

mittees were given full control as to the selection of men to fill the various positions. To take one instance—the oto-laryngologists were listed to the number of 5,488, and in July every one of these men were circularized, and their replies card-indexed. In Canada it has been most hap-hazard. A few of our leading physicians and surgeons have been sought out, but the majority have not been called on, and in not a single instance—except this summer when the Dominion Medical Council was invited, I understand, to offer some suggestions—have any of our Medical Associations, university or scientific bodies, been used for their legitimate purpose. There has been no “Win the War” policy in medicine.

The recent action of our College of Physicians and Surgeons in circularizing the Ontario profession is a step forward, but for this the Government cannot claim credit.

The result of this lack of initiative is self-evident. There has been a complete break-down. The C. A. M. C. is considered by a parliamentary committee to be a failure; there is a committee of laymen placed in charge of the returned soldiers; our respected fellow and guest, General Fotheringham, has been dallied with so long at Ottawa that his resignation has been sent in; there is no permanent Surgeon-General at Ottawa in whom the profession can place confidence, and if there were, he would not have a voice at the table of the Militia Council. My thought upon this subject is well expressed in an editorial of *The Journal of the American Medical Association* of July 28th:

“The medical service has not been given the rank and authority which its importance deserves, and the work of the medical department, and the views and with military training alone, no matter how high his rank or how brilliant his attainments as a soldier, to dictate conditions regarding the hygiene and sanitation of troops and the management of hospitals is as ridiculous as it would be to give a surgeon authority over the artillery or the aviation corps. Subject always to the necessities of warfare, the military and medical services must be on an equality. Each line of activity requires highly specialized, technical training. To permit either one to encroach on the field of the other is not only absurd, but is often suicidal. Especially should there be the closest co-ordination and co-operation between the military and medical officers in order that the Medical Corps may be of the greatest assistance. This is the lesson which Japan learned in Manchuria, and which the English have demonstrated on the western front.”

And in the utterance of Lord Esher in *The London Times* of February 3rd:

“Certainly the control of the Adjutant-General’s branch over the Royal Army Medical Corps was and is responsible not only for the early failure to grip the medical factors of the war, but they hampered conditions under which the Surgeon-General worked. His triumphs, and