

commanded by an officer, preference being given to such as have returned from the front and are unfit for further military service overseas. Discipline is maintained in these hospitals in the same manner as with similar Canadian institutions in England and France. The personnel of the Military Hospitals Commission Command is administered by an officer at Ottawa who reports to the Adjutant-General of the Department of Militia and Defence.

The medical treatment of the returned soldiers is officially under that branch of the Canadian Army Medical Corps known as the Directorate of Medical Services-Invalids, which under existing arrangements is responsible for the health and medical treatment of the soldier from the time he enlists in Canada, including any necessary hospital treatment in Canada, up to and including the time he is wounded or becomes ill in service on the field and through all the various subsequent stages of hospital treatment in France and England, and on the hospital ships across the Atlantic until his final return to Canada. The medical services in connection with the hospitals and homes administered by the Military Hospitals Commission Command in Canada are chiefly provided by the Canadian Army Medical Corps, which also provides the personnel of those military medical boards which are required to examine each soldier prior to his final discharge for the purpose of determining his fitness for discharge and his pensionability if any.

Your Committee, in hearing evidence regarding the care and treatment of wounded men returning to Canada, have found among the witnesses a distinct difference of opinion. On the one hand there is the view entertained by the Military authorities, and those connected with the Militia establishment, in effect that, as the returned men are still soldiers until their final discharge, their medical care and treatment and the administration of the institutions in which they are placed should be provided and controlled by the Canadian Army Medical Service. On the other hand there is what may be called the civilian point of view, which favours the emphasis being placed upon the fact that the returned soldier must be refitted for civilian life, and that therefore his treatment and care should be primarily with this end in view.

Owing to the fact that to a certain extent both of these opinions are recognized, and the existing machinery combines to a certain degree both contentions, the result is that there is dual control. Neither the Military Hospitals Commission nor the officer in charge of the Casualty Command has any real or effective control over the medical officers of the hospitals. The result is, to a certain extent, divided responsibility, and consequent lack of efficiency.

Your Committee, while agreed that this dual control is objectionable, has been unable to unanimously recommend that the care and treatment of returned soldiers should be placed entirely in either military or in civilian hands. Briefly stated, the contending views are as follows:—

#### THE POSITION OF THE MILITARY AUTHORITIES.

Continuity of the treatment of the soldier by medical officers who are acquainted with his medical history from the time he is wounded in the field and with the military conditions of his service, must be maintained; and the chain of responsibility throughout, kept unbroken. Any system which would provide for another medical service existing side by side with the C.A.M.C., the organization of which is complete in each Military District in Canada, would institute a system of dual control and divided responsibility in the medical treatment of soldiers which would not but lead to inefficiency and confusion. To have a different medical service for the treatment of invalided soldiers who have returned to Canada from overseas, and of invalided soldiers who had not then left Canada (of which latter class, 59,000 cases were admitted to hospital prior to going overseas during the first ten months of the year 1916) would mean an extravagant and unnecessary overlapping of functions, and would lead to a most unfortunate form of dual control in dealing with soldiers generally.