

## SOME PROPOSED CHANGES IN THE MILITIA MEDICAL SERVICE.

The following is the text of a paper read before the late meeting of the Canadian Medical Association, held at Kingston, Ont., by W. Tobin, F.R.C.S., deputy surgeon-general Canadian militia, and recommended by a resolution of that meeting to be published in the press, and a copy to be forwarded to the Militia Medical Department.

### GENTLEMEN :

I fear that the subject of my paper will not appeal to the sympathy of a large number of those present, unconnected with the militia medical service, but I count upon your kind attention and support, nevertheless, knowing that neither is ever wanting to those seeking to affect improvements in any branch of our profession.

The same subject has been lately discussed at a meeting of the Maritime Medical Association, held in Halifax in July last. There Dr. Farrell, whose brilliant paper you have heard last night, and whom we from the maritime provinces are proud to find occupying such a prominent position at this gathering, in the course of his presidential address, dwelt largely on the incomplete organization of the medical department of our militia.

"The medical department of Canada," he stated, "costs us a great deal of money, and the people willingly grant even what to them appears to be a large sum of money, feeling that a military force for our protection and defense is a necessary part of our national existence. It is the duty of every nation to be prepared for the terrible emergency of war, to be prepared for action is the *raison d'être* of the existence of a militia. 'Ever ready' in every department when the time of action comes should be the aim of a well organized force. It is for this object that the country spends its money, and our young men give their time and energy to assist the work.

"To be prepared, each part of the system should be a perfect organization in itself. The medical department I will not speak of as poorly organized—it is hardly organized at all. The medical department is a most necessary part of the service in the field, and if every other part of the system gets proper attention, this should not be neglected. I will urge again and again then that the medical department of our militia should receive more attention and be put in proper shape." The Doctor then went on to say that "The ordinary training of a general practitioner is not sufficient for a military surgeon; that the present plan of medical organization is old-fashioned and not in touch with modern military science," and he concluded by recommending a reformation of the system and the establishment of chairs of military surgery in the different medical schools throughout the dominion.

In replying to Dr. Farrell's caustic criticism of the department, I was much pleased to be able to point out to him and the meeting what had lately been done and what had been suggested for improving the militia medical service. I could only deal with the suggestions offered by myself, being ignorant of the labors of others, perhaps more competent than I am to inaugurate adequate reforms.

The following changes at different times had been submitted to the Minis-

ter of Militia and Defense :

(1) The reorganization of the service on a departmental in lieu of the present, the regimental system.

(2) The foundation of a reserve corps of medical officers on the same basis as that of the British army medical service.

(3) The perfecting of the ambulance system, by the foundation of bearer companies to give "first aid" and transport to the sick and wounded in war.

In discussing the question of the reorganization, I informed the meeting and the committee subsequently appointed to deal with the matter, that I had had exceptional facilities for becoming acquainted with the relative merits of the departmental and regimental systems, as I had had personal experience of each in the Queen's service and the Canadian militia, both at home and abroad. I had served in India and at home, both as a regimental assistant surgeon (in the 24th regiment) and as a surgeon in the army medical department. Being in Canada in 1885, I had volunteered and joined the Halifax provisional battalion on the breaking out of the North-west troubles, and had served during the campaign in medical charge of that corps. During that campaign I found the regimental medical system as defective in the North-west as it has ever proved itself elsewhere. So defective was it as far as my personal experience went, that I was prompted to expose its deficiencies in a letter over my own signature, which appeared in a service paper, THE CANADIAN MILITARY GAZETTE, then being published in Ottawa. The date of the issue was June 2nd, 1885. To publish such a letter at the time was undoubtedly a breach of military discipline which only a disinterested desire for improvement in the service could or should condone. Here is a copy of that letter :

"THE CAMP, MEDICINE HAT,  
31st May, 1885.

To the Editor of CANADIAN MILITARY GAZETTE :

"I should think it would be of interest at present to medical officers serving with troops at the front and throughout the dominion, if you would devote a space in your columns to a discussion of the relative merits of the regimental and departmental medical systems. As an army surgeon of some ten years' service, I have had in my time experience of both. My experience as a militia surgeon dates only from the beginning of the present campaign. I have had, therefore, no opportunity of ascertaining the views of my militia confreres on this subject, but think the present time opportune and the columns of your paper appropriate for this discussion. At all events, I have no doubt this campaign will have opened the eyes of most of us to the necessity of reorganization. Should this take the form of the departmental system now prevailing in the British service? It has been found in war time that the pure regimental system is a failure. Has it not proved so on the present occasion? Of course our regimental hospitals have not been properly equipped as such, nor have our field hospitals (such as I have seen of them at least) been put upon a proper footing; but would not a well organized departmental service have been more efficient, more movable and cheaper than the present one? With a surgeon-general at Ottawa, as head of the department, one deputy surgeon-general for each province, with a suitable staff of surgeons-major and surgeons under him (transferrable on duty as required, from one point to another within the province, from one corps to another, and available for home and foreign service), we would have a simple, cheap and readily movable staff, possessing more authority, inde-

pendence and *esprit de corps* than can ever be obtained under the present system. I only throw out these ideas hoping to obtain a ventilation of the subject, and having had nothing but agreeable reminiscences of both systems whilst in the Queen's service, consider myself as quite unprejudiced in the matter.

"Yours sincerely,

"W. TOBIN,

"Surgeon Halifax Battalion."

The following was definitely the reorganization I proposed, viz: A modified departmental system.

(1) A surgeon-general (at Ottawa.)

(2) Two deputy surgeons-general (one to act as statistical officer, one as purveyor of medical stores, &c.), a position which my friend the Hon. Dr. Sullivan filled so efficiently and with great saving to government during the North-west rebellion.

(3) A P. M. O. for each military district, say a brigade surgeon ranking as lieutenant-colonel, who should have medical charge of that district and complete control of its medical equipment.

(4) A sufficient staff of surgeons-major and surgeons for each district, so many per head of the active militia.

It was recommended that the present regimental medical officers should be permitted to retain their positions and continue to wear the uniforms of their respective corps, but newly-appointed officers should be gazetted to the department and not permanently attached to any regiment. All medical officers should be under the orders of the principal medical officer for the district—the P. M. O. should correspond directly with the surgeon-general—the surgeon-general to be responsible to the officer commanding the militia-in-chief and to the minister of militia.

Such a militia medical department, subject to its own responsible officers, would prove more efficient, more movable and more economical than the present antiquated and cumbersome regimental system which has been abandoned in the British army since 1872, as I had mentioned in my letter of 1885 to the public. In this scheme I did not enter—nor do I propose to do so now—into the details of the duties of each medical grade, from the surgeon-general downwards; these duties will be found clearly defined in the official regulations of the army medical department. Mine was only the skeleton of a scheme for reorganization, the details of which were to be worked out later on, and should the exigencies of the service permit, and no political complications hamper, I have hopes of seeing some such scheme eventually adopted. Whether at my suggestion or another's, whether it be my plan or another's, is immaterial. A reorganization of the service is urgently needed, and this, apart from personal or political considerations, is what we, as medical men, should work for.

I have also proposed the formation of a reserve corps of medical officers, somewhat on the basis of that existing in the British service. According to this plan, all medical officers under sixty years of age of good health and physique, and whose previous service had proved satisfactory, might voluntarily at any stage of their service be placed upon a reserve list; they would be liable to be called upon to serve again, both in peace (optional) or in war time. In this way the service of such men as Sullivan, Roddick, Bell, Douglas (late H. M. 24th), Cameron, Kerr (late of Winnipeg), Elder, and others need not be permanently lost to the department. They might receive a step in honorary rank on transfer to the reserve list, and be compulsorily