

the Army of the United States during the late Spanish-American war. This war has clearly demonstrated that trained army surgeons and trained ambulance men and transports cannot be improvised with success. The result of such a course is untold suffering to the troops, great loss of life, which might have been avoided, and discredit upon a department which did its best, but had a numerically insufficient staff to work with. Let us take the lesson of this war to heart and profit by the painful and costly experience of others, rather than wait to learn the lesson for ourselves at a great price of blood and treasure.

Up to 1862 the supplies to camps of instruction left much to be desired, to put it mildly. The surroundings of the sick in many camps of instruction could hardly have been worse. I am not claiming too much for the Association of Medical Officers when I state that to that association belongs the credit of drawing professional and public attention to much-needed reforms. Let us hope that the reforms and improvements which have already been made merely precede a complete reorganization of the Medical Department, under our able Director-General.

I would respectfully submit that the following are among the changes which might properly be made to place the department on an efficient basis:

1. Abolition of the regimental system of medical officers, and the formation of a Royal Canadian Militia Medical Corps, to which all medical officers would belong; those not serving with units or on the reserve would be attached to bearer companies. I believe more efficient work would be done by officers whose *interests were identified with departmental rather than regimental affairs*. I would not advocate a sudden and violent change in this regard, but rather would suggest that all present medical officers be permitted to continue to wear the uniform of the corps to which they are attached, but I think that all new appointees might be required to adopt medical staff uniform. Medical officers attached to battalions would command the regimental medical staff. The departmental establishment would include at least five bearer companies—one each at Halifax, Montreal, Toronto, London and Winnipeg. From the bearer companies field hospitals could be developed in time of war.

The grades in the medical service, in my humble opinion, should be: Surgeon-Colonel, Surgeon Lieutenant-Colonel, Surgeon-Major, Surgeon-Captain, and Surgeon-Lieutenant. Honorary rank should be abolished. It is as unsatisfactory as relative rank.

These bearer companies would be educational, because at the centres named a certain proportion of the strength could be