information in regard to Canadians in Imperial hospitals. I should be glad to give you the result of my inquiry in this regard, if the scope of your inquiry will permit you to receive it as a part of my report.

(Signed) “HERBERT A. BRUCE.”

Ultimately having refused to enlarge the scope of the enquiry Sir George Perley announced his intention of ending further correspondence on the subject, in a letter dated December 13th, 1916, as follows:—

“DEAR COLONEL BRUCE,—

“I beg to acknowledge your letters of the 8th and 9th instant, which reached me in due course. While I certainly could not agree to some things in them, I believe I have already explained matters fully in my previous letters, and I really think that nothing can be accomplished by any further communications between us on this subject.

(Signed) “GEORGE H. PERLEY.”

This letter did not prevent my calling Sir George's attention to the facts contained in the following letter to him dated December 20th:—

“DEAR SIR GEORGE,—

“My attention has just been called to a memorandum on the medical service, said to have been issued by Colonel J. T. Fotheringham, C.M.G., A.D.M.S., Second Canadian Division, and dated the 18th day of November of this year.

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"This memorandum was apparently circulated throughout the battalions of the Second Canadian Division at the Front, but I cannot find that it ever appeared in Divisional Orders, and just how it came to be promulgated I am at a loss to understand.

"You will observe that the memorandum is dated November 18th, 1916, two days after your letter of the 16th November to the Acting Adjutant-General, appointing Colonel J. T. Fotheringham a member of a Board to enquire into my Report and the Interim Report of Surgeon-General Jones in reply thereto. The memorandum contains the following:—

"3. Relations with:—

(a) Canadian Medical Service in London.

(b) British Medical Service.

(a) No occasion has arisen by any lack of confidence in the policy of administration of the D.M.S. in London. Evidence has arisen of what one may term over-grossment in their own affairs of the Canadian Medical Service in England, and failure fully to appreciate the fact that we at the Front are the main item of importance.

(b) As to our relations with the British Medical Service, nothing in our war experience could be more pleasant than the generous goodwill with which our efforts have been met, and appreciated and helped by every officer and unit of the R.A.M.C., from the D.G.M.S. and his staff at G.H.Q. to the casualty clearing stations and field ambulances with which we are associated at the Front. There has never been any approach to disharmony. Duties are exchanged; each cares for the other's sick and wounded as required, and co-operation in the common interest is complete. Nothing that could disturb this desirable state of things should be tolerated for a moment. The

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situation is clearly set forth in the dispatch of the G.O.C.-in-C., General Sir Douglas Haig, on May 19, 1916, in which he selects the Canadian Medical Service for special mention among the medical services in the following terms:—

‘As part of the medical services, the Canadian Army Medical Corps has displayed marked efficiency and devotion to duty.’

“We wish no further recognition, and desire nothing that will segregate us from the rest of the medical services of the Empire.

“I think you will agree with me that, in view of the fact that Colonel J. T. Fotheringham had just been appointed a member of a Board to enquire into these very matters, the publication of a memorandum containing the above was—to say the least of it—indiscreet, and fully justifies my objection to his being appointed a member of the Board.

“In calling this to your attention, I desire that inquiries should be made as to whether this memorandum was published or promulgated with the authority of the Officer Commanding the Second Canadian Division, or whether any authority was given to Colonel Fotheringham to distribute this memorandum among the battalions.

(Signed) “HERBERT A. BRUCE.”

I will refrain from further comment on the propriety of General Fotheringham’s consenting to sit as a member of a Board of Enquiry on a question which he had already prejudged.

The enquiry, as it ultimately took place before a hand-picked Board, bore no resemblance to the proceedings of any properly constituted civil or

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military court. The well-recognized rules of evidence and of practice with regard to the examination of witnesses were habitually disregarded. The principle of British fair play which prevails in courts of justice and which demands the presence of both the complainant and the accused was absent. This Star Chamber policy of secrecy and injustice was continued even to the length of denying me a copy of the evidence on which my Report was condemned. These statements will explain the allusions in the following communication.

On December 28th I wrote the following letter to Sir George Perley:—

“DEAR SIR GEORGE,—

“I have applied to the Secretary of the Board for a copy of the evidence taken before the Board of Inquiry, but he informs me that he is not permitted to give me a copy without your permission. Will you kindly instruct him to have a copy of the evidence for my perusal?

(Signed) “HERBERT A. BRUCE.”

On December 30th Sir George Perley replied as follows:—

“DEAR COLONEL BRUCE,—

“I duly received your letter of the 28th inst., and I now enclose herewith a copy of the Report made by the Board of officers. I have not yet received the evidence, but in any case I do not intend making that public, though I will, of course, send a copy of it to the Government at Ottawa.



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“It seems to me that at present there is no further need of a Special Inspector-General of Medical Services, and I have therefore decided to relieve you of the duties of that office, to which you were appointed by the Honorable Sir Sam Hughes, K.C.B., when he was Minister of Militia and Defence. I have also decided to withdraw at the same time the authority given to you through Major-General J. W. Carson, under which the management and control of the medical services were handed over to you, and the Acting D.M.S. was to take his instructions and orders from you. Will you kindly hand over the books and papers connected with your office to Colonel Murray McLaren, Acting D.M.S.

“I am sending a copy of this letter to Major-General Turner for his information.

“Thanking you for the attention which you have given to your duties.

(Signed) “GEORGE H. PERLEY.”

### *THE BAPTIST BOARD'S FINDINGS.*

As I have previously said, from the beginning Sir George Perley was most definitely and decidedly hostile to my Report, and in casting about for some avenue of discrediting it he hit upon the by no means original expedient of appointing a Board of Inquiry for the purpose. The very personnel of this Board made its purpose apparent because no one was appointed to it, with the exception of Colonel Ashton, who had not openly opposed my recommendations and who was not on record as being unsympathetic to the reforms I had so earnestly

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advocated. Indeed, one of the members of this Board, before leaving France to take part in the enquiry remarked that no more than a week would be required to dispose of the Report, and even from the High Commissioner's Office there emanated the opinion that when this Board had completed its task Surgeon-General Jones would be reinstated and I should be on my way back to Canada. Neither of these forecasts were entirely correct, however, as the Board of Inquiry, under the chairmanship of Sir William Babbie, spent more than a month in considering my Report, and examining witnesses *in camera*. (So far as I was able to observe the procedure of the Board in the examination of witnesses, it was far from what one would expect in a judicial body constituted under Army Regulations to conduct an impartial investigation. The whole tenor of the questions put to me reflected the prejudices of the examiners and an answer inconsistent with their conclusions often brought about a heated argument.)

I was only permitted to be present at the sittings of the Babbie Board when I was called to testify. When my evidence was concluded, I was dismissed. Not only did the Court fail to accord me the opportunity of hearing all the evidence, but upon those occasions when I was called in for examination I

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was made to feel the Court's antipathy toward my Report and myself.

The official report of the evidence upon which the findings were supposed to be based was not complete, as certain important details of my evidence were deleted. As I had only been allowed to attend the sessions of the Babbie Board when my evidence was being taken I wrote to Sir George Perley, after its report was issued, requesting a copy of the evidence, but this was refused, and I was therefore in the dark as to the evidence upon which the Babbie Board based its report.

The following is the text of the finding of the Board:—

SIR:

The Board having assembled in accordance with War Office Letter number 121/medical/2893 A.M.D. 1, dated 25th November, 1916, proceeded to consider the Report on the Canadian Army Medical Service by Colonel H. A. Bruce, the Special Inspector-General appointed by Major-General Sir Sam Hughes, and a reply thereon by Surgeon-General G. Carleton Jones, then Director Medical Services, Canadian Expeditionary Force. Both officers have been examined by the Board, and in addition, evidence from the officers and other enumerated in appendix No. 1 was heard. A report of the evidence taken and copies of various documents submitted to the Board are annexed to this report. The Board, in preparing its report, has not only taken into account the evidence submitted to it, but has ventured to incorporate into some of its recommendations its own knowledge of conditions

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so far as they affect the efficiency of the Canadian Army Medical Service.

In making this report, the Board has constantly kept in view, not only the welfare of the sick and wounded of the C.E.F., but the interests of the Government and the people of Canada, and has been especially careful in its comment upon the work of the Director of Medical Services, whose administration has been so severely criticized by the Inspector-General in his Report and in his evidence.

It will be convenient to summarize here the principal points emerging from Colonel Bruce's Report. These are:—

- (a) The concentration of Canadian sick and wounded in Canadian hospitals.
- (b) The suitability of V.A.D. hospitals for the care and treatment of Canadian soldiers.
- (c) The system of medical boards.

Before offering any general remarks on these topics, the Board thinks it right to explain that up to February, 1916, the accepted policy was to provide special hospital establishments for Canadian patients; that about that date, owing to various considerations, practical and sentimental, it was determined, with the consent of the War Office, to deal with Canadian patients in the same fashion as British patients are dealt with, that is, by distributing them throughout the United Kingdom to the great series of central hospitals, each with its group of affiliated auxiliaries.

In the report of the Special Inspector-General, the latter system is condemned, and a return to the policy of Canadian hospitals for Canadian sick and wounded advocated. The issue is a fair one, for there is much to be said on both sides, but the Board, after very careful consideration, has come to the conclusion that, the policy therein recommended is not only unwise, but impracticable, having regard to the amount of

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accommodation that would be required owing to the increase of Canadian troops in Europe.

The arguments for and against are set forth under the headings into which this report is divided, but it will be convenient to consider here the principal reasons that have led the Board to the opinion that a reversion to the original scheme of concentrating Canadian sick and wounded in Canadian hospitals is impossible.

All through the report of the Inspector-General the dominating idea is a conception that the Canadian Expeditionary Force is something separate and apart from the Imperial Army, a conception that may be summarized as the "water-tight compartment" policy in matters medical. The Board is of opinion that as long as the Canadian Expeditionary Force forms an integral part of the Imperial Army, such a view is no more possible in the United Kingdom than it is in France, and so long as Canadian troops continue to operate under the command of the Commander-in-Chief, British Expeditionary Force, it must continue to be impossible to discriminate in the medical arrangements of Canadian and British troops. The personal experience of the majority of the members of the Board, amply confirms this view, so far as the arrangements at the French Front and at the overseas bases are concerned, and the Board has satisfied itself that it would be inadvisable to attempt separation on the return of the sick and wounded to the United Kingdom.

It appears to the Board that to separate, on their return to England, men who have fought side by side, must tend to undo the bond of brotherhood sealed in the face of the enemy. The Board is aware that these considerations of high policy do not strictly come within its purview, but cannot refrain from adverting to this aspect of the matter, because it would almost appear as if the report under consideration was based upon the conception that the Canadian Forces had a similar relation to the British Armies as that held by the Allied Nations.

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The policy that the Board ventures to attribute to Colonel Bruce would have prevented the use of Canadian medical units in the Mediterranean, because Canadian troops did not happen to be employed in that theatre of war, and the sending of Canadian hospitals to Paris for the use of the French sick and wounded. Indeed, the sending of Canadian medical units to the Mediterranean is criticized from this very point of view in the report of the Inspector-General. Again, and for similar reasons, the Board is in profound disagreement with the view that Canadian Army medical corps personnel should not be associated with the British service in scientific enquiries and in other work; on the contrary, it is of opinion that such participation is both desirable and necessary in the best interests of the two services. The Board, too, is at variance with the contention that the services of the Canadian Army Medical Corps should in the main be confined to Canadian troops; field ambulances serve primarily the Canadian formations, but in the case of the Line of Communication units, their work must, of necessity, be largely with other than Canadian troops. This aspect of the case, it is fair to say, was repudiated by the Inspector-General when placed before him.

The Board feels bound to place on record that in some of the opinions expressed by Colonel Bruce he is misled by a lack of intimate knowledge of army organization and of the inter-relation of the various branches of the service, as, in some of his criticisms he has failed to make allowance for the sudden expansion of the army and for the unavoidable want of specialized training in its auxiliary services. Such imperfections as have existed are rapidly being remedied, and it is plain truth to say that in no war history has sickness been so well controlled or the sick and wounded so well cared for. The Board, relying on its own observations and the evidence laid before it, is abundantly satisfied that the Canadian sick and wounded have been thoroughly well cared for, not only in the central hospitals, whether British or Canadian,

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but in the Voluntary Aid hospitals, which Colonel Bruce criticises. These latter hospitals are the outcome of a mobilization of the medical resources of the United Kingdom, and in them Canadian soldiers are not only well cared for professionally, but are comfortable, happy and at home. The Board desires to emphasize its dissent from the criticisms of these institutions, which it believes to be unjust and undeserved.

The other principle raised in the report of the Inspector-General, the system of Medical Boards, is dealt with in detail hereafter, and the Board agrees that there is much justice in the criticisms levelled at the complicated arrangements that have been permitted to grow up. With the re-organization proposed the Board is unable to concur, and has ventured, as the result of the combined experience of its members, to suggest a system that it believes to be simple and likely to be practical in operation.

The Board does not concur in Colonel Bruce's view that a complete re-organization "from top to bottom" of the Canadian Army Medical Service is necessary. In its opinion the reforms he suggests would not remedy the defects he deplures, which are not due to the system but to inexperience on the part of officers, military and medical, and to faults in administration, which are commented upon in the detailed criticisms that the Board has felt it its duty to record.

The Board cannot conclude this general review of its findings without adding that the Report of the Inspector-General ignores the good work done by Surgeon-General Jones and his staff under circumstances of novelty and great difficulty. The Board has not hesitated to criticise those matters, wherein, in its opinion, the Director of Medical Services has failed, but does so with great reluctance, for it is satisfied that much of what has been accomplished has been the result of his zeal and industry, while the good relations of the Imperial and Canadian services are largely due to the

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tactful performance of the many delicate duties that fell to his lot.

The Board would also point out that the lack of an organized Canadian staff was a very serious handicap to the Director of Medical Services in his dealing with the important subject of non-effective troops.

### *I. SOLDIERS ARRIVING IN ENGLAND FROM CANADA MEDICALLY UNFIT.*

The Board is agreed that large numbers of soldiers have come, and continue to come, from Canada who are unfit for service at the Front. The cases come under two main headings:—

1. Men who do not comply with the recruiting standards as regards age.
2. Men who are unfit by reason of physical disability.

The first class is the more numerous; of one series of cases submitted to the Board, 849 out of 1,366 were unfit by reason of being under or over age. The Board understands that the recruiting medical officer is not required in his examination to consider the apparent age of recruits, and this being so, the charge as regards the Canadian Army Medical Corps narrows itself down to the second class.

The Board is satisfied that there have been large numbers of men passed who ought not to have been passed by the medical officers, but it was perhaps inevitable under the circumstances of raising the Canadian Expeditionary Force that examinations could not be conducted with all the care necessary. This it believes to have been due partly to inexperience on the part of examining medical officers, partly to hurry, partly to carelessness, and lastly, in some instances, to the opinion of the examining medical officer being over-ridden



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or ignored by commanding officers. These defects in recruiting continue to exist, despite medical examinations by recruiting medical officers, by battalion medical officers on joining units, and before sailing for the United Kingdom. The remedy lies in a more stringent examination and better organization of recruiting methods in Canada. Examining medical officers should be responsible, as in the British service, that a recruit's apparent age corresponds with his declared age; there should be inspectors of recruiting familiar with the requirements of the army in the field, and no soldier should be permitted to cross the seas without having been classified by a Medical Board as fit for general service.

The Board has come to the conclusion that this important matter has not received the attention it deserves, and that the authorities have failed to make adequate representations regarding a condition of affairs that must severely handicap the C.E.F., both as regards organization and training in the United Kingdom, and efficiency in the field.

What share in this responsibility lies with the D.M.S.? The Board is not prepared to say, as the A.G. branch of the staff, to which the subject appertains, does not appear to have been represented in England until recently, but the Board believes that in the absence of the A.G.'s branch, it was the duty of the D.M.S. to represent, as often as was necessary, to all sources open to him the fact that large numbers of men were arriving here who were unfit for general service.

### *II. and III. DISTRIBUTION OF CASUALTIES AND CONCENTRATION OF HOSPITALS.*

Colonel Bruce's objections to the present system of treating a moiety of Canadian patients in Imperial hospitals distributed throughout the United Kingdom, and his advocacy of the policy of concentrating them in purely Canadian hospitals, are interdependent. The Board, therefore, proposes to consider sections II and III together.

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As regards distribution, it is recognized that the Canadian soldier returning to England from France is not in the same position as the British soldier so returning, but, despite this important difference, the Board is of opinion that, practically speaking, a system of distribution which is satisfactory in the case of the British soldier, need not be inefficient in the case of the Canadian.

What is required to meet the special circumstances of the Canadian soldier is an extension of the system of Canadian convalescent hospitals, and organized co-operation as regards inspection between the Canadian and Imperial services. The Board is satisfied that considerable difficulties must arise in the collection and distribution of Canadian invalids to Canadian hospitals, because the problem begins at the Front, and, from the personal experience of the majority of the members of this Board, it believes that it is quite impracticable to earmark and collect Canadian casualties at the base in France, and that it would be difficult and inconvenient to direct them solely to Canadian hospitals in England.\* Special

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\*Compare this statement with the confession of an absolute reversal of this policy contained in the "Report of the Ministry, Overseas Military Forces of Canada, 1918," submitted by Sir Edward Kemp on May 15th last (page 391).

"So far as was practicable and possible, too, the Canadians evacuated from France were distributed to Canadian hospitals. In times of stress, however, mainly to meet the exigencies of ambulance railway transport in England they had, of necessity, to be distributed to both British and Canadian hospitals. That, after severe fighting, was inevitable; but every effort was bent towards placing Canadians in Canadian hospitals, and how successful was this endeavor is evident in the expansion of Canadian bed capacity alone. Where it was necessary, owing to the demands of the moment to place Canadians in British hospitals, the British authorities were prevailed on to place Canadians in hospitals in areas most easily accessible to the Canadian authorities and to the Canadian patients' relatives and friends."

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arrangements for their despatch would be necessary and, while the Board has it in evidence from the principal embarkation medical officer that the difficulties are not insuperable, they are sufficient to enhance the complexities of an already complex problem.- The administrative difficulties in this respect would, the Board believes, be found in practice, serious, and would necessarily involve the provision of clearing hospitals, at, or near, the ports of England. Even if the difficulties of collection in France could be got over, it would necessitate the holding of Canadian patients in France until a sufficient accumulation occurred to justify special arrangements for distribution on arrival in England. This policy the exigencies of war would be bound to frustrate. If, however, this proves to be possible, the difficulties of distribution to Canadian hospitals in England would disappear.

But the present system must hold the field if it is found impracticable to find suitable hospital accommodation for the whole of the Canadian sick and wounded in the Shorncliffe area and its neighborhood, to which it is important that any such scheme should be confined. The establishment of Canadian hospitals in England, even if all were situated south of the Thames, would not meet the requirements, but might even accentuate the difficulty of distribution, and, in either case, the Board is satisfied that the policy of centralisation would be unwise and expensive and impracticable.

The Board considers it to be unwise on broad grounds of policy, believing that it is to the best interests of both British and Canadian soldiers that they should meet one another, and, as illustrative of Canadian sentiment in this matter, would remark that the Canadian hospitals at Beachborough, Taplow and Orpington are governed by explicit provisoes on the part of the donors that they are not to be confined to the treatment of Canadian sick and wounded.

That such a policy would be expensive is certain, for houses suitable for hospitals are not to be found near Shorncliffe, and great difficulties would be experienced even in

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the larger area mentioned. The probable outcome would be the necessity of the erection of hut hospitals, at large cost and with much delay, and the Board is of the opinion that such expenditure would not be justified without very grave and urgent necessity. The Board does not believe that any such necessity exists, for, after conversation with many Canadian soldiers in different hospitals and with officers and others familiar with the working of the present system, it has failed to discover any general sentiment among Canadian troops in favor of their exclusive treatment in Canadian rather than in British hospitals. The present system permits the individual Canadian soldier to select, subject to administrative convenience, the neighborhood to which he would desire to be sent, and, while there is evidence that from time to time Canadian soldiers ask to be sent to a particular locality or transferred from one hospital to another, the reason generally given is to be near relatives in the United Kingdom, and is not generally associated with their treatment and comfort in Imperial hospitals.

The Board does not suggest that the existing Canadian hospitals in England should be given up and does not object to a reasonable extension of these hospitals, but, even without extension, there is no reason why any wish on the part of a Canadian soldier to be treated in a Canadian hospital should not be met, just as the desire to go to a particular neighborhood in Great Britain is gratified whenever circumstances permit.

Even if sufficient separate accommodation could be provided for all Canadian casualties in one area in England, it would either be necessary to retain a large number of empty beds to meet the eventualities of war, or, if these were utilized for British patients, as Colonel Bruce suggests, then they would not be available for Canadian patients when the Canadian Corps was heavily engaged. In the opinion of the Board, such a policy must, of necessity, break down under the stress of war.

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The special advantages that Colonel Bruce claims for a policy of concentration can be attained with existing arrangements, which are sufficiently extensive to permit of the utilisation of the special skill of Canadian physicians and surgeons in all branches of medicine and surgery.

There are twenty thousand Canadian soldiers in hospital in the United Kingdom to-day, and the provision of special Canadian hospitals for them all would necessitate additional accommodation for nine thousand, and even this would not allow a margin for battle casualties. Of this number, the Board is informed that between two and three thousand are being provided for by special arrangements with the Ontario Government and the Red Cross, and there is a large number of patients now in the United Kingdom who the Board agrees should be returned to Canada, as they are unlikely to be fit for general service within a reasonable period. This number Colonel Bruce estimates at between two and three thousand, and with this estimate the Board concurs. Deducting both classes, there would remain about four thousand additional beds to be provided, involving a capital expenditure of approximately one million dollars if buildings had to be erected, which is believed to be inevitable.

This question of cost cannot be considered apart from that of the existing arrangements whereby Canadian soldiers are subsisted in Imperial hospitals, whether military or V.A.D., at a cost of three shillings per head per day, whereas the average cost to the public of Canadian soldiers in Canadian hospitals, as of British patients in British hospitals, is from six to seven shillings per head per day. The difference is due to cost of personnel and equipment. It is right to state that similarly British patients are maintained in Canadian hospitals at the same charge of three shillings, but obviously the balance of advantage is in favor of the Canadian Government, and if Colonel Bruce's policy were adopted, the many advantages of this reciprocal agreement would be very much diminished.

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Although these questions have been considered on a money basis the Board believes that, if it could be established that the Canadian soldier suffered from being treated in Imperial hospitals, the Canadian Government would not consider the cost in any way, but there is ample evidence that Canadian soldiers have not suffered from being treated in Imperial hospitals.

This important subject has been dealt with at some length, because the chief consideration in the reorganization suggested by Colonel Bruce is a policy of preferential treatment, which the Board considers impracticable in its application, and which it believes to be unwise and opposed to Canadian sentiment.

### *IV. UNNECESSARY DETENTION IN HOSPITALS, ETC.*

The Board cannot agree that there is a lack of efficient medical inspection in hospitals, but, while not reflecting on the efficiency of these inspections, the Board agrees with Colonel Bruce and Surgeon-General Jones that additional inspection of Canadian hospitals, and of Canadian patients in British hospitals throughout the United Kingdom, is desirable from the Canadian standpoint. There is evidence that the desirability of special inspections of Canadian patients in British hospitals was not fully recognized by the then D.M.S. until July of this year, but the Board is of the opinion that this policy, with which the Board is in complete sympathy, should have been initiated at an earlier period.

From early in the war the Canadian Red Cross had organized a system of visits to Canadian patients in British hospitals throughout the United Kingdom, and the valuable information collected in this fashion was available to the D.M.S. and frequently utilized by him.

The Board agrees with Colonel Bruce and Surgeon-General Jones as to the desirability of additional consultants

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being appointed, and thinks that there is ample scope for a consulting surgeon, as well as a consulting physician, in Canadian hospitals in the United Kingdom. It is not to be supposed, however, that Canadian hospitals have not had the advantage of the advice of experienced consultants; for the late Lieutenant-Colonel Sir Frederick Eve (whose death, which the Board laments, denied them the advantage of his experience), was one of the consulting surgeons for the Eastern Command and visited then the Canadians in hospital from time to time. The Board would venture to suggest, however, that it would be better if Canadian consultants were appointed to the Imperial Army, instead of their services being confined to Canadian hospitals, and if this policy is adopted it might apply not only to the United Kingdom, but to France. The Board think it right to refer to the allegation that there have been many errors of diagnosis and treatment. The Board is decidedly of the opinion that there is no cause for alarm on this score, as such errors as have come to notice are incidental to the exigencies of active service, and believes that they do not prevail to as great an extent as in the ordinary course of practice in civil hospitals, whether in Europe or Canada.

In opposition to the views of both Surgeon-General Jones and Colonel Bruce, the Board is of opinion that it would be preferable that the head of the Medical Service should remain in Ottawa as the principal medical adviser of the Government upon all questions, such as the medical examination of recruits, the organization of new units, selection of medical officers for commissions, and other questions upon which the Government in Canada might desire the advice of a senior and responsible officer, matters which, in the opinion of this Board, are intimately bound up with the success of the Force in the field.

The Board is agreed that there is a considerable accumulation of convalescent Canadian patients in Imperial hospitals, and that this is due to the insufficiency of accommodation at

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present in Canadian convalescent hospitals. The Board is also satisfied that there are in the United Kingdom a large number of Canadian invalids who ought to be sent back to Canada, but whom it has been impossible to repatriate because the available accommodation in Canada has been insufficient. Unless a very large increase in the rate and number of patients evacuated can be accomplished, it will, in the opinion of this Board, be necessary to increase materially the accommodation in the Canadian convalescent hospitals in the United Kingdom. As soon as there is sufficient convalescent accommodation for Canadians, so soon will many of the difficulties experienced by Colonel Bruce in inspecting Canadian patients in British hospitals disappear.

The Board attaches the greatest importance to the early provision of sufficient accommodation for returning invalids to Canada, which is a matter, the importance of which this Board cannot over-emphasize.

In this connection the Board would wish to direct attention to the fact that all invalids returning to Canada have so far been conveyed in returning transports or passenger steamers. In view, however, of the increased number of Canadian troops in Europe, and the growing number of serious cases, who, it is generally agreed should be sent to Canada at an earlier stage, the Board would suggest that the provision of a regular hospital ship should be considered.

### *V. USE OF V.A.D. HOSPITALS.*

Colonel Bruce's recommendation that the use of V.A.D. hospitals by the C.A.M.C. be discontinued is not concurred in.

The Board offer the following remarks on some of the points raised in Colonel Bruce's indictment of a system that has done much to link up the military medical service with the civil population:—



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1. *Inefficiency.* It is not agreed that, as a class, the V.A.D. hospitals are inefficient, and the evidence which, to Colonel Bruce, indicated inefficiency, was really due to defective classification, whereby some V.A.D. hospitals which were not equipped for all purposes occasionally contained patients for whom treatment should have been prescribed in a hospital of a higher scale.

Even in such cases facilities for the transfer of such incidental admissions to primary hospitals were always available, and in no case did the Board find that faulty treatment could fairly be attributed to the V.A.D. system.

2. *Expense.* As already stated, the charge for a patient in a V.A.D. hospital never exceeds three shillings a day, and the Board has it in evidence, and is satisfied, that the cost per patient in a military hospital is at least six shillings per day.

3. *Unsatisfactory.* Colonel Bruce's point of view appears to be that those hospitals which are the inevitable outcome of a general mobilisation of the medical resources of Great Britain, are unsatisfactory from an administrative and professional point of view, but the Board is satisfied that in no other way could the situation arising out of the war have been met, nor could it be altered now without vast and unjustifiable expenditure.

Colonel Bruce mentions, among other points, the following as evidence of the unsatisfactory nature of these institutions:—

(a) *Inconvenient location.* This is, in many instances, inevitable, as accommodation had to be made use of wherever available. The inconvenience is largely minimised by the system of classification of patients,

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by ample facilities for transportation, and by periodic inspections by Imperial and administrative officers.

- (b) *Medical Staff.* The medical staff is generally found from the local practitioners who nearly all give their services gratuitously, and make large sacrifices in so doing.

The investigations of this Board do not support these allegations of inefficiency. The standard of professional efficiency naturally varies, but there is no ground, even in the special reports made by Colonel Bruce's direction, for the grave indictment contained in his report, "a good deal of the surgery is bad," and if patients have been retained in these hospitals too long it has been caused by the insufficiency of accommodation in Canadian convalescent hospitals and delays in connection with the C.C.A.C. in England.

- (c) *Nursing Staff.* In all hospitals there is a nucleus of trained nurses (ten per cent.), whose work is supplemented by the devoted efforts of the Voluntary Aid Detachments, the members of which have undergone courses of instruction in first aid and home nursing, and who, after two years of hospital work, are many of them so efficient that the Imperial Government has not hesitated to send them to France and the Mediterranean. In no case, has the Board had reason to be other than satisfied with the nursing in these institutions.

The comments made in Colonel Bruce's report on the V.A.D. hospitals have been widely resented, and this Board is of opinion that these strictures are unjustified and regrettable.

While the Board agrees with Colonel Bruce that patients could sometimes be more advantageously treated in, and more speedily evacuated from large military hospitals, the advantages of the V.A.D. system should not be overlooked in

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this regard. In these hospitals the Board found the Canadian patient well fed, comfortable and happy, and receiving an amount of care that is only possible in institutions organized on the lines of "the home." This has been an enormous asset in the case of soldiers widely separated from their kith and kin.

### *VI. ADMINISTRATION OF SHORNCLIFFE GROUP OF V.A.D. HOSPITALS.*

V.A.D. hospitals are affiliated in groups to central military hospitals, which are responsible for their administration, and special and frequent inspections are arranged by the A.D.M.S. of areas and D.D.M.S. of commands. The V.A.D. system is general throughout the United Kingdom, and, as stated, is believed to be economical and satisfactory.

When the Canadian medical service took over the Shorncliffe Military Hospitals, which was a central hospital, and when the A.D.M.S., Canadians, was appointed A.D.M.S. of the Dover area (an Imperial appointment), the administration of these institutions necessarily devolved for the most part upon the Canadian Medical Service. At the time that these arrangements were made, the necessity for additional accommodation for Canadian patients was pressing, and advantage was taken of the opportunity to hand over the administration to the Canadian Service, as being that which could most conveniently supervise these institutions, which were likely to be largely used by Canadian sick and wounded.

As to the detailed criticisms made by Colonel Bruce, the Board is of opinion that, while the system is an economical one under which we administer a large number of auxiliary hospitals, the Canadian staffs employed in connection therewith have been larger than necessary. This is especially so in regard to the Registrar's Department at the Shorncliffe Military Hospital, upon which expert clerical evidence has been obtained.

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Members of the C.A.M.C. have been employed in V.A.D. hospitals, just as the R.A.M.C. are similarly employed, but in every case there have been advanced good reasons for their use, such as the maintenance of discipline and special nursing and care in exceptional cases of illness.

The Board cannot agree that the employment of C.A.M.C. personnel should be confined to purely Canadian institutions, or that the Canadian ambulance service should not be used for Imperial patients, and if adjustment is required in these regards it should be dealt with when reciprocal services are under consideration.

In all these points the Board is opposed to the policy suggested by Colonel Bruce, and in agreement with that carried out by General Jones.

### *VII. RELATIONS WITH RED CROSS.*

The necessity for a continuance of the past harmony between the Red Cross, both British and Canadian, and the medical service, is unquestioned, and the Board is of the opinion that the discovery of admitted irregularities at one place (Taplow) does not vitiate the policy and relations hitherto obtaining. The Board does not propose to enter in detail into these questions, which, as regards one hospital, have been the subject of special inquiry and a court martial, but while rumors of irregularities were widespread they did not apparently reach the ears of the D.M.S., and it feels bound to add that glaring departures from accepted service methods of administration passed unnoticed at General Jones's inspections.

### *VIII. DETAILING OF C.A.M.C PERSONNEL FOR IMPERIAL SERVICE.*

The Board disagrees with Colonel Bruce, and is strongly of opinion that the forces and resources of the Empire must be pooled to the utmost in this struggle, and that therefore

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interchange of personnel is desirable and necessary in the interests of both services.

The very instances quoted by Colonel Bruce seem to the Board to prove the desirability of such interchange, and the advantage to the Canadian forces of the participation of its officers in special investigations, such as those conducted at Hampstead, is too obvious to require justification by it.

The Board believes that the policy adopted by Surgeon-General Jones will commend itself to the authorities, for which there is abundant precedent in other branches of the service.

### IX. SITUATION AT SHORNCLIFFE.

*A.D.M.S., Canadians, being also A.D.M.S., Dover (British).*

The Board, both from its own observation and experience and from the evidence submitted, is opposed to the opinion expressed in Colonel Bruce's Report. The statement that "from many points of view the interests of the two services clash," is contradicted by the evidence, and is, in the opinion of the Board, incorrect.

The D.D.M.S., Eastern Command, on whose initiative the appointment was made, states that "Colonel Rennie is one of the best A.D.M.S.'s in the Eastern Command."

The Board is satisfied that this arrangement has been, and is, a good and satisfactory one as regards both Canadian and British interests.

### X. SURGICAL OPERATIONS NOT TENDING TO INCREASE MILITARY EFFICIENCY.

The Board agrees with Colonel Bruce that much surgery that is fitting in civil life is not advisable in military practice, and has evidence to the effect that efforts have been made to induce the newly-commissioned medical officers to regard physical unfitness from a military point of view, and that experience has effected marked improvement in this respect.

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The appendix to this section (p. 145 of the Report) mentions twenty-one cases "*ad hoc*." One at least of these cases came under the attention of the Board. The hospital records of that case (No. 66242, Private Downs, M.), are incorrectly reported by Colonel Bruce; the man did not suffer from the disability stated; the operation performed was not as stated, and the mention of the surgeon's name (Lieutenant-Colonel D. Armour, R.A.M.C.) accentuates the grave nature of the criticism. The Board of course concurs in the recommendation on page thirty-five of Colonel Bruce's report.

### *XI. and XII. SPECIAL HOSPITALS,*

In the opinion of the Board, a special hospital, such as that at Ramsgate, is essential; as if treatment had to be delayed until the patient could be sent to Canada—even if sufficient facilities existed there—the beneficial results of early treatment would not be attained.

At the same time, the Board appreciates that many cases have been admitted and detained there whose immediate transfer to Canada was desirable, and this remark applies in a special degree to cases of amputation.

The Board, however, has it in evidence that the facilities that exist in Canada are not as yet sufficient to meet the requirements of the Canadian Expeditionary Force in this respect.

With regard to the "Arts and Crafts Department," the Board fully recognizes that trades should not be taught in England, but believes that there is a distinct therapeutic value in work of this sort for selected cases. Much of special equipment already existed in the building now used as a hospital, and the cost of the additional installation has been met by private benefactors, and has not fallen on the Canadian Government.

The value of the institution in fitting men to return to duty is shown by the report of the O.C., which states that sixty per cent. of the patients were discharged to full duty.

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The remarks made in regard to Ramsgate apply equally to the Buxton Hospital, and Colonel Bruce admitted that his criticism had reference to its use for cases of chronic rheumatism, and the Board is in agreement with his views in this respect. It was explained to the Board that shell shock cases were only sent there because of lack of sufficient accommodation at Ramsgate. Lieutenant-Colonel Finley, the Consulting Physician, reports that seventy-one per cent. of all the cases that have been treated at Buxton returned to full duty.

It should be added that in the staff are included two officers with neurological experience. The Board holds that this hospital serves a useful purpose.

### *XIII. VENEREAL SITUATION.*

The Board recognizes that the question has been a vexed one ever since an army took the field. The evidence shows that soon after arrival in England the D.M.S. tried to secure adequate provision for these cases, and that his efforts were not invariably supported by higher authority. Proper accommodation was not provided as asked for; as a result, the discipline and control, which are essential in this class of case, were not secured.

The recommendation that a battalion of a combatant type be organized, with a special medical staff, is not concurred in; the men must be regarded as sick and be placed in various grades determined by the stage of their affection and remain under medical control. A solution can only be reached by co-operation between the Medical Service and the Adjutant-General's branch. The Board concurs with the view that segregation of all such cases in an area by themselves, under special arrangements for treatment and discipline on the lines of a convalescent hospital, which combines treatment and training, is essential.

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### *XIV. INFECTIOUS DISEASES.*

The system of utilising the isolation hospitals of local authorities is that generally adopted by the British service whenever possible. As it has been found to be economical and convenient, we recommend no change in that respect at Shorncliffe.

The calculation respecting the cost of providing a Canadian Isolation Hospital is incomplete, and the comparison made so fallacious as to be misleading, as the estimate does not allow for the cost of buildings and equipment. The present charge of four shillings per patient per day is, having regard to all the circumstances, a most moderate one.

The introduction of the C.A.M.C. into the isolation hospital was, in the opinion of the Board, fully justified under the special circumstances of an outbreak of cerebro-spinal meningitis.

The two cases of diphtheria, quoted as having been unduly detained in hospital, have been satisfactorily explained to the Board, which is satisfied that the course pursued was the right one.

### *XV. MEDICAL BOARD SITUATION.*

With reference to the remarks of Colonel Bruce that "the present Medical Board situation is a disgrace to the Canadian Army Medical Corps," and that "Medical Board work has often degenerated into a farce," the Board thinks it right to begin its comments on this section by remarking that, on examination, Colonel Bruce agreed that the use of the words first quoted were unjustifiable, and had little or no application to the part taken by the Canadian Army Medical Corps in carrying out the procedure prescribed for them.

The Board agrees that there is a necessity for reformation in the Medical Board situation and in the classification of casualties, and is of opinion that an easy solution of the



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problem would be the adoption of the British system so far as applicable.

In order to obtain uniformity in the classification of the various degrees of fitness for soldiers, the Board recommends that the categories defined in A.C.I. 1023 of 1916 be adopted in the C.E.F., and adhered to on all occasions, the use of the term "permanent base," "light duty," being abolished.

There are two main classes of cases which may call for the intervention of Medical Boards:—

- (1) In the case of soldiers evacuated to the United Kingdom from France returning to the Front.
- (2) In the case of soldiers (a) who for any medical reason are regarded as unfit for full duty at the Front; (b) whom it is considered desirable, for any medical reason to return to Canada.

In the first class, the intervention of a Medical Board should rarely be necessary; the second should invariably be decided by a Medical Board. In the opinion of this Board it would add greatly to simplicity and directness of procedure if the services of any Board, Imperial or Canadian, as the case might be, could be utilised.

The first principle involved is that no soldier should be sent out of Canada who is unfit for general service, and, to ensure this, all drafts or units should be examined, and only men passed by a Board as "fit for general service" should be permitted to embark.

Thereafter, the principle should be recognised that a soldier can only be reduced from this category by the finding of a Medical Board, and that soldiers so reduced may be raised in category, by the medical officer of a hospital or of a unit, on becoming fit for it. For example: a soldier is slightly wounded in France, and at the general hospital at the base in France becomes fit for duty at the Front, the decision of the officer commanding the hospital suffices to return him to duty with his unit. If, in a more serious case,

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the soldier returns to England and there becomes fit for full duty, a similar simple procedure should suffice; but, if the soldier is incapacitated to such an extent as in the opinion of the officer commanding the hospital renders him unfit for general service, this opinion should be confirmed by a Board, which could recommend the man for garrison service in England or France or for invaliding to Canada. In the last case, this Board should prepare all medical documents necessary. Similarly, in the case of any soldier, in or out of hospital, becoming unfit for his category, he should be brought before a Medical Board.

It is the opinion of the Board that the procedure outlined above should suffice to invalid a soldier to Canada, with the proviso that the authorities there will adopt whatever procedure may commend itself to them in dealing with the discharge, or otherwise, of the invalided soldier and his claim to pension. The Board is strongly of the opinion that pension claims should not be dealt with at an oversea base, except in the case of men taking their discharge in the United Kingdom.

The recommendation on page 52 of Colonel Bruce's Report is concurred in. All Boards should, as far as circumstances permit, be constituted on the lines therein suggested, and this Board would emphasise that in all cases one member should be a medical officer with knowledge and experience of active service conditions.

The work of Medical Boards can be standardised only in a general way, by adherence to general principles laid down from time to time.

As regards the lack of supervision alleged in Colonel Bruce's Report, the existing system of placing the responsibility on the administrative medical officer under whose orders the Board is constituted should be sufficient, if adhered to, as has not invariably been the case.

The Director of Recruiting and Organisation should, in the opinion of this Board, have no control over Medical

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Boards, which should be ordered by, or through, the Adjutant-General's branch of the staff and constituted by the A.M.O. concerned. The boarding of officers should, in the opinion of this Board, follow the general lines indicated in the case of other ranks.

The invaliding of the Canadian soldier should only be conducted at Canadian, or other hospitals, where suitable facilities for special examinations exist.

As regards co-ordination with Canada, if the scheme above commends itself to the responsible authorities there should be little difficulty in this respect.

With respect to the re-organisation suggested by Colonel Bruce, the institution of a special A.D.M.S. charged with the supervision of invaliding would, in the opinion of the Board, tend to divorce the D.M.S., and the A.D.M.S. of formations and areas from their responsibilities in this respect, and is not recommended. The higher supervision of invaliding is a primary duty of the D.M.S., who should, by inspection and precept, secure such uniformity in method as is necessary and desirable.

In order that close touch may be maintained in the case of Boards conducted by Imperial officers, the D.M.S. should be in communication with the D.G.A.M.S. who exercises similar functions for the Imperial Army.

Under the procedure outlined, there would be no president of a Medical Board occupying a preferential position, and, in any case, this paragraph of Colonel Bruce's Report and that which precedes it (A.D.M.S., Invaliding), on page 52, are inconsistent.

As to the other suggestions made by Colonel Bruce as to re-organisation, the Board has already dealt with and concurred in some of them, and considers the others complex and difficult to carry out in practice. The procedure on the discharge of a soldier from hospital should, it is considered, follow closely that recently adopted in the Imperial service under A.C.L., 1910, under which a soldier discharged from

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hospital to duty is recommended for (1) full duty, (2) command depot, (3) employment, *i.e.*, base duty.

In the opinion of this Board, many of the complaints and much of the difficulty experienced as regards the invaliding and return to duty have been due to the inability of the Canadian casualty assembly centre to handle the large and increasing number of casualties, which it is called upon to deal with, under the existing organization.

In the event of men of the lower categories being returned to Canada as surplus to requirements, it would be desirable that the first two pages of A.F.B. 179 be completed by a M.O. before embarkation, so that any claim against the public might be safeguarded and recorded. All such records should be attested by the soldiers' signatures.

### *XVI. RECORDS.*

The criticisms made by Colonel Bruce are generally agreed to by the Board, which, however, would point out that they are of universal application, and apply to all medical services in all wars.

The desirability of improvement in medical records has not been lost sight of, and all available information is the subject of special investigation and record by the Medical Research Committee, which was entrusted with this duty by the War Office at the beginning of the war.

As regards the individual casualty; there has often been a lack of sufficient information accompanying the patient from hospital to hospital, but this is now in course of being remedied, and it has been arranged that field medical cards and hospital reports, including X-ray photographs, and any other essential information, shall accompany the patient from stage to stage. Every effort is made in the Record Office to keep the medical history sheets complete, and, to make them available for use in hospital, Surgeon-General Jones early arranged for a duplicate sheet to be maintained by the officer *i/c* records.

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Much of the information which has accumulated will ultimately be brought together and should be available when the final estimation of a soldier's pension is under consideration. The Board understands that all pensions in the first instance are temporary in character.

In conclusion, the Board cannot agree that the defects in the system are attributable to the C.A.M.C., or that the proposals of Colonel Bruce are practicable, while it is satisfied that Surgeon-General Jones has done a great deal towards the establishment of a better system than has hitherto been available in armies of the field.

### *XVII. PENSIONS.*

The importance of the question of pensions is recognised by the Board, but primarily it is not a duty of the Canadian Army Medical Corps. It is the duty of the Medical Service to assist the pension authorities by complying with all reasonable directions as to the preparation of the medical reports, upon which claims are adjudged; but it is obvious that the Medical Service is not responsible for the absence in invaliding forms of special means of identification, such as "thumb prints," nor is that Service in any way concerned with "dead or missing" men. In this section, as elsewhere, Colonel Bruce has confused the duties of the Medical Service with those of the Adjutant-General's branch, and there is no ground, in the Board's opinion, for a charge of neglect to an "almost criminal degree."

It is only fair to Colonel Bruce to note that in his evidence he withdrew the remarks to which attention has been drawn above.

The Board is of opinion that the ultimate investigation of pensionable cases should take place in Canada, where special Boards can be convened and special methods of research be employed, for it is not at the base of an army in the field that these questions can be deliberately determined.

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### *XVIII. CO-ORDINATION.*

Many of the matters dealt with here have been referred to by the Board in its comments on the first section of Colonel Bruce's Report.

The adoption of identical standards of fitness, however theoretically desirable, is, in practice, impossible, as officers will judge "fitness" by the conditions that appeal to them at the moment. For example, a soldier that would be considered quite fit for a summer campaign will frequently be rejected when it comes to a question of his doing duty in the trenches in the winter; similarly, while men may be enlisted up to a certain age, it may be that the general officer commanding a force in the field will not, under special circumstances, accept men of the maximum age.

The only course is the enforcement of a stringent examination on enlistment, and adherence to whatever standard of fitness may be laid down in regulations from time to time.

As to questions raised as regards quarantinable diseases, such as trachoma, the Board agrees with Colonel Bruce that special action should have been taken to obtain sanction for the return of such cases to Canada.

### *XIX. C.A.M.C. PERSONNEL NOT USED TO ADVANTAGE.*

The Board disagrees with the contention that underlies Colonel Bruce's Report that the services of the Canadian Army Medical Corps officers and other ranks should be confined to Canadian troops, and the case quoted where Canadian medical units were sent to the Mediterranean to service with an Imperial force that did not include Canadian troops, seems to this Board to illustrate the "water-tight compartment" conception that in the early part of this Report has been commented upon as mischievous and erroneous.

The statement that certain medical units are "not serving, except in a small proportion of cases, the Canadian sick and

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wounded in France," is not true so far as the thirteen field ambulances referred to are concerned, while, as regards the casualty clearing stations and stationary and general hospitals, it is obvious that their employment on the line of communication necessitates their being used for all troops using that line.

As to the unsuitable allocation of duties, the Board is of opinion that the need of trained experts at the base and in casualty clearing stations is not appreciated by Colonel Bruce, while a specially trained practitioner who can efficiently command a field ambulance is, as a rule, of more value at the Front than he would be as a specialist in a general hospital.

It would be easy to controvert the instances mentioned by Colonel Bruce, but it does not seem to the Board to be necessary to enter into the personal qualifications of particular officers.

With regard to the Nursing Service, to which Colonel Bruce refers in this section, it must be borne in mind that the hospitals in England are, in effect, training schools and depots, and that the requirements of the hospitals at the Front must have preference.

As to the allegations of unfitness among officers selected for commissions in the Canadian Army Medical Corps, from over-age, addiction to alcohol and other drugs, etc., this Board deprecates such unqualified statements.

Had Colonel Bruce added what must have been within his knowledge, as it is of this Board, that the proportion of undesirables in this corps is at least as low as in any other branch of the service, there would have been no objection to his criticism.

With reference to the A.D.M.S., Embarkation, Bath, the Board is agreed that the multiplication of staff officers with the status and pay of A.D.M.S. is undesirable.

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### XX. CONSULTING SPECIALISTS.

The Board is agreed as to the desirability of appointing civil practitioners of eminence as consulting physicians and surgeons to the Canadian hospitals in England, but thinks that the appointment of consultants to the Expeditionary Force is a matter for the decision of the Imperial authorities.

The question has been discussed by this Board in its comments on section XV.

No evidence was adduced by Colonel Bruce that a number of medical and surgical specialists either offered their services or were refused by the D.M.S., but General Jones stated in his reply that up to July there was "a large proportion of men of consultant rank in the several units, but as the service developed the situation became modified, and consultants have since been employed as required." Up to this date, only one, Lieutenant-Colonel Finley, has been appointed.

The recommendation of Colonel Bruce, on page 68, is concurred in, but the Board has already expressed its opinion that the appointments should be to the Imperial Army.

### XXI. DISCONTENT AS TO PROMOTION.

Interest in this topic exists in all armies in the form of the desire for promotion and the accompanying increase of pay and allowance. Evidence that this is abnormal in the Canadian Army Medical Corps was not produced. The Board is of opinion that the initial error lay in giving no lower rank than that of captain to officers on joining the Canadian Army Medical Corps. It is plain that majors and lieutenant-colonels can be employed only in small numbers, and that under present conditions most of those who began their service as captains will conclude their service in this war with the same rank.

The Board regrets that it cannot concur in the recommendation that steps in rank should be given to "deserving



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medical officers of battalions and field ambulances who have served overseas," in order that their services may be utilised on Medical Boards and in hospitals in England, as promotion cannot fairly be made irrespective of the rights of all others in the same rank.

This Board recommends that the ordinary rules of promotion be observed, and the senior officer be selected for promotion, provided he has all the necessary qualifications, and that all future first commissions be in the rank of lieutenant.

### *XXII. C.A.M.C. TRAINING SCHOOL.*

The Board agrees with Colonel Bruce's statement that the Canadian Army Medical Corps Training School has never been properly organised. It has not yet been given an establishment, and only recently suitable accommodation. As the Training School is, in effect, the depot of the Canadian Army Medical Corps overseas, it is of particular importance that it should be fully organised under an officer with practical experience in the field.

From the evidence it is clear that efforts were made by the D.M.S. from time to time to get a suitable location allotted to this unit, and, in the view of the Board, no responsibility attaches to him, as he did not receive assistance or support from the authorities.

The Board recommends that this important question receive early consideration.

### *XXIII. ECONOMY IN MANAGEMENT.*

The Board cannot agree that in the operation of the Medical Service sufficient attention has not been paid to economy in management; on the contrary, the various arrangements that have come under its knowledge have been generally most advantageous to the Canadian Government. It need only add as an example, the maintenance of Canadian

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patients in V.A.D.'s and Imperial hospitals at three shillings per day.

The Board would refer to the findings of the Special Board, presided over by Lieutenant-Colonel Harold Machen, from which it will be seen that the service has been managed with a due regard to economy.

(Signed) W. BABTIE, Surg.-General, President  
of the Board.

(Signed) ERNEST E. ASHTON, Colonel;

(Signed) J. T. FOTHERINGHAM, Colonel;

(Signed) A. E. ROSS, Colonel;

(Signed) J. W. ELDER, Lieutenant-Colonel;

*Members of the Board.*

Dated at London, England,  
*December 21st, 1916.*

On January 1st, 1917, following the announcement in the *London Times*, Sir George Perley handed to the London correspondent of the Canadian Associated Press a lengthy summary of the Babtie Report, which was published on January 2nd, in the leading newspapers of Canada, and in which emphasis was given to any points of disagreement with my Report. This summary was prefaced by a statement credited to Sir George by the Canadian Associated Press and designed to prejudice Canadian opinion against my Report and generally mislead the public. For instance Sir George stated:

“The Board was thus composed of eminent

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officers of wide experience and the highest professional standing who had *actual experience and intimate personal knowledge* of the requirements of the Medical Service.”

The facts were that not one member of the Babbie Board had actual experience and intimate personal knowledge of the conditions which I had investigated and revealed, and which during the brief period allowed me to re-organize the service, as Inspector-General, I had done my best to remedy.

In the next paragraph of his statement to the Canadian Press Sir George said:—

“The people of Canada will, above all, be much relieved and pleased to know that the Board, relying on its own observations and on the evidence before it, is abundantly satisfied that the Canadian sick and wounded have been thoroughly and well cared for. *The Board disagrees with Dr. Bruce's criticisms and recommendations except in one or two minor instances*, particularly with reference to the concentration of Canadian sick and wounded in Canadian hospitals.”

This statement was evidently designedly misleading, the Board having actually been compelled by the evidence to acquiesce in many of the essential criticisms and recommendations of my Report.

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Moreover, as is elsewhere shown, the personal observations on which the Babtie Board relied were singularly incomplete, less than three days having been devoted to actual observation of conditions. No evidence was cited in the text of the Report which might sustain and justify its findings, nor was any printed with that document, to show how far these findings were consistent with the evidence. It will thus be seen that ever since January 2nd, 1917, the Canadian public has been left with an erroneous impression of the nature of the Babtie Board's Report, and has been given no information as to the investigations made and the evidence taken on which it is presumably based.

### *MY REPLY TO THE BABTIE BOARD'S FINDING.*

Immediately upon the publication of the Babtie Board's finding, and although I had not then nor have I to this day been favored with a copy of the evidence on which it was based, I prepared a reply, which I forwarded to Ottawa. That reply was suppressed by the Canadian Government, even though repeatedly asked for on the floor of the House of Commons, and is now for the first time given to the public.

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THE MEMORANDUM OF COLONEL HERBERT A. BRUCE, C.A.M.C., FORMERLY INSPECTOR-GENERAL OF THE CANADIAN ARMY MEDICAL SERVICE, UPON THE REPORT OF THE BOARD OF INQUIRY APPOINTED BY SIR GEORGE PERLEY, MINISTER OF MILITIA, OVERSEAS, ON NOVEMBER 16TH, 1916, TO REPORT UPON.

(a) "THE CRITICISMS MADE BY COLONEL BRUCE" (UPON THE CANADIAN MEDICAL SERVICE OVERSEAS) "AS TO WHETHER THEY ARE JUSTIFIED, IN WHOLE OR IN PART."

(b) "THE RECOMMENDATIONS MADE BY COLONEL BRUCE; AS TO WHETHER THE BOARD ENDORSES AND CONCURS IN THEM; IF NOT, IN WHAT RESPECT DOES THE BOARD DIFFER FROM COLONEL BRUCE AND ITS REASONS THEREFOR."

SUBMITTED TO THE HONORABLE SIR EDWARD KEMP, MINISTER OF MILITIA AND DEFENCE, CANADA, MAY 18TH, 1917.

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### MEMORANDUM OF COLONEL HERBERT A. BRUCE, C.A.M.C.

The report of the Babbie Board of Inquiry upon the result of my investigation into the Canadian Medical Service overseas, which I undertook in the latter part of 1916, on behalf of the Canadian Government, was made public in London on January 1st, 1917. As the result of this publication controversy ensued which interfered with and delayed the adoption of the urgent reforms which I had earnestly and conscientiously advocated in my Report. Subsequently Sir George Perley, Minister of Militia, overseas, at my request, gave me permission to reply to the findings of the Babbie Board. I hesitated to take this course, because my original Report was prepared and submitted as a confidential and official communication to the Government, but inasmuch as it was not so treated I have decided to avail myself of the permission given me to reply.

I have been relieved of my duties, and the office of Inspector-General abolished, and as I am entering upon another appointment overseas, but still having the welfare of the sick and wounded in our Canadian Contingents at heart, I now beg to submit

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the following memorandum, which in my present unofficial capacity I respectfully and with deep feeling urge upon the consideration of the Government.

My one regret is that after five months of incessant effort, the task undertaken for the betterment of the Canadian sick and wounded in England, has ended, not in action, but in controversy, although the re-organization under way when I was removed from office gave every promise of success.

The broad difference between my finding and that of the Babbie Board is that my Report was based on a personal scrutiny of actual existing conditions in the Medical Service, whereas the Babbie Board was content with the evidence of those identified with the service, the Board's only intimate enquiry being confined to a tour of the Shorncliffe area, occupying three days. Unlike the Babbie Board, I had no preliminary report with which to theorise, but the more laborious, and in the end more satisfactory, task of ascertaining actual conditions as they existed.

The opening statement of the Babbie Board intimates that it was appointed by the Imperial War Office. In fact the Board was appointed by Sir George Perley in a letter dated November 16th,

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1916, instructing the Canadian Adjutant-General to convene a Board of Inquiry, and specifying its constitution and duties. The Canadian members of the Board were not selected by the War Office, but were the appointees of Sir George Perley, although the President, Sir Wm. Babbie, was chosen after a conference with the British Director-General of Medical Services.

The first intimation I had of the personnel of this Board was from the notice communicated by Sir George Perley to the *London Times*. I protested against the constitution of the Board to the Minister and by cable to the Prime Minister of Canada, for the reason that at least three of the Canadian members of the Board had already criticised openly and bitterly the recommendations contained in my Report, and because it was obvious to those of us who had been engaged in the investigation of the gross abuses which we had exposed that the members of this Board had been selected with the object of white-washing the Service and those responsible for its shortcomings.

On November 18th, two days after being appointed a member of this Board, Colonel Fotheringham issued a memorandum expressing his opinion that no occasion had arisen " for any lack of confidence



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in the policy of administration of the Director of Medical Services in London," and further, that we "desire nothing that will segregate us from the rest of the Medical Services of the Empire." This memorandum was distributed to medical officers of certain battalions at the Front, and was of itself sufficient to justify the protest as to his prejudice, and to create pardonable surprise at his willingness, under the circumstances, to serve on the Board.

The *British Medical Journal*, in its issue of November 25th, the day upon which the Board convened, announced that there was reason to "believe that the tenor of the report will be such as to lead to the reinstatement of General Jones." It was not difficult for this journal to prophesy the result of the enquiry, for in the Canadian colony in London, and particularly in official circles, there existed, as was natural from the expressed attitude of Colonel Fotheringham and others in high authority, advance information that the Babbie Board would ultimately reinstate General Jones, and would, as far as possible, discredit the recommendations which were the unanimous expression of all who had been engaged with me in probing the abuses existing in our Medical Service.

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In view of the unanimity of my confreres who contributed in so important a measure to my Report, may I briefly outline their eminent qualifications for the unpleasant but necessary task which they so cheerfully and ably performed?

*COLONEL REID*, whose post as Director of Recruiting and Organization, had placed upon him the responsibility for the disposition of all our Canadian casualties for over a year, and was, therefore, able to give us important information, supported by records in regard to unfits and the conduct of other branches of the service.

*COLONEL WALLACE SCOTT*, a Fellow of the Royal College of Surgeons of England, and formerly a teacher in surgery in the University of Toronto. After fifteen years' previous military training he joined the First Contingent at Valcartier and has been in the Medical Service overseas since, and is now in charge of a thousand-bed hospital at Shorncliffe.

*LIEUT.-COLONEL F. W. E. WILSON*, for ten years in the CANADIAN ARMY MEDICAL CORPS, had been an administrative officer in the Shorncliffe district for a year and a half, and was Deputy Director of Medical Services for England

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during the re-organization, which post he held until removed by General Jones upon the latter's return to office.

*LIEUTENANT-COLONEL WALTER McKEOWN*, chief surgeon of St. Michael's Hospital and a professor of clinical surgery in the University of Toronto, for the last year and a half president of a Medical Board in the Shorncliffe area, during which time thousands of cases have passed through his hands.

*MAJOR CHARLES HUNTER*, of Winnipeg, as president for a year and a half of a Medical Board examined thousands of casualties, and is admittedly the foremost expert in Medical Board matters.

The standing and experience of these two last-mentioned officers makes them eminently qualified to give an authoritative opinion upon the Medical Board situation, and incidentally in its relation to pensions.

May I here again state that my Report was concurred in by every member of this Committee?

The president of the Babbie Board is an Imperial officer of high standing, who has been engaged in

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administrative work in India and elsewhere during the whole of his professional career.

*COLONEL ASHTON* is a combatant officer, the G.O.C. of the Shorncliffe area, and although a physician by profession is not a member of the C.A.M.C., and has been continuously engaged as a combatant officer since going to England.

*COLONEL FOTHERINGHAM AND COLONEL ROSS* were administrative officers at the Front, being in charge of the field ambulances practically since entering the overseas service.

*LIEUTENANT-COLONEL ELDER*, a surgeon of high standing in Montreal, has been engaged in surgical work in France since going over from Canada.

To the military and medical standing of the members of the Babcie Board no one could be more ready to extend due credit than myself, but wide as had been their general experience in other phases of the Army Medical Service, the problems upon which they were supposed to express an opinion were essentially new to them and presented difficulties which no serious investigators could understand except by personal contact. The work of an

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administrator at the Front, whose whole object is to facilitate the movement of the wounded with the least delay to the army hospitals, demands unique and outstanding abilities, but it furnishes no preparation for the administration and care of patients in hospitals where a finality of treatment is aimed at. In making this statement I am emphasizing the vitally important difference in the value of my Report as compared with the findings of the Babbie Board—one was the product of the careful research of competent officers, thoroughly trained in the duties which they undertook, the other the product of a casual examination by officers—equally competent, perhaps, in their respective fields—totally unfamiliar with the underlying difficulties of the task assigned them.

Although by the terms of reference to the Babbie Board to report upon “the criticisms made by Colonel Bruce” and “the recommendations made by Colonel Bruce, as to whether the Board endorses and concurs in them,” myself and my Report were on trial, I was barred from being present at the sittings of the Board, except when called upon to attend as a witness—this despite the provision of the King’s Regulations that when an enquiry affects the character and military reputation of an officer

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or soldier "full opportunity must be afforded the officer or soldier to be present throughout the enquiry." My exclusion from the hearing was accompanied by the persistent refusal by Sir George Perley of my request to have the scope of the enquiry enlarged to permit of the submission of additional evidence of grave irregularities discovered subsequent to the publication of my Report of the serious nature of which the Minister was fully cognisant. The temper of the communications of the Minister in reply to my protests and the hostile attitude of the Board towards me was sufficient evidence that the early information of the treatment that was to be accorded my colleagues and myself and our Report, was not without foundation.

The chief criticism levelled at myself at the time was my lack of military experience, although the situation upon which I had been asked to report involved matters of hospital rather than military administration, and was, in fact, a business with which a large part of my professional life had been concerned.

The members of the Babbie Board reported that they found three principal points emerging from my Report—

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The concentration of Canadian soldiers in  
Canadian hospitals;

The suitability of the Voluntary Aid hospitals,  
and

The system of Medical Boards.

These are far from being the outstanding features of my Report, which was an unbiassed and uninspired statement of the grave abuses which had been revealed by our painstaking investigation of concrete cases. But there was a motive which impelled the Babbie Board to project subordinate issues into the leading place in its Report, and thus dwarf and becloud the revelations and recommendations contained in my finding. I did strongly urge the concentration of Canadian soldiers in Canadian hospitals, but it was never intended by me that the Canadian hospitals should be reserved exclusively for the care of the Canadian sick and wounded. What I asked for in this connection was that instructions should be given to the embarkation officers at Southampton and Dover that:—

- (a) Canadians be directed to Canadian hospitals if there are beds available.

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- (b) If no beds are available in Canadian hospitals, that they should then be directed to Imperial hospitals in a specified area.

Even if this system were in force, owing to the exigencies of war, we should probably only be able to get a preponderance of Canadians in Canadian hospitals, and should always have a certain proportion—a quarter or a third—of British and other Imperial patients.

The recommendations contained in my Report on the subject of the concentration of our soldiers in Canadian hospitals were so distorted that the majority of the Canadian people have yet to learn their real nature, but the policy itself had actually been adopted by General Jones towards the end of 1915, and though later abandoned, its merits are still advocated by him in his reply to my Report. It was General Jones who contributed to the discussion of the subject the term "segregation," which is not used in my Report, and certainly does not represent my policy in this regard. It may be pertinent to quote the passage in which this term is first used, as in the same paragraph, which is from page 4 of the Interim Report of Surgeon-General Jones in reply to my Report, is contained some of



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the reasons why my recommendations of concentration were so fiercely attacked and why the policy was abandoned:—

“The policy of segregating Canadians,” writes General Jones, “was changed in February of this year, owing chiefly to the strong stand of the Acting High Commissioner, Sir George Perley, who held that Canadians should mix with the other soldiers of the Empire, in hospital. I was further informed by Sir George Perley that persons in very high positions thought strongly on this matter, and considered that in the interests of the Empire there should be no segregation of the Canadians in hospital. My policy of segregation was, therefore, receded from.”

On the subject of concentration the Babbie Report states that up to February, 1916, the accepted policy was to provide separate hospital accommodation for Canadian patients, although it was only in October, 1918, that an arrangement was made by the War Office, in response to a request from the Director of Medical Services, to send Canadian patients to the Duchess of Connaught's Hospital, Taplow, and the Central Military Hospital, Shorncliffe.

In January, 1916, a meeting was arranged by Sir George Perley at his office, as High Commissioner

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for Canada, at which Lady Drummond, General Jones, and others were present, when it was urged by Lady Drummond (and supported by Sir George Perley) that there should be no attempt to separate Canadian and British patients. General Jones, who had previously advanced excellent reasons in favor of the concentration of Canadian patients, then acquiesced in Lady Drummond's suggestions and receded from his own policy of "segregation."

Later, the Babcie Board found that the concentration of Canadians in Canadian hospitals was "not only unwise, but impracticable," and its Report speaks of the "water-tight compartment policy" and the separation "on their return to England of men who have fought side by side" as tending to "undo the bond of brotherhood sealed in the face of the enemy." These are high-sounding phrases, but they are not entirely fact. Our four divisions are fighting as a corps in France, as part of the Imperial army. On both sides they are in contact with the British forces, and there is some intermingling, but the fact is that we are holding as a unit a certain portion of the line. Our soldiers are not interspersed among the British soldiers in the manner indicated by the Babcie Board, and Canadian sick and

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wounded on the completion of their hospital treatment go to Canadian training centres and Canadian reserve battalions.

The Babbie Board states that the separation of Canadian casualties from British casualties is "impracticable and impossible," but for three or four months last winter our sick were actually being separated upon their arrival in England and sent to Canadian hospitals. Further, the Board heard—and ignored—the evidence of Surgeon-General Donovan, the chief embarkation officer in England, on this point, who stated that such a separation could be accomplished, if it was desired.

I may mention here that, subsequent to the publication of my Report and before the appointment of the Board of Inquiry, Lady Drummond, in a letter to the London *Times*, objected to the section of the Report which dealt with the concentration of Canadians in Canadian hospitals, which she described as "segregation." This letter gave rise to a certain amount of controversy, to which, being an officer, I was unable to reply.

The inquiries which were carried out during the course of my re-organization, in regard to Canadians in Imperial hospitals, gave sufficient evidence of

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the desirability of their being concentrated in hospitals in definite areas. The following is a summary of the reports of the inspectors:—

The Canadian patients were scattered from Aberdeenshire in the north of Scotland to the extreme south of England, and were also found in hospitals in Ireland at distances of from five to fifty miles from the base hospitals in Dublin, Cork and Belfast, and even the Isle of Guernsey claimed one Canadian patient. It was, therefore, obvious that, under the existing arrangements, satisfactory systematic inspection of Canadians in Imperial hospitals was quite impossible.

The majority of these men stated that they would have preferred being sent to a Canadian hospital, not because they had any complaints to make in regard to the treatment they received in British hospitals, but because they would have preferred to be amongst their own people. Judging from the individual reports and from interviews with the inspectors, I was satisfied that the Canadian sick and wounded in British hospitals were being well looked after, and receiving every kindness from the doctors and nurses. It was of interest to note that one of the inspectors stated that a large number of

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the Canadians in Scotch hospitals were of Scotch extraction, and had been given a choice, when crossing the Channel, as to where they wished to be sent. This being so, there would seem to be no difficulty in carrying out the recommendation made by me, *viz.*: that Canadians should, as far as possible, be sent to Canadian hospitals.

Of the 7,216 cases seen by the inspectors, 2,313 were ready to go to convalescent hospitals, or nearly one-third of the total number of 7,216. Army Council instructions specified that Canadians in Imperial hospitals should be transferred to Canadian convalescent hospitals when "convalescent," and 569 of these cases had already been notified to the Canadian authorities as awaiting such transfer. Lack of accommodation in Canadian hospitals, however, prevented the transfer of these cases. This needless delay, when the men ought to have been in our convalescent camps undergoing physical training and preparation for duty, in the first place interfered with the keeping up of reinforcements, and in the second place entailed unnecessary expense to Canada.

Nearly a quarter of the patients seen—1,660 out of 7,216—were suitable cases to be sent for further treatment to Canada, either immediately or within

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a month or so, and 44 more were considered as likely to be suitable for such transference after they had had some months of further treatment in Britain. Thus more than half of the patients seen in Imperial hospitals should either have been in a convalescent camp or on their way to Canada.

The usual arrangement in the British Service was to have central military hospitals, with a large number of auxiliary or V.A.D. hospitals attached to them, some of them having as many as sixty of these auxiliary hospitals, which were not infrequently many miles from the central hospital and accessible only by motor car. One of the inspectors stated that to "inspect the auxiliaries to the Edmonton Central Hospital, which were 58 in number, or to the Chatham Military Hospital, which were 67 in number, would require the use of a motor car, and at least ten days' time."

Another inspector stated that "two cases in the extreme north of England could not be seen at all, as to do so involved motoring over a hundred miles, or spending parts of two days in the train."

Owing to the great difficulty of inspecting patients in these out of the way hospitals they were liable to be retained in them much longer than was necessary, resulting in a loss of man-power to our

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army in the field. Many of these hospitals had no proper facilities for operation or X-ray examination, and if these were required the patient had to be transferred to another hospital, often at some considerable distance.

The results of this inspection made it perfectly clear that systematic inspection of Canadians in Imperial hospitals was quite impossible under the existing arrangements.

The adoption of the policy of concentration would not prevent the use of Canadian medical units in the Mediterranean, or the sending of Canadian hospitals to Paris, or the use of Canadian medical units elsewhere, when we could spare them.

My criticism of the despatch of No. 4 Canadian General Hospital to the Mediterranean was based upon the then deplorable lack of hospital accommodation for Canadians in England. Colonel Rennie, in General Jones' Reply, states that upon the arrival of No. 4 Canadian General Hospital in England, in June, 1915, he suggested to General Jones that it be used to staff a general hospital of 1,040 beds. Had this excellent suggestion been adopted, it would not have been necessary to take over the group of 57 Voluntary Aid hospitals in the Shorncliffe area, the suitability of which for our

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purposes it became my duty later to criticize and condemn.

The first obligation of the Canadian Medical Service is to the Canadian sick and wounded, and after the performance of this primary duty, it is our duty and privilege to supply as many additional medical units as the resources of Canada will permit.

I have not lost sight of the "High Imperial Policy" mentioned by the Babbie Board in its report, and by Lady Drummond in her letter to the *London Times*, which appears to have originated the "segregation" controversy. I am personally of the opinion that our soldiers, who have left their homes to join the colors, and who, as a part of the Imperial Army, are fighting our battles in the cause of freedom and right, have surely proven that they are imbued with true Imperial instincts, and that when they return wounded or sick to England, after having shown their willingness to make the supreme sacrifice, they do not need to pass through a kindergarten of Imperialism in the hospitals.

### *VOLUNTARY AID HOSPITALS.*

As a rule patients are well cared for, comfortable, and enjoy their stay in Voluntary Aid hospitals, as is evidenced by the difficulty of getting them out of



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these hospitals, and I should like here to express my appreciation of the self-sacrifice and devotion displayed by the V.A.D. workers, and of the splendid services which they have rendered to the sick and wounded. There is plenty of work which these partially trained nurses are able to do in different capacities, and I would be the last to disparage such valuable services, but in our hospitals we provide thoroughly trained, graduate nurses, and our soldiers when requiring active treatment should have the advantage of the highest technical training.

The duty of our Medical Service was to provide sufficient beds for Canadian patients requiring active treatment, in a concentrated area, rather than being dependent upon the widely scattered Voluntary Aid hospitals. I impressed upon Sir George Perley, both by interviews and letters, the urgent necessity of increasing the hospital accommodation without avail. Negotiations with the War Office were entered into for the acquisition of the Kitchener Hospital at Brighton, and if my efforts in this regard had been backed by Sir George Perley, this hospital, in my opinion, could have been acquired months ago. During my term of office arrangements were made to increase the accommodation of the Duchess of Connaught Hospital, Taplow, by 500

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beds, and with Mr. Harold Kennedy's agents, for the acquisition of a building at Liverpool with accommodation for 350, with the object of using it as a rest hospital for patients in transit. A cable was sent by me to the Ontario Government, asking whether, in view of the necessity for further hospital accommodation for Canadians in England, they would increase that at Orpington by 1,000 beds, and this was ultimately done.

No criticism whatsoever was made in my report of the mobilization of the medical resources of the United Kingdom by the British Medical Service. Such resources have been and are being tried to the utmost, and every ingenuity had to be employed in the organisation of the system best suited to the purpose, and the objections to the use of V.A.D.'s by us do not in any way apply to the use of these hospitals by the British Service. We do not require Voluntary Aid hospitals. The criticism in my report dealt with the absence of a policy which would enable us to handle our casualties most efficiently and economically in a centralized area, for it must be remembered that the Canadian authorities alone are responsible for keeping our divisions up to strength, and if this is to be done without great

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waste we must have a system of handling our casualties such as that proposed in my Report.

It should not be forgotten that, with the exception of a few Voluntary Aid hospitals, especially equipped to receive direct convoys from the Front, the great majority are utilized for the care of two classes of patients :

1. Convalescent soldiers.
2. Chronic cases, who have passed the acute stage in an active treatment hospital, but still require prolonged medical treatment.

While Voluntary Aid hospitals are very properly used by the Imperial Service to take care of those two classes of cases, the necessity for their employment by us is obviated in consequence of our soldiers, when convalescent, being transferred to Canadian convalescent hospitals and by the adoption of my policy of returning to Canada the second type of case.

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The Babbie Board reported that "there is a necessity for the reformation of the Medical Board situation," and General Jones, in his reply, accepts practically all of my recommendations for re-organisation, but although this and ten other of my

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fourteen recommendations are concurred in by General Jones, the official summary of the Babbie report given to the press by Sir George Perley, contained the statement that except "in one or two minor instances," the Board did not agree with my criticisms and recommendations.

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In my Report I paid tribute to the high quality of the service which I found being performed in the Canadian hospitals, in these words :

"Insofar as the medical and nursing staffs are concerned, I find that both the doctors and nurses have discharged their duties in a most self-sacrificing and exemplary manner, and that their work has been beyond all praise."

The Babbie Board, in reviewing my Report, found that I had ignored the results obtained by General Jones. As an investigator appointed to ascertain and remedy any defects which might exist in our Medical Services overseas, I deemed it my duty to state clearly my conclusions without regard to personal considerations. Lieutenant-General Sir Sam Hughes, who was then Minister of Militia, informed me that if the Medical Service could be made more

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efficient he would immediately take steps to put any necessary changes into effect. No one had a better opportunity than myself to realize the difficulties with which General Jones had to contend, but my investigation began after two years of war and when the correction of outstanding defects in the system should not have required the services of an outsider. In writing my report, I had in mind that a great arm of our military service, responsible for the care of thousands of our sick and wounded, should not suffer neglect because of consideration for a single individual, however prominent his position in that organization might be, and however great the social influence exerted in his behalf. That I was not tempted to unduly exaggerate the situation should be apparent from a perusal of the Reply of General Jones, who concurs in eleven of my fourteen recommendations, and also with another, but raises the question of expense—differing only in the remaining two, which have to do with re-organisation. It is difficult to reconcile this discrepancy of view between General Jones and the Babbie Board on the essentials of the medical situation with the Board's most favorable estimate of General Jones himself. The radical recommendations made by me, in which General Jones concurs, would obviously be unnecessary if

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my criticisms were not justified. General Jones' reply to my Report is sufficient proof that he recognized the gravity of the criticisms by his concurrence in the bulk of my recommendations.

General Jones either did or did not understand the necessities of the medical situation. If he did, then his concurrence in practically all of my recommendations justifies in the main the criticisms upon which they are based. If he did not understand the needs of the situation, as the Board implies by its dissent from my recommendations, although concurred in by General Jones, how then can their very favorable estimate of his administration be justified?

A summary of the recommendations in my Report, and of the remarks on them in General Jones' reply, is given herewith:

### *Recommendation 1.*

That the Canadian Medical Service be re-organised from top to bottom.

General Jones does not concur in this.

### *Recommendation 2.*

That the medical arrangements in Canada, England and overseas be co-ordinated, so that the special qualifications of each medical officer be used to the best advantage.

General Jones concurs in this.

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### *Recommendation 3.*

That Canadian casualties be as far as possible treated in Canadian hospitals, the first duty of the Canadian Army Medical Corps being to the Canadian sick and wounded.

General Jones concurs in this, but adds that it would be expensive to provide the additional hospital accommodation required.

### *Recommendation 4.*

That there be a concentration of Canadian hospitals, and that the use of Voluntary Aid hospitals for Canadians be discontinued.

General Jones again calls attention to the expense of this, but states that if it is otherwise considered advisable, there are no medical reasons why this policy should not be adopted.

### *Recommendation 5.*

That we discontinue the present arrangement with the Red Cross in so far as the operation of hospitals jointly with them is concerned, and that in future we take over from them for administration any hospitals which they procure and equip.

General Jones does not object to this if it can be arranged with the Red Cross Society.

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### *Recommendation 6.*

That as soon as suitable accommodation can be provided in Canada, soldiers who are obviously incapacitated from any further active service be returned to Canada when they are fit to travel without detriment to their health, their further medical treatment and necessary re-education to be carried out in Canada.

General Jones concurs in this.

### *Recommendation 7.*

That immediate steps be taken to provide hospitals of 1,000 beds in Halifax, Montreal, Toronto, Winnipeg, and Vancouver, together with a smaller one in Ottawa, and that these have suitable accommodation for a limited number of officers.

General Jones concurs in this.

### *Recommendation 8.*

That a certain number of Canadian medical officers, who have had experience at the front, be detailed for duty in Canada to assist in the organisation of these hospitals.

General Jones concurs in this.



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### *Recommendation 9.*

That all ranks, before leaving Canada, be examined by an independent Medical Board, to ensure the weeding out of unfits, and that a sufficient number of boards for this purpose be established throughout Canada, to be under the direction and control of the A.D.M.S., Embarkation.

General Jones concurs in this in general.

### *Recommendation 10.*

That the establishment of the A.D.M.S., Embarkation, at Bath, be abolished.

General Jones concurs in this.

### *Recommendation 11.*

That the three Canadian hospitals now stationed at Salonika be immediately recalled for duty in England, if they can be spared by the Imperial authorities.

General Jones concurs in this, and states that requests for the return of medical units sent to the Mediterranean as soon as possible were made to the War Office some months ago.

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### *Recommendation 12.*

That in future no medical units be organized in Canada for overseas duty.

General Jones concurs in this.

### *Recommendation 13.*

That there be established in Canada a sufficient number of well equipped C.A.M.C. depots for thoroughly training the personnel.

General Jones concurs in this.

### *Recommendation 14.*

That the re-organization scheme herewith attached be adopted.

General Jones does not fully concur in this.

The several headings of my Report, which in the light of the subsequent controversy appear to call for comment, are mentioned herewith:

### I. SOLDIERS ARRIVING IN ENGLAND FROM CANADA MEDICALLY UNFIT.

Many soldiers are arriving in England from Canada medically unfit, who should never have been enlisted.

The Babbie Board agrees that this has occurred without vigorous protest from the then Director of

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Medical Services. It has resulted in enormous expense to Canada, and in serious blocking of the hospitals, owing to the prolonged retention of such unfits in England.

The Board states that these cases come under two main headings:

1. Men who do not comply with the recruiting standards as regards age.
2. Men who are unfit by reason of physical disability.

The Babbie Board stated that the "Recruiting Medical Officer is not required in his examination to consider the apparent age of recruits," and further on says that "the remedy lies in more stringent examination and better organization of recruiting methods in Canada," and that the apparent age of the recruit should correspond with his declared age. *This is a recommendation in my Report.* The Board considered that as the regulations do not require the Medical Officer to know the apparent age, no charge should be made against the Medical Service; but surely when this defect in organisation was first discovered, it was the duty of the Director of Medical Services to impress upon the Canadian authorities the necessity of ascertaining that the apparent age of the recruit corresponds with his declared age.

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In regard to the second group of medically unfit men, the "Board is not prepared to say that the responsibility lies with the Director of Medical Services," as this belongs to the Adjutant-General's branch of the Service. It further states that it "believes, in the absence of the Adjutant-General, that it was the duty of the Director of Medical Services to represent, as often as necessary, to all sources open to him, the fact that large numbers of men were arriving here who were unfit for general service."

The presumption is therefore that he did not do so. As this neglect is responsible for the presence in England of thousands of unfits, at present, representing a useless expenditure of millions of dollars, and *enormous wasted effort*, and as since the beginning of the war there have been many more thousands of this class, the responsibility for this must rest somewhere. If, as it appears, the Director of Medical Services failed to notify the Government promptly in regard to this situation, he must accept at least some responsibility. If, on the other hand, the Government exonerates him from all responsibility, then the Government itself must be held responsible. Further, as the Board points out, this condition of affairs has severely handicapped the

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Canadian Expeditionary Force, "both as regards organisation and training in the United Kingdom and efficiency in the field." The heavy increase in our pensions consequent on the enlistment and retention of unfits will amount to millions of dollars annually.

### II AND III. DISTRIBUTION OF CASUALTIES AND CONCENTRATION OF HOSPITALS.

Let me briefly state my position on the distribution and concentration of Canadian casualties in hospitals in England, as my attitude on this subject has been very much misrepresented. I feel strongly that it is the duty of the Canadian Government to provide sufficient hospital accommodation for all our patients. In spite of extra accommodation for two thousand, arranged by me, we still require four thousand beds. In profound disagreement with the Board, I must emphasize my belief that we can best show our patriotism, not by sentimental dissertations, but by providing sufficient accommodation for our own sick and wounded, instead of sponging on the Imperial authorities as at present, even though the Board considers that we are saving money by so doing.

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The Board states that it is "difficult" and "impracticable" to collect and distribute Canadian invalids among the Canadian hospitals. It seems strange that this statement should be made in view of the evidence given by the principal Imperial Embarkation Medical Officer, who stated that, far from its being impossible, these cases could be *earmarked* on the ships coming to England, and if they arrived in considerable numbers could easily be despatched to any Canadian hospital. If they arrive in small numbers at Southampton, they could be sent to the British Clearing Hospital now at Eastleigh, and despatched to a Canadian hospital a few days later without our having to provide a clearing hospital. Similarly, cases arriving at Dover in small numbers could be sent to Moore Barracks Hospital, and later despatched to any other Canadian hospital in which beds were available.

Officers of the Royal Flying Corps are earmarked and sent to a special hospital in London without any difficulty, and the same applies to members of the Household Cavalry. An arrangement is also in force whereby Territorials may be sent to a hospital in their own neighborhood. New Zealanders are directed, by Army Council instructions, "to be concentrated in as few hospitals as possible," and

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Australians are sent to certain districts. In fact, all British sick coming across the Channel are given a choice as to the locality in the British Isles to which they prefer to be sent.

The Babbie Board is of opinion that the policy of centralization is unwise, expensive and impracticable. It has been shown that it is neither expensive nor impracticable. The Board holds that it is "unwise on broad grounds of policy," and gives an illustration of Canadian sentiment in this matter by remarking that the "Canadian hospitals at Beachborough, Taplow, and Orpington are governed by explicit provisos on the part of the donors that they are not to be confined to the treatment of Canadian sick and wounded."

### *Queen's Canadian Hospital, Beachborough.*

In General Jones' report, the A.D.M.S. of the Shorncliffe area states that the only thing Canadian about this hospital, to which a large amount of Canadian subscriptions were devoted, is the name "Canadian," and that it has nothing to do with the Canadian Army Medical Corps, but only with the Imperials. At the time of my inspection there were only twelve Canadian patients in the hospital. We

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provide the hospital with a quartermaster and with fifteen other ranks at a cost per month to the Canadian Government of \$450.00.

### *Duchess of Connaught Hospital, Taplow.*

As far as I have been able to ascertain, there was no objection on the part of the Canadian Red Cross or of Major Astor, to this hospital being used for Canadians only. The most convincing proof of this is the fact that for some months during last winter Canadians were directed specially to this hospital. I have been told on the authority of Major Astor himself that there was no objection to the arrangement suggested by me.

### *Ontario Military Hospital, Orpington.*

As there is doubt in my mind whether the donors made any explicit proviso as to its use by Canadians and Imperials conjointly, as stated in the report of the Board, I would suggest that the matter be cleared up by reference to the Ontario Government.

As regards the preference of our Canadian soldiers for a Canadian hospital, I may say that of eight thousand Canadians in Imperial hospitals, who were questioned by inspecting medical officers, more



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than half expressed a preference for Canadian hospitals, in spite of the fact that a very large number of the First Contingent were British-born. Captain W. C. Arnold, C.A.M.C., who returned on the steamship *Scotian*, arriving in St. John on February 5th, in charge of invalids, at my request made a canvass of one hundred of these for the purpose of ascertaining what their wishes would have been if they had been given an opportunity of choosing between an Imperial and a Canadian hospital. Of one hundred men questioned, about half of whom were British-born, ninety-one expressed themselves as being strongly in favor of being sent to a Canadian hospital. With two exceptions all these men had had experience with several hospitals in England. The reason given by the majority of the men for their preference was that the surroundings would be more congenial, due to the fact that the patients and personnel were Canadians who would understand them better, and that they would likely meet with friends from Canada and from their own units. The Board states that "there is no reason why any wish on the part of a Canadian soldier to be treated in a Canadian hospital should not be met." This appears to at once dispose of their argument in opposition to my recommendation, as this is all that I asked for.

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The Board brings forward no argument which disproves my contention that in order to make use of the services of a number of skilled Canadian specialists to the advantage of our sick and wounded, some scheme of centralization is imperative.

### IV. UNNECESSARY DETENTION IN HOSPITALS, ETC.

The Board states that it does not agree "that there is a lack of efficient medical inspection," but at the same time is of opinion that "additional inspection of Canadian hospitals, and of Canadian patients in British hospitals throughout the United Kingdom," is desirable. It further says that the "desirability of special inspections of Canadian patients in British hospitals was not fully recognized by the then Director of Medical Services" until a very short time before the making of my Report, and apparently anticipating its appearance. The first partial inspection of Canadian patients in a few Imperial hospitals was made in September, 1916, by the D.M.S. office.

Arising out of this criticism was the recommendation that large hospitals for active treatment and re-education be established in Canada, a policy first proposed by me. The necessity for such a policy should have been manifest to the Director of Medical

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Services two years ago. This recommendation was one of the prominent features of my Report, and, recognizing its urgency, I placed it before the Canadian authorities some weeks before my Report was issued. The Board's full concurrence in this recommendation is not consistent with the statement in the official report given to the press that they disagree with the recommendations, except in a few minor instances.

(Even before my Report was finished, it was quite clear to me that many thousands of Canadian wounded in England ought to be immediately returned to Canada, and I sent a telegram in August, 1916, to the Minister of Militia, which was forwarded by him to the Prime Minister of Canada, urging the importance of immediately constructing hospitals, each with a capacity of a thousand beds at Halifax, Montreal, Toronto, Winnipeg and Vancouver, together with a smaller one at Ottawa. These hospitals were intended to represent merely a nucleus, as it was perfectly evident that it would be necessary to make large additions to them as the number of our wounded increased. Had the Canadian Government acted upon this advice, there would not subsequently have been such a great deficiency of accommodation for the wounded. In addition I

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suggested to the Minister of Militia that hospitals should be built similar to the one built by the Ontario Government at Orpington, a copy of the plans of which I secured for him.)

It is interesting to note that the Board agrees that "there is a considerable accumulation of convalescent Canadian patients in Imperial hospitals." As a matter of fact, my inspection of Canadians in Imperial hospitals showed 2,500 patients suitable for transference to our convalescent hospitals. But only about 500 of these had actually been earmarked by the Imperials for transference, the remaining 2,000 justifying my contention that there is unnecessary detention in primary hospitals.

Our ten thousand Canadians were distributed in over eight hundred Imperial hospitals, some of which were quite inaccessible by rail, and others only with great loss of time. The difficulty of reaching these patients was so great that more than 1,600 of them were not found at all. This was due to the fact that they were distributed in a number of small hospitals in various parts of the country, and also were frequently transferred from one hospital to another. Two Canadians in a remote district in Scotland, a hundred miles from the central hospital, were not visited, owing to the two days' trip involved.

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This work was done by eighteen inspectors, and was commenced on November 18th, 1916, the inspection not being completed until January 1st, 1917. If this inspection is to be of value it must be done in a limited period, say two weeks, and to accomplish this would require the services of twenty-four experienced medical officers, and then it would be necessary to provide them with the free use of motor cars for the purpose. Even under these circumstances it is clear from our experience that we would miss a certain proportion of Canadian patients.

The reports of these inspectors were given to this Board, but it has evidently chosen to entirely disregard them. In the course of the inspection it was found that 2,500 patients were unfit for further service, or would require more than six months' active treatment. The Babbie Board attach considerable importance to the "early provision of sufficient accommodation for returning invalids to Canada." This statement is made as if it originated with the Babbie Board, the fact being completely ignored that it embraces Nos. 6 and 7 of my recommendations, and that this policy was suggested by me to the Canadian Government at the end of August, and that in accordance with it the first consignment of invalids was sent to Canada on the 18th December, 1916.

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I wish to emphasize the fact that the whole criticisms under this heading was based on actual knowledge of conditions, and was fortified in my Report by an appendix, giving details of 166 patients carefully examined, which prove conclusively the accuracy of this criticism. Specific cases cannot be answered by high-sounding platitudes.

### V. USE OF V.A.D. HOSPITALS.

In addition to my general remarks on this subject, I should like to refer to a specific instance, further proving the unsatisfactory nature of at least one of our Canadian V.A.D.'s, where some fifty Canadian soldiers are being cared for. An investigation disclosed debts amounting to \$7,500.00, which had been incurred to tradespeople for supplies. Ultimately a deed of settlement was entered into, whereby an agent, acting for the creditors, is placed in control, and can at any time take over the management of this hospital. It is stated that credit was given, owing to the belief that the Canadian Government was responsible.

This unfortunate situation, which could not help but bring discredit to Canada, would not have happened had there been any adequate system of inspection of hospitals by the Director of the Canadian Medical Services.

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### VI. ADMINISTRATION OF SHORNCLIFFE GROUP OF V.A.D. HOSPITALS.

This entails a cost to us of about \$160,000.00 a year, with no corresponding advantage. If, as has been stated, the necessity for additional accommodation for Canadian patients was pressing, the Director of Medical Services should have utilized the personnel of No. 4 Canadian General Hospital, who were then idle at Shorncliffe, and secured a building which would have accommodated a thousand. The additional accommodation obtained by the taking over of these V.A.D. hospitals only increased our bed capacity by about 500. In my Report I stated that the cost of this administration was \$113,000.00 a year, but certain items were omitted, which bring it up to \$160,000.00.

I had made an arrangement to hand back the administration of this area to the War Office, and on November 6th an Imperial officer went down to take it over. He was subsequently recalled, as Sir George Perley countermanded the arrangements I had made with the War Office, with a view to the saving of this very unnecessary expense. The continuance of this office since that date until the present time has cost the Canadian Government over \$93,000.00. It ill becomes the Babbie Board, while

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objecting to our having sufficient hospital accommodation for Canadian patients because of the expense entailed in securing such accommodation, to condone this large expenditure, unnecessary as far as our Medical Service is concerned.

### VII. RELATIONS WITH RED CROSS.

*The present method of operating jointly with the Red Cross certain hospitals built and equipped by them is unsatisfactory. Dual control is undesirable.*

It is not for a moment suggested that there should not be a continuance of the happy relationship which has existed in the past between the Red Cross and the Medical Service. The Red Cross has its function, and, as everybody knows, it has discharged it nobly. But the conditions which I found to exist at the Duchess of Connaught Hospital, Taplow, which resulted in a local scandal and brought considerable discredit upon Canada, were, in my opinion, partially due to a system of dual control which existed there.



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### VIII. DETAILING OF C.A.M.C. PERSONNEL FOR IMPERIAL SERVICE.

The Babbie Board does not deal quite fairly with this question, as my chief criticism was in regard to the large number of C.A.M.C. personnel employed in the Voluntary Aid hospitals in the Shorncliffe area, a list of whom is given in the appendix to my Report under the Shorncliffe hospital group, pages 136 to 144, inclusive. I approve of detailing officers under certain circumstances for special scientific investigation with the Imperials, and told the Babbie Board so.

### IX. THE COMBINATION OF THE CANADIAN AND IMPERIAL A.D.M.S. OFFICES AT SHORN- CLIFFE IS UNSATISFACTORY.

The A.D.M.S., Colonel Rennie, in his letter incorporated in Colonel Jones' reply, states his disapproval of the course pursued by General Jones in taking over the Voluntary Aid hospitals instead of utilizing No. 4 Canadian General Hospital, the personnel of which was then available and idle. The opinion of this officer is ignored by the Babbie Board.

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### X. NO ATTEMPT HAS BEEN MADE TO RESTRICT THE LARGE NUMBER OF OPERATIONS WHICH PRODUCE NO INCREASED MILITARY EFFICIENCY.

The general statement made by the Board denying the justice of this criticism is in direct conflict with the concrete cases quoted in my Report. No orders were promulgated by General Jones nor did he appoint a consulting surgeon. Although twenty-one examples were given, the Board refers only to one, that of Private N. Downes, 86243, the hospital records of which they claim are incorrectly reported by me. I based my report upon the official record of the Medical Board which examined the man for discharge from the service, and which also had at its disposal the official medical history sheet, which accompanied him from the hospital. Those documents are now available at the Canadian Record Office in London and in Ottawa. The man, after discharge in England, returned to Canada and was admitted to the Convalescent Home in Toronto, and the records of this institution show that he was then suffering from the disability reported by me. A further operation was performed at the Toronto General Hospital on July 18, 1916, to relieve this disability, and he was discharged from the hospital

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on August 4. On October 23, 1916, he was examined by a Medical Board and discharged as medically unfit, on account of the disability given in my Report. The record in the General Hospital states that, apart from this trouble, he was in "the best of health." I understand that this surgeon, before the Board, did not deny having operated upon this man, but stated that the operation was of a different character to that reported by me. In my report I do not state the nature of the operation, but simply that an operation was performed, which was followed by incontinence. The subsequent history of the case confirms the accuracy of my original report.

In quoting cases in my Report, I adopted the practice of suppressing the names of the doctors in each case, and it was through an inadvertence that I greatly regretted that this surgeon's name appeared. Although I gave evidence before the Babbie Board for the greater part of three days, I was not asked regarding this case, and I was not aware that doubt was thrown upon the accuracy of my report until I read the Babbie Report.

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### XI. THE INSTALLATION OF AN EXPENSIVE PLANT AT RAMSGATE WAS INADVISABLE, AS A LARGE NUMBER OF THE CASES TREATED THERE SHOULD BE SENT TO CANADA FOR TREATMENT.

The Board agrees that many cases have been admitted and detained at Ramsgate which should have been immediately transferred to Canada. If, as the Board agrees, these cases are better treated in Canada, I submit that the Director of Medical Service a year ago should have asked the Government to provide such a hospital in Canada instead of establishing it in England. We should now have hospitals of this character in several of the larger centres, especially Montreal, Toronto and Winnipeg, all of which possess skilled specialists ready and willing to contribute their services, which undoubted advantage would be supplemented by the home environment of the patients.

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XII. THE ESTABLISHMENT OF A SPECIAL HOSPITAL AT BUXTON FOR THE TREATMENT OF RHEUMATICS WAS ILL-ADVISED, AS THE MAJORITY OF RHEUMATICS WILL NOT BE AGAIN FIT FOR ACTIVE SERVICE, AND COULD BE MORE EFFICIENTLY AND MORE CHEAPLY TREATED IN CANADA.

The Board states that it is in agreement with my views in this respect, but when it mentions that this hospital takes care of shell-shock cases, and therefore serves a useful purpose, it entirely loses the point of my criticism, namely, that this hospital was established at Buxton because of its medicinal springs for the specific purpose of treating rheumatism.

XIII. PRESENT SYSTEM OF HANDLING CANADIAN VENEREAL PATIENTS IS STRONGLY TO BE CONDEMNED.

The Board agrees with the criticism, and in the main with the new method suggested by me of dealing with these cases, namely, to combine a treatment with training and discipline.

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### XIV. FAULTY SYSTEM OF HANDLING INFECTIOUS DISEASES.

Despite the Board's defence of the existing policy it is admittedly unsatisfactory; even if the Board is correct in its estimate that it would be more expensive to care for these cases ourselves, we should not be prevented by this consideration from doing what is obviously the best for our patients. And having regard to the fact that a number of the medical units which come over are frequently disengaged, I do not agree that it would be more costly.

### XV. MEDICAL BOARDS HAVE NOT BEEN ADEQUATELY PROVIDED FOR.

It is significant that while the Board agrees that "there is a necessity for the reformation of the Medical Board situation," General Jones accepts practically all of my recommendations for re-organization. As the Medical Boards are under the control of the Director of Medical Service, it is difficult to see how responsibility for their unsatisfactory condition, at the end of two years of operation, can be evaded.

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### XVI. SATISFACTORY RECORDS REGARDING INDIVIDUAL CASES ARE NOT AVAILABLE.

In this instance I offered practical suggestions which would effect a marked improvement in the records of our sick and wounded—records which were admitted by all to be most unsatisfactory.

### XVII. THE EXCEEDINGLY IMPORTANT QUESTION OF PENSIONS, WHICH WILL INVOLVE THE EXPENDITURE OF LARGE SUMS OF MONEY BY CANADA ANNUALLY HAS BEEN NEG- LECTED BY THE CANADIAN MEDICAL SERVICE.

The all-important fact is that Canada has not been safeguarded in the matter of pensions, and will pay millions of dollars for such neglect.

Obvious precautions for the identification of soldiers have not been taken, the records of medical cases are hopelessly bad, and competent Medical Boards have not been provided. The history of the causation of the disability is based entirely on the applicant's unsupported statement. It was the duty of the Medical Service to emphasize the necessity for a workable scheme of identification when the absence of any such precaution was so apparent.

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The Board of Inquiry's disclaimer of the responsibility of the Medical Service in this matter will afford little comfort when the liabilities incurred are better appreciated.

The Board emphasizes its agreement with me that each Medical Board dealing with discharge cases involving pensions should include one surgeon of experience, one physician of experience, and one medical officer of good judgment, who has seen service at the Front. This concurrence on the part of the Board entirely justifies my criticism in regard to pensions and Medical Boards.

### XVIII. LACK OF CO-ORDINATION IN THE CANADIAN MEDICAL SERVICE BETWEEN CANADA, ENGLAND AND THE FRONT.

Thousands of unfits arrived in England, and the Director of Medical Services there failed to impress this abuse upon the attention of the Government. A number of men passed as fit according to our standard in England, and sent to France as reinforcements, are being turned back as unfit, and as is pointed out elsewhere, failure to take adequate steps to prevent this has caused considerable loss.



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### XIX. C.A.M.C. PERSONNEL IS NOT BEING USED TO THE BEST ADVANTAGES.

My contention is that the first duty of the Canadian Army Medical Corps is to the Canadian sick and wounded, and when these are thoroughly provided for, I entirely approve of hospital units and medical and nursing personnel being supplied to the limit of our resources to assist the Imperial Army or our Allies. My criticism in regard to the sending of medical units to the Mediterranean was that at the time No. 4 Canadian General Hospital was sent to Salonika, according to the Director of Medical Service there was urgent need of additional hospital accommodation for our own sick at Shorncliffe. Instead of taking over the group of fifty-seven V.A.D. hospitals, scattered widely over the County of Kent, the Director of Medical Services should have secured a building which would give the needed accommodation, where the services of No. 4 Canadian General Hospital could have been utilized. The work of this hospital at Salonika, while of the greatest value, was largely, in fact almost entirely, of a medical character and entailed a waste of the services of a number of skilled surgeons, who were urgently needed elsewhere.

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### XX. CONSULTING SPECIALISTS.

The Babbie Board further "agrees with Colonel Bruce and Surgeon-General Jones as to the desirability of additional consultants being appointed." The intent on the part of the Board evidently is to make it appear that General Jones held this view, whereas he was distinctly opposed to it until very recently. This is obvious from the fact that although the advisability of appointing consultants was repeatedly put before him, the first appointment he made was as recent as July, 1916. What struck me most forcibly at the outset was that the Medical Service was organized on purely administrative lines, and that the Director of Medical Services had for two years failed to gather around him in an advisory capacity leading Canadian physicians and surgeons, who were readily available. The lack of this Advisory Board of Medical Consultants was made evident in the general unsatisfactory hospital situation, which it was my duty to emphasize.

The policy of the D.M.S. was opposed to the use of consultants. I might here cite the case of Dr. Clarence L. Starr, one of the leading orthopædic surgeons of Canada, who tried for over a year to get a position in the Canadian Army Medical Corps overseas, which would enable him to utilize his

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special knowledge. Ultimately he offered his services to the Royal Army Medical Corps, and was immediately asked to go overseas. Hearing of his arrival in England in November, I sent for him and was fortunate in getting him to take a position with us as a consultant in orthopædic surgery, with the rank of lieutenant-colonel. We were urgently in need of his special services and already they have been of great advantage. As soon as I began to re-organize the Medical Service I recommended and secured the appointment of Dr. George E. Armstrong, professor of surgery, McGill University, Montreal, as consulting surgeon, and Major John Amyot as consulting sanitary officer, and also recommended the immediate appointment of two more consulting physicians and another consulting surgeon. There can be no gainsaying the fact that with such consultants available for our hospitals the standard of efficiency would be very much increased.

### XXI. DISCONTENT AS TO PROMOTIONS.

The Board's attitude towards promotions is hide-bound by the old fetish of seniority. Such seniority, acquired during many years of peace, has been made the bar to rapid promotion by merit, to the detriment of the Service.

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### XXII. THE C.A.M.C. TRAINING SCHOOL HAS NEVER BEEN PROPERLY ORGANIZED.

This criticism is concurred in, but the Board claims that efforts were made by the Director of Medical Services to secure a suitable location. Such suitable location was secured by me within three weeks of beginning re-organization.

### XXIII. IN THE OPERATION OF THE MEDICAL SERVICE SUFFICIENT ATTENTION HAS NOT BEEN PAID TO ECONOMY IN MANAGEMENT.

The Board cannot agree with this criticism, but states that the arrangements which have come within its purview have been satisfactory to the Canadian Government.

This seems an incomprehensible statement, in view of the fact that evidence was given before the Babbie Board of the waste of money involved in the enforced idleness of No. 6 Canadian General Hospital, Paris, for a period of six months. This hospital at the repeated request of General Jones, was sent to France on the 1st of July, 1916, although he had made no provision for a hospital building. The personnel of three hundred and six officers, nursing sisters, N.C.O.'s and men, were

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located in huts and tents, in which they remained until the middle of January, 1917, without having attended a patient, for the reason that no hospital building was provided.

I received information of difficulties arising in connection with our hospitals, No. 6 and 8, Paris, which caused me to send a medical officer to Paris, (Lieutenant-Colonel McKeown) to look into their affairs. His report, which is herewith appended, caused me to ask the War Office to appoint a Board of Officers to make an investigation of the affairs of these hospitals, and their report is also appended. From Colonel McKeown's report it will be seen that when he visited No. 8 Canadian Hospital they had only accommodation for 306, and had only 282 patients, with a personnel of 273—an absurdly large staff for the number of beds available—meaning a considerable waste of money.

The British Board of Officers' report that the personnel of No. 6 Canadian General Hospital cost the Canadian Government £200 (\$1,000) per day, which means for the six months during which they were in idleness a waste of over \$180,000.00. Although evidence was given as to this to the Board, the careful limitation of the scope of the inquiry evidently enabled them to entirely disregard it.

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When looking into the affairs of No. 6 and 8 Canadian General Hospitals, there seemed to be a great deal of confusion as to whether the French Government or the Canadian Government were responsible for the provision of buildings and other matters. I was not able to find any agreement in the Director of Medical Services' office, but did find a letter from the French Government which clearly indicated that they had no intention of supplying the buildings for Nos. 6 and 8 Hospitals. I then made frequent requests of the High Commissioner, through the Secretary of the Sub-Militia Council, for the production of an agreement, if such existed, but was not able to secure one. It seemed to me incredible that some business agreement was not entered into between the French Government and the Canadian Government setting forth the terms upon which this unit was sent to France.

Under this heading I should like again to call attention to the expenditure of \$150,000 a year for the administration of the A.D.M.S., Dover (Imperial), which, so far as the Canadian Service is concerned, is not required.

Recent investigation by me of a home supposed to be used for convalescent officers, and accepted as such in June, 1916, by General Jones, with an

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agreement for payment of \$1.75 per patient daily, showed that no hospital returns were made, and that, consequently, it was impossible to check the accounts submitted some months later. This establishment was used mainly as a home for officers considered temporarily unfit for service, though requiring no special medical or surgical attention. The Government has never given authority to use public funds for this purpose. The accounts submitted by this home amount to about \$7,500.

### *DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL, TAPLOW.*

In my Report of September 20, 1916, I did not deal with the condition of affairs found by me at this hospital, as my investigations were not concluded. After some preliminary inquiries I asked that a Board of Officers be convened for the purpose of inquiring into the affairs of this hospital. The investigation showed that the sergeant-major was improperly profiting from dealings with certain firms and other irregularities which ultimately led to his being court-martialled and sentenced to penal servitude. This Board of Officers reported that proper inspections of the hospital were not made

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either by the Director of Medical Services or by officers acting for him. They state: "Had a reasonable supervision been maintained by the Director of Medical Services, the situation at this hospital would have been remedied months before, its reputation re-established in the community and the system of irregularities and frauds so long continued, should have been impossible." At the beginning of the investigation into the affairs of this hospital I was met with the assurance that there was nothing wrong. However, the investigation was proceeded with, with the result that a disgraceful state of things was disclosed. Under my supervision re-organization was accomplished, and the new order of things established here will soon wipe out the stain and obliterate the memory of what went on before.

### *THE UNHAPPY RECORD OF THE CHAIRMAN OF SIR GEORGE PERLEY'S BOARD OF INQUIRY.*

The hostile attitude of the members of the Board is not surprising when we consider its composition, which made it clear that the members of it had been most carefully selected by Sir George Perley, unquestionably with the object of ensuring that its



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findings should be such as would accomplish the desired result, *viz.*, the discrediting of my Report.

An Imperial officer, Sir William Babbie, was appointed Chairman of the Board, although he was wholly unfamiliar with the conditions in the Canadian Service. But, on the other hand, he was *keenly interested*, from an adverse point of view, in one of the questions dealt with in my Report, namely, the Voluntary Aid Detachment hospitals, owing to the fact that, as a member of the British Medical Service, he shared the responsibility for the employment of many thousands of these hospitals by this Service, in which, at the time, they played an important part. As he was, therefore, prejudiced in regard to an important section of my Report, I considered his appointment an unfair one. His incompetence to judge of the efficiency of any Medical Service was subsequently abundantly proved by the fact that he was censured in the Report of the Board of Inquiry on the medical arrangements in Mesopotamia after an investigation which revealed the most terrible neglect of the wounded and sick. In addition, I had a strong objection to an Imperial officer sitting in judgment over matters which were purely Canadian in character, more especially as he was prejudiced

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against some of the criticisms made by me; for instance, those in relation to the V.A.D. hospitals and the administration of the A.D.M.S., Dover, because they affected—directly or indirectly—the Service with which he himself was connected.

In the summer of 1917, a few months after the issue of the Report of the Babtie Board, the Report of the Commission appointed to inquire into the conditions in Mesopotamia was published. This Report, which a leading article in the *Times* describes as “one of the most distressing documents ever submitted to Parliament,” horrified the British public by its revelations of culpable mismanagement, more especially as regards the Medical Service. Several Government officials were censured by the Commission, amongst them being Sir William Babtie, who was at the time Director of Medical Services for India. The Report showed that there had been a frightful amount of preventable suffering amongst the sick and wounded in Mesopotamia, due largely to the lack of suitable transport and of medical and surgical supplies and personnel.

The intense sufferings that were caused to British troops through the inadequate medical arrangements in connection with the first Mesopotamian

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Campaign, for which General Babbie was responsible, are also emphasized in a book, "The Long Road to Bagdad," recently published by Edward Candler, the famous Oriental traveller who accompanied the expedition.

These deficiencies were from time to time brought to the notice of the higher medical authorities by General Cowper and Major Carter, but these authorities, instead of taking action upon this information with a view to remedying the defects, threatened Major Carter with the consequences, *i.e.*, loss of position and of preferment if he persisted in making such representations. (It is worth noting that in my case also a similar course was adopted, the authorities doing their best to discredit the revelations made, instead of endeavoring to remedy the abuses revealed.)

In his evidence before the Commission, Major Carter gave a vivid and harrowing account of the sufferings of the sick and wounded in their passage down the Tigris after the battle of Ctesiphon. He states that when the steamer (the *Medjidieh*) was about three or four hundred yards off, it looked as if she was festooned with ropes. The stench when she was closer to him was quite definite and unmistakable, and he found that what he had mistaken

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for ropes were dried stalactites of human excreta. The patients were so huddled and crowded together on the ship that they could not perform the offices of nature clear of the edge of the ship, and the whole of the ship's side was, consequently, covered with excreta. A certain number of men were standing or kneeling on the immediate perimeter of the ship. He found a mass of men huddled up anyhow—some with blankets and some without. They were lying in a pool of dysenteric excreta. Major Carter says:—"With regard to the first man I examined, I put my hand into his trousers, and thought he had a hæmorrhage. They were full almost to the waist of something warm and slimy. I took my hand out, and thought it was blood clot. It was dysenteric excreta. The man had a fractured thigh, and his thigh was perforated in five or six places. He had apparently been writhing about the deck of the ship. Many other cases were almost as bad. There were a certain number of cases of terribly bad bed sores. \* \* \* I found men with their limbs splinted with wood strips from 'Johnny Walker' whiskey boxes, 'Bhoosa' wire, and that sort of thing."

This account of the appalling state of things must have reached the Indian Government officials,

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but in spite of this the following reassuring telegram was sent to the Secretary of State for India in England:—

“Wounded satisfactorily disposed on. Many likely to recover in country, comfortably placed in hospitals at Amara and Basra. Those for invaliding are being placed direct on two hospital ships that were ready at Basra on arrival of river boats. General condition of wounded very satisfactory. Medical arrangements under circumstances of considerable difficulty worked splendidly.”

The Report of the Commission says that “the officer directly responsible for the deficiencies of medical provision in Mesopotamia was the Director of Medical Services for India, which appointment was held at the beginning of the war by Surgeon-General Sir William Babbie. The Commission also says that “the numerous sanitary and precautionary requisitions of Colonel Hehir,” Sir William Babbie’s successor in office, “are a measure of Sir William Babbie’s omissions.” These requisitions included sun-glasses, antitoxin, mosquito-nets, spine-pads, etc. Sir William Babbie was also severely censured for giving unsuitable rations to the Indian troops in Mesopotamia, although, with his experience of India, he must have known how very liable such troops are to scurvy. The result was a very serious outbreak of scurvy amongst them, which

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was definitely ascribed by the War Office Sanitary Commissioners to deficiencies in the Indian rations. But the gravest criticism made in regard to Sir William Babbie is that, although he knew perfectly well that the medical equipment, including personnel, hospitals, field ambulances, river hospital steamers, and the special comforts for the wounded which were imperatively necessary in such a climate as that of Mesopotamia, were lamentably deficient, he made no adequate efforts to improve these deficiencies in such a way as to equip the Mesopotamia Expedition in a suitable manner from the medical point of view.

At the conclusion of his evidence before the Commission, Sir Alfred Keogh, the then Director-General of the British Army Medical Services, made the following very strong statement in regard to the Indian Medical Service:—

“I have no hesitation in saying that the medical arrangements connected with the army in India have been for years most disgraceful. I say this with a full sense of responsibility. I have served many years in India. I have not been there for some time now, but in my opinion things are not better than they were. Anything more disgraceful than the carelessness and want of attention with regard to the sick soldier in India it is impossible to imagine.”

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The reassuring telegram sent to the Secretary of State for India in regard to the medical arrangements in Mesopotamia, and in fact the whole situation, shows a close analogy to the Report of the Babtie Board in regard to my criticisms of the Canadian Medical Service, and also shows the astuteness of Sir George Perley, whose obvious object—as has been pointed out—was to discredit my Report, in selecting as Chairman of the Board of Inquiry a man who was found to be responsible for a Medical Service which was so strongly condemned, not only by the Mesopotamia Commission, but also by the Director-General of Medical Services, who declared it to be the worst and most “disgraceful” Medical Service of which he had any knowledge. To a man with Sir William Babtie’s antecedents, *any* Medical Service, in comparison with the one with which he had been so intimately associated, and according to the Commission “responsible” for, must have seemed more or less perfect.

On the appearance of the Mesopotamia Report, the House of Commons appointed a Committee to investigate the degree of culpability of the officials censured in that Report, and during the sittings of this Committee Sir William Babtie was relieved of

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his duties at the War Office, where he was at the time holding an important appointment, but it seems that the Army Council subsequently accepted his explanation of his conduct, as he was reinstated. That his reinstatement in office was not accepted by the British public without criticism, however, appears from a paragraph which was published in the *London World*, the leading social weekly of Great Britain, on October 23rd, 1917. It reads as follows:—

“Five days after my announcement in *The World* comes the official notification that Sir William Babbie has resumed his position as Assistant Director of Medical Services, ‘the Army Council having received and accepted his explanation of his conduct with regard to the medical breakdown in Mesopotamia.’ In view of the publicity given to the Mesopotamia Report, in which the Commissioners passed the strongest censure on Sir William Babbie, surely the British public is entitled to know what his explanation was, and to pass their own judgment upon it? One would have thought that the Commissioners themselves would have insisted on this, as the reinstatement of Sir William as it stands constitutes a grave reflection on their findings. At present the whole procedure is a nauseous farce. A scandal occurs—a Commission is appointed to enquire into it. Considerable expense is involved, and much valuable time is occupied. And when at length the findings are published, any which happen to be unfavorable to highly-placed personages are unceremoniously set at naught.”

The following article on this subject appeared in the *Toronto Saturday Night* on July 7, 1917:—



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“A curious reflex in connection with the Babtie Report on the Canadian Army Medical Service, which excited so much controversy a few months ago, comes from the Report on the first Mesopotamia Campaign, recently published in Great Britain. The Royal Commission confirms an earlier investigation into the breakdown of the Medical Service in Mesopotamia, made by Vincent Bingley. It is declared that from an early stage in the campaign the sick and wounded underwent great suffering, which was aggravated after the defeat at Ctesiphon, and culminated during the Kut Relief operations, when there was a complete breakdown in medical arrangements. The *Times* summary says:—‘Surgeon-General Babtie, Director of Medical Services in India, is blamed for the serious faults of his administration, which he made no adequate effort to improve.’ It is further stated that the Commission condemns the attempts which were made to conceal medical deficiencies, and the issuance of official reports, at the time when things were going from bad to worse, to the effect that the wounded were satisfactorily disposed of.

“It is thus quite clear that when Surgeon-General Babtie, who, after the Mesopotamia disaster, had been brought back from India, issued a white-washing report in connection with the Canadian Medical Services, he was seriously in need of white-washing himself. It will be remembered that after Colonel Bruce made his investigation last summer, and put in an Interim Report recommending immediate reforms, including the retirement of Surgeon-General Carleton Jones, the friends of the latter secured the appointment of a Commission to investigate Dr. Bruce’s charges, and that this Commission almost completely negated every assertion that the latter had made. So sweeping were its refutations that they defeated their own ends, and the Report was never seriously regarded as a vindication by those who took the trouble to inform themselves. This Committee, it will be remembered, was presided over by Surgeon-General Babtie,

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who was called in as an outsider, and who it was supposed would be impartial. It is now quite clear that, to say the least, the chairman of the Commission was incompetent for his task, and as a man whose own errors in India were under investigation, was likely to be more than disposed to take a lenient view of any faults that might be discovered in the administration of the Canadian Army Medical Service. It is, then, quite clear that the Babbie Report was not worth the paper it was written on, and by induction the Mesopotamia revelations are a vindication of the Bruce Report."

In the autumn following the publication of the Mesopotamia Report troops were sent from England to Italy, and a notice appeared in the Press to the effect that Sir William Babbie was to be put in charge of the medical arrangements there. Public opinion in England, however, refused to tolerate such an appointment after the grievous consequences of his failure elsewhere, and the criticisms of it in the London papers were so severe that, although Sir William Babbie had already proceeded to Italy to take up the duties of his new post, the Government was compelled to recall him by telegram. He was subsequently disposed of, so far as the British Army Medical Service was concerned, by giving him as a sinecure a wandering commission as an inspector, which practically deprived him of all authority and influence. It is customary in the British War Office when it has been decided to part

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with the services of an officer regarded as no longer competent for his duties, but whose shortcomings have not warranted court-martial proceedings, to salve his feelings by giving him a step in rank. Such a system is not without its uses in facilitating necessary changes. In this case Sir William Babbie became a lieutenant-general.

It may be interesting here to reproduce two editorials by Horatio Bottomley, a member of the British House of Commons and the editor of *John Bull*, generally recognized as the paper of the masses, which appeared in that paper, the first of December 1st, 1917, and the second on April 27th, 1918. The first is entitled "The Greatest Scandal of the War," and the second "Rehabilitating the Scrapped and Incompetent." They are as follows:—

"Since our recent revelations as to the way in which Surgeon-General Babbie—the Mesopotamia culprit who was so severely castigated by the Commission of Inquiry—had been quietly restored to his former post, other journals, including the *Times* and the *Daily Mail*, have taken the matter up, whilst it has been a matter of general discussion throughout the medical profession. But the grave indictment we print below, by one of the very foremost doctors of the day, whose name is known throughout the world, reveals such amazing further scandals that the nation will undoubtedly insist upon an explanation from the Government of what, on the face of it, looks like a most wicked, callous and shameful flouting of the public conscience, and at the same time a grave insult

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to our troops, whose fate—this time on the Italian Front—has once again been entrusted to such an incompetent. *It must not be!* Babbie must be recalled. Read the indictment:—*Widespread Indignation.* With regard to Sir William Babbie, you voice the sentiments and the indignation of the vast majority of our profession—probably of every single one, whether civilian or military, who knows the facts. I have talked with many, both among the seniors and the juniors, and have not found a single one who does not consider Babbie's reinstatement preposterous, and the explanation tendered in the House of Commons ridiculous. Of course it is due entirely to the determination of his friend, Sir Alfred Keogh, to continue to play the part of the autocrat, as he has done ever since the war started, and to treat with contempt all criticism or suggestion. How can such a charge be justified? Simply by the fact that Sir Alfred has failed to call together the Advisory Board, with which he is provided by the constitution of his department, and has refused to convene it in spite of the fact that it is still carried in the army list, and the salaries of its civilian members are still paid by the State. This, again, is preposterous, and questions have been asked in the House of Commons, but the only answer vouchsafed is that Sir Alfred consults the individual members of the Board when he sees fit, and does not consider that a meeting of the Board as such is required.

*“Grave Charges. Mesopotamia,* where the medical breakdown is clearly found by the Commission to be due to the want of prevision, energy and adaptability of this very man, Sir William Babbie.”

*“Babbie's New Post.* Whatever will you have to say when you know of the egregious appointment of Sir William Babbie to Italy, to represent our Army Medical Service? What verdict will you and the public pass upon the appointment, during the last few days, of this very man, Sir William Babbie

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—who was proved to have failed so egregiously to rise to the duties of his post when Director of Medical Services in India—to the very important job of *Medical Director of our Army in Italy*? Yet that is what has actually taken place, and a more preposterous bit of bluff was never tried. At Adastral House, serving as second in command to Sir Alfred Keogh, Sir William Babbie has made himself notorious to our profession for rudeness and tyranny—surely, just the very qualities which will do the maximum of harm, both professionally and internationally, in Italy. While such appointments in face of dereliction are permitted, we can scarcely claim to have begun even to deserve to win this war.”

(Note by Editor of *John Bull*.)—“As regards the threat of proceedings against us, whether under the Defence of the Realm or any other Act, it leaves us quite cold. Why not start them at once—with a dozen maimed and wounded soldiers from Mesopotamia as jury? Surely, however, both Sir William Babbie—and also his patron-chief, Sir Alfred Keogh—know by this time that threats of legal action have no terror for us, when we are conscious that we are protecting the public and are sure of our facts. Wherefore we await developments with composure, should the authorities be ill-advised enough to commence proceedings.”

In view of the gross mismanagement—to say the least—of the medical arrangements in Mesopotamia, for the the glaring defects in which, together with their lamentable and tragic consequences, the Commission had no doubt whatever that Sir William Babbie must be regarded as at any rate partially responsible, it seems incredible that this man should have been selected as a suitable person to sit in

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judgment on my Report, as President of the Committee appointed to consider it. This last-mentioned Report dealt entirely with questions concerning medical organization, and medical organization was precisely what Sir William Babbie was found to have failed in so grievously in Mesopotamia.

So much for the President of the Board of Inquiry. As regards the remainder of the personnel, three of the members were medical officers who had been serving in France, and, consequently, knew nothing whatever of the conditions which obtained in the hospitals in England, as pointed out in my original protest to Sir Robert Borden. One of them stated as his reason for objecting to my Report that he resented the fact that a civilian surgeon, without military experience, should presume to report upon and criticize a Service, the ramifications of which—it was assumed—it was only possible to understand after many years of military training, and it would seem fair to assume that they were all influenced by this reason. One of the members of the Board—Colonel Ashton, a combatant officer—had also been serving on the Overseas Sub-Militia Council at the time when it expressed unanimous approval of my Report and Recommendations. As a matter of fact, he was the mover of the resolution

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that General Jones should return to Canada, and that I should be put in charge of the Medical Services at the D.M.S. Office in London. What induced him to sanction, when a member of the Babtie Board, the expression of opinions which were diametrically opposed to those he had apparently held when serving in his former capacity is not quite clear.

### *THE SUPPRESSION OF MY REPLY BY SIR ROBERT BORDEN.*

My Reply to the Report of the Babtie Board was inquired for on several occasions by members of the Canadian House of Commons, but the Government persistently refused to lay it on the table of the House. Ultimately the Prime Minister, Sir Robert Borden, gave his reasons for not doing so in a speech, which appeared in the Orders of the Day in *Hansard* on August 27th, 1917, and which I should like to reproduce here. It is as follows:—

“ On various occasions some honorable gentlemen have expressed their desire that a memorandum made by Colonel Bruce with respect to matters set forth in a Report of the Commission of which General Sir William Babtie was chairman, shall be

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laid upon the table of the House. I have given the matter the best consideration that I could, and I do not think it is a document which ought to be laid on the table of the House by the Government. It is not an official Report, as Colonel Bruce was not requested or empowered by any competent authority to make the memorandum in question. That fact is further established by the circumstance that, as I am informed, he sent a copy of it to some honorable members of this House, which certainly he would not have done if he had believed it to be an official Report in the ordinary sense.

“ There is also the further consideration that he has been seconded to the Royal Army Medical Service, and I am informed that the memorandum which he has prepared deals with the administration of that Service. It seems, therefore, that the War Office ought to be consulted before any document of that kind put forward by an officer of the British Service was laid on the table of this House by the Government.

“ I should also like to correct a misapprehension, which, if I understand correctly, has arisen with regard to his opportunity to be heard before the Babbie Commission, of which Sir William Babbie was chairman, and four very eminent Canadian



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surgeons, whose names I have already given to the House, were members. The proceedings of the Board show that Colonel Bruce was called as a witness on November 27th, 1916, recalled on November 28th, and again on the 6th December, on which date he was heard twice, and also on the 16th December. A memorandum has been placed in my hands, containing an extract from a statement by the Secretary of the Board, in the following words:—

‘The Board directs me to say that neither General Jones nor Colonel Bruce asked to be allowed to be present throughout the inquiry being made by the Board.’”

Sir Robert then read a telegram which he had received from Sir George Perley, but I will omit it here, as the substance of it appears in a letter which I wrote to the Prime Minister after my return to Canada in March of the present year, when, having been demobilized, I was free to speak. The text of that letter was as follows:—

“Toronto, March 10, 1919.

“DEAR SIR ROBERT,—

“You will perhaps think it strange that at this late day I should advert to a speech made by you with reference to my still unpromulgated Reply to

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the Babbie Report so long ago as August, 1917; and which I regret to say contained several statements that were erroneous. My excuse is that until within the past few days I have been in service; and now take the first opportunity since my return to Canada and subsequent demobilization to place before you facts as to which you were evidently misinformed. So long as I was in uniform there existed grave doubts as to the propriety, or even the legality, of my making a reply to statements made by you in your official capacity as leader of the Government of Canada, but even had I been free to speak I would have hesitated to do so in view of the political situation in Canada during the latter part of 1917;—a situation which rendered it desirable that nothing should be said by anyone, under whatever provocation, which could by any perversion be twisted into an argument that might conceivably divert Canadians from the solemn purpose of prosecuting the war to the full extent of their powers. From first to last in my relations with the Canadian Army Medical Service I was actuated by one thought, to promote by my humble efforts the highest efficiency in Canada's conduct of the war—in connection with which the C.A.M.C. held a very important function. Now that the war

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is over and I am out of uniform, I feel that I cannot longer, in justice to myself and to the eminent and able officers who assisted in the preparation of my original report, permit the erroneous implications of your speech to go unchallenged and uncorrected.

“*Hansard* reports you as having said:—

1. “Colonel Bruce was not requested or empowered by any competent authority to make the Memorandum in question.”

“This is incorrect. Sir George Perley, the Overseas Minister of Militia, authorized me to make this Reply, and promised that it would receive the same publicity that was given to the Babbie Report.

2. “You give as a further reason that:—

“Colonel Bruce has been seconded to the Royal Army Medical Service, and that you are informed that the Memorandum which he prepared deals with the administration of that service, and that, therefore, the War Office should be consulted before any document of that kind put forward by an officer of the British Service was laid on the table of the House by the Government.’

“The information on which you spoke was entirely incorrect, and as the statement might prejudice me with the British Service, I must ask you to do me the justice of an immediate and public correction. Indeed, I feel that the mere making of such a statement on *information* which the most

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cursory examination of the reply in your hands would have discredited, is an injustice to which you should not have exposed me.

“There is no reference in my reply to any part of the work of the British Medical Service. There is a negative statement that the objections to the use of Voluntary Aid Detachment hospitals by me does not apply in the case of the British Service, but nothing more.

3. “You also state that you wish to correct a misapprehension in regard to my not having had the opportunity of being heard before the Babbie Commission.”

“No claim or complaint of this kind was made by me. It is stated in my reply that I gave evidence before this Commission for the greater part of three days. The complaint is that I was not given the opportunity of attending the meetings of the Commission throughout the entire inquiry. I may remind you that the military procedure in a case similar to my own would be to inform the individual of the place, date and time of the commencement of the sittings of the Board, and to give him permission to be present throughout the inquiry. THIS WAS NOT DONE IN MY CASE. The first intimation I had of the place of meeting was a notification to attend *as a witness* at a certain hour. After my

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evidence had been taken, I was dismissed by the chairman. On one occasion I waited outside for an hour before being admitted to the meeting of the Commission. At the conclusion of the sittings of the Commission, I requested Sir George Perley to furnish me with a copy of the evidence taken, but this he refused. It is a well-known fact that the meetings of the Commission *were held in secret*. The statement that neither General Jones nor myself requested to be present throughout the inquiry is simply an attempt to evade the issue; the true position is that, contrary to military etiquette, neither General Jones nor myself were given an opportunity to be present.

“ May I venture to hope that you will give the same publicity to the correction of the above misstatements as the misstatements themselves received?

“ On the same occasion you submitted a telegram from Sir George Perley, dated August 23rd, 1917. This telegram is set out below, with my comments in a parallel column.

*Prime Minister, Ottawa.*

*Colonel Bruce's Comments.*

The Director of Medical Services submits the following:—

Department is receptive of suggestions, irrespective of

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their source. All suggestions and recommendations are carefully considered, and if deemed advisable, are put into effect. Following are some improvements effected in this service since January 1, 1917:—

1. Systematic routine inspection of Canadians in hospitals in United Kingdom to select cases requiring further treatment in Canada.

2. Establishment of a 1,300-bed hospital at Liverpool to assemble patients for Canada and facilitate prompt embarkation. Arrangements to be made for assembling insane patients for Canada at Mental Hospital near Liverpool for convenient embarkation.

3. Provision for a hospital ship service from Liverpool to Canada for invalids.

4. Hospital accommodation in England has been expanded by over 5,000 primary beds to adequately meet Canadian requirements. Arrangements completed for further

1. This is a recommendation made in my Report, and it was put into effect by me on November 16, 1916, when eighteen inspectors were started on this work.

2. This was initiated during the period of my re-organization in November, 1916.

3. Suggested by me during re-organisation.

4. This is carrying out one of the most important recommendations in my Report. Much work was done in this connection by me during re-organization, and some of

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expansion that will provide sufficient hospital accommodation for all tuberculous and venereal patients.

5. Arrangements made by which War Office provides reliefs for Canadian medical units in Mediterranean, these units returning for duty in England.

6. Greater economy in the use of personnel by deciding number requisite for each medical unit and adhering to such limitation.

7. Completion of consultant and inspection service on systematic basis. All patients in Canadian hospitals inspected semi-monthly and routine inspections of Canadians in British hospitals.

8. Improved system of controlling movement and prompt evacuation of patients in hospitals.

the accommodation secured, notably the addition of 1,040 beds to the Ontario Military Hospital at Orpington. Buildings had been secured and plans completed to provide adequate accommodation for our venereal patients in November, 1916, but were lost to us because of lack of support from Sir George Perley.

5. This was urged by me in my Report. It was taken up by me with the War Office in September, 1916, and the arrangement would have been completed if Sir George Perley had supported it.

6. A recommendation in my Report.

7. Recommendation in my Report. I secured the appointment of the first consulting surgeon, Lieutenant-Colonel Armstrong, in November, 1916.

8. A recommendation in my Report.

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\*9. While segregation of Canadians in Canada hospitals is impracticable and inadvisable, arrangements have been made whereby those sent to British hospitals are distributed to hospitals readily accessible to Canadian inspectors and convenient for final disposition.

9. The practicability of sending Canadians to Canadian hospitals is clearly established by the testimony of Sir William Donovan, Chief Embarkation Officer, who arranges for the transportation of wounded soldiers, on arrival in England, to hospital.

To deny the desirability of this course (unless for sentimental reasons, which, at best, can be given a secondary place) is inconsistent with the principles approved by the Director of Medical Services, and set out in Sir George Perley's cable, such as Clause 1 (Inspection for return to Canada), 7 (Inspection of Canadians in hospital) and 8 (Improved system of evacuation). A policy which defeats in any degree these important objects could never be said to be "desirable." These objects outweigh any conceivable sentimental gain.

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\*Compare this with Sir Edward Kemp's report, page 391, in which he says that "it was the policy of the Canadian authorities to provide beds in sufficient numbers in Canadian hospitals to meet requirements of Canadian casualties . . . and every effort was bent towards placing Canadians in Canadian hospitals."



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The arrangement for Canadians to go to British hospitals in a circumscribed area, for convenient inspection, was urged by me in November, 1916.

10. Systematic inspection and control of hospital and medical records to ensure completeness and accuracy of same.

10. A recommendation in my Report.

11. System for strict control of laboratory service.

11. Some improvement in this direction was desirable.

12. Improved system of controlling hospital food supplies to ensure economy.

12. This matter was under consideration during my reorganization.

13. Abolition of dual control of Shorncliffe Military Hospital by arranging with military authorities to resume their control and administration. The A.D.M.S., Canadians, Folkestone, at request of British authorities, carries out administration of this group, and reports direct to British authorities on all matters pertaining thereto.

13. This was a recommendation in my Report, but it was not carried into effect until December 12th, 1917, when it was ultimately adopted, but only after the strongest pressure had been brought to bear upon the Director of Medical Services by the officer commanding the Shorncliffe area, Colonel Smart.

In October, 1916, I had made arrangements with the War Office for their resump-

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tion of control of the Shorncliffe group of V.A.D. hospitals. On November 6th, 1916, an officer was sent to Shorncliffe for the purpose of taking over control of this group. Sir George Perley cancelled my arrangement with the War Office, and consequently this officer was recalled. The action of Sir George Perley in this matter cost the Canadian Government \$175,960.00.

14. Abolition of dual control of Red Cross hospitals by C.A.M.C. taking entire control.

14. This was a recommendation in my Report. An agreement in regard to this was entered into by me with the Red Cross in November, 1916.

15. Abolition of purchasing bureau for medical supplies and equipment.

15. This was recommended during my period of re-organization.

16. Establishment of central medical stores, where all medical supplies are received and carefully checked for distribution.

16. This was made necessary by the adoption of clause 15.

17. Improved control of expenditure of medical stores and supplies by more strict and systematic checking of indents from units.

17. It was with the expectation of effecting this that clause 15 was adopted.

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18. Decentralization of Medical Boards and improvement of control through careful routine inspection and uniform standardization.
18. This was initiated during my re-organization, and Medical Boards were formed at Taplow, Orpington, Ramsgate, Shoreham and Hastings in December, 1916.
19. Improved Medical Board form for the purpose of meeting provisions of Canadian pension laws.
19. A recommendation in my Report, and the Improved Medical Board form was drawn up and actually adopted during my re-organization.
20. Standardization of fitness of soldiers according to physical grades, with system of control to provide uniform classification throughout the service.
20. This was the outcome of a meeting arranged and held while I was Inspector-General, during my re-organization.
21. Improved system of dealing with officer and nursing sister casualties, by which convalescence is spent in hospital instead of on leave, thus controlling and shortening period of non-effectiveness.
21. The system of dealing with officers and nursing sisters was severely criticized by me, and some better provision for their treatment was urged upon the Overseas Minister of Militia.
22. Adoption of complete and systematic measures for prevention and spread of communicable disease.
22. The old system was criticized in my Report, and a new method was recommended.
23. C. A. M. C. Training School re-organized on proper
23. This was a recommendation in my Report.

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basis and staffed with personnel trained at the Front; an improved syllabus of training adopted based on experience gained in present war.

24. Fair and definite policy adopted for promotion of officers and other ranks.

25. Definite policy of giving officers overseas service, which recognizes prior rights of those who have served longest in England; provision for return of officers of experience from overseas to serve in England and Canada.

26. More complete co-ordination with services in France and Canada.

27. More complete co-ordination with exchange of all ranks between Canadian corps and medical units on lines of communication and at base.

28. Arrangement for temporary expansion of army medical units at Front during time of action by detail of personnel from medical on lines of communication and at Base.

24. A recommendation in my Report.

25. A recommendation in my Report.

26. A recommendation in my Report.

27. Was a recommendation in my Report.

28. This was initiated, not by the Canadians, but by the Royal Army Medical Corps.

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29. The majority of these improvements have been noted in monthly progress reports.

“ From the above it will be seen that 23 out of the 28 improvements, stated by the Director of Medical Services to have been effected in the Service, were due to the adoption of recommendations in my Report, or the continuation of reforms instituted during my term of office as Inspector-General, while re-organising the Service, and that one other of the improvements mentioned by him was not initiated by the Canadians, but by the British Medical Service.

“ It is most creditable that, in spite of the fact that the Babbie Board disagreed with my recommendations and criticisms, these reforms should have been continued or instituted by the Director of Medical Services, but it is at least strange that he should have reported them in a way that seemed to claim the credit for them.

“ As the recommendations were made for the purpose of correcting certain abuses set forth in my Report, it must be admitted that the Director of Medical Services, in adopting these recommendations, confirmed the accuracy of the criticisms.

“ Yours faithfully,

(Signed) “ HERBERT A. BRUCE,

“ Colonel A.M.S.”

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It would thus appear that although the Babbie Board of so-called experts, employed by the Government for reasons which are abundantly clear, stated that my criticisms were unfounded and my recommendations unnecessary, yet the Director of Medical Services, who succeeded Surgeon-General Jones, nevertheless put into effect practically all of these recommendations.

### *DISMISSED FROM OFFICE BUT DENIED RIGHT TO RETURN HOME.*

It will be remembered that in a letter, dated December 30, 1916, Sir George Perley dismissed me from the office of Inspector-General of the Canadian Medical Service, and requested me to hand over all letters and papers connected with that office to Colonel Murray McLaren, the Acting Director of Medical Services. In compliance with this request, I sent in my resignation, asking that it be immediately accepted. The Overseas Minister, however, refused to accept my resignation, although urged by me on several occasions to do so, in spite of the fact that no offer of any other position in the Canadian Medical Service was made to me.

At this time I had several interviews with Sir George Perley, and it may be of interest to mention

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that on one occasion he produced a statement, which he had had drawn up, and which he asked me to sign, possibly with a view to future publication, to the effect that I did not mean certain things which I had said in my Report, one of these being the recommendation for the concentration of Canadians in Canadian hospitals. It is scarcely necessary to say that I declined to sign this document, on the ground that what was said in the Report exactly expressed my views in regard to these various matters.

Subsequently Sir George Perley, at the instance, I understand, of the British War Office, asked me if I would be willing to accept a position as Consulting Surgeon with the British armies in France. He repeated this request on several occasions, but at the time I refused to accept this position, believing that by returning to Canada I could do more to further the interests of our Canadian wounded soldiers. As I was unable, in spite of repeated efforts, to get my resignation accepted, I obtained a passport from the War Office, and booked my passage to Canada. I was subsequently informed by the officer in charge of embarkation at Argyll House, that acting under orders from his superior officers, he had requested the Port Embarkation Authorities at Liverpool to intercept me there and prevent my sailing in the event of any attempt on my part to return to Canada.

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I ultimately came to the conclusion that in view of the confirmed antagonism of Sir George Perley, backed up by the Canadian Government, further efforts on behalf of the Canadian sick and wounded on my part would be futile; and I therefore decided to accept the offer of service with the British War Office, which would enable me to make use of my experience as a surgeon, and was shortly afterward appointed consulting surgeon to the British Armies in France.

### *LATER SUGGESTIONS FOR IMPROVEMENT OF THE CANADIAN MEDICAL SERVICE.*

Although I had for some considerable time ceased to belong to it, and was now in the British Army Medical Service, my concern for the welfare of the Canadian Medical Service, was still active, and on the 9th of September, 1917, I wrote to Sir Edward Kemp, Minister of Militia, urging the appointment of an Advisory Medical Board. The letter was as follows:

“DEAR SIR EDWARD,—

“At the time I was dismissed from office while engaged in the work of re-organization of the Canadian Medical Service Overseas, I had just completed a plan devised for the purpose of ensuring the



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better use of the special qualifications of the medical personnel, so that our sick and wounded should receive the best possible treatment. This was not presented to the Minister for the Overseas Military Forces of Canada, as his general attitude was unfriendly, and it would only have been a waste of time to have discussed the matter with him. However, as I still have very much at heart the welfare of our Canadian sick and wounded, I am taking the liberty of outlining to you the scheme which I contemplated asking to have put into effect at that time, and which is as follows :

“The appointment of an Advisory Board of five consultants, consisting of two surgeons, two physicians and one sanitary officer, to deal with and be responsible for all the purely professional matters involved in the treatment of the sick and wounded. This Board to be given full authority in regard to the disposition of the medical and nursing personnel. The D.M.S. to be in charge of the purely administrative work of the Medical Service and to put into effect the recommendations of the Advisory Board, of which he would be an *ex officio* member.

“May I here point out that the American Medical Service is arranged along these lines, and that in the hospitals which it has sent to France a prominent civilian surgeon has been appointed as Medical Director, charged with the entire responsibility for the

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treatment of the sick and wounded, and with full power in regard to the medical and nursing personnel.

“The commanding officer of the hospital is a member of the permanent United States Medical Service, and has a purely administrative position. This arrangement would effectually remedy one of the important criticisms in my Report, *viz.*, the misuse of medical personnel.

“I desire to respectfully submit this for your consideration, and to emphasize the great importance of the subject and the urgent necessity for early action.

(Signed) “H. A. BRUCE.”

In answer to this I received a reply from Sir Edward Kemp, dated September 26th, 1917, in which he said that he had referred the matter to Sir George Perley. After waiting some months, and hearing nothing further in regard to it, on the 12th of April, 1918, I wrote the following letter to the Prime Minister, Sir Robert Borden:

“DEAR SIR ROBERT,—

“On the 9th September, 1917, I wrote to Sir Edward Kemp, Minister of Militia, in regard to the

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appointment of an Advisory Medical Board, which I had decided was essential during my re-organisation of the Canadian Army Medical Service. In his reply he promised to refer the matter to the Overseas Minister, but no action has resulted. . . .

“ At this time of national peril, when every effort is being put forth to keep our divisions up to strength, the supreme importance of an efficient Medical Service, which will conserve our manpower, must be abundantly apparent. Under these circumstances I need make no apology for again bringing this matter to the notice of the Canadian Government, and do so in the hope that it will now receive the consideration which its importance merits.

(Signed) “ H. A. BRUCE.”

### *CANADIAN DIRECTOR OF MEDICAL SERVICE, FRANCE.*

It might be interesting to give a brief account of the medical situation in France, where, a few months ago, we had four casualty clearing stations, six stationary hospitals and six general hospitals. These Canadian hospitals were distributed over a wide area, and none of them were arranged with a view to their serving the Canadian troops. It is a

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well-known fact that casualty clearing stations are constantly being moved at the Front, and while there might have been a little difficulty in arranging for all of them to have been constantly in the rear of the Canadian troops, two of them at least might have been so placed as to be always available for the Canadian wounded. Had there been a competent responsible head to the Canadian Medical Service in France, it would have been clear to him, long before this late period in the course of the war, that our hospitals would have been more easily managed and more efficient if they had been grouped in one area. If our stationary and general hospitals had been thus concentrated, it would have been easily possible to have sent large numbers of Canadian wounded in hospital trains direct to such an area. During periods of lesser activity the Canadian wounded would have had to be distributed throughout the various British hospitals, but as hospital trains were constantly moving, both from the front to the base, and between different points along the base, it would have been possible to have subsequently collected these casualties in the Canadian area. If a Director of Medical Services in France had been appointed early in the war, much of the confusion and difficulty in dealing with hospital

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affairs in France would have been avoided, the expense of carrying on the Medical Service greatly reduced, and a more efficient Service provided. In addition to these advantages, there would have been another very important one, *viz.*, that Canadian doctors, nurses and personnel would have been able to take care of their own Canadian wounded.

It was announced in November, 1918, that the Canadian authorities had adopted this recommendation, and had created a new post at the Canadian Headquarters in France, namely, that of a Director of Medical Services, France. This post was given to Colonel A. E. Ross, who had been promoted to the rank of Brigadier-General. Strange to say, this is the identical Colonel Ross who, as a member of the Babbie Board, agreed with the disapproval of my recommendation that a Deputy Director of Medical Services, France, should be appointed.

The tardiness of the Overseas Minister and of the Canadian Headquarters in London in recognizing the desirability of the creation of this post—although it was recommended by me more than two years before—must have resulted in great injury to Canadian interests during this long period.

Though employed with the Imperial Army, senti-

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ment naturally made the welfare of my fellow-Canadians my first thought, and prompted by this feeling I offered myself to Sir Edward Kemp, who had succeeded Sir George Perley, as Minister of Overseas Military Forces for Canada in December, 1917, for service with the Canadian Army Medical Corps. This offer was declined.

During the summer of 1918, Sir Arbuthnot Lane, Sir James Mackenzie and I, at the request of the British Government, went to America as delegates to the meeting of the American Medical Association. On my return to London I found that some of the senior men had returned to Canada, and I felt it my duty to again offer myself to the Canadian Government, and for this purpose called upon Sir Robert Borden, who was then in London. The offer then made to Sir Robert was confirmed in the following letter, dated the 16th of July, 1918:—

“DEAR SIR ROBERT,—

“Following up our conversation of yesterday, and in order that you may not misunderstand my position or misinterpret the object of my visit, I think it better to confirm what I said in writing.

“As I told you, I have now given up a year and a half of my time to the British Medical Service, and have no reason to complain of their treatment

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of me. In fact they have shown me the greatest kindness and consideration, and I am thankful to say that my work for the British sick and wounded has met with the approval of those in charge of that Service. But, as I told you, I have made up my mind to resign in the autumn and return to Canada, because I feel that I have sacrificed all that I can afford for the British Service. At the same time, I am always willing to make further sacrifices in the interest of our Canadian sick and wounded, and I therefore wish to offer my services to Canada.

“ Please do not think that I am writing this letter with the idea of embarrassing you or your Government—nothing is further from my mind.

(Signed) “ H. A. BRUCE.”

To this letter Sir Robert Borden replied as follows on July 18th:—

“ Savoy Hotel, London.

“ DEAR COLONEL BRUCE,—

“ Thanks for your letter of the 16th inst. I thoroughly understand and appreciate the spirit in which you placed your situation before me. The subject will be discussed with Sir Edward and with General Mewburn as soon as the latter returns from France.

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“ In the meantime pray accept my thanks for your patriotic offer of further service with the Canadian Forces.

(Signed) “ R. L. BORDEN.”

But despite this suggestion of consideration of my offer to again volunteer in the service of Canada, I heard nothing more from the Canadian authorities from that day to this. My desire that the Government would enlist my services was ignored, and that not very courteously. Then I determined that I would ask to be transferred—instead of seconded—to the British Service, and moved to another area. Accordingly I applied to the British authorities and was informed by an officer of high rank that when I was given this appointment, a stipulation was made by the Canadian Government that I be sent to an area in France where I should not come into contact with any Canadian hospitals, as the Canadian Medical Service did not wish to have anything further to do with me. He added that, although he had no personal feeling in the matter, and should like to grant my request, under the circumstances he preferred to “let sleeping dogs lie.” He was afraid he said that if my request was granted, it would offend the Canadian Government. This episode, taken in conjunction with earlier experiences on



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which I need not dilate, produced a very strong impression on my mind that at the very outset of my entering the British Service an effort had been made to discredit me with that Service. This attempt I was easily able to overcome. At the time of my accepting the British appointment, Sir George Perley had seemed eager that I should do so, and undoubtedly he welcomed it as a solution of the difficulty presented by my request to return to Canada, a contingency he was willing to go to extreme lengths to prevent.

### *Persecution of Lieutenant-Colonel Wilson.*

The treatment of Lieutenant-Colonel F. W. E. Wilson, one of the most efficient officers of the Canadian Army Medical Corps, affords an illustration of the extent to which "Prussianism" has been carried by Sir George Perley and those in charge of the Medical Service. There is no doubt whatever that this treatment was meted out to him because he had served on the committee which assisted me in my Investigation and Report. There is absolute proof of the fact that Sir George Perley was not only cognizant of the treatment which was to be accorded to Colonel Wilson, but was entirely in agreement with it. After the appointment of Sir

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Edward Kemp as Overseas Minister, I wrote to him the following letter, dated December 28th, 1917, which explains itself:—

“ A.P.O., No. 1, B.E.F.,  
“ France.

“ DEAR SIR EDWARD,—

“ I desire to call your attention to the very unfair treatment given to Lieutenant-Colonel F. W. E. Wilson, of the C.A.M.C., by General Foster, the Director of Medical Service, and Colonel Ross, Deputy Director of Medical Service, Canadian Corps, France.

“ This officer came to England as second in command of No. 2 Canadian Casualty Clearing Station in April, 1915, and in June of the same year was appointed D.A.D.M.S., Shorncliffe, and in May, 1916, A.D.M.S., Canadian Training Division, Shorncliffe. In November, 1916, on the reorganization of the Canadian Medical Service by me, he was appointed Deputy Director of Medical Service for England, which office he held until January, 1917, when, upon the reinstatement of General Jones, he was dismissed from the office of the Director of Medical Service. On March 3rd, 1917, he was sent to France by General Foster, then Director of

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Medical Service, who personally assured him that he would receive a position in France in accordance with his rank and experience. Instead of this he was sent over as ordinary C.A.M.C. reinforcements, and was ordered to report to the A.D.M.S., 4th Canadian Division, by whom he was sent to an advanced dressing station of the 12th Field Ambulance to work under a captain. Ten days later he was made Medical Officer to the 50th Battalion, a position usually filled by a captain. He held this position for two months, and worked in the trenches during the Battle of Vimy Ridge. At the end of this time he was attached to No. 1 Casualty Clearing Station as a supernumerary. Three weeks later, without any previous warning, he was, at eleven o'clock at night, ordered to report forthwith to No. 11 Canadian Field Ambulance. As this unit was already at full strength, and was not serving the front line at the time, his sudden movement from the casualty clearing station can only be explained as an attempt to further humiliate him. On June 26th he was sent to the Jura Mountains as Medical Officer of the Canadian Forestry Corps, relieving a captain, who had been in the Medical Service about six months. Lieutenant-Colonel Wilson still holds this position.

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“As he is one of the best administrative officers in the Canadian Medical Service, and of the highest integrity and ability, and was so regarded by practically everyone in the Canadian Medical Service, his degradation from the second highest position in this Service to the lowest position in it can only be explained in one way, *viz.*, as a punishment for his courage in speaking the truth when a member of the committee of which I was chairman, which reported upon the condition of the Canadian Medical Service Overseas.

“It is surely time that the *Prussian* methods of those in authority in the Canadian Medical Service be investigated, and justice done to an officer who has been punished for having at heart the interests of the Canadian sick and wounded, and because he had sufficient courage to point out defects in the Service which interfered with its efficiency.

“I appeal to you with confidence, feeling satisfied that it is only necessary to bring the facts to your attention, and that under the circumstances you will take the necessary steps to reinstate Lieutenant-Colonel F. W. E. Wilson in a position commensurate with his great ability, not only as a matter of justice, but with the object of improving the Medical

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Service. May I suggest that he be given a position as an A.D.M.S., with a step in rank?"

(Signed) "H. A. BRUCE."

On January 5th, 1918, Sir Edward Kemp replied to this letter as follows:—

"DEAR COLONEL BRUCE,—

"Your letter of the 28th ult. was duly received.

"Respecting Lieutenant-Colonel F. W. E. Wilson, I may say that in August last information came to the Headquarters Staff that Colonel Wilson was doing excellent work in the position which he held at that time, and that he was satisfied with his appointment in connection with the Forestry Corps, and was satisfied to continue in the same.

"I am informed that Colonel Wilson holds the rank of Lieutenant-Colonel, the same as when he went to England. If, however, he has any complaint to make with respect to his treatment since he went to France, I should be very pleased indeed if you would request him to write a letter addressed to myself, over his own signature, setting forth his position and what he desires, and I will see that the same has most careful attention.

(Signed) "A. E. KEMP."

Upon receipt of this letter I wrote to Lieutenant-Colonel Wilson, enclosing Sir Edward Kemp's

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letter, and asking him to reply to it, and the following is a copy of his letter :

*“ Personal.*

“ Jura Hospital,  
“ Canadian Forestry Corps,  
“ La Jeux.  
“ 18th January, 1918.

*“ To Sir Edward Kemp, Overseas Minister of  
“ Militia, Oxford Circus House, London.*

“ MY DEAR SIR EDWARD,—

“ In a note which you recently addressed to Colonel H. A. Bruce, a copy of which he was kind enough to send to me, I note that you suggest that I should write to you direct concerning the treatment received by me as an officer of the Canadian Army Medical Corps during my ten months in France.

“ Before briefly stating my case, let me preface by saying that I have made no formal complaint for the following reasons: First, It is against military usage for an officer to complain; he should obey orders and go where he is sent. Second, As long as Sir George Perley was Overseas Minister of Militia, I was sure, on account of the prejudiced

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stand against the Bruce Report, taken by him, that justice would not be meted out to me inasmuch as I had been a member of the Bruce Committee. Third, I considered that an appeal to the present Director of Medical Service, General Foster, would be unavailing for the reason that when he sent me to France he assured me that I would receive no degradation here, but a position in keeping with my rank and experience; my treatment *immediately on arrival in France* shewed me without a shadow of a doubt that the D.D.M.S. (Colonel Ross), Canadian Corps, France, had received no such instructions from General Foster, and I have every reason to believe *that he was instructed to serve out to me the continuously degrading treatment which I have received.* Fourth, I have a distinct unwillingness to 'squeal.'

"Also let me speak of the statement of Colonel White, Deputy Director of the Canadian Forestry Corps in France, that 'Colonel Wilson was satisfied . . . and satisfied to continue in his present position.' I told Colonel White that I had no complaints to make; Colonel White was a Forestry officer, *in no way connected with the Canadian Army Medical Corps.* I remember assuring Colonel White that I had been most courteously treated since I

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came to the Forestry Corps, and was satisfied with my treatment *here*. I was told by Colonel White that Sir George Perley was anxious to have me satisfied, and I remarked at the time to Colonel White: 'Sir George would no doubt prefer to keep me satisfied provided that I am well *out of the way*.' To state that I was satisfied with the treatment by the Director of Medical Service (General Foster) and the D.D.M.S. (Colonel Ross), would have been to declare myself a fool, for I am now filling the position of a Medical Officer in the Forestry Corps after having been displaced from the position of Deputy Director of Medical Service, England, the second highest position in the C.A.M.C. in England—to be 'satisfied' under such circumstances would be an obvious absurdity.

"My whole story resolves into this: I was appointed a member of the Bruce Committee, and I agreed with the findings of that Committee. Subsequently, on the re-organization of the C.A.M.C., I was appointed D.D.M.S., England. Previous to this, I had been A.D.M.S. of the Canadian Training Division at Shorncliffe; before that D.A.D.M.S., Shorncliffe, and still earlier Second in Command of No. 2 Canadian Casualty Clearing Station. As far as I know, nothing against my personal or military



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character or my efficiency as an administrative officer has been said or written. I doubt that if my enemies make any such claim against me; in fact, my continued and uninterrupted advancement would naturally make one take an opposite view. What then was my crime?—Obviously my connection with the Bruce re-organization. But, in justice to me, let me remind you that I was not alone in believing in the Bruce Report; General Carleton Jones, the most criticized official in the Report, declared over his own signature his agreement with practically all the reforms suggested in the Report. As you are probably aware, the bulk of these changes have since been brought about by the Director of Medical Service (General Foster), who was appointed by Sir George Perley after the Babbie Board had condemned the Bruce Report. If the late Director of Medical Service agreed with the bulk of the Report (as can easily be proved), and the present Director of Medical Service, in spite of the Babbie Board condemnation, has carried out the majority of the reforms suggested, why in the name of all that is just should I be punished because I was a party in the compilation of the Bruce Report?

“ Since my arrival in France, I have received practically the same treatment as I would have

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received if I had been a new graduate from a medical college and had been recently gazetted an officer in the C.A.M.C. As a matter of fact, when the war broke out I had been a major in the Canadian Militia for some two or three years and had fifteen years' successful civil practice to my credit. Since my coming to France my career has been as follows: For two months as regimental medical officer in the trenches; two weeks in a casualty clearing station (from which I was rudely removed without a moment's warning), upwards of a month as an extra officer to a field ambulance with absolutely no duty, and the rest of the time medical officer in the Jura Mountains with the Canadian Forestry Corps (relieving, when I came here, Captain Locke, a young graduate with only a few months' experience in the C.A.M.C.).

“It is apparent that the treatment received by me showed markedly an anxiety on the part of those in control to squeeze me out of the Service and, failing that, to locate me as far as possible from London. It is quite apparent, Sir Edward, that the C.A.M.C. even in this, the fourth year of the war, is headed by men who dislike officers with ideas and who have the courage to express those ideas. Let me remind you, Sir, that I was peculiarly fitted

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to have views on Canadian Army Medical Corps subjects, having been a D.A.D.M.S. and later on Assistant Director of Medical Service of a division which at times had a strength of 45,000 men; I was in consequence intimately acquainted with many of the more difficult problems which have cropped up in this war.

“ Either the Canadian Army Medical Corps is so rich in valuable officers that it can afford to throw aside to a minor position a man of my experience, or I am being definitely persecuted for my connection with the Bruce Report.

“ In conclusion, allow me to remind you, that since the Bruce Report, investigations and changes have been the order of the day in all branches of the British Army. The appointment of Colonel Goodwin over the heads of all the senior officers of the British Medical Services has swept away the chief grievance of the Bruce Report; it was said of Colonel Bruce that he was a surgeon and not sufficiently senior or experienced in military matters to be capable of investigating, suggesting changes, and later re-organizing the Canadian Army Medical Corps. The main fault with the Bruce Report, to my mind, was that it was too advanced for the type of man such as Sir William Babbie (who himself

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has, since presiding on the Babbie Board, been publicly censured for his part in the Mesopotamia scandal) and the men who sat with him, were. They seemed unable to look past the hard-shelled conservative ways of ante-war red tapeism and recognize the real needs of the Canadian Medical Services. Subsequent events are rapidly providing, in spite of the unfair interference of Sir George Perley and the blanket opposition of the Babbie Board, that the *Bruce Committee findings were largely correct.*

“ With best wishes and kindest regards to yourself and family,

“ I remain,

“ Yours truly,

(Signed) “ F. W. E. WILSON,  
“ Lt.-Col.”

“ P.S.—A personal interview with you on the subject of Medical Services would give me an opportunity of going over many matters concerning which you would be doubtless interested. I have, therefore, applied to-day for special leave to England, which I hope to procure within the next ten days; would it be too much to ask you to advise as to your probable whereabouts, and if I can have the

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favor of a personal interview some time, probably next week?"

The persecution of Lieutenant-Colonel Wilson was unparalleled in its vindictiveness. After assisting me in obtaining the evidence upon which the findings of my Committee were based, he was, during the progress of my re-organization, appointed Deputy Director of Medical Services, England. Previous to this he had been Assistant Director of Medical Services at the Canadian Training Division at Shorncliffe, and was generally recognized to be the most efficient administrator in the Canadian Medical Service.

The work of the Babbie Commission was so thoroughly done, that the public were led to believe that no fault could be found with the former administration of the Canadian Medical Service, and to strengthen this impression it became necessary to reinstate General Jones. The disingenuousness of this action by Sir George Perley will be appreciated when it is pointed out that General Jones was told at the time he was reinstated that he would only retain his former position for a few weeks, after which he would be replaced by Colonel (now General) Foster. As Lieutenant-Colonel Wilson had occupied a prominent place during my period of

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administration, General Foster, after a conference with General Jones, decided to dismiss him from his position as Deputy Director of Medical Services, England, and to punish him for his association with me, by sending him to France to occupy a very junior position. Accordingly, he was sent to France on the 3rd of March, 1917, and there received the disgraceful treatment which has just been recorded.

What crime had Lieutenant-Colonel Wilson committed which deserved to be punished in this way? Merely the crime of having served as a member of a Committee which pointed out abuses discovered in the Management of the Canadian Army Medical Corps. But Lieutenant-Colonel Wilson and the other members of the Committee were not by any means alone in declaring their belief in the accuracy of the Bruce Report. We find General Carleton Jones, the former Director of Medical Services, who in that capacity was himself responsible for many of the defects disclosed by this Report, declaring over his own signature his agreement with the desirability of practically all the reforms suggested in my Report. General Foster also, in a statement which he submitted through Sir George Perley to the Prime Minister, and which was communicated by the latter

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to the House of Commons on August 27th, 1917, gives a list of the improvements which he claims to have effected in the Canadian Medical Service since he assumed the control of it. An analysis of his statement shows that the great majority of these improvements represented either the carrying out of recommendations in the Bruce Report, or were initiated by me during the period of re-organization. If General Jones, the former Director of Medical Services, agrees in the main with the recommendations in the Report, and General Foster, the present Director of Medical Services, in spite of the condemnation of the Report by the Babbie Board, has adopted, on his own showing, most of the reforms suggested, what justification could there possibly be for the punishment of Lieutenant-Colonel Wilson, whose only fault was that he assisted in the work of the Bruce Committee? Was the Canadian Medical Service so abundantly supplied with capable officers and administrators that it could afford to waste in a subordinate position the services of a man of such exceptional experience and ability as Colonel Wilson?

Although Colonel Wilson for some months has been doing work in connection with the Canadian Forestry Corps ordinarily done by an A.D.M.S.,

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and although he was recommended for this post with a step in rank, he was neither given the post, nor was he given the step in rank. He was regarded by the British Medical Service as a man of unusual administrative ability and accorded the highest praise. Yet he received no recognition of his services and recently returned to Canada with the same rank he held in 1916, when he was a member of my Committee. If he had been performing the same service for the British he would undoubtedly have received recognition; but unfortunately it was necessary that any recommendation for honors should come through the unit with which he was connected, in his case, the C.A.M.C.

*The Experience of Dr. R. J. McMillan, a Noted Specialist in Anesthetics, and Dr. A. S. Moorhead, a Prominent Surgeon, both of Toronto.*

The letters of Doctors McMillan and Moorhead, which constitute this chapter, require neither elaboration nor comment. They tell their own story of the unselfish determination of two outstanding members of the Canadian medical profession, to dedicate their services to those from whom at that time the call was most urgent, "the British sick and wounded"; of the humiliating treatment accorded



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them; of their final admission to the British Medical Service in the face of many obstacles. Of the great work which they later performed in France there has been no lack of testimony from their associates and superiors in the British Medical Service. Once they were permitted to carry out their mission, Doctors McMillan and Moorhead labored faithfully and with distinction during the exceptionally trying period which marked the climax of the war and after the armistice, remained at their posts in France until they were no longer needed.

When they decided to respond to the appeals for reinforcements for the British Medical Service, Doctors McMillan and Moorhead, both of whom then held military rank (Doctor McMillan having been an officer of the Canadian Militia for many years, although not on the active list), made the usual formal application to the Adjutant-General at Ottawa for permission to travel abroad. To these gentlemen, as to most officers in the Canadian Militia in pre-war days, or those not then recruited for overseas service, this had always been considered a somewhat perfunctory proceeding and the regulation that officers should receive official sanction before leaving the country, so far as the medical members at least were

## POLITICS AND THE C.A.M.C.

concerned, was honored more in the breach than in the observance. For this reason neither Captains McMillan nor Moorhead were surprised when they received no reply to their communications and they proceeded overseas at their own expense. Instead of receiving the welcome to which their position in the medical world and their fine spirit entitled them, they were, as will be seen by their letters, forced into irksome and humiliating professional idleness and to the necessity of despatching expensive cables to influential friends in Canada to assist them in overcoming the obstacles which stood between them and their objective. This was during a period in which the Canadian forces in France were heavily engaged in the operations of Passchendaele. The heavy casualties resulting from these operations were for the most part treated in the British hospitals in France, which were over-worked and understaffed, and which would have been inestimably aided had the services of Captains Moorhead and McMillan been available to them. The medical authorities at Ottawa, however, preferred rather than permit them to render service which meant not only the alleviation of suffering but the actual saving of lives, to regard these two officers as proteges of mine and therefore dangerous to the existing order. The

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record of conditions in several hospitals in France at that time is sad proof of the need for just such men. As I have said, these officers were deliberately thwarted in their efforts and but for their persistence and the influence of their friends in Canada, they would have been deported for a technical infraction of a military regulation. Their wasted months in Britain when there was much need of them in France were due to the cable messages sent from Ottawa, of which they both make mention.

In the light of their experiences, as related by themselves, it is interesting to note the treatment accorded two other Canadian medical officers, Captains E. Hodgson and A. Mowat McCormick, who went to England by the same boat as Captains McMillan and Moorhead under identical conditions so far as permission to leave Canada was concerned, but who were taken on by the British Medical Service at once and without any opposition from the Canadian authorities. There must have existed some reason for the difference of treatment accorded these officers, whose position in regard to the circumstances under which they went overseas was identical, and it lay in the publication in the Canadian press on the occasion of their departure from Toronto, of an unauthorized and unfounded rumor

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that "Captains McMillan and Moorhead are proceeding to France to join Colonel Bruce." That the newspapers publishing this paragraph may have had some ground for their belief in its authenticity is indicated by a reference to the case of these two officers by General J. T. Fotheringham in a letter to a relative of one of them, which was: "About Captain Moorhead's case. He and McMillan were unfortunate enough to listen to unofficial communications from Bruce." The cables from the Canadian to the British medical authorities barring Captains McMillan and Moorhead from the British Medical Service, which are contained in the correspondence following, were the outcome of this misconception of the situation and of the policy of the Canadian Medical Service at that time.

These letters of Captains McMillan and Moorhead explain themselves:—

"From Captain R. J. McMillan, C.A.M.C.,

"To Sir Robert Borden, K.C.M.G.,

"March 30th, 1918.

"No. 2 General Hospital,

"B.E.F., France.

"30th March, 1918.

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“ The Rt. Hon. Sir Robert Borden, K.C.M.G.,  
“ Prime Minister of Canada, Ottawa.

“ DEAR SIR ROBERT,—

“ I practice medicine in Toronto, and am an officer in the Canadian Army Medical Corps. As I was not being employed by the C.A.M.C., and having heard from friends that our Service had more officers overseas than they required, and being anxious to help in the common cause, I decided to offer my services to the Royal Army Medical Corps.

“ At the request of the British Medical Service, in June, 1917, the Canadian Director of Medical Services, London, agreed to my transfer to the R.A.M.C.

“ Early in July I applied to the Adjutant-General, Ottawa, for leave of absence, and advised the Assistant Director of Medical Services, No. 2 Division, Toronto, and General Fotheringham, of my intention to join the R.A.M.C. The A.D.M.S. gave me a certificate to assist in getting a passport.

“ I did not wait for a reply to my application for leave, as I was advised that it was a purely formal matter and that many months might elapse before a reply would be received, and further, that it was customary for officers to leave Canada for service

## POLITICS AND THE C.A.M.C.

abroad without waiting for such permission. Accordingly, on August 10th, 1917, I left Toronto for England, although I had not received an answer to my request for leave.

“When I reported to the British Medical Service, England, I was told that they would take me on at once if it were not for a cablegram received from Ottawa, as follows:—

“Captain R. J. McMillan, being an officer in the C.A.M.C., left for France to join the R.A.M.C. without permission, at the instigation of Colonel H. A. Bruce.”

“The statement ‘at the instigation of Col. H. A. Bruce’ is absolutely false, as the only action Colonel Bruce took in the matter was to give me a recommendation to the British authorities, which I asked him to do.

“I then called upon the Adjutant-General, Canadians, London, who informed me that he knew nothing about the matter and could not understand any interference with my joining the British Service, as I was not required in the C.A.M.C. I was asked to wait until a cable was sent to Ottawa for instructions. At the end of three weeks I received instructions to proceed to the camp at Shorncliffe, where I remained doing minor duties until November 22nd, 1917, when I was permitted to join the British Medical Service.

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“ Doctors Hodgson and McCormick, of Toronto, officers in the C.A.M.C., came over on the same ship with me to join the R.A.M.C. with the knowledge of the military authorities in Canada, and although they had not received permission to leave the Canadian Service, were immediately taken on by the British Medical Service. Doctor Simpson of Toronto, an officer in the C.A.M.C., came to England two months previously and joined the British Service without having obtained permission from the Canadian authorities.

“ The only reason I can see for being in this way singled out for punishment was that some of the Canadian newspapers reported that I had left Canada to join Colonel Bruce, and evidently this annoyed some person in authority in the Canadian Medical Service.

“ I came over to England to help during this great crisis at much personal sacrifice, inasmuch as I left a wife and family and a good practice although not in a financial position to do so.

“ I received no pay of any kind between August 10th, 1917, and November 22nd, 1917. I have asked the Canadian authorities for the pay of my rank, with separation allowances for this period, and this has been refused me. This I consider a great

## POLITICS AND THE C.A.M.C.

injustice, for if the Canadian authorities had not interfered, the British Medical Service would have paid me from the time I left Toronto.

“ Under these circumstances, I appeal to you as the highest authority in Canada, with every confidence that you will see that justice is done.

“ I have the honor to be,

“ Your obedient Servant,

(Signed) “ R. J. McMILLAN,  
“ Capt. C.A.M.C.

“ Seconded to the British Medical Service.”

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“ From Captain A. S. Moorhead, C.A.M.C.

“ To Sir Robert Borden, K.C.M.G.

“ April 24th, 1918.

“ Army Post Office No. 1,  
“ B.E.F., France.

“ 24th April, 1918.

“ *Sir Robert Borden, K.C.M.G.,*

“ *Prime Minister of Canada, Ottawa.*

“ DEAR SIR ROBERT,—

“ I feel it my duty to call your attention to a matter which I believe to be of public importance,



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inasmuch as it shows the high-handed methods employed by your Militia Department, which interfere with our efficient prosecution of the War.

“ I was an honorary officer in the Canadian Army Medical Corps, doing work for the Hospitals Commission in Toronto, which duty I performed for a year and a half, and for the Pensions Board for two months, without pay from the Militia Department.

“ Knowing of the great shortage of medical officers in the Royal Army Medical Corps in France, and also being aware of the fact that the Canadian Medical Service was well supplied with doctors, I decided to offer my services to the British War Office, as a result of which the War Office in June, 1917, asked the Canadian Director of Medical Services, London, if I could be sent to them, and on receiving a reply in the affirmative, asked the Canadian Director of Medical Services to request the Canadian authorities in Canada to send me over.

“ On August 8th, as I had not heard from Ottawa in the matter, I decided to proceed to England at once and informed the Assistant Director of Medical Services at Camp Borden, who replied it was all right, and he filled my place on the Pensions Board

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next day. He had previously sent a certificate enabling me to get my passport in Toronto.

“I left Toronto on August 10th, 1917, arriving in London on September 2nd, and immediately reported to the War Office, where I was told that they needed me and would take me on at once were it not for a cablegram which they had received from Ottawa, which was as follows:—

“Captain A. S. Moorhead, an officer in the C.A.M.C., has left for France to join the R.A.M.C. without permission, at the instigation of Colonel Bruce.”

“The latter part of this cable which refers to Colonel Bruce is untrue, as he did not directly or indirectly influence me to join the R.A.M.C.

“I then saw the Adjutant-General, Canadians, who promised to cable to Ottawa, and after waiting in London for three weeks was sent to the C.A.M.C. depot at Westenhanger.

“Colonel Chisholm, at the Canadian Director of Medical Services' Office in London, told me that I was not needed in the C.A.M.C., as they had plenty of officers, which statement was corroborated by the fact that I found from fifty to seventy medical officers taking drill at one time at the medical depot,

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and was told that there were over 400 supernumerary medical officers attached to various hospitals in England awaiting appointments.

“I remained idle at the Canadian depot at Westenhanger until November 22nd, when, on being permitted to join the R.A.M.C., was immediately sent to France.

“As the Canadian authorities prevented me from joining the R.A.M.C. during all this period, I considered that they should pay me, and accordingly sent a statement of claim to the Paymaster Canadian Overseas Forces. I received a copy of a letter from the Adjutant-General, Militia Department, Ottawa, stating that I had no claim whatsoever against his department. I think you will appreciate the unfairness of this decision.

“I gave up a busy practice in Toronto because I was aware of the great shortage of medical men in the British service in France, and wished to give my services where they were most needed.

“During the three months I was kept in idleness in England because of red tape or stupidity in the Canadian Medical Service, very hard fighting was occurring in France, in which our Canadian troops took part, and not only was the shortage of medical men felt by the British wounded, but also by our

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own Canadian wounded, in consequence of the practice of sending them into any British hospital available.

“ I consider, therefore, the action of the Canadian medical authorities in this matter was an injustice to the wounded, as well as to me, whereby I was prevented from doing a service which I made every effort to perform.

“ Yours faithfully,

(Signed) “ A. S. MOORHEAD,

“ F.R.C.S.

“ Captain, C.A.M.C.,

“ Seconded to the R.A.M.C.”

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### IN CONCLUSION.

My colleagues and I entered upon our investigation without prejudice or bias, determined only to prepare an honest and impartial Report, based solely upon the conditions actually prevailing. I had scarcely commenced my work, however, when pressure was brought to bear upon me by friends of those who might be affected to influence me in the investigation and findings.

The treatment later meted out to myself and some of the members of the Committee which acted with me was certainly not such as to encourage in future an honest expression of opinion from Boards of Inquiry in any branch of the Service. While military discipline in the fighting forces may be—and undoubtedly is—absolutely necessary to secure that cohesion and unified action which is so essential in military movements, there does not seem to be the same necessity for it in the Medical Service, which has to do with the care and treatment of the sick and wounded. Insistence on this too rigid discipline results in the suppression of any criticism which

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might lead to an improvement in the Service. The fact that all honors are bestowed on the recommendation of the head of the Service tends to discourage individual initiative, and to make the work done by the members of such a Service little better than that of automatons. It was not uncommon for medical men, who, in civil practice, exhibited initiative and were accustomed to express independent opinions of their own, to completely lose their individuality after becoming members of a medical military organization. At first sight it seems a little difficult to understand, but on a little reflection it becomes easy to see the reasons. In my opinion the following are some of the more important ones:—

These men, after leaving their homes, and deciding to give their services to their country, are very soon forcibly impressed with the fact that they must carry out any orders given them without question. If they wish to make any communication to the authorities it cannot be made direct, it must proceed through regular channels, which involve interminable and hazardous delays. That is to say, if a medical officer in a hospital is dissatisfied with the situation in that hospital, and sees things there which he is sure should be and could be improved, he must

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write a letter, and hand it to his commanding officer, who is at liberty either to pigeon-hole the communication or forward it to the Assistant Director of Medical Services of the area in question, from whom it goes to the Deputy Director of Medical Services, ultimately reaching the Director of Medical Services. At any stage of its progress, however, it may be disposed of, and even if it does finally reach the Director of Medical Services, it often occurs that no notice is taken of it. The individual who has suggested the improvement is, in the first place, discouraged, and if he persists is soon regarded as a nuisance, and becomes unpopular with his superior officers. A similar routine has to be gone through in regard to recommendations for promotion or honors. It follows that if a man has ambitions he is much more likely to realize them if he is something of a "time-server," and that if he has ideas which indicate initiative and originality he is likely to become unpopular with those who are placed in authority over him. Things being as they are in this respect, one can readily understand that a medical officer would hesitate to say anything to those above him in criticism of the conditions in his hospital, however unsatisfactory these conditions may be, for fear that such presumption may be

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punished by dismissal from his post. He realizes that if he is dismissed the Service, he goes home, to a certain extent in disgrace, although his only crime may have been the pointing out of certain abuses in that Service to those responsible for its efficiency. Also, whilst he remains in the Service he is absolutely prevented, by the rules of military discipline, from publishing any criticism of it. It is not surprising, under such circumstances, that the ultimate result of these restrictions is that everything in the shape of healthy criticism is effectually suppressed. In other words, the strict enforcement of military discipline in a Medical Service places tremendous power in the hands of the executive of that Service, more especially as they possess autocratic control over the whole system of rewards and punishments. Such power as this can only be placed with safety in the hands of a man of exceptional probity and good judgment, and of sufficient strength of character to do what is just and right, irrespective of selfish or partisan considerations. If these qualities are wanting in the head of the Medical Service one can readily appreciate what injustice is likely to be done.

In conclusion, after nearly two years in the British Service, I should like to say that during the time



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that I held my post in France the traditional British qualities of fair play have resulted in my receiving from Sir Arthur Sloggett, the Director-General of Medical Services, and his officers the very kindest treatment, and have been made to feel very much at home amongst the officers of the British Medical Service. I should like to pay a tribute to the very excellent work which has been done by the doctors, nurses, members of the Voluntary Aid Detachment, stretcher-bearers and orderlies in that Service, to which every word which I have already used with regard to the members of the Canadian Army Medical Service applies.

Let me again emphasize the fact that my Report was not in any sense a criticism of the work of the doctors serving with the Canadian Army Medical Service, for whose untiring devotion to duty and spirit of self-sacrifice I have the utmost admiration. The individual work of the medical officers was worthy of the highest praise, and as a fellow-Canadian has filled me with pride in my countrymen and my profession. It is against the administration of that Service, its policy of drift and lack of intelligent foresight that my criticisms were aimed.













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