

Hospitals Commission should take full control of returned invalids, appoint, and control medical staffs on a civilian basis. But even in this latter course the Government would not have been absolved from its responsibilities, since it is a party to the Geneva Convention, which specifically forbids the handing over of these military functions to a civilian body.

The functions of the C.A.M.C. can only cease when the returned soldier is discharged from the service. After that point he may be taken over by the Hospitals Commission, or by any other civilian body. The returned soldier is still as much a soldier as before he became a casualty; he is in receipt of public pay; he is maintained by the public through the Government. The Government has towards him certain obligations which end only with his final discharge from the service. As the patient is still a soldier, and still liable for further service on recovery, he cannot be turned out of hospital for misconduct as in civil life, nor can he be asked, or permitted, to sign a waiver releasing the Government from its obligation to him.

Formerly there were three authorities dealing with military patients in Canada. These were: The Medical Department of the Militia; the Military Hospitals Commission; the Director of Medical Services Invalids. These, it is true, all reported direct to the Adjutant-General. They dealt with two separate classes of patients, namely, those who had not gone overseas, and those who had returned from overseas.

The Military Hospitals Commission was a name applied to a body of men scattered throughout the Dominion. They had not met since September 7, 1916. The affairs of the Commission were in the hands of the President, Director, and Secretary, none of whom were qualified medical men or officers holding commissions. It was unlikely that these three non-professional civilians should develop towards themselves the loyalty of the medical and military professions, as well as the sympathy of the men who form those professions.

The C.A.M.C. is a military body. The Military Hospitals Commission was a civilian body. The obedience of a military body is to the King alone, and to his authority as exercised through his Ministers. That authority cannot be delegated to any body of civilians. The Government may disband the military body, in which case the members would become civilians, and their relation to the Government would then be governed by civilian contract. Orders must come through the Adjutant-General. If a civilian body should intervene, the chain of responsibility would be broken, and the military body would then become a number of civilians without a recognized obedience.

The C.A.M.C. could not operate under a civilian body, even if it would. It is governed in its methods by the Geneva Convention, which is the best known document in international law. So recently as 1906 this memorable Convention was ratified by no fewer than thirty-five of the world's sovereign Powers. It is explicitly stated in Article 10 that the military sick and wounded of the subscribing countries shall be cared for solely by military authority. The conditions under which civilian assistance can be legally employed are specified. It must be placed under military authority; the belligerents intending to use it must notify the enemy Power; it must remain during the whole of its employment under direct military control. In face of all precedents and legal requirements, it is impossible for a civilian body to take upon itself the performance of military duties.

Field Service Regulations issued by the General Staff govern all military operations. In Section 97 it is clearly specified that civilian medical units will be required to adhere to the Service Regulations which govern the constitution, personnel, and equipment for war of corresponding units in the Army. They will, if accepted for service, come under the order of the military authorities, and be incorporated with the medical units of the Army in such a manner and for such purposes as the Commander-in-Chief may determine. Military hospitals in Canada have precisely the same status as military hospitals in the field, and are subject to identical restrictions under the Field Service Regulations.

A civilian body can exercise no authority over the soldier patient so long as he remains a soldier. The soldier owes obedience to the military authorities alone, and there is no other power that can discipline him for military offences. If he were a civilian in a civilian hospital he could be ex-

pelled for offences against the regulations of the institution, but until he is discharged from the service he must be cared for in sickness as well as in health. The man is a soldier until he is discharged. He is a soldier, but he is also a patient. A military body alone like the C.A.M.C. can deal with him as a soldier and treat him as a patient.

The Government has now formally installed the C.A.M.C. in its proper functions. It has never yet failed in its duty to the Government. It will not now fail.

## CORPS NEWS.

### Honours and Awards.

Decorations and medals presented by the President of the French Republic:—

Légion d'Honneur: Croix d'Officier to Major-General G. L. Foster, C.B., and Croix de Chevalier to Colonel G. E. Beauchamp.

The Military Medal for bravery in the field has been awarded to No. 33320 R.S.M. A. P. Disley.

### Promotions.

Colonel (Temp. Surgeon-General) G. L. Foster, C.B., to be Temp. Major-General.

Temp. Lieutenant-Colonel J. G. Adami to be Temp. Colonel. Temp. Captains to be Temp. Majors: W. T. Ewing; J. E. McAskill, M.C.; F. E. Watt; N. C. Sharp; R. G. Armour; A. A. MacKay.

Temp. Major H. L. Harris to be Temp. Lieutenant-Colonel. Temp. Captain (Acting Major) W. C. Laidlaw to be Major. Temp. Captains (Acting Majors) R. J. Gardiner, M.C.; G. W. Hall; H. W. McGill, M.C., to be Temp. Majors.

Lieutenant-Colonel H. M. Robertson to be Temp. Colonel.

### Struck off Strength.

*Being returned to Canada for duty:* Col. W. Webster, D.S.O.; Lt.-Col. J. J. Fraser, D.S.O.; Maj. G. F. Boyer; Maj. H. P. Wright; Capt. H. B. Rogers; Maj. R. M. Luton, M.C.; Capt. R. H. Ker; Capt. T. A. Watterson; Capt. W. H. Taylor; Col. F. S. L. Ford, C.M.G.; Capt. M. M. Crawford; Qr.-Mr. and Hon. Capt. W. Taylor; Maj. J. W. Shaw; Maj. C. E. Fortin; Col. G. E. Armstrong; Maj. F. T. Cadham; Maj. C. Woollard; Capt. K. G. Mahabir; Capt. E. H. Young.

*Being retained in Canada:* Col. A. Primrose; Maj. W. Bapty; Capt. J. W. Welch; Capt. A. B. Chandler; Capt. V. Bourgeault; Capt. L. C. Charland; Capt. G. E. Clerk; Capt. A. E. Gordiner; Surg.-Gen. J. T. Fotheringham, C.M.G.; Maj. H. G. M. Nyblett; Maj. T. L. Butters; Maj. G. C. Hale; Maj. L. W. MacNutt; Capt. G. G. Clegg; Capt. W. B. MacDermott; Capt. S. O. Rogers.

*Being returned to Canada, permanently unfit for general service:* Capt. A. Mathien; Qr.-Mr. and Hon. Lt.-Col. J. Hood.

*Having resigned their commissions:* Lt.-Col. T. B. Futcher; Lt.-Col. R. J. Blanchard; Qr.-Mr. and Hon. Capt. R. H. Nichols.

*Being invalided to Canada for further medical treatment:* Capt. I. W. Dickson; Capt. J. F. McQuay; Capt. J. O. Todd; Capt. W. E. Brown; Lt.-Col. J. G. Gunne; A. E. Henry; Lt. L. M. Jones.

*Having died of wound, April 5, 1918:* Capt. J. Carmichael.

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