

cal officer, Surgeon Lieut.-Colonel the Hon. F. W. Borden, M.P., who has the very great advantage of the assistance of one of the ablest and most tactful general officers by whom the Canadian militia has ever been commanded. Under the united guidance of the soldier and the surgeon, I look forward with confidence to the future.

Having thus sketched the historical and evolutionary side of my subject, let me ask your attention to the practical work of the medical service in so far as organized relief and transport of the wounded are concerned. In order to understand the way in which a wounded soldier is brought from the fighting line to the base hospital, it is necessary to refer to the composition of a British army corps in the field. Such an army corps would consist of about 40,000 men, about the strength of our militia, under the command of Lieutenant-General. It would be composed of 3 divisions of infantry, and each infantry division would contain about 10,000 men in 2 brigades. The medical detail for each division would be, besides the regimental bearers, 2 bearer companies, 3 field hospitals of 100 beds each, and one divisional field hospital in reserve. The corps troops have also one field hospital. The cavalry division would number about 6,500 men, and would have attached to it 2 bearer companies and 3 field hospitals of 100 beds each. The whole medical detail for the division, exclusive of regimental bearers, would be 8 bearer companies, 10 field hospitals, 2 station hospitals and 2 general hospitals, the latter being on the line of communication at any distance up to 100 miles from the front. The supreme command of the medical arrangements is vested in a surgeon-general, who is the P.M.O. of the force. In many instances he is assisted by Deputy P.M.O., who is a colonel. The duties of the P. M. O. are to advise the G.O.C. on all matters concerning the health of the troops. This would include such important matters as food and clothing, and any special precautions rendered necessary by the climate, also the oversight of his department. The

importance of his functions can hardly be overestimated, for his business is to direct the measures for keeping the men in health, which is the main business of the army surgeon, so that at the critical time they be available.

The last Ashanti campaign was, you will remember, a "doctor's war." Nor would Khartoum have fallen, nor would Omdurman have been successfully fought but for the skilful foresight of the men who kept the troops in health in the trying climate of Upper Egypt. Thanks to the excellent medical arrangements, a tour of service in India is no longer a thing to be dreaded. The P. M. O. has also to arrange for the transport of the sick and wounded, no small matter in a difficult country, and to fix the sites of the field, stationary and general hospitals. Each division has also its P. M. O.

The first line of assistance to the wounded consists of the M.O. attached to the unit and his regimental medical staff, which is composed of one corporal, whose duties are to take charge of the panniers, which are usually carried on a mule: one orderly who carries the field companion and the surgical haversac. Four men per squadron, or two men per company, constitute the stretcher section. The medical equipment of the unit consists of one surgical haversac, one field companion, one water-bottle and a pair of panniers. The duties of the stretcher-bearers, when an action is pending, are, after placing their rifles in the regimental transport, to take the stretchers, and when occasion arises to render first aid, and carry the wounded man and his kit to the collecting station, beyond which they do not go, but at once rejoin their companies. Lord Wolseley says that when a man falls wounded there are ten men always ready to take him to the rear. I have found this to extend to dead bodies. The solicitude of men in action to get to the rear on a fair excuse is remarkable. The first aid dressing, which every man carries in the field, is done up in a waterproof cover, and is sewn up inside the man's tunic pocket. It consists (1896) of two safety pins, gauze bandage and piece of gauze, and a compress of charpie saturated