

for Discharge as Permanently Unfit—some of these evidently ready for final disposal for many weeks.

A nominal roll of some of the cases seen is attached to illustrate the criticisms made.

RECOMMENDATIONS.

(1) There is urgent need for a Consulting Surgeon, of sound judgment and conversant with the military aspect, to be appointed in addition to the very recent selection of a Consulting Physician.

The duty of these consultants should be not only to personally investigate the general treatment of patients and assist by their advice in purely professional matters, but also to review all cases from the viewpoint of fitness or otherwise for full service.

(2) Sufficient specialists should be recalled from Service Overseas to manage the treatment of soldiers in Canadian hospitals satisfactorily.

The guiding principle must be that every Medical Officer in Canada, England, and Overseas should be available wherever their services are of the greatest value to Canada.

(3) The personnel of hospitals must be of a much more permanent character than heretofore.

(4) Medical Officers of Hospitals should be trained to constantly bear in mind the primary objects of the medical service in war, to the attainment of which all purely medical knowledge should be subordinated.

The war is not a postgraduate school, where surgery or any other private hobby may be cultivated by individuals at the expense of the country.

All cases in hospital, and particularly those of some weeks' stay, should be periodically reviewed with the definite questionings: Do we gain anything by further hospital treatment? Is the soldier ready for physical training with a view to full service? Is he permanently unfit for full duty, but fit for permanent base duty, if such can be found for him? Is he ready only for light duty as a clerk or orderly for a few months, with higher possibilities later? Or is he a discharge from the Service case, to be prepared for Medical Board?

In discharging and transferring patients from hospital such questions should be insistently repeated, and there is no excuse for the common practice of passing the patient along and leaving the M.O. of the next hospital to settle the question which should have been answered by the first M.O.

(5) Much more attention must be paid to the entries in the Medical History Sheet: all records of special examinations, e.g., X-Ray, sputum,