REPORT

on the

CANADIAN ARMY MEDICAL SERVICE

by

Colonel Herbert A. Bruce,

Special Inspector General, Medical Services,

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Dated London, England,

September 20th, 1916.

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To

The Hon. the Minister of Militia and Defence, Canada, Major-General Sir Sam Hughes, K.C.B.

Sir,

Pursuant to your instructions, contained in a Commission dated July 31st, 1916, directing me to "make an inspection of all the Canadian Hospitals and Medical Institutions to which the Canadian Government in any way contributes," and to report on my observations, with any recommendations deemed advisable, I now beg to submit this Report. As you desired to have the Report at the earliest possible moment, and as I realised that with the limited time at my disposal I should require considerable assistance in securing the necessary information, you were good enough to accede to my request by appointing the following Committee to assist in the work:—Colonel F. A. Reid, Director of Recruiting and Organisation, Colonel Wallace Scott, Lieut.-Colonel Walter McKeown, Lieut.-Colonel F. W. E. Wilson, Captain Charles Hunter.

The members of this Committee have been indefatigable in obtaining a vast amount of valuable information, and I wish here to express my hearty appreciation of the great help which they have rendered. I should further like to say that the criticisms and recommendations contained in this Report have been endorsed by each member of the Committee.

In conducting this inquiry my motive has been to ascertain if everything possible, as regards medical skill and nursing, has been and is being done for the brave men who have been wounded or become sick while fighting in our cause, and to whom we therefore owe the best and most efficient service which it is in our power to give them. Incidentally I have also endeavoured to ascertain if the method of administration of the Medical Services is such as would be likely to yield the best results without waste of public money. I may at once state that in so far as the medical and nursing staffs are concerned I find that both the doctors and nurses have discharged their duties in a most self-sacrificing and exemplary manner, and that their work has been beyond all praise. Therefore anything that I may be compelled to say later on in criticism of the administration and defects of policy must not be interpreted as a reflection upon the personnel, who have been most diligent in carrying out the duties assigned to them. When members of the Medical Staff are placed in positions in which they have no opportunity of performing the duties for which their previous training has specially fitted them, it is perfectly obvious that their services are not being used to the best advantage. At the same time, however, I should like to point out and to emphasise the fact, which is equally obvious, that the individual, who

is practically helpless in the matter, is not in any way to blame for the consequent waste of good material. The responsibility for this waste must be laid at the door of the D.M.S., who in too many cases appears to have ignored special qualifications altogether, and has distributed the personnel in the most haphazard manner.

At the outbreak of the war our medical organisation was a small one, and quite unprepared to cope with the large problems created by the growing necessities of a rapidly increasing force. Making all due allowance for these difficulties, one would naturally have expected that some definite policy would have been pursued to ensure that our men should receive the best possible treatment, and at the same time to secure the full value for every dollar expended.

To this end a policy of concentration of hospitals would possess obvious advantages from both these points of view. Instead of this, hospitals have been scattered all over the country, rendering efficient control and inspection difficult, and also entailing needless expense in transporting patients to and from them.

I take it that the first duty of the Canadian Army Medical Corps is to the sick and wounded of our Canadian Expeditionary Force.

On June 16th, 1915, Colonel Hodgetts wrote to Surgeon-General Carlton Jones, suggesting that as special arrangements had been made for sending wounded Canadians to the Queen's Canadian Military Hospital, Beechborough, could not similar arrangements be made in regard to the Duchess of Connaught's Hospital at Cliveden. Accordingly, on June 18th the D.M.S. wrote to the War Office, requesting that the Cliveden Hospital should "as far as possible be reserved for sick and wounded Canadians from Overseas." The War Office acceded to this request, and gave instructions that Canadian soldiers (other than officers) should be sent to one or other of the two hospitals mentioned above. Later representations appear to have been made to the D.M.S. that for Imperial considerations it was advisable to spread the Canadians throughout the British Isles. On December 17th the D.M.S. replied, expressing the opinion that "it is conducive to the patients' well-being and comfort to be under our own administrative control."

As a consequence of this arrangement many more Canadians found their way to these two hospitals, yet in spite of this we find that the D.M.S., on February 2nd, 1916, wrote to the War Office to ask that these instructions be amended, and in a further communication, dated March 25th, 1916, stated "that it is not now considered necessary from a Canadian point of view to make any special arrangements at Southampton for the collection of Canadian patients." No reason is assigned for this complete change of attitude.

At the present time we have in Salonica, where there is not a single Canadian soldier, three hospital units, with a total bed capacity for 2,800 patients. In our base hospitals in France for the reception of

the sick and wounded arriving from the front the percentage of Canadians is very small indeed, the average being about 10 per cent. We have in France on an average 2,000 beds in excess of the number of Canadian patients. On August 18th of this year we had in England 12,018 cases, of whom 6,747 were overseas sick and wounded requiring active treatment. Of these 5,135 were being taken care of in British hospitals and only 1,612 in Canadian hospitals. The balance of these cases had arisen locally or were convalescents. The 5,135 Canadian patients were located in 100 British hospitals, widely scattered over England, Scotland, Wales, and Ireland.

Both in France and England we find our Canadian soldiers asking and begging to be taken to Canadian hospitals, and yet, as we have seen, no effective steps have ever been taken to secure this end. Further, I find Medical Officers constantly complaining that, although they have sacrificed their practices at home with the object of helping to take care of our soldiers overseas, yet in consequence of the existing conditions they rarely have the opportunity of treating a Canadian patient.

I am informed that the Imperial Authorities at the front are in the habit of sending instructions to the base that so many British wounded, so many native wounded, and so many men belonging to the Royal Flying Corps are being sent back, and that these three classes of wounded are to be distributed to their respective hospital centres at the base. If the Royal Flying Corps can thus be separated from the other arms of the British Service, it surely ought to be possible to separate another class as "Canadian," to be directed to Canadian hospitals in France. Even if this plan is found to be impracticable, Canadian patients, proceeding from the base in France on hospital ships to England, could easily be labelled "Canadian," and be collected at the point of disembarkation. From here they would proceed directly to a Canadian hospital. This procedure would be facilitated if we had a concentration of Canadian hospitals in one place, such as is proposed in the Shorncliffe area. The ideal arrangement would be to take the Canadian wounded in motor ambulances directly from the ships to hospitals in the vicinity, thus sparing them the fatigue and discomfort of a long railway journey, and incidentally also saving the country the expense of such a journey.

On removal from the base hospitals I find that the Imperial cases are to a great extent separated, and sent as near their homes as possible. For instance, after a recent engagement in France the wounded Somersetshires were sent to Bristol—that is to say, a town in their own county, so as to be near their friends.

In this connection I should like to point out that if we had a concentration of primary hospitals with 3,000 or 4,000 patients under our control it would be possible to secure the services of consulting experts in the various departments, and thus ensure the best possible treatment for our men, whereas the present policy of scattering hospitals all over

the country makes it impossible to obtain the very large number of such experts which would be required under these conditions.

When the Ontario Government proposed to build, equip, and present to our Medical Service a hospital with a capacity of 1,040 beds, the question of a site was under consideration for some time, and I understand that the representatives of the Ontario Government were perfectly willing to build this hospital at any place desired by our Medical Service. In other words, if the Director of Medical Services had adopted or had in view a policy of concentration of hospitals in a definite area, he could have had this most valuable primary hospital as a nucleus. It will be obvious that the proper position for such a concentration of hospitals is on the seaboard, as near as possible to the point of disembarkation of our wounded.

The view has been expressed that it is desirable, from an Imperial point of view, that our soldiers should mix in the hospitals with those from other parts of the British Empire. My experience with sick people leads me to the conclusion that when people are ill they prefer to be amongst their relatives and friends, and I judge that the feelings of a sick soldier in no way differ in this respect from those of a civilian under similar circumstances. Our Canadian soldiers have on every possible occasion begged to be taken to Canadian hospitals, so that they may be placed under the care of doctors and nurses from home, with whom they have naturally more in common, and the ignoring of this natural desire by the Authorities has given rise to a good deal of bitter feeling.

I take the position very strongly that as it is our duty to see that our boys who go to the front are cared for in the best possible manner when they are wounded or sick, and as we shall ultimately be responsible for their pensions, it is imperative that we should ensure that they are under the immediate supervision of our own Medical Service.

I have thought it best, in the following Report, to make criticisms of the conditions found in the C.A.M.C. under various headings, and then to give in an Appendix the facts which justify such criticisms, and I also have the honour to make certain recommendations which it seems to me are imperative if our Medical Service is to perform its proper function.

In conclusion, I may say that evidence of a broad and comprehensive policy, which would ensure the most efficient care and treatment of our men, with due regard to the prevention of waste of public money, has been sought for in vain, and appears to be conspicuous by its absence.

All of which is respectfully submitted.

I have the honour to be,

Sir,

Your obedient Servant,

THE CANADIAN MEDICAL SERVICE IS OPEN TO CRITICISM UNDER THE FOLLOWING HEADS.

1. Many soldiers are arriving in England from Canada medically unfit, who should never have been enlisted.

2. The system of disposing of casualties from the front to Imperial Hospitals in England, Wales, Scotland, and Ireland is extremely unsatisfactory.

3. The present method of having Canadian hospitals scattered over such a large area is very objectionable.

4. There is unnecessary detention in hospitals. There has been no medical inspection by the Candian Medical Service of Canadian soldiers in Imperial hospitals, and there has been no efficient medical inspection of Canadian hospitals, in consequence of which Canadian soldiers are retained in hospitals in Great Britain, many of whom should have been returned to duty, and others should have been returned to Canada, where they could have been more economically and efficiently treated. The lack of system permits of the aimless moving of patients from hospital to hospital.

5. The use by the Canadian Service of Voluntary Aid Hospitals is very undesirable, as they are inefficient, expensive, and unsatisfactory.

6. The administration of the group of 57 Voluntary Aid Hospitals under Shorncliffe Military Hospital by the Canadian Medical Service is unsatisfactory and expensive.

7. The present method of operating, jointly with the Red Cross, certain hospitals built and equipped by them is unsatisfactory. Such dual control is undesirable.

8. Impropriety of detailing Canadian Army Medical Corps personnel to Imperial Hospitals and still retaining them on Canadian pay roll.

9. Unsatisfactory situation at Shorncliffe owing to our Canadian A.D.M.S. acting in a similar capacity over a large area for the Imperial Authorities.

10. No attempt has been made to restrict surgical operations which produce no increased military efficiency.

11. The installation of an expensive plant at Ramsgate was inadvisable, as a large number of the cases treated there should be sent to Canada for treatment.

12. The establishment at Buxton of a special hospital for the treatment of rheumatics was ill-advised, as the majority of rheumatics will not be fit again for active service, and could be better and more cheaply treated in Canada.

13. The present system of handling Canadian venereal patients is very strongly condemned.

14. The method of handling infectious diseases is most unsatisfactory.

15. Medical Boards which regulate the classification of casualties when convalescent have not been adequately provided for.

16. Satisfactory records regarding individual casualties are not available.

17. The exceedingly important question of pensions, which will involve the expenditure of large sums of money by Canada annually, has been neglected by the Canadian Medical Service.

18. Lack of co-ordination in the Canadian Medical Service between Canada, England, and the front.

19. The medical personnel is not being used to the best advantage.

20. The policy of the Department has been opposed to the use of experienced medical and surgical consulting specialists.

21. Discontent concerning promotions, especially in regard to Regimental Medical Officers serving at the front.

22. The Canadian Army Medical Corps Training School in England has never been properly organised, although of the greatest importance to the Canadian Medical Service.

23. In the operation of the Medical Service sufficient regard has not been paid to economy in management.

1.—MANY SOLDIERS ARE ARRIVING IN ENGLAND FROM CANADA MEDICALLY UNFIT, WHO SHOULD NEVER HAVE BEEN ENLISTED.

HUNDREDS OF MEDICAL UNFITS FROM CANADA.

Many hundreds of Soldiers obviously medically unfit for Service overseas have been sent from Canada to England.

This serious blunder has been more noticeable in Battalions and Drafts arriving from Canada in the second year of War, and led to an order (A.D.M.S. Order No. 394) being issued on March 9th, 1916, for the Medical Inspection of all Drafts immediately on their arrival in the Shorncliffe Area.

This Medical Examination of newly arrived Drafts showed that they included from 5 to 15 per cent. of unfit men in their ranks—the Canadian Pioneer Draft, arriving June 29th, was found to have 57 unfits out of 254 all ranks.

The Director of Recruiting and Organisation has long recognised the gravity of the situation, and his Medical Officer i/c of the Medical Board Department (Captain F. W. Blakeman) has most carefully collected and analysed the returns. Captain Blakeman's Report of August 22nd, 1916, is freely quoted from, as it was written only after prolonged analyses of Medical Board Returns.

ACTUAL FIGURES.

50 per cent. of Permanent Base Duty Men, and

56 per cent. of Discharges from the Army have never been at the Front.

Of 2,670 soldiers, regarded by the Medical Boards from June 12th to August 22nd, 1916, as only fit for Permanent Base Duty, 1,340 had never been at the Front, while 816 of the total 1,452 Discharges from the Army for the same period had similarly never got beyond England.

The great majority of the Local Casualties, thus put on Permanent Base Duty or Discharged from the Service, had disabilities which were obviously present on enlistment.

This is at once shown by the following list of Local Casualties with Disabilities necessitating Permanent Base Duty:—

Over Age	413
Under Age	128
Extreme Flat Feet	90
Defective Sight	78
Extensive Varicose Veins	40
Chronic Rheumatism, Bronchitis, Asthma	81
Missing Fingers, Toes, and Other Deformities	16

It is, of course, true that a large number of the other disabilities represented the natural wastage of any army, resulting as they did from acute disease or showing up only gradually under military training, but even these disabilities, though developing after enlistment, had in many cases shown up sufficiently in Canada to justify abundantly discharge from the Service there.

UNDUE RETENTION IN SERVICE OF OBVIOUS UNFITS.

The appended cases show how men who have, even at the most casual examination, an absolutely disqualifying disability have been enlisted and retained for months in the Service.

This prolonged retention in the Service of men who were on enlistment obviously unfit for service overseas has many serious objections.

OBJECTIONS TO THEIR USE ON PERMANENT BASE DUTY.

Many of these men, it is true, could be available for Permanent Base Duty, but it must be remembered that the number of Canadians actually required for Base Duty is limited, and that—other things being equal—men from the Front who have been disabled have the prior claim to the soft jobs available.

UNFITS IN HOSPITAL.

Further, such unfits for Overseas Service, by reason of their disabilities from over age, rheumatism, middle ear disease, etc., form an undue proportion of the admissions to Active Treatment and Convalescent Hospitals, and thus increase very greatly, without a corresponding return in Military Service, the strain on the Medical Service and the cost to the country at large.

PENSIONS' ASPECT OF UNFITS.

There is a further reason for the early discharge of unfits—a reason the importance of which will be fully apparent only in after years. The longer they are retained in the Service the more plausible becomes their plea that their disability was contracted in, or at least aggravated by, Active Service.

The question of Pension then arises. Men who are discharged for a disability present on enlistment are not entitled to Pension for that disability, but where a pre-existing disability has been increased at least temporarily by Active Service, corresponding Pension or Gratuity must be allowed.

As all soldiers are examined (or supposed to be) and passed by a Medical Officer on enlistment, only disabilities quite obviously and

beyond dispute existing prior to enlistment can be disallowed for Pensions, and the soldier must get the benefit of the doubt when any doubt exists.

As the Imperial Service now allows for *aggravation* of a disability, five-sixths of the Pensions due, were it caused wholly by Active Service, the enormous importance of the Pensions' side of the question of unfits may be appreciated.

RECOMMENDATIONS.

(a) A more careful and rigid Medical Examination be insisted on by Medical Officers who know their job.

(b) An experienced A.D.M.S. Embarkation be appointed in Canada to review every Draft and Battalion before it leaves, and to weed out all those who obviously should never have been enlisted.

It is advisable that two or three experienced Medical Officers be sent back to Canada, who might be at the disposal of the A.D.M.S. Embarkation, to proceed to the various Military Districts and review from the medical standpoint the troops in training.

(c) A ruling be obtained as to whether recruits could be proceeded against and disciplinary action taken when there is evidence in the original attestation paper of fraudulent enlistment, with deliberate suppression or distortion of essential facts.

(d) Close co-operation between Overseas and Canada be established, with a uniform standard of fitness, based on actual experience at the front.

(e) Obvious unfits be discharged from the Service as soon as possible, both in Canada and in Britain.

Men of the doubtful class must be carefully sized up, their apparent and attested age noted, special reports obtained on eyesight and hearing if desirable, the presence of epilepsy or asthma detected as soon as possible, the sputum and lungs carefully examined, the disability resulting from old injuries or deformities carefully considered. Men of 40 years or over particularly carefully examined.

Further information will be found in the Appendix under heading No. 1.

2.—THAT THE SYSTEM OF DISTRIBUTION OF CASUALTIES FROM THE FRONT TO IMPERIAL HOSPITALS IN ENGLAND, SCOTLAND, WALES AND IRELAND IS EXTREMELY UNSATISFACTORY.

At present a Canadian casualty arriving from the front is sent indiscriminately to a hospital in England, Scotland, Wales or Ireland. On August 16th, 1916, we had in Canadian Primary and Special Hospitals 118 of our sick and wounded officers, while in British Hospitals we had 152. There were only 1,612 overseas Canadian patients in Canadian Primary Hospitals, whereas there were 5,135 Canadians in British Hospitals. The remainder, 1,649, in our Primary Hospitals were local cases. These 5,135 Canadian patients were in 100 British Hospitals scattered over a wide area in England, Wales, Scotland, and Ireland.

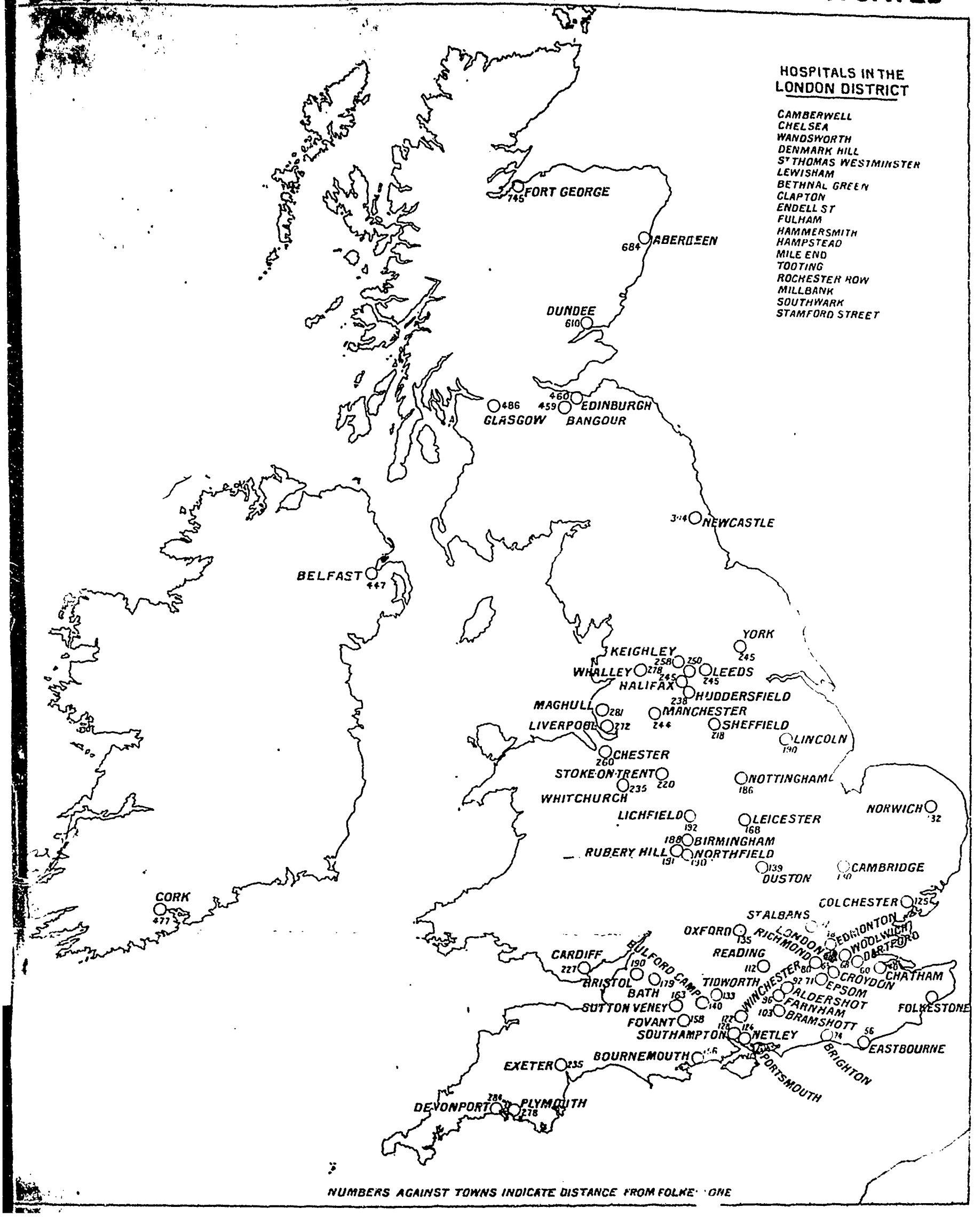
The appended map will show the location of these hospitals, together with the number of Canadian patients in each. A glance at it will indicate the absolute impossibility of inspecting these various hospitals unless we had an army of inspectors, and also the great expense which has to be borne by us, of transporting these patients to these hospitals from the seaboard and returning them again to our Convalescent Hospitals before they can be ultimately discharged to their respective units, or sent home as unfit for military duty.

The Director of Supply and Transport has given a carefully prepared estimate of the cost of transferring these patients from Shorncliffe to Imperial hospitals and back again to our Convalescent Hospitals at Epsom. The total cost is £3,909 8s. 2¼d., or $18,999.78; the average cost per patient being 15s. If we took care of our patients in the Shorncliffe area by the concentration of hospitals there, the cost of transporting them from the ship to the hospital, and ultimately to the Convalescent Hospital at Epsom would be 5s. 5d., that is to say, we would save 9s. 5d. per patient, a total of £2,330 4s. ($11,348.35) on these 5,135 patients.

In the brief time at our disposal for the purposes of this report it has been impossible to get anyone to cover satisfactorily the Imperial Hospitals. We have had an inspection made of a certain number of them, and the information obtained indicates that the treatment received has not always been as satisfactory as it might be, and also that nobody seems interested in the discharge of the patients when they are fit to be sent to a Convalescent Hospital. Consequently a number of cases have been retained for an unnecessarily long time in these British Hospitals.

Corroboration of this statement is furnished by the following report:

HOSPITALS IN WHICH CANADIAN PATIENTS ARE SITUATED



The condition found from an inspection of seven of these British Hospitals in the London area and in Aberdeen (Scotland) may be taken as a reasonable estimate of the condition of the whole. In these hospitals there were 248 Canadian patients examined by our inspector with the following result:—116 should have been evacuated to Canadian Convalescent Hospitals, 52 should have been discharged as permanently unfit for further active service, and 13 patients suffering from venereal disease should have been taken care of in a venereal area of our own. That is to say that out of 248 Canadian patients examined there were 171 who should not have been found in these hospitals at all, and 20 per cent. of whom should have been evacuated to Canada as permanently unfit.

The report of an inspection of Canadians in an Auxiliary Hospital affiliated to No. 2 Scottish General Hospital on 13th September, 1916, shows that there are twenty Canadian patients in this hospital, and of this number there are six who are unfit for further Military Service, five of whom are in a condition to be returned immediately to Canada, and there were thirteen who should be discharged to one of our Convalescent Hospitals. Only two cases should remain for treatment in this hospital.

The report of an inspection of Canadians in the Scottish Command on September 12, 1916, is as follows:—

First Scottish General Hospital	61
Second Scottish General Hospital	20
Third Scottish General Hospital	20
Fourth Scottish General Hospital	29
Edinburgh War Hospital	28
Dundee War Hospital	5
Fort George Military Hospital	7
Total	170

Of this number, 112 required no active treatment, and should be transferred to a convalescent home. There were 25 found permanently unfit for further duty who should be sent to Canada. That is to say, that 65 per cent. of these patients should not be in these hospitals at all.

In three of these hospitals surprise was expressed that no Canadian Medical Officer had ever been there before, as both the New Zealand and Australian Medical Services had sent Inspecting Officers.

RECOMMENDATIONS.

That steps be immediately taken to secure authority from the War Office to allow us to earmark and collect all Canadian casualties at the base in France, so that these may subsequently be directed to Canadian Hospitals in England.

That we provide sufficient active treatment hospital accommodation in a concentration area at Shorncliffe sufficient to take care of all casualties from the front, and that we discontinue the use of English Hospitals for Canadian patients as much as possible.

3.—THE PRESENT METHOD OF HAVING HOSPITALS SCATTERED OVER A WIDE AREA IS MOST OBJECTIONABLE.

A glance at Map 1 illustrates this very clearly. Buxton, for instance, which has recently been taken over as a Canadian hospital for patients suffering from rheumatism, is 236 miles from Folkestone. Argument is unnecessary to show that the wider the area of distribution of patients, the more difficult becomes efficient administration, supervision and inspection. A further and no less important point is the cost of transporting patients these great distances and back again to Convalescent Hospitals.

Map 2 illustrates the proposed concentration scheme. It is impossible to make this ideal because of the fact that present conditions did not justify the abolition of certain hospitals upon which large sums of money had been spent.

CANADIAN GOVERNMENT HOSPITALS.
V A D HOSPITALS.
CANADIAN RED CROSS HOSPITALS.

BUXTON

FOLKESTONE to BUXTON 216 m

UXBRIDGE

LONDON

TAPLOW

BUSHY PARK

BROMLEY

BEAR WOOD
W

ORPINGTON

CHATHAM

MARGATE

EPSOM

RAMSGATE

MAIDSTONE

CANTERBURY

DEAL

TONBRIDGE

WALMER

BRAMSHOTT

DOVER

FOLKESTONE

SOUTHAMPTON

SHOREHAM

BRIGHTON

HASTINGS

BOULOGNE
(5)

ETAPLES
(1)

LE TREPORT
(2)

PRESENT DISTRIBUTION OF CANADIAN HOSPITALS IN ENGLAND

PROPOSED CONCENTRATION OF HOSPITALS

Nº 2.

ANADIAN GOVT HOSPITALS

RED CROSS

UXBRIDGE

TAPLOW

CANADIAN OFFICERS HOSP.L
LONDON

BUSHY PARK

BROMLEY

BEAR WOOD
W.

ORPINGTON

EPSOM

CHATHAM

RAMSGATE

MAIDSTONE

TONBRIDGE

F.to B. 27M

FOLKESTONE

F.to B. 16M

BOULOGNE

ETAPLES

LE TREPORT

4.—THERE IS UNNECESSARY DETENTION IN HOSPITALS. THERE HAS BEEN NO MEDICAL INSPECTION BY THE CANADIAN MEDICAL SERVICE OF CANADIAN SOLDIERS IN IMPERIAL HOSPITALS, AND THERE HAS BEEN NO EFFICIENT MEDICAL INSPECTION OF CANADIAN HOSPITALS, IN CONSEQUENCE OF WHICH CANADIAN SOLDIERS ARE RETAINED IN HOSPITALS IN GREAT BRITAIN, MANY OF WHOM SHOULD HAVE BEEN RETURNED TO DUTY, AND OTHERS SHOULD HAVE BEEN RETURNED TO CANADA, WHERE THEY COULD HAVE BEEN MORE ECONOMICALLY AND EFFICIENTLY TREATED. THE LACK OF SYSTEM PERMITS THE AIMLESS MOVING OF PATIENTS FROM HOSPITAL TO HOSPITAL.

AIMS OF MEDICAL SERVICE NOT SECURED BY PRESENT SYSTEM OF HOSPITAL MANAGEMENT.

The treatment of the sick and wounded soldiers in Canadian active treatment, convalescent, and auxiliary hospitals does not ensure the earliest possible return of convalescents to the fighting Unit or to Base Duty with as prompt discharge as may be from the service, of the medically unfit.

Yet these general aims of the medical service should dominate all hospital treatment and be engraved in every Medical Officer's mind.

There is an entire lack of a clearly defined policy regarding the uses and limitations of hospitals generally, from the military standpoint.

NO EFFICIENT MEDICAL INSPECTION OF HOSPITALS.

There has been a general lack of efficient medical inspection of hospitals.

Until July 1st, 1916, when Lieut.-Colonel Finley was appointed Consulting Physician, no experienced medical man trained in the treatment of the sick was employed to exercise a general supervision

over the medical treatment. (Colonel Bridges, appointed about the same time Inspector of Canadian Hospitals, has, to judge by his reports, evidently not been assigned any duties dealing with the examination or treatment of patients.)

There is still no Consulting Surgeon to visit the various hospitals and to supervise the surgery, though, as noted elsewhere in this report, such control is urgently needed. A Sanitary Officer with the rank of Major was attached as an expert to the D.M.S. Office on January 19th, 1916.

LACK OF EXPERIENCED PERSONNEL.

So many of our specialists are employed largely on routine work in the Base Hospitals in France and Salonika, and even nearer the Front, that the purely professional treatment of Canadians in hospitals in England suffers.

This is notably the case in the Shorncliffe area, which still requires a Neurologist, an Orthopædic Surgeon (particularly to advise Medical Officers of battalions regarding minor orthopædic disabilities), at least one other experienced surgeon, and another physician.

CHANGING PERSONNEL.

The medical staffs of many hospitals are constantly changing, and till quite recently were only exceptionally allowed to remain long enough in one position to become conversant with their duties.

MANY ERRORS OF DIAGNOSIS AND TREATMENT.

With such dearth of highly trained men and with changing personnel in Canadian hospitals it is no surprise to find many errors of diagnosis and treatment.

Thus early cases of tuberculosis frequently pass in hospitals unrecognised: heart conditions, compatible with full military service, are regarded as serious, the patients being unnecessarily alarmed and retained in hospital: functional weakness of the extremities from nervous shock is often regarded as paralysis, and thus recovery is indefinitely delayed. Cases requiring orthopædic treatment or massage are *not recognised*, and so *are unrelieved*: the *surgery performed* is frequently unnecessary, and does not increase the efficiency of the soldier.

MILITARY ASPECT OF CASUALTIES NEGLECTED.

But quite as important is the absence in many hospitals of Medical Officers trained to size up casualties from the military standpoint. Herein lies the gravest defect of the present hospital situation. Soldiers are at present allowed to dawdle along for weeks or even months in

hospitals, after they are ready for training or at least for Base Duty, or after they are obviously cases for discharge from the Service.

They are moved aimlessly from hospital to hospital, with no satisfactory records of their condition accompanying them—the knowledge acquired of the patients in one hospital is largely lost to the second, and must be obtained afresh before the medical staff of the second hospital can begin successfully to treat their patients.

It cannot be too strongly insisted that prolonged hospital life alone, under the existing conditions, would lead, even in a healthy individual, to deterioration, and that its enervating influence over sick and wounded soldiers cannot be over-estimated.

It is almost impossible successfully to train up a soldier made flabby mentally, morally, and physically by prolonged hospital stay, and this should be borne in mind before advising minor operations that are not absolutely essential.

These conditions, which have been to a large extent ignored, explain the defects of the present hospital administration.

Thus at Canadian convalescent hospitals we find:—

(1) Unsuitable admissions.

(a) Cases obviously for discharge as permanently unfit, where condition cannot be materially improved by convalescence, e.g., heart cases with fairly good compensation, men at middle age with persistent rheumatism, men with defective vision or hearing, cases of nephritis persisting after many months' treatment in active treatment hospitals.

(b) Cases with the diagnosis still in doubt, where such diagnosis should obviously have been made in the primary hospital, with the greater facilities available—e.g., suspected tuberculosis or epilepsy.

(c) Soldiers from the battalions with slight ailments, who could be satisfactorily treated in brigade hospitals.

(2) Undue retention of cases long ready for final disposition, either for training, base duty, or discharge as permanently unfit.

(3) Purposeless transfers to other hospitals.

(a) To Epsom Convalescent Hospital for preliminary training of men of middle age with some slight disability precluding training for full service.

(b) To Buxton of stout rheumatics over 40.

(c) To any other hospital of cases which could equally well be disposed of in the first convalescent hospital.

The various convalescent hospitals were visited, and at least 20 per cent. of the cases seen were ready for Physical Training, Base Duty, or

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,

blood, etc., must be entered here to save unnecessary repetition, at present so frequent and costly, in later hospitals; the entries should be made by the M.O. in charge of the case, and not by the Registrar of the hospital, who sees the patient only on admission and discharge.

It may not be out of place here to add the following estimate:—

How to effect a 33 per cent. reduction of Canadian Casualties in hospitals in Britain.

(1) Take effective measures to prevent the enlistment of unfits and of soldiers who obviously can never be trained successfully for Overseas service.

(2) Discharge from the Service unfits, already enlisted and in Britain, as soon as possible.

(3) Return to Canada, as soon as they are able to travel without detriment to their health, casualties who are permanently disabled from further service Overseas, but who require further hospital treatment or re-education.

(4) Concentrate casualties as far as possible, abolishing V.A.D. hospitals.

(5) Improve the medical and surgical treatment of casualties in hospitals by securing the return of the specialists necessary from Overseas, by regulating the surgery (other than emergency surgery), and by emphasising to Medical Officers their paramount duty to get as many men as possible back to training, or at least base duty, at the earliest moment, and to discharge as soon as possible the unfit.

(6) Classify casualties correctly when they leave active treatment and convalescent hospitals, so that the senseless passing along of casualties from hospital to hospital without records may be abolished.

(7) Maintain efficient and permanent Medical Boards.

(8) Increase the brigade hospitals to 50 beds per brigade of 5,000 men. This would take care of 50 to 75 per cent. of the cases which otherwise would have to be sent to active treatment hospitals, and would diminish the tendency of these local casualties to require prolonged convalescent treatment after comparatively slight ailments.

Further information will be found in Appendix under heading No. 4.

5.—THE USE BY THE CANADIAN SERVICE OF VOLUNTARY AID HOSPITALS IS VERY UNDESIRABLE, AS THEY ARE INEFFICIENT, EXPENSIVE, AND UNSATISFACTORY.

Most of the Voluntary Aid Detachment Hospitals are merely dwelling-houses, roughly adapted to serve as hospitals, with a medical staff from the neighbouring civilian practitioners.

As a rule there are one or more supervising graduate nurses, but most of the nursing is done by young ladies who, previous to the war, had no hospital training. In most of the V.A.D. Hospitals there is no proper operating room; in some, operations are performed in a recreation or other unsuitable room, while in others any patient requiring an operation must be moved to another hospital.

In spite of the lack of necessary equipment and personnel, a considerable number of these hospitals receive wounded and sick directly from the Front. There are no doubt isolated instances of V.A.D. Hospitals—*e.g.*, St. Anselm's Hospital—where the building, equipment, medical and nursing staff are all that could be desired. No doubt, too, at the beginning of the war they served a most useful purpose, and were, in the absence of military hospitals, practically indispensable. In the emergency, the hearty welcome, the will to serve, made up for the absence of trained skill and surgical appliances. But it cannot be questioned that now—at the end of two years of war—the use of V.A.D. Hospitals by the Canadian Medical Service is most strongly to be condemned.

In the Shorncliffe area there are 57 such institutions, with a total capacity of over 3,000 beds. They are scattered over a wide area, and are in many instances inaccessible by rail—factors obviously increasing the cost of running and the difficulty of administering them.

In addition, the nursing is largely unskilled; the medical staff, composed of civilians of middle age, of very varying medical and usually of no surgical experience. Under these conditions it is obvious, even to the most casual observer, that the greatest care is necessary in selecting suitable cases for admission to these institutions and in closely supervising the surgery and, above all, the retention of the soldiers sent.

(It is not to be forgotten that practically all the military hospitals throughout Great Britain have subsidiary V.A.D. Hospitals in which there are a great many Canadian patients, so that of the 5,135 Canadian patients in Imperial hospitals on the 18th August, a very large number are being treated in V.A.D. Hospitals.)

It is a grave indictment of the Canadian Medical Service to say that a fair proportion of the patients in V.A.D. Hospitals should never have been sent there: that inspections by competent Medical Officers are ludicrously infrequent: that a good deal of the surgery is bad, and that quite 25 per cent. of the patients are retained in hospitals for weeks, sometimes for months, after they should be sent out.

To inspect the Shorncliffe area, of over 3,000 beds in V.A.D.s widely scattered over Kent, one Medical Officer is detailed for half his time, and competent though this Medical Officer is, he obviously cannot do the work, which would require the full-time services of four or five experienced Medical Officers.

With civilian medical men of no military experience in attendance, the early return of soldiers to their units, or at least to base duty, has been entirely lost sight of, and the enervating effect of prolonged hospital stay has impaired the discipline and morale of soldiers, long ready for the hardening influence of the Training Camp.

A constant effort seems to have been made to keep these Institutions filled, often at the expense of Canadian Convalescent Hospitals, and in at least four instances agreements existed for a considerable time, under which the Canadian authorities agreed to pay upon a 90 per cent. capacity whether 90 per cent. of the beds were occupied or not.

Below is a list of the Hospitals with which agreements were made, together with the dates:—

Hospital.	Entered Into.		Terminated.
Walmer War Hospital.....	September 17, 1915	.....	July 21, 1916
Hermitage Hospital.....	November 16, 1915	.....	July 21, 1916
Wear Bay Hospital	November 26, 1915	.....	August 2, 1916
Glack Hospital	September 16, 1915	.....	July 21, 1916

The largest of these Hospitals in the Shorncliffe area is the Bevan Hospital, which has a capacity of 250 beds. An Inspection of this Hospital was made on September 6th, and the following Report submitted. It may be taken as a typical example of the conditions generally found in this type of hospital.

Practically all the major surgery is done by a local general practitioner, who has had no special surgical experience. The character of his work is indicated by the results seen by one of our Medical Boards in Folkestone, which were very unsatisfactory. Three cases of rupture upon which he had operated resulted in wasting of the testicle, and in spite of his evident lack of surgical skill the hospital records show that he has performed no less than nine trephining operations.

On September 6th, 1916, there were 219 patients in the hospital, 42 of them being Canadians. There is no special arrangement for prompt evacuation with the exception of an occasional visit from Major Carron. Such orders are often sent as: "Send 10 patients to Deal," or "Send 10 patients to Hawkhurst," and the number specified is rapidly collected

together and despatched. It is difficult to understand what is gained by such a procedure.

From the records of the hospital it would appear that 1,863 Canadian cases have been treated since it was first opened. The Sisters do the dressing in the wards and also, according to the statement made to me by them, make the examination of Urine. The Commandant and her assistant stated definitely that one-fourth of the patients at present in the hospital could be at once evacuated. An inspection is not made more frequently than once a month and seldom that often. Both of these ladies deplore the conditions and expressed astonishment at the purposeless way in which patients are moved about, but state that they personally are quite helpless to improve conditions.

QUEEN'S CANADIAN MILITARY HOSPITAL, BEACHBOROUGH PARK.

This hospital comes under the category of V.A.D. Hospitals. It is managed and financed by the Canadian War Contingent Association, and a great many of the furnishings have been supplied by private individuals in Canada. The Secretary of the Association states that it has expended on the extension and equipment of the hospital a sum of $76,195.00, half of which at least came from Canada or Canadians.

The running expenses of this hospital are met by the Canadian War Contingent Association, and for each of our patients taken care of, this Association receives from us 75 cents per day, this rate being intended to include nursing, medical attendance and food. In other words, it is a similar arrangement to that which we have made with the other fifty-seven Voluntary Aid Hospitals in the Shorncliffe area.

Although this hospital has been widely advertised as a Canadian hospital, it renders only very limited service to Canadian patients. When visited on August 16th, 1916, there were only twelve Canadian patients in the hospital, there being 102 altogether and twenty-five vacant beds. It would seem fair to regard the last convoys received at this hospital as typical of the proportion of Canadians taken care of. In one convoy of fifty-three patients, six were Canadians. In the last convoy of thirty-four patients, nine were Canadians.

We are supplying this hospital with a quarter-master and fifteen other ranks, at a cost to the Canadian Government of $450.00 per month. This seems an improper procedure in view of the fact that the hospital undertakes to supply everything for us at the rate of seventy-five cents per day.

In regard to the staff of this hospital, the matron in charge is a thoroughly competent trained nurse, and she has under her twelve trained nurses, and fifteen Voluntary Aid assistants, who have had little or no training. There are two resident house surgeons, who received their degrees only three months ago. The surgery is done by a surgeon

who lives in London, and visits the hospital about twice a week, or at less frequent intervals. This part of the arrangement is very unsatisfactory, and might expose us to severe criticism. The usual custom is to notify the London surgeon when a convoy arrives, and he goes to the hospital on the following day. In the event of a severe secondary hæmorrhage occurring late in the evening or during the night, the case would have to wait (with some temporary measures) until the surgeon could be got down from London, a distance of seventy-three miles. By way of illustrating the risks attendant on this state of things, one may refer to three cases, seen in one day at the Ontario Military Hospital, Orpington. Two of these had had five secondary hæmorrhages each, necessitating immediate operations, and in the third case there had been three secondary hæmorrhages. These patients were saved only by prompt surgical measures.

In view of these facts, the following recommendation is made:

That the Canadian Medical Service take over the management and staffing of this hospital. Otherwise it is recommended that we adopt the same attitude towards it as towards other Voluntary Aid Hospitals, namely, that we discontinue its use for Canadian patients. Our taking over the management of this hospital would not prevent the Canadian War Contingent Association continuing to regard it as their own, and sending any special comforts and help from time to time which they might feel disposed to provide.

RECOMMENDATION.

That the use of Voluntary Aid Detachment Hospitals by the Canadian Medical Service be discontinued.

Further information will be found in Appendix under heading No. 5.

6.—THE ADMINISTRATION OF THE GROUP OF 57 VOLUNTARY AID HOSPITALS UNDER SHORNCLIFFE MILITARY HOSPITAL BY THE CANADIAN MEDICAL SERVICE IS UNSATISFACTORY AND EXPENSIVE.

On July 22nd, 1915, the Shorncliffe Military Hospital and subsidiaries were handed over by the Imperial Government to the Canadian Medical Services for Administration. Complete list of these Hospitals thus handed over follows this report. Most of these hospitals are Voluntary Aid Detachment Hospitals, staffed by untrained nurses and civil practitioners.

The agreement regarding this transfer was that the Canadians should supply the working staff for the Shorncliffe Military Hospital and should do all the duties of transfers, returns, outfitting of overseas patients with clothes, equipment, etc., that was formerly being done by the Imperials.

The Shorncliffe Military Hospital was to be used:-

(I.) For local Imperials.

(II.) For overseas Imperials on transfer from overseas, or from different Hospitals in the Shorncliffe Military Hospital Group.

(III.) For local and overseas Canadians.

The reason for the handing over of the Shorncliffe Military Hospital was that the Canadians required increased Hospital accommodation. Moore Barracks Hospital, the only Canadian Hospital at that time in existence in Shorncliffe, was overflowing with Canadian patients, and it was necessary to seek more room for these patients.

At the time that the Shorncliffe Military Hospital was taken over there were plenty of Canadian personnel in the area as No. 4 Canadian General Hospital (Toronto University) was then in Shorncliffe, and the personnel was not being used for any purpose whatsoever. If the Toronto University Hospital had been installed in a new general hospital building of 1,040 beds instead of the taking over of the Shorncliffe Military Hospital and subsidiaries, a most important and disastrous mistake would have been prevented.

The Shorncliffe Military Hospital is an old building, inconveniently located and most difficult to administer. It is not an up-to-date hospital in any sense of the term, and on account of its position on the side of a hill it has been found most difficult for it to be enlarged. Moreover, as will be found elsewhere in this report, the V.A.D. Hospitals subsidiary to the Shorncliffe Military Hospital are far from satisfactory when judged in the light of modern standards of hospitals for the care of the sick and wounded.

From the statement included in this report by the O.C. Military Hospital, Shorncliffe, it will be seen that quite a large proportion, an

average of about fifty per cent., of the cases taken care of in the Shorncliffe Military Hospital have been Imperials. A greater proportion of Imperials than Canadians are taken care of by the various V.A.D. Hospitals subsidiary to the Shorncliffe Military Hospital.

Therefore the original purpose of the taking over of the Shorncliffe Military Hospital and administration thereof by the A.D.M.S. Canadians, that is, obtaining increased hospital accommodation, while it has given more beds, has given accommodation which cannot be considered first-class.

The statement that the administration by the Canadians of the Shorncliffe Military Hospital group is expensive is proved from the memoranda, taken up under the following heads:—

(I.)—A.D.M.S. Canadians Staff, exclusive of the personnel employed on Medical Boards.

(II.)—Registrar's Department, Shorncliffe Military Hospital.

(III.)—C.A.M.C. personnel employed in V.A.D. Hospitals.

(IV.)—Extra ambulance service.

1.—A.D.M.S. CANADIANS OFFICE.

On account of taking over of the Shorncliffe Military Hospital Group, it was thought necessary to have two A.D.M.S. Offices in Shorncliffe, the one A.D.M.S. Hospitals and the other A.D.M.S. Canadian Training Division. If there were only the Canadian Hospitals proper to administer (that is—Moore Barracks Hospital, Shorncliffe Military Hospital, West Cliff Canadian Eye and Ear Hospital and Granville Canadian Special Hospital, Ramsgate), this could easily be done by the A.D.M.S. Canadian Training Division Office with practically no increase in the present staff, so that the expense of the management of the A.D.M.S. Canadians (Hospital) Staff less that of the officers engaged on Medical Board work can logically be charged up as an expense involved in the handling of the Shorncliffe Military Hospital group. In other words, as per the following nominal roll, five officers and forty-five N.C.O.s and men are so employed. No account is here given of the extra equipment supplied to the A.D.M.S. Canadians (Hospitals) Office. This includes the use of five motor cars (not taking into consideration the cars used by the Medical Boards) and a large amount of office furniture and equipment.

2.—REGISTRAR'S DEPARTMENT, SHORNCLIFFE MILITARY HOSPITAL.

Acting under the jurisdiction of the O.C., Shorncliffe Military Hospital, is a Registrar's Department which has to do with all the work pertaining to the movement of patients in the Shorncliffe Military Hospital group. Therefore, the expense of running this Registrar's Department can be properly charged up as one of the expenses entailed by the taking over of this group of hospitals. As will be seen by the following nominal roll there are two officers and eighty-three N.C.O.'s and men engaged upon this work.

3.—C.A.M.C. PERSONNEL EMPLOYED IN V.A.D. HOSPITALS.

I append herewith a Nominal Roll of Officers, Nursing Sisters, N.C.O.'s and men of the C.A.M.C. who have been detailed for duty in various V.A.D. Hospitals. It is to be clearly understood that such details do not lessen the amount paid by the Canadian Government for every Canadian patient taken care of by such V.A.D. Hospitals, so that the pay and upkeep of this personnel is properly chargeable against the Shorncliffe Military Hospital Group.

4.—AMBULANCE SERVICE.

The Canadian Government has supplied for the last year the ambulance service for the whole Shorncliffe Area. Figures are not available as to the cost of this Ambulance Service to the Government, but it may be said that a very good service has been supplied over an area which extends

40 miles to the West of Shorncliffe (*Hastings*),
23 miles to the North of Shorncliffe (Herne Bay),
30 miles to the East of Shorncliffe (Margate),
45 miles to the South-West of Shorncliffe (Hockhurst).

From twenty to thirty ambulances are continually on duty at this work, and it is regretted that accurate figures are not available showing the enormous cost of this to the Canadian Government, a large proportion of which is chargeable against the V.A.D. management, because:—

(a) A large proportion of the patients carried by the ambulances are Imperials.

(b) The long distances between these small V.A.D. Hospitals entails a long and frequent haulage of patients.

The attached returns prove that the administration of the Shorncliffe Military Hospital Group of V.A.D.'s, irrespective of the cost of management of the Shorncliffe Military Hospital itself, costs the Canadian Government for pay of Officers, N.C.O.'s, and men a total of $9,497.70 per month, or $113,972.40 per annum, not taking into consideration many other large expenses, such as automobile transport, ambulances, office expenses, etc.

The return of September 8th shows that this group of 57 V.A.D. Hospitals, including the Shorncliffe Military Hospital, has only a total of 443 Canadian patients, exclusive of 113 venereals, who should be in a venereal area and are improperly located at present in the Shorncliffe Military Hospital. This number of patients could be taken care of by one Stationary Hospital without any cost, because at the present time we have in England the personnel of three Stationary Hospitals which are unemployed, but being paid for by us, so that this cost of $113,972.00 per year is an entire waste.

Further information will be found in the Appendix under heading No. 6.

7.—THE PRESENT METHOD OF OPERATING JOINTLY WITH THE RED CROSS CERTAIN HOSPITALS BUILT AND EQUIPPED BY THEM IS UNSATISFACTORY. SUCH DUAL CONTROL IS UNDESIRABLE.

There has undoubtedly been a certain amount of difficulty engendered by the system of dual control in these hospitals, and no advantages to counter-balance this. The cost to the Canadian Government is greater than in hospitals operated by ourselves. The Government pays at the rate of two shillings per day per patient, whereas in other hospitals operated by the Canadian Medical Service the cost is anywhere from 1s. 4½d. to 1s. 9½d. per day.

RECOMMENDATION.

That the Red Cross Hospitals be placed in the same relation to the Canadian Military Service as that now occupied by the Ontario Military Hospital at Orpington, that is that the hospital, when once built and outfitted, be taken over and managed by the Canadian Medical Service.

8.—IMPROPRIETY OF DETAILING C.A.M.C. PERSONNEL TO IMPERIAL HOSPITALS AND STILL RETAINING THEM ON CANADIAN PAY-ROLLS.

In the remarks made on the administration of Shorncliffe Military Hospital Group will be found a nominal roll of C.A.M.C. personnel employed in V.A.D. Hospitals in the Shorncliffe area and the cost to the Canadian Government per month for the detailing of this personnel Besides those therein mentioned there are the following officers—

Lieut.-Col. P. Goldsmith and Major C. H. Gilmour employed in the Bramshott Military Hospital.

Major McCoun and Captain Kennedy in Military Hospital, Cambridge.

Capt. T. F. Cotton in the Hampstead Military Hospital, London.

Capt. A. H. Caulfield in the Addington War Hospital, Croydon.

Capt. J. J. McKenzie on special duty with the Medical Research Committee, War Office.

Major J. C. Meakins has until the last few weeks been attached to the Hampstead Military Hospital, London.

In addition to this personnel, it is quite common for Canadians to be employed in Imperial Hospitals in France. The following instances of C.A.M.C. men lost to the Canadians is worth noting:—

Sergt.-Major Brown, C.A.M.C., was sent out from England as reinforcement to the Canadian Units in the Mediterranean Force and arrived after the departure of the Canadian Units from Suvla Bay on the 1st of December, 1915. From Suvla Bay he was sent to Alexandria, Egypt, where he was attached to the R.A.M.C. Depot until the 3rd of August, 1916.

Sergt.-Major Sweeney, C.A.M.C., was sent out with the same reinforcement and was also sent to Alexandria, Egypt, where he remained until the middle of July, 1916, doing duty with the R.A.M.C., and at that date was finally sent to No. 1 Stationary Hospital at Salonika.

Both of these N.C.O.s are Warrant Officers and the two most valuable N.C.O.s at the C.A.M.C. Training School and urgently needed for the training of C.A.M.C. men. Their services were lost for this prolonged time and the Canadian Government, of course, has had to pay them for the service which they rendered to the Imperial Government and for which we received no recompense whatever. These are by no means isolated cases, but quite common ones.

There is no record that the employing of this personnel in Imperial Hospitals has lessened to any extent the amount paid to the Imperial Government for the care of Canadian patients in Imperial Hospitals. It is fair to state that the practice of detailing C.A.M.C. personnel to English hospitals is one for which no good reason would seem to exist, and which, therefore, as a practice should cease on account of the extra expense of men and money to the Canadian Government that is caused thereby.

9.—UNSATISFACTORY SITUATION AT SHORNCLIFFE DUE TO A.D.M.S. CANADIANS BEING ALSO A.D.M.S. DOVER DISTRICT (IMPERIAL).

The Medical Administration for the Dover District, formerly held by Lieut.-Col. Winter, R.A.M.C., an Imperial officer acting under the D.D.M.S. of the Eastern Command, was handed over last November to Col. G. S. Rennie, C.A.M.C., and Col. Rennie still holds the dual appointment of A.D.M.S. Canadians, and A.D.M.S. Dover District (Imperial).

The holding by a Canadian officer of a position which is dual in character under two different administrations has not proved satisfactory. The A.D.M.S. Dover District acting under instructions from the War Office is directing the administration of the Medical Services in the British interests in the Shorncliffe Area. As A.D.M.S. Canadians he is directing the Medical Services in the interests of the Canadians, and from many points of view the interests of the two Services clash.

Elsewhere in this report will be found an example of one very important division of the work in which the two interests clash very markedly, and that is in the administration of V.A.D. Hospitals. It is in the interests of the British that the A.D.M.S. Dover District maintains the V.A.D. Hospitals, but as A.D.M.S. Canadians he should have found that the V.A.D. Hospitals are not satisfactory institutions for the care of Canadian soldiers.

As A.D.M.S. Dover District he receives repeatedly Army Council Instructions, the carrying out of which clash with his instructions as A.D.M.S. Canadians, and, in conclusion, it can be said that a good and satisfactory A.D.M.S. Dover District cannot make a similarly satisfactory A.D.M.S. Canadians.

Copy of Correspondence regarding Appointment of Colonel G. S. Rennie, C.A.M.C., as A.D.M.S. Dover District.

COPY.

17-8-151. Eastern Command.
2/8103S.

D.M.S. CANADIAN CONTINGENTS.

In view of the promotion of Colonel G. S. Rennie to his present rank, thus making him senior in rank to Lt.-Col. Winter, A.D.M.S. Dover District, I would suggest, if you concur, that the former should take over the whole of the Dover District. If you agree I will ask the War Office for sanction.

It would be necessary for Colonel Rennie to take over the Office Staff of the A.D.M.S. Dover, and that Quartermaster-Sergeant Gordon, R.A.M.C., be retained as Chief Clerk, as this N.C.O. is acquainted with the District and the Home procedure.

(Signed) F. J. JENKIN,
Surgeon-General for D.D.M.S. Eastern Command.

Horse Guards, S.W., 5th November, 1915.

COPY.

17-8-151. 10th November, 1915.

To D.D.M.S. Eastern Command,
Horse Guards, S.W.

With reference to your communication of the 5th instant No 2/81038, suggesting that Colonel Rennie should take over the whole of the Dover District, I beg to say that this arrangement would be most satisfactory as far as this Service is concerned.

It is understood that it would be necessary for Colonel Rennie to take over the Office Staff of the A.D.M.S. at Dover, and that Quartermaster-Sergeant Gordon, R.A.M.C., would be retained as Chief Clerk.

(Signed) G. C. JONES,
Surgeon-General-Director of Medical Services,
Canadian Contingents.

COPY.

17-8-151. E. C. No. 2/8103S/(M.S.).
War Office, London, S.W.,
24th November, 1915.

35/Eastern/574 A.M.D. 1.

SIR,

I am directed to acknowledge the receipt of your E.C. No. 2/8103S (M.S.) of the 17th inst., and in reply to acquaint you that the appointment of Colonel G. S. Rennie, Canadian Army Medical Corps, to be A.D.M.S. Dover District is approved.

Instructions will shortly be issued to you as to the disposal of Lieut.-Colonel T. B. Winter, Royal Army Medical Corps.—I am, Sir, your obedient servant,

(Signed) A. P. BLENKINSOP (Colonel),
For Director-General Army Medical Services.

To the General Officer Commanding-in-Chief
Eastern Command.

To D.M.S., Canadian Contingents.
For information and communication.

(Signed) F. G. BLAIR (Colonel),
A. M. S. Central Force and Eastern Command.

Horse Guards, S.W., 27th November, 1915.

10.—NO ATTEMPT HAS BEEN MADE TO RESTRICT THE LARGE NUMBER OF OPERATIONS WHICH PRODUCE NO INCREASED MILITARY EFFICIENCY.

No instructions of any kind have apparently been issued dealing with the above subject.

The only justification for operations for minor disabilities is the resulting improvement in the efficiency of the soldier, and after two years of war quite definite conclusions can be reached regarding many operations at present widely performed.

VARICOCELE AND VARICOSE VEINS.

Only in very rare cases are operations for varicocele and varicose veins justified by the after result, and on the whole soldiers would be decidedly better off were these operations never allowed. Even where the operation has been well performed (which is far from being the rule) its success is too frequently vitiated by the continuance of aching, stiffness, etc.

HÆMORRHOIDS.

Hæmorrhoid operations as at present performed are unsuccessful in over 50 per cent. of cases.

DISLOCATED SEMILUNAR CARTILAGE.

Operations for dislocated Semilunar Cartilage have resulted almost invariably in failure to make the soldier fit for full service. Of 100 cases seen by the Board, probably not more than 5 per cent. have been rendered fit, and in the majority of cases the disability has been definitely increased. Such cases have been tried out in their Units or in training and have almost invariably broken down.

MASTOIDS.

A great many mastoid operations have been performed in long-standing cases of discharging ears. These operations should not be done unless definite signs of serious mastoid trouble are present.

HERNIA.

Hernia operations are at present often poorly performed. Atrophy of one testicle is frequently seen after hernia operation; pain in some cases, and early recurrence in others are often met with. Soldiers with

a small hernia which is readily supported by a truss are regarded as fit for General service by the Imperial and Canadian authorities.

V.A.D. HOSPITALS.

Particularly in V.A.D. Hospitals with generally English civil practitioners as Surgeons have the operative results been unsatisfactory. The War is not a post graduate school, where surgery or any other private hobby may be cultivated by individuals at the expense of the Country.

RECOMMENDED.

That operations on Canadian soldiers for minor disabilities be restricted to those operations which improve military efficiency and be performed only by Officers of sufficient practical experience and skill.

Further information will be found in the Appendix under heading No. 10.

11.—THE INSTALLATION OF AN EXPENSIVE PLANT AT RAMSGATE WAS INADVISABLE, AS A LARGE NUMBER OF THE CASES TREATED THERE SHOULD BE SENT TO CANADA FOR TREATMENT.

GRANVILLE SPECIAL HOSPITAL, RAMSGATE.

At the Granville Canadian Special Hospital, Ramsgate (which with the Chatham House Annex has 850 beds), are treated joint injuries, nerve lesions and contractures, shell shock and neurasthenia. Further, Canadian patients in primary hospitals who have lost a limb are transferred to Ramsgate "when they are fit to travel as ordinary passengers" (Army Council Instructions).

There has been work enough for two or three orthopædic surgeons ever since the hospital was opened, though only one has been attached, and the work has suffered in consequence, many of the patients having been unnecessarily detained.

The heads of the Orthopædic and Neurological Departments, under whom practically all the cases come, are very highly trained, efficient, and enthusiastic Medical Officers. The only criticism one might fairly pass on their personal work is that there is a decided tendency to hold the cases too long—from the military standpoint—owing to laudable professional zeal.

ELABORATE OUTFIT OF DOUBTFUL VALUE FOR MILITARY SURGERY.

Turning to equipment, one cannot help being sceptical as to the military value of much of the elaborate installation for baths of all kinds and electrical appliances, calculated though they may be to impress the casual visitor and appropriate as they undoubtedly would be in an institution such as the Battle Creek Sanatorium, or Clifton Springs, N.Y., which cater for the wealthy classes.

At the end of July, 1916, there were 728 patients in the hospital, 136 having been patients for two months or longer. Some of the latter were heroes of Ypres and Festubert, and had been in hospitals continuously for 15 to 16 months.

PROLONGED STAY IN HOSPITALS IN BRITAIN A MISTAKE.

The policy is mistaken of retaining in hospitals in Britain for many months after they are fit to travel, without detriment to their health,

soldiers who are permanently unfit, or who at the most will only be fit for base duty.

The monthly report for July, 1916, shows that while the average stay in the Granville Hospital is 71.3 days for all patients and for patients discharged for full duty 61 days, the average duration of stay of those returned to light duty is 136.2 days, and of those for discharge as permanently unfit 125 days; in other words, this expensive hospital is being maintained in England largely for the treatment of patients who will never again be fit for service.

These men who remain three months or longer in the Granville Hospital are mainly amputation cases, men with injuries to nerves or joints with frequently contractures.

AMPUTATION CASES.

Amputation cases are at present fitted with an artificial limb in England, which entails on an average a stay of six months after the stump is healed. They should be returned to Canada as soon as they are fit to travel.

(1) For the man's sake.

The majority of cripples will require some professional re-education —some special training in their old occupation or education in some new line of work, where the superior training and knowledge given will help largely to offset the physical disability. During the weary months which elapse after the stump has healed and before the artificial limb can be worn and used freely, functional and professional re-education should be begun, the man's future being weighed and decided. The lack of occupation—of some incentive—in convalescent patients prolongs indefinitely their actual medical treatment, occupation having a curative effect if combined with the later stages of treatment.

With praiseworthy zeal, re-educative measures, necessarily on a small scale and with limited facilities, have been undertaken at the Granville: but arrangements having been made by the Hospitals Commission to deal with such cases in Canada, the need for such measures in England has passed.

(2) From the economic standpoint.

In France, it is calculated, about 1 per cent. of the wounded will require artificial appliances of some kind; further, the life of an artificial limb is only three to five years.

Thus in the future a very considerable demand must unfortunately exist for the manufacture and repair of artificial limbs, and the Canadian Government having very wisely established a factory for this purpose in Canada, all amputation cases should be returned to Canada as soon as fit to travel.

Although artificial arms have been obtained from Carns, of Kansas City, U.S.A., our men have until the last few weeks been retained in England until these arrive and are fitted.

NERVE SUTURE AND ORTHOPÆDIC CASES.

Cases where nerves and joints have been injured should also be returned, as a rule, to Canada when it is obvious that very many months will elapse before the man can be of any military value.

The necessary nerve and orthopædic operations—both generally delayed, in any case, till some time after the wounds have healed—are better undertaken where the after-treatment, followed by re-education, is contemplated.

NEURASTHENIA AND SHELL SHOCK CASES.

The location of the Hospital is unfortunate, especially for neurasthenic and shell shock cases, on account of the frequent visits of Zeppelins to this area—undoing in an instant the work of months.

Herewith is a return of Cost of Installation and Equipment (less cost of Ordnance), of Granville Canadian Special Hospital:—

Expenses in connection with the taking over of the Granville Hotel:

	£	s.	d.	£	s.	d.
Hotel furniture taken over	739	1	7			
Kitchen supplies, cost of removals, storage, etc...	482	11	0			
Expenditures, engineer works performed under authority of Major-General J. W. Carson.....	449	1	5			
				1,670	14	11

Cost of technical equipments, various departments:

X-ray department	698	15	8			
Electric treatments department	225	0	7			
Hydropathic department	189	9	6			
Massage departments	20	1	2			
Surgical technical equipments	198	11	10			
Orthopædic gymnasium	106	10	1			
Pathological laboratory	120	8	5			
Library	91	9	2			
Chemicals and drugs	57	12	8			
				£2,010	16	8
				£3,681	11	7
				or $17,916.98		

The number of civilians employed at the Granville Hospital and the Chatham House Annex, viz. 55, are divided as follows:—

No.	Name.	Per Week. £ s. d.		Total. £ s. d.
9	Masseuses	2 15 0	...	24 15 0
1	Masseur	2 15 0	...	2 15 0
2	Masseurs and hydro atts.	2 15 0	...	5 10 0
1	Engineer	2 16 0	...	2 16 0
4	Engineer Assistants	2 0 3	...	8 1 0
1	„ „	1 17 9	...	1 17 9
1	„ „	1 13 0	...	1 13 0
1	Pipeman	17 6	...	17 6
1	Carpenter	1 2 6	...	1 2 6
1	Window Cleaner	1 4 0	...	1 4 0
2	Cooks	1 0 0	...	2 0 0
1	Cook Still Rm. Spec. D.	1 0 0	...	1 0 0
1	„ „ „	14 0	...	14 0
5	Charwomen	17 6	...	4 7 6
1	Linen Room Worker	15 0	...	15 0
1	Dietetian Special Auth.	2 8 0	...	2 8 0
4	Boy Scouts	5 0	...	1 0 0
1	General Superintendent	1 10 0	...	1 10 0
1	Gardener	1 10 0	...	1 10 0
1	Handyman	12 6	...	12 6
1	Window Cleaner	4 0	...	4 0
1	Instructor Cigarettes	3 0	...	3 0
1	Scout	5 0	...	5 0
1	Charwoman	15 0	...	15 0
4	Cooks	1 0 0	...	4 0 0
5	Charwomen ....per day	2 6	...	4 7 6
1	Linen Room Worker	1 0 0	...	1 0 0
1	Dispenser	1 0 0	...	1 0 0
	Total			78 13 3
				or $382.78

In regard to the equipment of this hospital, we consider that this has been fitted up very elaborately and extravagantly. The Turkish Baths at this hospital are operated at a very great expense, and having regard to the kind of cases treated there we cannot see that the benefit derived in any way justifies the expenditure.

The treatment given in connection with much of the special apparatus provided at Granville is of doubtful benefit. If we eliminate the Turkish Baths and the Running Water Room we should at once be able to do without the services of many of the Engineers. After careful consideration it is thought that in using this hospital as an active treat-

ment hospital the following *civilian paid personnel* could be done away with:—

8 Masseuses,
2 Masseurs and Hydro Attendants,
6 Engineer Assistants,
1 Carpenter,
2 Window Cleaners,
11 Charwomen,
2 Linen-room Workers,
1 Dietetian—Special Authority,
5 Boy Scouts,
1 Instructor Cigarettes,
1 Handyman,
1 Dispenser;

that is to say, it should be possible to operate this plant with —

1 General Superintendent,
1 Gardener,
8 Cooks,
1 Masseuse,
1 Masseur,
1 Engineer,
1 Pipeman.

This would effect a saving of $14,877.09 per annum.

RECOMMENDATION.

That this Hospital be utilised as an active treatment hospital, for the reception of patients direct from the front—the cripples, nerve, and joint cases being in future returned to Canada.

Further information **will be found in the Appendix under heading No. 11.**

12.—THE ESTABLISHMENT AT BUXTON OF A SPECIAL HOSPITAL FOR THE TREATMENT OF RHEUMATICS WAS ILL-ADVISED, AS THE MAJORITY OF RHEUMATICS WILL NOT BE FIT AGAIN FOR ACTIVE SERVICE, AND COULD BE BETTER AND MORE CHEAPLY TREATED IN CANADA.

RED CROSS HOSPITAL AT BUXTON.

A Canadian Red Cross Special Hospital was opened at Buxton three months ago for the treatment of rheumatic and kindred troubles.

This Hospital is 165 miles North-West of London and 236 miles from Folkestone, and is thus far removed from any other Canadian Hospital. The cost of transportation is, therefore, excessive.

It might be laid down as a general rule that Myalgia and Rheumatic troubles, severe enough to require treatment at a special hospital, are sufficient grounds for discharge as permanently unfit, as under Army conditions in England and Overseas an obstinate Myalgia or Rheumatism —apart from malingering—is almost sure to recur.

It might be noted that on August 15th, 1916, of 153 cases being treated for Rheumatism and kindred diseases, 64 (i.e. over 40 per cent.) were over 34 years of age.

There were also in this Hospital 82 cases of Shell Shock. The severe shell shock cases should be returned to Canada, as convalescence is very slow and recovery from the Military standpoint incomplete. The milder cases require the services of a skilled Neurologist, who is not available at Buxton.

RECOMMENDATION.

That the use of the Canadian Red Cross Hospital at Buxton be discontinued.

From what is stated above it will be clear that it is inadvisable and unnecessary to maintain a Special Hospital in England for the treatment of Rheumatics, as all the chronic cases should be returned to Canada, and the slighter cases could be perfectly well treated in any of our Primary Hospitals. The great distance from our proposed Concentration Area will make it too expensive to send patients here, and also difficult to administer.

Further information will be found in the Appendix under heading No. 12.

13.—PRESENT SYSTEM OF HANDLING CANADIAN VENEREAL PATIENTS IS TO BE STRONGLY CONDEMNED.

The history of the venereal situation amongst Canadians in the Shorncliffe Area is as follows:—

From May 7th until June 7th, 1915, venereal cases were admitted to Moore Barracks Hospital. From June 7th until December 20th of the same year they were admitted to a tent hospital in Risborough Lines, Shorncliffe, with a capacity of 600. Since that time the venereals have been admitted temporarily to Shorncliffe Military Hospital, and then, as quickly as possible, have been transferred to the different English venereal hospitals, i.e., Bulford, Litchfield, Newcastle-on-Tyne, Rochester Row, London, and Cambridge.

At no time since the Canadians have had a division at Shorncliffe has the venereal situation been properly taken care of, as, during the time that the Tent Hospital was used, an average of seventy-five cases per week had to be evacuated to Imperial hospitals. Since the closing of the Tent Hospital the conditions of venereals has been very much worse. Partly on account of the lack of sufficient hospital facilities and the consequent urgency of moving patients from hospital to hospital, and partly because the English hospitals were, and still are, so congested, many cases have been sent back to their units before they were completely cured. One result is that the Canadian Expeditionary Force has now in England in the different venereal hospitals many cases of Canadians with chronic gonorrhœa. These patients have become a nuisance in the Canadian Expeditionary Force and are, furthermore, in many cases, a menace to discipline. Such cases should be as rapidly as possible gathered together, and many of them would be found on careful examination unfit for any further military service.

Appended to this report is a statement of the number of venereals admitted to hospitals in the Shorncliffe Area for each month from July, 1915, to August, 1916. It will be seen from this report that upwards of seven thousand cases of venereal disease have occurred in thirteen months. The large number of cases involved and the prolonged period of treatment which the majority of them have had to undergo would appear to have received insufficient attention from the Canadian Medical Services. This alarmingly large number of venereal cases should have received suitable modern treatment in a properly organised Canadian institution, where the most common-sense methods for dealing with this important question should have been long ago installed.

There seems to be no reason why Canada should not have during these thirteen months made arrangements for taking care of all

Canadian venereal cases. There is no question that if this had been done much time and much money would have been saved.

ADMISSIONS TO VENEREAL HOSPITALS, SHORNCLIFFE AREA.

July, 1915	479
Aug., ,,	591
Sept., ,,	631
Oct., ,,	571
Nov. ,,	435
Dec., ,,	518
Jan., 1916	538
Feb., ,,	412
March, ,,	421
April, ,,	403
May, ,,	485
June, ,,	559
July, ,,	547
Aug. ,,	633
Total for 13 months	7,223

On account of the extreme urgency of the venereal situation, the following memorandum was submitted to the Honourable the Minister of Militia and Defence on September 5th, 1916, so that immediate action might be taken:—

RE VENEREALS.

The situation with regard to venereals is a very serious one, and has not been adequately dealt with. On August 13th, 1916, there were 695 venereal cases in the units of the Shorncliffe area, 324 of which were taken care of by the Shorncliffe Military Hospital, partly in huts and partly in marquees on the side of the public highway overlooking the sea, while 371 were being treated in various English hospitals.

Last summer these cases were taken care of in tents; but an order from the Eastern Command made it imperative that all tents should be evacuated by 31st October, when it became necessary to provide some other accommodation, and the above makeshift was devised.

Apparently the question has been before the Imperial Authorities on a number of occasions, but no solution had been found and no place provided until recently Elham Workhouse was secured.

The accommodation at the Shorncliffe Military Hospital is most unsuitable for these cases, the building being in the same condition as when erected at the time of the Crimean War, providing accommodation for 125 patients, whereas we require accommodation for about 900.

The Elham House property should not be used for this purpose. It consists of a number of splendid brick buildings, with modern drainage, and thoroughly equipped with lavatories, baths, etc. Amongst the buildings are two which were erected as a hospital and which will accommodate 300. These buildings are quite as good as are to be found in any modern hospital. Briefly, the Elham property could, with very little expense for an operating room and extra drainage, be made into a first-class modern hospital for Overseas cases, with accommodation for 1,040. It is even now quite the best property to be found in this area and, situated as it is within two and a-half miles of the Shorncliffe station, would be in every way suitable as a primary hospital to receive the wounded from the Front. It would be nothing short of a crime, and a needless extravagance, to put venereals in such a splendid institution, and especially in view of the fact that we are urgently in need of primary hospitals. It would further seem to me to be placing a premium on men developing venereal disease. These patients could, and should, be dealt with in a venereal area, and for this purpose I would recommend the use of huts.

A wrong impression seems to have prevailed with the Military Authorities in regard to the treatment of these cases. They appear to be of the opinion that it is necessary to provide hospital accommodation similar to that used in the treatment of other diseases, whereas it should be remembered that in Civil practice these cases are rarely, if ever, confined to a hospital, and then only when some complication develops.

Acute cases of gonorrhœa might, perhaps, with advantage be kept in bed for the first few days or a week, after which time they can be up and about, and resume light training, so as to keep them fit. Under the present system of treating these cases the men lie about, having no exercise, and become soft and flabby and demoralised, and are rendered unfit for training for an average of three months. If, while being cured of the disease, they were given regular exercise and light training, they would be discharged in good physical condition to the Command Depot, and only require a short period of training before being fit to rejoin their units.

If this plan were adopted, we could take care of all our venereals in a satisfactory manner, and at once remedy a condition of affairs which, at present, is a disgrace to Canada.

I might further point out that the cost of treating 371 patients in English hospitals is about $280.00 per day, not taking into consideration the loss of time entailed and the cost of transportation.

In addition to this, we have no supervision of their treatment in English hospitals, but know that thi is often unsatisfactory, as we have many instances where our men were treated in English hospitals, discharged as cured, have joined their units, only to be sent back again with recurrence.

RECOMMENDATION.

1. That a Venereal Battalion be organised into which all venereal cases be drafted. That it be placed under a Combatant Commanding Officer with whatever other officers he may require, including a medical staff of five officers. Then the men can be put into companies for training according to the progress of their case.

2. That a battalion area such as that at Westenhanger should be immediately taken over for the use of our venereals, and that all venereal patients now scattered throughout England be collected here.

3. That the Elham Workhouse be evacuated of venereals as speedily as possible, and that it be immediately fitted up as a Canadian Primary Hospital for Overseas cases. To do this it would be necessary to increase the sewage capacity and to fit up an operating room.

4. That permission be obtained to do the work with Canadian Engineers.

5. We are very much handicapped by an Imperial regulation which makes it necessary to discontinue the use of all tents after the 31st of October. This may be a perfectly good regulation in so far as ordinary training camps are concerned, but it should not apply to hospitals. Many of our hospitals in France consist of tents and are in use all the year round. Further, we have made use of tents for hospital purposes in Canada for many years during the severe winter months. From a medical point of view, the Imperial regulations applied to hospitals is an unwise one. In fact, many patients will recover much more speedily if placed in tents for certain diseases, such as septic diseases (which should include gonorrhœa); the patients do very much better in tents. I would, therefore, suggest that you take this matter up and secure such alteration in the present regulations as will allow us to use tents in connection with our hospital work whenever necessary. This will enable us to have a number of tents with wooden floors in readiness in connection with all our hospitals so that in the event of a sudden emergency arising we will be able to handle the situation.

14.—FAULTY SYSTEM OF HANDLING INFECTIOUS DISEASES.

Appended to this memoranda is the summary of a report made by the Sanitary Officer of the Canadian Training Division with reference to what he considers is the proper method for treatment of infectious diseases in this area.

The policy up to the present has been that cases of infectious diseases should be sent to Folkestone Isolation Hospital wherever possible, measles being principally looked after by Moore Barracks Hospital.

The treatment given at the Folkestone Isolation Hospital, as will be seen from attached report, is not very satisfactory. The Medical Officer, who is a civilian practitioner, and who makes only casual visits to these patients, there being no resident physician, receives payment on a scale of so much per patient per diem.

As will be seen from the attached report, during the last year C.A.M.C. nurses have been frequently supplied in serious cases, such as cerebro-spinal meningitis. On one occasion seven C.A.M.C. nurses were on duty at the Folkestone Isolation Hospital, but no recompense was given to the Canadian Government for the services of these nurses, and the same rate per day was charged for the patients whom these Canadian nurses were taking care of.

The method now in vogue in the opinion both of the Sanitary Officer and the A.D.M.S. Canadian Training Division is a very poor one. The Canadians should look after their own infectious disease cases, placing them under the very best possible conditions for proper treatment. As will be seen from the attached report the care is indifferent and the equipment of the Folkestone Isolation Hospital leaves much to be desired.

Memorandum by Sanitary Officer Canadian Training Division *re* Treatment of Infectious Diseases in the Shorncliffe Area.

INFECTIOUS DISEASE: TREATMENT OF.

At your request I have the honour to submit the following report regarding the cost of treating cases of infectious disease by the present system, and what it probably would be if treated in an Infectious Disease Hospital controlled by Canadians.

PRESENT COST.—Four infectious disease wards have been placed in the grounds of the Folkestone Isolation Hospital by the War Office, and an agreement has been entered into between the War Office and the Folkestone Borough Council whereby $1 per patient per day is to be paid to the Borough of Folkestone for every case treated in these wards. The Folkestone Council have agreed to provide forty beds for Military cases, and have undertaken to provide medical attention, nurses, medicine and diet.

This system has been unsatisfactory, aside from the question of cost. For cases of cerebro-spinal meningitis the C.A.M.C. has provided medical attention, nurses and serum. At one time seven C.A.M.C. nurses have been employed in the Folkestone Isolation Hospital, and as far as I can ascertain, no reduction has ever been made in the charge per patient per day, and no allowance made to the Canadian Government for the services of these nurses.

The facilities for sterilizing gowns, etc., are inadequate. I append copies of letters sent to the A.D.M.S. Canadians on February 26th, 1916, and April 13th, 1916, bearing on this point.

There is no Resident Physician at the Folkestone Isolation Hospital. The Medical Officer of Health, Folkestone, visits each patient once daily, and his pay for this work varies according to the number of patients in hospital. Sometimes cases are kept in Hospital for a longer period than appears to be necessary, as in the cases of the following two men:—

Diphtheria.—86024, Pte. Longshaw, B. Admitted December 31st, 1915. Discharged February 28th, 1916.

Diphtheria.—89320, Gnr. Morgan, C.F.A. Admitted January 25th, 1916. Discharged March 13, 1916.

It is obvious, therefore, that when the services of the Nurses, the C.A.M.C. Medical Officer, and the cost of the serum are taken into consideration the cost per patient per day will be over 1 dollar.

Is a Canadian Infectious Disease Hospital Necessary?—Yes. The accommodation at the Folkestone Isolation Hospital is forty military patients. During the period January 1st, 1916, to August 31st, 1916, there were 1,328 cases of Infectious Disease in the Canadian Training Division, 1,009 of them being measles. It is obvious, therefore, that with an accommodation for forty patients, the Folkestone Isolation Hospital received only a fraction of our cases, the remainder being dealt with at Moore Barracks Hospital. It is certainly undesirable to treat cases of infectious disease in a general hospital, and a Canadian Infectious Disease Hospital would overcome this difficulty.

COST.

The cost per patient per day, exclusive of doctors, nurses, and orderlies, and the rent of premises, would be, as per figures supplied by the D. of S. and T. ... 1s. 4d.

The rent of the hospital site at £300 per annum to accommodate 200 would be, per patient per day..... 1d.

The pay of the staff would be:—

4 officers at £1 per day	£4	0	0
8 nurses at 15s. per day	6	0	0
35 other ranks, including clothing, separation allowance, etc., at 6s. per day...	10	0	0
Total.....	£20	0	0

Average per patient per day ..... 2s. 0d.
Rations, etc., for staff, per patient per day..... 3¾d.

Total cost per patient per day ..... 3s. 8¾d.
This would effect a saving of 3¼d. per patient per day.

There has, I think, been constantly in this area one hospital unit not assigned to duty. The personnel of this temporarily idle unit might be advantageously employed in a Canadian infectious disease hospital. Then the Canadian medical services would not be in the ridiculous position of paying a civilian practitioner to treat Canadian patients while C.A.M.C. officers were available, and the cost to the Canadian Government would actually be much less than 3s. 8¾d. per day.

From September 1st, 1915, to July 31st, 1916 (eleven months), the Canadian Government has paid to the Folkestone Borough Council the sum of £2.006 10s. 6d. for the treatment of cases of infectious disease. Had these cases been treated in a Canadian Infectious Disease Hospital, the sum of £135 would have been saved, based on the above figures. If we assume that an otherwise idle staff would have been utilised for the Canadian Infectious Disease Hospital, then the actual saving to our Government would have been £1,295.

From the above remarks it will be evident that from either a financial standpoint, or from the standpoint of efficiency, not to speak of the opportunity afforded the officers and men of the Training Division, it would be much better to have a Canadian Infectious Disease Hospital established here.

(Signed) H. Orr.
Captain C.A.M.C.,
O.C. No. 6 Canadian Sanitary Section.

15.—MEDICAL BOARDS WHICH REGULATE THE CLASSIFICATION OF CASUALTIES, WHEN CONVALESCENT, HAVE NOT BEEN ADEQUATELY PROVIDED FOR.

The Necessity for Reform in the Medical Board situation and in the Classification of Casualties.

MEDICAL BOARD SITUATION VERY UNSATISFACTORY.

The present Medical Board situation is a disgrace to the Canadian Medical Service, and is responsible largely for excessive wastage of the C.E.F. and for the unsatisfactory estimation of Pensions.

DEFECTS.

The Medical Board Department practically runs itself; there is no central control; no uniformity of standard among the different Boards; no supply of an adequate, permanent and efficient personnel for Medical Boards; no records of a satisfactory nature available regarding very many casualties; no instructions regarding Pensions.

The importance of efficient Medical Boards and proper classification of Casualties has never been appreciated by the authorities, yet it may fairly be asked: of what value is careful hospital treatment of casualties, if they are poorly utilised, owing to improper classification, on leaving hospital? And again, how can pensions be allocated with any degree of accuracy, without satisfactory records and a careful examination by a competent Board?

LACK OF PERMANENT BOARD PERSONNEL.

There have been only two members permanently employed on Board work throughout the past year; a third officer has been employed for about six months. Requests made to the D.M.S. and to the A.D.M.S. Canadians for increased personnel of a permanent and satisfactory character have been repeatedly refused.

The Director of Recruiting and Organisation, fully alive to the gravity of the situation, has time and again drawn attention to the pressing needs of the Medical Boards.

"SCRATCH" TEAMS OF POOR QUALITY EMPLOYED.

"Scratch" teams of Medical Officers, frequently new arrivals from Canada, often young men of little experience, ignorant of the elements of the work required, have been brought together for a week or two at a time and allowed to classify, without supervision, casualties for duty, training, base duty, or discharge.

NO UNIFORM STANDARD OF FITNESS.

Naturally enough, no uniform standard of fitness has prevailed among the different Boards, composed as they are of these shifting elements and independent of each other. Hence have arisen contradictory findings on the same casualty, and Medical Board work has often degenerated into a farce.

NO SUPERVISION.

No one supervises the work personally: if the work is well done, so much the better; if poorly, the service as a whole suffers and the wastage of the Army increases. The casualties steadily increase in number, yet the only change is an increase in the number of these hastily flung-together and ever changing Boards. The discharges from the army multiply; the pensions mount; yet the Standing Medical Board at Folkestone dealing with discharges has still (with two exceptions) a changing personnel and no satisfactory hospital facilities for the examination of doubtful cases.

The different Boards at Folkestone, Bramshott, London, and Havre are not co ordinated in any way. Thus, in August, 1916, of 111 cases Boarded at Havre for permanent base duty, nearly 50 per cent. were considered by the Boards here as fit for duty in four to six weeks; of 226 permanent base duty men from France on July 17, 1916, about a quarter were considerd fit for full duty in four weeks.

The discrepancy of results is explained by an illuminating letter from Lieut.-Colonel F. L. Vaux, the officer responsible at Havre, who "will not accept any man who is not absolutely physically perfect." It would seem that the third year of the great war is hardly the time to search for Apollos. The presence of an R.A.M.C. officer on the Medical Board at Havre to examine Canadian troops for Canadian units requires explanation.

DIRECTOR OF RECRUITING AND ORGANISATION POWERLESS.

An efficient machinery exists in the Canadian Casualty Assembly Centre for the distribution of casualties with their accompanying papers, after the men have been classified, but the Director of Recruiting and Organisation, who administers the C.C.A.C., has no control over the movements of the various Medical Boards, whose personnel is constantly altered without reference to him.

BOARDING OF OFFICERS UNSATISFACTORY.

The present Boarding of officers is particularly unsatisfactory. No agreement exists between the London and Folkestone Boards, and no general policy has been outlined or instructions given in regard to the disposal of officers. Hence dozens of officers are at present retained who might with advantage to the country be Boarded for discharge.

NECESSARY INFORMATION NOT AVAILABLE.

The knowledge acquired in hospitals regarding casualties is very frequently not available for Medical Boards; rarely is any information obtained from France regarding casualties at the front: equally rarely can any information be got on the findings of Courts of Inquiry. Grave injustice is thus naturally done to men Boarded on insufficient data or—more frequently—excessive pension is recommended, the soldier getting the benefit of any doubt.

HOSPITAL FACILITIES FOR EXAMINATION OF DOUBTFUL CASES NOT AVAILABLE.

In difficult cases, it is impossible for the Board for Discharges to obtain a satisfactory report from reliable specialists in a well-equipped hospital, as these specialists are not available.

MEDICAL OFFICERS OF HOSPITALS FORGET MILITARY STANDPOINT.

Many Medical Officers in Hospitals, forgetting the primary aims of the Medical Service is to return Casualties rapidly to the firing line or base duty, classify Casualties poorly on their discharge from hospital.

NO CO-ORDINATION WITH CANADA.

The question of Casualties in Britain has been largely considered as an isolated problem, and no co-operation with Canada has been attempted, though with the establishment of the Military Hospital Commission Command, the time is ripe for such co-ordination.

REORGANISATION SUGGESTED.

A.D.M.S. INVALIDING AND HIS DUTIES.

An A.D.M.S. Invaliding should be appointed with a D.A.D.M.S. to assist him to classify and distribute casualties on completion of their hospital treatment and when they arise in the battalions, in close co-operation with the Director of Recruiting and Organisation (under whose service both casualties and discharges fall), to regulate the boarding of officers, non-commissioned officers and men of the C.E.F., securing uniformity in the finding of the Medical Boards in England and France, to co-operate with the Claims and Pensions Board in England and the Military Hospitals Commission in Canada.

PRESIDENT OF SENIOR MEDICAL BOARD.

The A.D.M.S. Invaliding should have the advice and assistance of the President of the Senior Medical Board, who must have leisure and sufficient assistance to enable him to visit the various Boards and assist the A.D.M.S. in meeting the special problems arising, which affect the general classification and distribution of casualties.

The A.D.M.S. Invaliding must understand and keep in close touch with the working of the Canadian Casualty Assembly Centre in the distribution and utilization of casualties once classified, and must see that permanent Medical Boards are available and at the disposal of the Director of Recruiting and Organisation, as he finds necessary. The Boarding of officers particularly requires consideration. There is urgent need for a new form for officers, on the lines of B-179, in cases of discharge.

REORGANISATION OF MEDICAL BOARDS.

The Medical Boards require complete reorganisation. Three Medical Boards are required for the handling of discharge and permanent base duty men. Dealing as these Boards do mainly with serious casualties, and with the medical examinations for pensions, it is all-important to secure permanent personnel of the best type. Each Discharge Board should include-

One surgeon of experience;

One physician of experience;

One medical officer of good judgment, who has seen service at the front.

At the disposal of the Discharge Boards should be the same facilities for diagnosis as represented by the staff, laboratory and equipment of a modern hospital.

Army Form B-179 must be modified, to meet the new conditions established by the Pensions Act of Canada, and soldiers discharged or

invalided should be carefully classified on the lines indicated by the Military Hospitals Commission.

The Claims and Pensions Board must be frequently consulted, and any suggestions made by them carefully considered.

The whole question of Casualties in Britain and Canada should be considered as one problem, and not as an isolated one in each country, particularly in view of the re-education work now being undertaken in Canada.

In addition to Discharges proper, Permanent Base Duty men should be handled as far as possible by the Discharge Boards, as some of these Permanent Base Duty men, whose services cannot be profitably utilised, are now for discharge by the Director of Recruiting and Organisation, after their papers (B-179 Canada) have been completed by the Medical Board for Permanent Base Duty.

STANDING AND TRAVELLING MEDICAL BOARDS NOT DEALING WITH DISCHARGES.

Standing and Travelling Medical Boards, not dealing with Discharges, have to see periodically all soldiers (other than those in hospital) *not* classed as fit for full duty, with a view to placing them in their respective categories of:—

(a) Fit for duty.

(b) Fit for training with a view to full duty.

(c) Fit for Base Duty for a varying period, with prospects of advancement to (b) later.

(d) Fit for Permanent Base Duty.

(e) Recommended for Discharge.

The latter two classes to be seen later by the Board for Discharges.

The Travelling Boards will also see any soldiers hitherto classed as fit but who are recommended by the Medical Officer of the Unit as unfit to remain on full duty, the Medical Officer of the Unit having power to move a man upwards to a higher category, but having no power to move men from the "fit for duty" class to a lower category.

It is thus obvious from the functions of the Travelling Medical Boards that they control the wastage of the Army, and that, from the purely military standpoint, they are more important than the Boards dealing with Discharges and Permanent Base Duty men, which handle Casualties of a more serious nature, precluding largely their return to military life.

The personnel of the Travelling Medical Boards should be of a permanent character and be composed of men of good general medical training, possessed of sound judgment and knowledge of men, and if possible of military experience. They need not be specialists as in the case of the permanent members of the Boards for Discharge, but should

be good all-round Medical Officers, who might well be selected from Medical Officers of Field Ambulances and Regimental Medical Officers, who have been a considerable time at the front and know the soldier and his common disabilities.

These medical officers could with advantage be replaced in the firing line by bright young medical officers, officers trained here to battalion and field ambulance work under the brigade medical officers and officers of the C.A.M.C., T.S., who similarly should, if possible, have had experience at the Front.

At least two officers of the above type would be required permanently for each Board: the number of such Boards might reach eight or ten for the whole Canadian Service.

Some preliminary training in the work and understanding of the problems involved could be gained by attaching the intended members of Boards for a few weeks' duty with the Standing Medical Board at Folkestone.

At Folkestone, Bramshott, and London, one Board will have to deal with officers, and this Board requires specially selected personnel.

TRAVELLING MEDICAL BOARD AT BATTALIONS.

When the Travelling Medical Boards have been thoroughly organised, they should take over the work of classifying doubtful soldiers in the battalions—a duty at present performed by a Board of Regimental Medical Officers, with the assistance of a member of the Travelling Medical Board.

A combatant officer representing the Director of Recruiting and Organisation would be present on the Travelling Medical Boards, to assist in sizing up the men and to place them on suitable base duty employ.

Definite instructions should be given on each occasion in writing, signed by the A.D.M.S. Invaliding or his D.A.D.M.S., assigning a Travelling Board of stated personnel to work at a particular unit on a particular date. The present plan of sending a Travelling Medical Board to battalions without any written instructions is most irregular, liable to give rise to serious difficulties with the combatant officers of the units concerned, and should cease.

The medical officer of the unit concerned or the company officer conversant with the soldier's record and capabilities should be present to help the Travelling Medical Boards, with their knowledge of the soldiers boarded, and a nominal roll of the men under examination should be submitted, indicating their satisfactory or unsatisfactory employment on base duty.

MEMBER OF TRAVELLING BOARD ATTACHED TO HOSPITALS.

It is necessary to have attached to each important primary, special treatment, and convalescent hospital a medical officer with experience on the Travelling Medical Board, whose duty shall be to classify casualties from the military standpoint. Proper classification of casualties on

leaving hospitals has never received the recognition it deserves, and can be satisfactory in the future only if undertaken by a member of the Travelling Medical Board, attached to each hospital, but subject to transfer to other positions on the Travelling Medical Board, should the A.D.M.S. Invaliding think it advisable.

Convalescent soldiers who have completed their hospital treatment, and soldiers obviously and permanently unfit for further service overseas, but, though fit to travel, still requiring prolonged hospital treatment, would be seen by the attached member of their Travelling Medical Board, and the Medical Officer of the hospital in touch with the medical history of the men. A board composed of these two officers would allocate officers to their respective categories of fitness for duty, for training and for base duty.

The men thus labelled would pass through the C.C.A.C., where they would be taken on the strength and would be assigned by the representative of the D. of R. and O., in touch with the military labour market, to the special duties indicated: wherever their services were required discharge cases would as before pass directly to Folkestone, for examination by the Board for discharges.

The Board of Medical Officers inspecting the Canadian troops at the base in France should be composed of men thoroughly conversant with the work of the Travelling Medical Boards in Britain and interchangeable with their members. Only so can the necessary uniformity of standard be secured.

The medical officers of the command depots and of the C.C.A.C. should obviously be of the same type as the members of the Travelling Medical Boards and should be interchangeable with them. Leisure should be allowed the members of the Travelling Medical Boards to visit the command depots from time to time and there judge personally of the fitness of the men sent.

ADDITIONAL SUGGESTIONS.

Casualties who have been for physical training to command depots and have completed successfully their course of training should not be re-boarded, but sent direct to their units when passed by the senior medical officer of the command depot.

Short term Base Duty of four to eight weeks should not be given, save in exceptional cases, as apart from the necessity of an early re-boarding, these men are not of any value to the units to which they are assigned. Such cases with the expectation of being fit for training in one to two months might be sent to Epsom and gradually, as permissible be broken in to light physical training.

Short examination forms should be used in all cases unless the Boards recommend discharge, or Permanent Base Duty, when the Medical Officer in charge will prepare B-179.

Further information will be found in the Appendix under heading No. 15.

16. — SATISFACTORY RECORDS REGARDING INDIVIDUAL CASUALTIES ARE NOT AVAILABLE.

PRESENT DEFECTS.

The Records of the sick and wounded are hopelessly bad:—

(a) Rarely is any written information regarding Casualties at the front obtained from France by Canadian Hospitals or by Canadian Medical Boards in England.

(b) The only Record from British Hospitals (to which the great majority of Canadian Casualties pass at present from France) is a brief and usually unsatisfactory entry on the Medical History Sheet —generally only the diagnosis of the case. The Medical History Sheet used is usually a Temporary one, though the original should be readily obtainable from the Record Office in the case of an Overseas Casualty.

(c) Canadian Hospitals are equally culpable in the matter of Records—possibly worse than the British Hospitals. The entry in the Medical History Sheet (the only Record in most cases) is made generally by the Registrar of the Hospitals, who knows nothing about the patient, seeing him only on admission and discharge, and who blindly copies the diagnosis already made in the Medical History Sheet by the preceding Hospitals or jots down whatever the patient states to be his disability. Thus, should careful examination in the second Hospital have proved the original diagnosis to be incorrect, yet the Registrar, in blissful ignorance of the fact, is apt to repeat the misleading entry, though Medical Case Sheets may be retained in the Hospital containing facts obtained only after careful investigation.

(d) The special examinations made are rarely available; X-Ray Examination, Urinalysis, Eye, Ear, Nose and Throat Records, Wasserman Reaction, etc., must be made afresh in each Hospital.

(e) When finally the Casualty reaches the Medical Board, all previous Records are usually lost except brief and frequently very misleading entries in the Medical History Sheets (for by this time two or three Temporary Medical History Sheets have frequently appeared along with the original).

(f) Where the case is written up for Discharge on B-179, practically all the information, apart from the man's statement, is obtained in the last Hospital.

(g) The results of Courts of Inquiry regarding accidents are not available, though obviously of great importance from the Pensions Standpoint.

(h) It is obvious that the less the information presented with the Casualty, the more thorough and painstaking must be the examination by a competent Medical Board.

(i) No special officer is responsible for individual Medical Records, and no attempt has been made to collect and classify them, as is evident from the attached Report from Lieutenant-Colonel Adami.

FIRST-HAND DOCUMENTARY EVIDENCE ALL-IMPORTANT.

It is estimated that quite 90 per cent. of Canadian Casualties pass through Canadian Field Ambulances, where a nominal roll of all Casualties with the nature of their disability is kept.

There should be no difficulty in arranging that a certified copy of this nominal roll reach Canadian Records every week.

As the Medical History Sheets of all soldiers serving Overseas are kept at Records, certified entries should at once be made in the Medical History Sheets of the Casualties concerned.

Should, as seems likely in the near future, Canadian Casualties be collected again at the Base in France, further records should be sent to London every week by the Canadian Units concerned and similarly entered at Records.

In Britain, the importance of the original Medical History Sheet must be emphasised and Records of special examinations must be made in it, as also the results of Courts of Inquiry.

When a Casualty has completed his Hospital treatment and is not for discharge from the service, a short examination form must be carefully filled up (suggested examination form attached), and one copy of this document must be filed away—in the Record Office or Medical Board Record Room or in both places—for future reference, while another accompanies the soldier to his Unit.

Further information will be found in the Appendix under heading No. 16.

17.—THE EXCEEDINGLY IMPORTANT QUESTION OF PENSIONS, WHICH WILL INVOLVE THE EXPENDITURE OF LARGE SUMS OF MONEY BY CANADA ANNUALLY, HAS BEEN NEGLECTED BY THE CANADIAN MEDICAL SERVICE.

NON-RECOGNITION OF THE IMPORTANCE OF PENSIONS.

The importance of pensions has not been recognised in any way.

Canada will have to pay in pensions millions of dollars a year for the next fifty years. It may be safely assumed that the country is anxious to do full justice to all claims, which may fairly be urged for disabilities resulting from, or aggravated by, Military Service. To be scrupulously fair to the individual soldier, and to give him the benefit of the doubt when such exists, yet to protect the State against unjust claims for compensation now and in the future, is the obvious duty of the Medical Service.

Were proof necessary of the enormous importance of this duty, one has only to consider the object lesson afforded us by the experience of the United States, where for years pensions increased instead of diminished—largely because no adequate defence could be afforded against obviously unjust claims.

In spite of these fundamental considerations, obvious to the most casual observer, no precautions have been taken to guard Canada against a similar expensive experience.

PRECAUTIONS NECESSARY TO BE "FAIR TO THE MAN AND FAIR TO THE STATE."

To secure full justice to the individual soldier and protection to the State, demands:—

(a) Some means whereby in after years a man may be with certainty identified.

(b) Reliable records and first hand documentary evidence, as far as can be secured.

(c) A final examination before discharge made by medical men who have every facility provided for thorough medical investigation, and whose professional standing would render it difficult in later years to successfully attack their conclusions.

FAILURE OF CANADIAN MEDICAL SERVICE.

Judged by this standard, the Canadian Medical Service has failed to an almost criminal degree:—

(a) Insufficient precautions have been taken to secure ready identification of the soldier—no thumb prints, photographs or careful record of personal marks and peculiarities.

(b) The records are hopelessly bad—as dealt with elsewhere.

(c) There have been only two permanent members—one of junior rank—on the two Boards dealing with discharges. The personnel has been constantly changed; medical officers of little professional experience and no knowledge of the special problems involved have been attached for a few weeks, giving place to men of the same calibre. The President of the Senior Medical Board has repeatedly urged—but in vain—the necessity for a permanent and efficient staff of medical officers of a high type.

No hospital facilities have been provided or specialists available to investigate difficult cases.

The work done has been frequently at high pressure, and, in the absence of sufficient staff, unavoidably rushed. Hence, no doubt, grave errors have been committed, involving at times injustice to the individual, but more often loss to the State.

No one in authority seems to have been responsible for pensions.

Reorganisation Suggested.

(A) MEANS OF IDENTIFICATION.

A photograph of the soldier, with his thumb-print, and a careful record of any personal marks or peculiarities, should be secured at the time of his appearance before the Medical Board.

Such a precaution is equally necessary where the condition involving discharge is regarded as independent of military service.

(B) CAREFUL RECORDS.

Every effort should be made to secure first-hand documentary evidence of the origin of the soldier's disability. This is specially important in disabilities arising at the Front.

A nominal roll of all Canadian soldiers, with their disabilities, passing through Canadian field ambulances should be forwarded to Canadian Records every week, and a certified entry made at once in the medical history sheets of the casualties concerned. As Canadian casualties will probably be concentrated in Canadian medical units at the base in

France, a similar weekly return should be made by these units to Records to be dealt with in the same way.

Much documentary evidence comes at present from France, dealing with difficult and interesting cases; this should no longer be retained by the hospitals to which the soldier is first sent, but should be sent on to Records, after a careful entry of the facts has been made on the medical history sheet

In hospitals in Britain, the importance of the medical history sheet in the matter of records must be insisted on. Entries on the medical history sheet should be made by the medical officer in charge of the case, and not simply by the registrar, who usually has never examined the patient.

The entries should be brief, but give the salient points. It is all-important to enter on the medical history sheet the results of special examinations—X-ray, special senses, sputum, urinary, Wasserman, etc. The medical history sheet should accompany the soldier from hospital to hospital, and there is little excuse for the use of so many temporary medical history sheets.

When a soldier has completed his hospital treatment, but is retained in the service for further duty, a short examination sheet (attached) should be filled out, giving the details requested. One copy of this examination sheet then accompanies the man to his unit, another goes to Records, and a third is available in the Medical Board Record Room.

Results of courts of enquiry should be available. The Boards frequently see cases where there is little doubt the wounds were self-inflicted, or where injuries were suffered owing to drunkenness.

When the soldier finally is to appear before the Discharge Board, a short history of the mode of onset and essential facts concerning the disability should be written, read over to the man, and signed by him in the presence of witnesses.

This could be readily done just before his appearance before the Medical Board, by someone specially deputed for this purpose. This would subsequently prove some protection against the pensions attorneys who will spring up all over Canada.

MEDICAL EXAMINATION BY COMPETENT AND PERMANENT MEDICAL BOARD.

A fairly large proportion of cases require careful and painstaking investigation before it can be with any degree of confidence asserted that the medical record can be used as conclusive evidence of the disability involved: further, such can only be obtained by the combined efforts of a number of men, each highly trained in his own depart-

ment. No single individual can hope to cover the immense field of medical, surgical, laboratory, X-ray, and special sense examinations. Team work is essential, and there should be available for this purpose exactly the same facilities for diagnosis as represented by the staff, laboratory, and equipment of a modern hospital. Nothing short of this can be satisfactory, regarding on the one hand the interests of the man and on the other hand the interests of the Dominion. The ideal arrangements would consist of a small, well-equipped hospital of thirty to forty beds, with a staff comprising a physician, a surgeon, an orthopædist, a man specially trained in the investigation of gastro-intestinal conditions, and a neurologist. Such men are not obtainable in the Canadian Service in England, although present in the medical services of the Canadian Expeditionary Force. Should the investigation of these cases not occupy all their time, their services would be available on Board work and for consultation work in the various hospitals.

The subject of men reported dead or missing should be considered. Men who have remarried or formed less binding ties in England, with their wives living in Canada, may disappear, and their wives in Canada, naturally regarding them as dead, will claim the corresponding pension.

The examination of officers discharged on account of physical disability is perfunctory and inadequate from a pensions standpoint. The forms at present used, A-45, A-45A, and A-45B, should be replaced by a form modelled as closely as possible on B-179.

So far as can be judged, no special consideration has yet been given in Canada to the most important question of aggravation of pre-existing disability by active service.

Rules should be made and suggestions given to the Medical Boards to guide them in estimating disabilities so aggravated.

Governing this, the Imperials have already adopted some general principles and give a very high pension—only one-sixth less than would be granted were the disability produced entirely by active service. This is, with rare exceptions, unfairly high, and no fixed percentage can be with justice used—it must vary with each case.

18.--LACK OF CO-ORDINATION IN THE CANADIAN MEDICAL SERVICE BETWEEN CANADA, ENGLAND AND THE FRONT.

It is found on investigation that there does not seem to exist adequate co-ordination of the Canadian Army Medical Corps in Canada, England, and France. This is noticed in a number of different regards.

(I.)--EXAMINATION OF MEN.

No common standard exists for examination of men between Canada, England, and France. A man who appears to have no difficulty in passing an Examining Board in Canada arrives in England, and is found unfit for service at the front. Furthermore, a man who is passed by a Medical Officer in England, and is forwarded to France, is frequently held up at the base there as unfit to proceed to the trenches.

In the first instance mentioned, a careful account has been given under the heading of the "Arrival of Unfit Men from Canada," which proves conclusively that the standard between Canada and England is certainly not in agreement; and, to illustrate the second instance, I attach herewith copy of official notifications with reference to Canadian drafts arriving in France from England. This is only a sample of many such statements showing conclusively that there certainly is no common standard of examination of men between England and France. This lack of common standard is especially noted in the question of vision, as will be noted by attached memorandum from a specialist officer in regard to this subject.

It is clear from the files of the D.M.S., London, in reference to this subject that a clear understanding does not exist between the Canadian Army Medical Corps authorities in Ottawa and in London. There are abundant instances disclosed where units have arrived with their medical documents incomplete regarding inoculation and vaccination, with the result that great confusion has been thereby caused. Moreover, it is found, as well be shown by a statement by Captain Clarke, D.A.D.M.S. Canadian Training Division, Shorncliffe, hereto attached, that the difficulties of this Division are greatly added to, due to the fact that drafts in France are subject to examination by the Imperial Authorities, even though these drafts are to reinforce Canadian units.

(II.)—CANADIAN HOSPITALS AT THE FRONT.

As soon as a Canadian Hospital Unit departs from England it is lost to the Canadian Medical Service in so far as personnel and adminis-

tration are concerned. So far as we are able to discover, the only function that the D.M.S., London, has with reference to such units is the control of promotions. The location, movement, patients treated, and all such matters of general administration are controlled by the Imperial D.D.M.S. lines of communication. It is, therefore, difficult for any Canadian Medical Officers who are required in the Canadian Medical Services in England to return to England. The return of such Medical Officers is only by a circuitous correspondence with the War Office.

The lack of co-ordination between Canada and England is further exemplified by the following:—There are five or six cases of trachoma in the West Cliff Hospital, Folkestone, at present. One has been there since December, 1915. There does not seem to be any machinery by which these cases can be returned to Canada, and the regimental units properly refuse to take them back as there is a slight risk of infection. They should be sent home to some civil hospital, where they can be taken care of at one of the eye clinics in connection with a general hospital. As these cases are very chronic, and may require many years for their cure, it seems quite improper to have our hospitals here burdened with cases of this type. It will be quite clear from the above that these cases cannot be made use of in the fighting forces.

It is recommended that some arrangement be arrived at with the Quarantine Authorities in Canada so that these cases may be immediately returned there.

Further information will be found in the Appendix under heading No. 18.

19.—C.A.M.C. PERSONNEL IS NOT BEING USED TO BEST ADVANTAGE.

I.—HOSPITALS.

It was understood by the majority of the Officers of the Canadian Army Medical Corps who enlisted for Overseas Service that they were intended to serve primarily Canadian sick and wounded soldiers, it being thought that that duty would be the first duty performed by the Canadian Army Medical Corps. What are the facts? We find that the personnel of the Canadian Army Medical Corps, except in a few cases, has not been engaged in the care of Canadian sick and wounded. This is especially illustrated in the despatch to the Mediterranean of five Hospital Units:—

Numbers 1, 3, and 5 Stationary Hospitals, and
Numbers 4 and 5 General Hospitals.

This large number of personnel, about 900, with subsequent reinforcements of at least half that number, has meant that a large proportion of the personnel of the C.A.M.C. has been lost in so far as attendance on Canadians is concerned, for there were no Canadian troops serving in the Mediterranean Force.

In France C.A.M.C. Units, now numbering thirteen Field Ambulances, six General Hospitals, four Stationary Hospitals, and three Casualty Clearing Stations, are not serving, except in a very small proportion of cases, the Canadian sick and wounded.

In England the staffs of the Shorncliffe Military Hospital; Ontario Military Hospital, Orpington; Duchess of Connaught's Red Cross Hospital, Taplow, are serving from 70 to 80 per cent. Imperial patients rather than Canadians. So that it is very evident that the C.A.M.C. personnel is not fulfilling the purposes for which they were originally designed—that is attendance on Canadian sick and wounded.

There is no doubt that the personnel of the Base and Stationary Hospitals in France are capable of taking care of many more patients than the present bed capacity. Each of these hospitals might be increased to double the present capacity without increasing the medical personnel, and only a very slight, if any, increase in the nursing staff; or, if the hospitals are to remain with their present capacity, then the number of Medical Officers should be considerably reduced.

II.—UNSUITABLE ALLOCATION OF DUTIES.

A survey of the duties being performed by the Officers of the C.A.M.C. in England, France, and the Mediterranean discloses the fact that there are a great many square pegs in round holes. In other words,

the Officers are plainly not given the duties which their qualifications, training, capacity, and previous experience would most fit them to perform. The reason for this is apparently that Hospital units have been mobilised in Canada, and there seems to have been a great objection on the part of the O.C.s of these Hospital units to exchange a man whose talents would have been of more use elsewhere. The following are a few instances illustrating this point:—

Lieut.-Colonel Primrose,
: Professor of Clinical Surgery, Toronto University. A specialist surgeon, was sent to Salonika with No. 4 Canadian General Hospital. With this same unit were at least six well-trained surgeons, among them being Major Malloch and Captain George Wilson. To have sent all these prominent surgeons with one Hospital Unit was plainly an extravagance of talent.

Capt. George Strathy,
: Internist (i.e., a Physician), has been doing surgical duty with No. 2 Canadian Casualty Station for the last year.

Lieut.-Colonel Campbell,
: Genito-urinary Specialist, has been the Officer Commanding a Field Ambulance for the last eighteen months.

Capt. J. C. Eager,
: X-Ray Specialist, was for some months a Regimental Medical Officer.

Capt. Hutchison,
: Genito-urinary Specialist, has been engaged in general hospital work for over a year.

Colonel McKee,
: Ophthalmologist, was the O.C. of a Stationary Hospital for over a year.

Lieut.-Colonel Keenan,
: A prominent Surgeon, was over a year doing duty as a Regimental Medical Officer.

Colonel Prouse,
: A prominent Eye and Ear Specialist, being a Professor in Manitoba University on this subject, has arrived as the O.C. of a Casualty Clearing Station.

Major Gunn,
: A Specialist in Eye, Ear, Nose, and Throat work of high reputation, has been doing surgical work in a Casualty Clearing Station for over a year.

Captain R. Pearce, F.R.C.S.,
: A man specially qualified in genito-urinary work, and was a specialist in a large hospital in Canada. For past four months he has had nothing to do in his specialty, because all the venereal cases are now being sent to a special hospital in Salonika.

In view of the preceding statements, the fact that Moore Barracks Hospital has never had an adequate supply of Surgeons and Internists would seem to be without sufficient excuse.

Investigation at Moore Barracks and West Cliff Hospitals shows that unnecessarily frequent changes are made in the Senior Nursing Staffs, interfering very much with their efficiency. The Director of Medical Services Office apparently has the view that all Nurses should be shifted around every few months. The Moore Barracks and West Cliff Hospitals are treated as if they were training schools for Nursing Sisters for France. Senior Nurses who are in charge of operating rooms or wards are doing quite as important work as they could do in France, yet these Nurses are frequently changed. Five of the nine Senior Nurses at West Cliff Hospital have just been ordered to be in readiness for service overseas, which would have the effect of disorganising the work as far as the nursing is concerned.

The personnel of Medical Boards has been changed from week to week, and there appears to be a continual lack of Officers with special training serving on these boards.

III.—IMPROPER SELECTION OF OFFICERS FOR COMMISSIONS IN THE C.A.M.C.

The personnel of the Canadian Army Medical Corps has been greatly hampered by the granting of commissions to medical men whose ability in civil life, and, in some cases, whose well-known habits were such as to reasonably preclude them from being honoured with a commission in the C.A.M.C.

It has been found on investigation that many of the Officers who have been given commissions have been failures as medical men at home, or are over age, or are drug fiends, or addicted to alcoholism, and these Officers are not only of little or no use as C.A.M.C. officers, but their presence on an Overseas unit is a detriment to the efficiency of that Corps.

IV.—A.D.M.S. EMBARKATIONS DISCHARGE DEPOT, BATH.

At present there is at the Canadian Discharge Depôt, Bath, an A.D.M.S. (Embarkation), a D.A.D.M.S., and a staff of three Medical Officers. The duties of this A.D.M.S. have apparently never been clearly defined. His present work seems to be confined to examining men who arrive at the Canadian Discharge Depôt, Bath, pending their embarkation back to Canada. The A.D.M.S. and his assistants examine these men, check over their papers, and in a few cases have held a Medical Board when requested to by the Pensions Board (which is also located at the Discharge Depôt, Bath). The A.D.M.S. and one of his officers also accompany these men to Liverpool to ensure that every medical care is available until embarkation.

There would appear to be a great waste by reduplication of work, which the presence of an A.D.M.S. and his staff at the Canadian Discharge Depôt entails. In the plan which will be found under the head of "Reorganisation" an "A.D.M.S. Invaliding" is suggested. This A.D.M.S. should be located in the Office of the D.D.M.S., London, and should be responsible for all the work appertaining to Invaliding, which naturally includes discharges.

Under the present system an A.D.M.S. Canadians at Shorncliffe has control of the Medical Boards in the Shorncliffe Area. The A.D.M.S. Bramshott and the A.D.M.S. London Area likewise have control of the Boards in their particular area. There is another Board located in the D.M.S. Office, London.

All these Boards have different standards of discharging, and it is quite impracticable for one A.D.M.S. to decide on the discharge of a man and have that man forwarded to a discharge depôt for another A.D.M.S. to pass upon. The whole matter of invaliding, including the rules of procedure for Medical Boards and discharges, should be under the control of one A.D.M.S. For this reason it is considered, after careful examination of the subject, that the A.D.M.S. Embarkation and his staff at the Discharge Depôt in Bath are unnecessary, and that the position should be abolished.

In this connection it is pointed out that in the reorganisation scheme which is in process of formation by the Director of Recruiting and Organisation it is proposed that the Discharge Depôt at Bath shall be abolished, and that a centralisation scheme shall be carried out, which shall gather together the Casualty Assembly Centre, the Standing Medical Boards, the Command Depôts, and the Discharge Depôts. By this change a large saving in money will, no doubt, be accomplished. At present, when a man has appeared before a Medical Board and his discharge to Canada as unfit for further military service has been decided upon, he has to make the long trip to Bath pending the time of the sailing of his ship, and from thence he is sent to Liverpool, usually the point of embarkation.

The cost of upkeep of the Discharge Depôt at Bath, statement of which is not at present available, is necessarily a great deal more than would be entailed by the incorporation of the Discharge Depôt in the Centralisation Scheme proposed.

20.—THE POLICY OF THE DEPARTMENT HAS BEEN OPPOSED TO THE USE OF EXPERIENCED MEDICAL AND SURGICAL CONSULTING SPECIALISTS.

Although from time to time a number of prominent medical and surgical specialists have offered their services to the Department, the D.M.S. has consistently refused to avail himself of them. Why a consulting specialist, who has proved himself of so much use in civil life, should not be equally useful in military practice is difficult to understand.

RECOMMENDATION.

That a certain number of physicians and surgeons of recognised professional standing as Consultants be appointed as Consultants to our Expeditionary Force.

21.—DISCONTENT CONCERNING PROMOTIONS, ESPECIALLY IN REGARD TO REGIMENTAL MEDICAL OFFICERS SERVING AT THE FRONT.

Such discontent, naturally impairing efficiency, exists on the subject of Promotion, and in many instances there is no relation between the length of service and professional ability of the Medical Officer on the one hand and his rank on the other.

The raising of local hospitals and other Medical Units in Canada has led to the promotion of doctors who, on arriving Overseas, compare very unfavourably with many of their juniors in rank.

Medical Officers serving originally in a combatant capacity have transferred into the C.A.M.C., retaining the rank they had reached in the combatant unit.

Medical Officers in the 1st and 2nd Divisions have served at the front for over a year without receiving any recognition.

RECOMMENDATION.

That promotion of Medical Officers be made on merit, length of service, professional ability and organising capacity being the criterion. Rapid promotions in Canada—at the end of two years of war—should be discontinued.

If fresh Medical Units are raised in Canada their Higher Command should be given to Medical Officers who have already served Overseas.

Deserving Medical Officers of Battalions and Field Ambulances who have served Overseas would be of the greatest value in England, on Medical Boards, on the Staffs of Convalescent Hospitals, and in Brigades, their services being recognised by suitable rises in rank.

That Acting Rank be given where Medical Officers are temporarily employed on duties demanding same.

22.—THE C.A.M.C. TRAINING SCHOOL HAS NEVER BEEN PROPERLY ORGANISED, ALTHOUGH OF THE GREATEST IMPORTANCE TO THE CANADIAN MEDICAL SERVICES.

COLONEL H. A. BRUCE, Special Inspector-General, Canadian Medical Services, Cleveland House, St. James's Square, London, S.W.

C.A.M.C. TRAINING SCHOOL.

As requested by you for the purposes of your investigation into the conditions of the Canadian Medical Services, and for the use of the Committee associated with you, I wish to make a report on the personnel, work, etc., of the marginally noted unit.

F. W. ERNEST WILSON,
Lieut.-Col. A.D.M.S., Canadian Training Divsn.

Memorandum by A.D.M.S. Canadian Training Division with reference to Canadian Army Medical Corps Training School, Shorncliffe.

FUNCTIONS.

The C.A.M.C. Training School is a training school for officers, N.C.O's and men of the C.A.M.C. in the entire Canadian Expeditionary Force Overseas. It is further a Reserve Depot for all C.A.M.C. units overseas.

The Canadian Army Medical Corps now has the following units on active service in France and the Mediterranean:—

13 Field Ambulances;
8 General Hospitals;
4 Stationary Hospitals.
3 Casualty Clearing Stations.

It also supplies the Regimental Medical services and water details for:—

4 Divisions.

In England the C.A.M.C. has the following units:—

4 General Hospitals;
7 Stationary Hospitals and smaller active treatment hospitals.
7 Convalescent Hospitals.

Approximately the total strength of these units would be roughly 8,000.

The duties of the C.A.M.C. Training School regarding these units are:—

I. The supplying of trained officers, N.C.O.'s and men as reinforcement available on any demand.

II. The function of a Reserve Unit for all those units in the field. All casualties from any C.A.M.C. unit reporting from overseas are posted to the C.A.M.C. Training School.

It is pointed out that the C.A.M.C. Training School is thus the reinforcing unit for units that would aggregate eight battalions. The present system of reinforcement is for one battalion in Shorncliffe of 1,500 men to reinforce two battalions at the front consisting of 1,000 men each. Attention is directed to the large contract which the C.A.M.C. Training School has in the matter of reinforcements.

LOCATION.

The Training School was first located in May, 1915, in huts on St Martin's Plains, Shorncliffe. These were insufficient in number, and it was found most difficult to carry on the work. Subsequently the huts were required by Headquarters for other purposes, and the Training School was moved last November into billets in Sandgate. In April, 1916, it was moved under canvas, and is still thus situated.

It is thus pointed out that the Training School has had three moves in the last year, and none of the locations have by any means been satisfactory. A unit which is performing the functions described in the preceding paragraphs is to be regarded as a most important organisation, which should have a permanent location. The Office Staff required is quite a large one; the files of the Training School are important, as a great many officers and men pass through its books, and it is most imperative that if the Training School is to perform its work in a satisfactory manner it should have a substantial location in barracks or permanent buildings of some kind.

ESTABLISHMENT.

There has been no authorised establishment for the C.A.M.C. Training School, and the lack of this has made it most difficult for the Commanding Officer and his staff to properly carry on their work. Commanding Officers who cannot confirm their Officers or N.C.O.'s in their permanent cadre have their work very much embarrassed thereby. A number of proposed establishments have been applied for. I attach herewith one recently suggested by the present O.C. of the Training School. It is quite necessary that the Training School should receive recognition regarding the early confirmation of its establishment.

STAFF.

In the past the C.A.M.C. Training School has been officered more or less in a haphazard way. The seriousness of the work done by the Training School has not been recognised, nor, indeed, appreciated. A staff which would be gathered together one month would be desseminated the next month. This statement applies not only to the Officers, but also to the N.C.O.'s and men doing regimental duty.

It is quite necessary that the Training School should be presided over by an Officer Commanding who shall be senior regarding rank (Lieutenant-Colonel); who shall have had experience in training officers and men in military work; who shall be a man of some position in the medical profession, and who possesses force of character and knowledge of human nature to equip him with the necessary knowledge for the wise selection of drafts, etc.

RECOMMENDATIONS.

I beg to recommend:—

I.- That the C.A.M.C. Training School shall be given an authorised establishment which shall be sufficiently liberal to fit its needs.

II.—That the officers selected to staff the Training School shall be the best that are obtainable.

III.—That permanent quarters be at once supplied for the location of the C.A.M.C. Training School.

F. W. Ernest Wilson,
Lieut.-Col. A.D.M.S.
Canadian Training Division.

Further information will be found in the Appendix under heading No. 22.

23.—IN THE OPERATION OF THE MEDICAL SERVICE SUFFICIENT ATTENTION HAS NOT BEEN PAID TO ECONOMY IN MANAGEMENT.

It will be apparent from what has been stated that there would seem to be a lack of attention by the Medical Service to the important question of expense. Owing to lack of time, it has not been possible to get a full statement in regard to expenditure. The constant moving about of patients from hospital to hospital, with long railroad hauls, has been expensive, but we are unable to get complete figures concerning this. We have, however, been given a summary, based on an examination extending over ten months, which places the estimate of the average cost per month of the transference of Canadian patients from one Canadian hospital to another at $3,658. We append herewith a chart showing the maintenance and food cost in a number of our Canadian hospitals.

We may here call attention to the unnecessary expense in the administration of the V.A.D. Hospitals, an item amounting to $113,970.00 per annum, and the unnecessary outlay in the equipment of the Granville Special Hospital. The following is a copy of a letter from the Director of Supplies and Transport, which is self-explanatory:—

D. of S. and T.,
Overseas Canadians,
Sandgate, Kent,
September 14th, 1916.

From Captain R. W. Marshall,
D. of S. and T. Staff.
To Special Inspector-General,
Medical Services,
C.E.F.

With reference to your letter of the 12th inst., addressed to the D. of S. and T., and schedule of hospitals and patients attached, I beg to submit the following figures:—

Total number of patients	5,135		
Cost of transferring 5,135 patients to 100 British hospitals from Shorncliffe—	£	s.	d.
Ambulance at 1s. each case (Shorncliffe area only)	256	15	0
Railway fares at military rates to hospitals	2,209	5	1½
Railway fares at military rates from hospitals to Epsom ...	1,443	8	0¾
	£3,909	8	2¼

Average cost per patient, 15s.

The military rate is two-thirds the ordinary fare for both officers and other ranks.

The cost of transporting a patient from Shorncliffe to Epsom, plus ambulance charge, would be 5s. 5d.

R. W. MARSHALL,
Captain.

The estimated mileage involved in the transfer of these patients from Folkestone to the various British hospitals is 830,229 miles. The estimated mileage from these British hospitals to our convalescent hospitals at Epsom is 534,644 miles—that is to say, a total mileage of 1,364,873 miles.

Under the heading "Unnecessary detention in hospitals" a number of instances have been given of men being detained in hospitals although physically fit to be returned to their Units. It has not been possible in the time at our disposal to compute the loss in fighting efficiency and money in consequence of this, but we know that both must have been very great.

The general laxity which was apparent in the classification of casualties and their early return to their Units was such that in the early part of this year 12,000 men in the Shorncliffe area, in addition to hospital cases, were assumed to be unfit for Active Service. As a consequence of this, and the lack of interest, amounting to indifference, exhibited by the higher authorities of the Medical Service, Colonel Reid, Director of Recruiting and Organisation, was asked to take the matter up and see if he could effect an improvement in the situation. A report of the results of his work in this connection is herewith appended.

On September 9th, 1915, the following arrangement was made with the so-called Canadian War Hospital, Walmer:—

"That they will open and equip a hospital of 100 beds for Canadian Convalescent patients, supplying everything, with the following exceptions:—

"Bedsteads, beds and bedding: surgical dressings and drugs; the soldiers' clothing, underclothing, and hospital uniform.

"We are to supply three qualified Nurses—that is, one for each one of the houses to be opened: also two N.C.O.'s, who will be responsible for the discipline of the patients.

"A telephone is also supplied, so that we may be in direct communication with this hospital, which is absolutely necessary.

"They are also to receive three shillings per day per occupied bed, with the provision that all beds will be occupied within 10 per cent. of the full complement

"If it becomes necessary, we are also to supply a resident Medical Officer, who could look after the cases in this Convalescent Home, and also all the Canadian cases at Deal, which number at the present time over 100.

"I informed them that the Canadian Red Cross Society would supply them with tobacco, cigarettes, jam, and other soldier comforts, when possible.

"It was agreed to by them that the Doctor, if one were employed, and that the Nurses and N.C.O.'s sent to this place for duty would be barracked and fed there without any charge to the Canadians."

There does not appear to be any good reason why the same terms were not made with this Convalescent Home as were made with others, *i.e.*, that they do the entire equipping and supplying of personnel, food, etc., for 3s. per day.

An estimate of the cost of equipment and personnel which we agreed to supply this hospital is:—

3 Nursing Sisters at $2.75 per day	$7.25
2 N.C.O.'s at $1.10 per day	2.20
	$9.45

or $66.15 per week, or $3.439.80 per annum.

Each Canadian Hospital Bed costs (including mattress) $13.00, or for the total beds of this hospital $1,300.00.

We are unable to get an accurate price for the clothing, underclothing, and hospital uniforms supplied each man. This should be added to the above—that is to say, we have fitted up this hospital at an expenditure of $1,300.00, and we are supplying them with personnel at a cost of $3,439.80 per annum, in addition to paying them 75c. per day per patient.

HOSPITALS.

COMPARATIVE DAILY FOOD AND MAINTENANCE COST CHART FOR THE MONTH OF JULY, 1916.

Order of Total Daily Cost.	Hospital.	Daily Average.		Daily Food Cost per Patient in Shillings and Pence.	Daily Staff Food Cost Apportioned per Patient in pence.	Daily Barrack Services per Patient.	Estimated Total Daily Cost per Patient.
		Personnel.	Patient.				
				s. d.	s. d.	s. d.	s. d.
1	Folkestone C.C.A.C.	192	388	1 0¼	0 6	0 0¾	1 6½
2	Bearwood C.C.H.	81	629	1 3¾	0 2	0 2¼	1 8
3	Monks Horton 1st C.C.D.	172	771	1 4½	0 3½	0 1¾	1 9½
4	Bromley C.C.H.	39	142	1 4	0 4½	0 2¼	1 10¾
5	Uxbridge C.C.H.	50	90	1 4	0 9	0 2¾	2 3¾
6	Bath C.D.D.	158	200	1 2¼	0 11½	0 2¼	2 4
7	Folkestone West Cliff E. and E.	165	240	1 3¾	0 11	0 4½	2 7¼
8	Orpington Ontario Mil.	383	860	1 7¼	0 8¾	0 5	2 9
9	Shorncliffe Moore Barr.	575	769	1 7½	1 2½	0 0¾	2 10¾
10	Shorncliffe Military	307	530	1 9½	1 0½	0 2½	3 0½
11	Ramsgate Granville Spec. and Chatham Annexe	361	735	1 11½	0 11½	0 5	3 4

Col. Reid's Report.

The following report is compiled in an effort to make plain the close co-operation required between the Branch under the Director of Recruiting and Organization, and the Medical Service, in the system for the handling and disposal of Casualties as undertaken by the former Department.

Owing to the lack of precedent, and experience, in the Canadian Service, the question of handling and disposing of Casualties presented numerous difficulties at its inception. The primary object of such an Organization should be

(a) the reduction of wastage to a minimum, by returning as many Casualties as possible to active service in the firing-line.

(b) the expeditious discharge of such as were found unfit for further service.

On the commencement of operations, undertaken with the above-mentioned ends in view, great difficulty was experienced in obtaining action from the Reserve Units in the Training Division, who were not handling the Casualties reporting to them on completion of Hospital treatment in an effort to comply with these principles.

This situation came to a head in May, 1915, when it became apparent that the Reserve Units were becoming choked with unclassified Casualties who were present in the Lines—no action was being taken with regard to their disposal, and their position as "unemployed" was proving a serious menace to the training of the fit men, both from the economical and disciplinary standpoint.

The Units were fully alive to this dangerous situation, and were anxious for an adjustment, but claimed that their hands were tied owing to the lack of the necessary machinery. There existed a grave shortage of competent regimental Medical Officers, and the few available were being constantly transferred and interchanged.

Correspondence was passed drawing attention to the fact that it devolved upon one single Medical Officer to attend to the requirements of a Reserve Battalion carrying a strength of upwards of 1,500, among them several hundred Casualties, the C.A.S.C., with its strength of 900, and the Engineers' Training Depot, of 600—making a total of 3,000 men; an impossible problem for one M.O., since the Casualties required constant supervision and attention.

Many of these Casualties should have been undergoing training, being really Fit Men, with a view to again being drafted Overseas for Active Service. And, again, many were really unfit for further service, and should have been discharged and returned to Canada. But it was impossible for the harassed Medical Officers, working singly, to attempt this classification.

Strenuous endeavours were made to overcome or relieve the situation, and many suggestions were offered. The following extract from a communication addressed to Major-General Carson and the startling disclosure included in his reply are quoted:—

"Owing to the very heavy demand for Medical Officers all the M.O.'s belonging to the Training Depôt Units have been utilised overseas, with the result that it is found necessary to parade the sick men to the various Hospitals, which are in some cases over a mile away. This is not fair, and certainly not satisfactory. . . . . This is a matter that should be taken up without delay, and the D.M.S. should certainly provide permanent Medical Officers for the Training Depôt. . . . . The General Officer Commanding takes decided exception to the method in force as organised by the D.M.S."

General Carson's reply is as follows:—

". . Bring this matter before the attention of the General Officer Commanding, so that he may issue the necessary instructions to ensure that a proper Medical Officer will be attached and kept attached to this and all other Units. **We have at the present time First-class Medical Officers serving with the British Forces because we are told that we do not need them. If it is necessary to withdraw Medical Officers from any one of our Units for lack of them, then we certainly do need them.**"

It was naturally anticipated that an immediate improvement would result, but it was found necessary on the 29th November, nearly two months later, to bring to the attention of the D.M.S. London the fact that the complaints regarding the shortage of Medical Officers in the Area was still prevalent. It was suggested at that time that the Medical Officers be recalled from the General Hospitals in France, where they were in many cases being used to no advantage. Copies of correspondence in this connection marked Exhibit "A" are attached hereto.

During this time, and for several months following, Casualties were increasing in the lines of the Reserve Battalions, and with the exception of evident discharge cases no action was being taken to dispose of them. Small parades were being held periodically of those Casualties considered by the Battalion Medical Officers to be fit for light duty. This classification was made without the holding of a Medical Board, and merely on the opinion of the Medical Officer examining the man.

Arrangements were, therefore, made with the A.D.M.S. to appoint Medical Boards for the purpose of boarding all uncertain cases in the lines. All men not actually and absolutely "fit for full duty" were paraded before these Boards, and 5,635 were immediately found "fit," and were returned to their Units for despatch overseas.

No effort had been made to undertake the physical upbuilding of men discharged from Hospitals with a view of reclaiming them from the Casualty Class and again establishing them as soldiers fit to return

to active service. It is admitted that this proposition was within the province of the Medical Organization to handle, but no effort being made to undertake operations, it devolved upon a Department in another Branch of the Service—forced to give the matter attention by the exigencies of the situation.

A scheme was therefore prepared and put into operation having as its primary object the reduction of wastage and the reclaiming of Casualties for duty at the front. The startling disclosure that there were over 9,000 light duty men in the area of which 5,000 were really "fit for full duty," was a situation that could not be ignored, as the monetary expense to the Government of maintaining these 9,000 useless men was enormous, apart from the fact that they were required as reinforcements.

The Canadian Casualty Assembly Centre was therefore evolved and put into operation, and two Standing Medical Boards appointed to deal with the Casualties as required. At the outset the same difficulty of transferring and interchanging of the Medical Officers arose, and, although the Department objected very strongly to the removal of two Medical Officers experienced in Board work (see Exhibit (B)), a telegram was received stating that they had proceeded overseas, and no further action could be taken.

In the face of these difficulties the Casualty Assembly Centre commenced operations, and transferred to their strength every Casualty in the lines, boarding these men as they reported, and classifying them according to their disabilities.

(a) Fit for duty.

(b) Fit after physical exercise.

(c) Discharge.

Those in category (a) were immediately returned to their units, to be included in the first draft overseas.

Those in category (b) were despatched to one of the Command Depôts, there to undergo physical training until graduating as "fit."

Those in category (c) were discharged direct from the Discharge Depôt at Bath with the least possible delay.

As a result of such operations—

i. The wastage has been reduced by over 50 per cent.

ii. Increased efficiency in the Training Battalions has been promoted by the removal of Casualties.

iii. The discharge and return to Canada of the permanently unfit class has been expedited.

The increased efficiency throughout the Training Divisions, the saving of public funds, and the humane treatment of Casualties resulting from the adoption of these measures is sufficiently obvious.

In regard to the question of the saving of public funds, it has been estimated that before a soldier gets to the front he has cost the Canadian Government approximately $3,000. This estimate has been furnished by the Pay Authorities, and is a low one. It is therefore safe to say that soldiers to the value of over $50,000,000 were being ignored and permitted to become useless through lack of proper organisation and handling of Casualties.

COPY.

Exhibit A.

29th November, 1915.

From Director of Recruiting and Organisation, Canadian Expeditionary Force,

To Director of Medical Service, Cecil Chambers, 86. Strand, London, W.C.

Medical Officers.

Attention is again called to the fact that there are a great many complaints in regard to the fewness of Medical Officers now employed in Shorncliffe. On looking up the establishments of the General Hospitals, attention is called to the General Hospitals in France, in which the establishment calls for about thirty-five Medical Officers and seventy-eight nurses.

Am I correct in the following statement, that only cases of extreme and immediate necessity are permitted to remain in these hospitals, and that they are very quickly evacuated to England, and is it correct that they only have from two to six hundred beds in these hospitals occupied at a time?

If my information is correct, why cannot from ten to fifteen of the Officers from these two General Hospitals be returned to Shorncliffe and their services utilised where they would be most urgently required?

With the staff of nurses such as are employed at these General Hospitals, cannot they take care of these cases that are quickly evacuated, and in this way the services of men whom I understand are so urgently needed in Shorncliffe be drafted here and take care of the urgent cases?

(Signed) F. A. Reid.

Exhibit A.

December 3rd, 1915.

To Colonel Frank A. Reid,

23-25, Earl's Avenue, Folkestone.

Dear Colonel Reid,—

Re Medical Officers—Shorncliffe.

Your confidential favour of the 26th November, 1915, on this subject was duly received and noted, and I took the matter up in no uncertain terms with General Jones, and told him that the starving process as far as Shorncliffe was concerned, had to stop.

General Jones advised me that he has asked the War Office to make arrangements for the return of eight Medical Officers from France to England, who can be temporarily used in the Shorncliffe area, and showed me by actual tables that he is still short thirty-six doctors. I have written Canada on this subject to-day, and have also written General Jones suggesting the great advisability of permanency as far as Shorncliffe appointments are concerned.

Yours faithfully,

(Sgd.) JOHN W. CARSON.

Exhibit B.

22nd February, 1916.

From Colonel F. A. Reid,
Director of Recruiting and Organisation,
C.E.F.,
To Major-General Carson, C.B.,
Hotel Cecil,
London, W.C.

Dear General Carson,—

After putting in two days in the Area in an endeavour to get some kind of system and co-operation, and having dismally failed, we have taken the bull by the horns and have arranged with the A.D.M.S. that we will handle all Medical Boards and deal with the Units in the Area separately but systematically.

Two Permanent Standing Medical Boards will be employed at 19, Westbourne Gardens. The Presidents of these two Boards are Lieut.-Colonel McKeown and Captain Hunter—two very capable officers. The other Medical Boards will work in the Areas and board 136 men for permanent Regimental employ, the men for working Battalions, and clean up Unit by Unit.

I attach herewith a copy of a letter from Colonel McKeown, and I would request that under no circumstances the two Officers mentioned in this communication be permitted to proceed overseas until such time as the Area here is absolutely cleared.

We have adopted the slow and sure process, but when we once get through it should mean that the work has been thoroughly and completely done, and it is then absolutely up to Headquarters and Brigades to retain the advantage which we have succeeded in securing.

I would suggest that the D.M.S. be instructed not to move Captain Henderson and Captain Hutchinson until all this work is done, please.

Yours faithfully,

(Sgd.) FRANK A. REID.

Note.—The only reply received to the above was a telegram from General Canadians stating that these Officers had proceeded overseas. This was in spite of the fact that when the communication respecting these two Officers was received they were still in England, and could have been returned to us.

Exhibit B.

Folkestone, 21st February, 1916.

To Director of Recruiting and Organisation,
C.E.F., Folkestone.

Will Colonel Reid be kind enough to ask that Captain Henderson and Captain Hutchinson, both of No. 3 General Hospital, be retained with the Board here until we have had an opportunity to train others to replace them? They have been ordered, I understand, to be ready to leave at once to rejoin their Units in France.

(Signed) WALTER McKEOWN,
Lieutenant-Colonel, C.A.M.C.,
President, Standing Medical Board.
6th March, 1916.

Colonel Frank A. Reid, Director of Recruiting and Organisation, C.E.F.
Major-General Carson, C.B., Hotel Cecil, Strand, London, W.C.
Medical Services.

Dear General Carson,—

After an experience of two weeks with Medical Boards working on the Area, I have come to the conclusion that the difficulties we have had to contend with are largely chargeable to the Medical Services, for the following reasons:—

The very sparse military knowledge possessed by the ordinary C.A.M.C. Medical Officer in England. The Medical Officers who are at present employed here are largely untrained officers. They have no idea whatsoever of the duties that they have to perform. They have had no training in the C.A.M.C. Training School, or any other Army Medical Training School. This, of course, is excusable to a large degree, owing to the urgent need for Medical Officers. The result, however, is that the Battalion M.O.s in this Area are four-fifths untrained, ignorant of the duties and responsibilities of Regimental M.O.s; hence the present condition. The average M.O. in this Area looks upon every man who reports to him on Sick Parade as a patient the same as he would in private practice, and instead of trying to discourage these Sick Parades his treatment only increases them; the number of crocks in the Unit increases, until as now exists in each and every Reserve Unit, Casualty Companies are of enormous size, and this is directly due to the inexperience of the M.O.s employed in the Reserve Units, and who are so frequently changed.

I understand that the following are some of the qualifications that an M. O. should possess:—

(a) Knowledge of how to carry on Medical Board procedure.

(b) Ability to select proper men for the duties that they have to perform.

(c) Knowledge of how to punish malingerers.

(d) Knowledge of stretcher bearer training.

(e) Ability to superintend water details.

(f) Knowledge of camp sanitation.

(g) Ability to give First Aid Lectures.

These latter should be given to all ranks, but are practically never given.

The net result of the lack of knowledge as above tends to inefficiency and accounts for the very large increase in the so-called light duty, or Casualty Companies.

The best proof that the increased number in the Casualty Companies is blamable to the M.O. is the Medical Report of the last week (copy of which I attach hereto). Out of 1,036 men medically boarded, 285 were fit for full duty, and these 285 have unquestionably been loafing in the Casualty Companies for an indefinite period.

. . . The excuse advanced has been that the systematic inspection of the units was not possible, though essential. To cite a specific instance: The 2nd Pioneer Battalion, which has been located at Winchester, sent to the A.D.M.S., Shorncliffe, a few 204 documents. One of the staff of the A.D.M.S. inquired at Headquarters what inspection had been made of this Battalion, which had received orders to proceed overseas in three days. Headquarters were unable to furnish any information, but instructed the A.D.M.S. to detail officers to investigate. On arrival at Winchester it was found that no medical inspection whatsoever had been held on the unit in question since its arrival in England. It was found necessary to reject 125 as being inefficient: in fact, absolutely unfit for service, and the number was further increased to a total of over 200, who were rejected for overseas service. . . .

Yours faithfully,

(Signed) F. A. Reid,
Colonel.

RECOMMENDATIONS.

1. That the Canadian Medical Service be reorganised from top to bottom.
2. That the medical arrangements in Canada, England, and Overseas be co-ordinated so that the special qualifications of each Medical Officer be used to the best advantage.
3. That Canadian Casualties be, as far as possible, treated in Canadian Hospitals, the first duty of the Canadian Army Medical Corps being to the Canadian Sick and Wounded.
4. That there be a concentration of Canadian Hospitals, and that the use of Voluntary Hospitals for Canadians be discontinued.
5. That we discontinue the present arrangement with the Red Cross in so far as the operation of hospitals jointly with them is concerned, and that in future we take over from them for administration any hospitals which they procure and equip.
6. That as soon as suitable accommodation can be provided in Canada, soldiers who are obviously incapacitated from any further active service be returned to Canada when they are fit to travel without detriment to their health, their further medical treatment and necessary re-education to be carried out in Canada.
7. That immediate steps be taken to provide hospitals of 1,000 beds capacity in Halifax, Montreal, Toronto, Winnipeg, and Vancouver, together with a smaller one in Ottawa, and that these have suitable accommodation for a limited number of officers.
8. That a certain number of Canadian Medical Officers who have had experience at the front be detailed for duty in Canada to assist in the organisation of these hospitals.
9. That all ranks, before leaving Canada, be examined by an independent Medical Board to ensure the weeding out of unfits, and that a sufficient number of Boards for this purpose be established throughout Canada, to be under the direction and control of an A.D.M.S. Embarkation.
10. That the establishment of the A.D.M.S. Embarkation at Bath be abolished.
11. That the three Canadian Hospitals now stationed at Salonica be immediately recalled for duty in England if they can be spared by the Imperial authorities.
12. That in future no Medical units be organised in Canada for Overseas duty.
13. That there be established in Canada a sufficient number of well equipped C.A.M.C. Depôts, for thoroughly training the *personnel*.
14. That the Reorganisation Scheme herewith attached be adopted.

REORGANISATION OF CANADIAN ARMY MEDICAL SERVICES.

CHAIN OF RESPONSIBILITY.

A scheme of reorganisation of the Canadian Medical Services is attached hereto. This is essential in order to carry out the primary functions of the Canadian Medical Services, *i.e.*, the care of Canadian sick and wounded. The Canadian Hospitals in France should be, if possible, grouped together, with the object, as much as possible, of segregating the Canadian Casualties in Canadian Hospitals. These Hospitals should be under the administration, to as great an extent as possible, of the Canadian Deputy-Director of Medical Services. In this Officer's charge would be the medical services of the Canadian Lines of Communication in France, extending from the Canadian Army Headquarters, to and including the Canadian Base at Le Havre, or such other point as may be used later on.

If this Officer were held responsible for the proper examination of drafts coming from England, according to the common standard mentioned elsewhere, and were also held responsible for the invaliding of unfit men according to the same standards, much of the present confusion and loss of time and men would be avoided.

The scheme of reorganisation herewith attached in diagrammatic form shows a co-ordinate Canadian Medical Service. The duties of the different officers are herewith outlined: —

Director of Medical Services, Canadian Expeditionary Force, Headquarters, London, England.

To act as the supreme authority over the Canadian Medical Forces in England and France. To have directly under him the D.D.M.S., England; D.D.M.S., Lines of Communication, France; and the D.D.M.S., Canadian Army Corps, France.

Deputy Director of Medical Services, England.

To have the responsibility of the Canadian Medical Services in England. Directly associated with him shall be a Consulting Surgeon, a Consulting Physician, and a Consulting Sanitary Officer. His immediate staff to be five Assistant Directors of Medical Services, and the Assistant Directors of the Canadian Training Divisions shall be responsible directly to him.

Deputy Director of Medical Services, Lines of Communication, France.

This officer shall have the responsibility to as great an extent as possible (pending arrangements with the Imperial authorities) for the control of the Canadian Hospitals in France. It shall be his object to as much as possible centralise the hospitals, so that they can the better perform their duty of gathering together the Canadian wounded and sick for transport to England. He shall, with an Assistant Director Medical Services, have control of the examination of men arriving as reinforcements from England, and to him shall be given the

responsibility of classifying casualties filtering back from the Front as to their disposal either on base duty in France or to be returned for disposal in England. He shall further have control of a C.A.M.C. Depot in France, where C.A.M.C. Officers and other ranks shall be available for reinforcements in France. In this way an easy interchange of officers and men between England and France it is hoped will be brought about.

Deputy Director Medical Services, Canadian Army Corps, France.

This officer will be responsible for the Medical Services of the Canadian Army Corps, with an A.D.M.S. for each Division in the Corps.

Assistant Director of Medical Services, Embarkation, Canada.

There shall be an A.D.M.S. Embarkation in Canada, who shall be held responsible for the sending forward to England of fit men. He shall also be held responsible that the troops embarking in Canada for England shall be as free as possible from infection and contagious diseases, and shall take measures to prevent the spread of such diseases as much as possible on shipboard. (Under present conditions each unit arriving from Canada is a hotbed of contagious diseases for the first three months of their stay in England. It is hoped that such an officer will prevent this state of affairs.)

Assistant Director of Medical Services—Personnel and Nursing Service.

This officer shall have charge of personnel of the C.A.M.C. in the Canadian Expeditionary Force, including Personnel Records and qualifications of all ranks. In this department shall be included promotions, ranks and postings of officers, nursing sisters and men, establishment of units and Corps Orders.

Assistant Director of Medical Services—Records.

This officer shall have charge of Casualty and Medical Historical Records, statistics and war diaries; returns from hospitals, location and movement of patients, and enquiries concerning the same.

Assistant Director of Medical Services—Invaliding.

This officer shall have control of Invaliding Boards. That is, he shall select the personnel of boards, arrange for the instruction of officers in board work, promulgate rules and regulations with reference to boards, compile statistics in reference to the same, and control the movements and location of Medical Boards.

Assistant Director of Medical Services—Supplies.

This officer shall have control of Supplies and Equipment for the Canadian Medical Units, medical stores, claims, and accounts.

DIRECTOR OF MEDICAL SERVICES.

(ENGLAND)
DEPUTY DIRECTOR MEDICAL SERVICES

(FRANCE)
DEPUTY DIRECTOR MEDICAL SERVICES
(LINES OF COMMUNICATION)

(FRANCE)
DEPUTY DIRECTOR MEDICAL SERVICES
(ARMY CORPS)

CONSULTING SURGEON
CONSULTING PHYSICIAN
CONSULTING SANITARY OFFICER

CANADIAN HOSPITALS IN FRANCE

C.A.M.C. DEPOT AT BASE (FRANCE)

ASSISTANT DIR MEDICAL SERVICES (INVALIDING)

ASSISTANT DIR MEDICAL SERVICES (RECORDS)

ASSISTANT DIR MEDICAL SERVICES (PERSONNEL) (NURSING)

ASSISTANT DIR MEDICAL SERVICES LONDON AREA

ASSISTANT DIR MEDICAL SERVICES (PURCHASING)

ASSISTANT DIR MEDICAL SERVICES SHORNCLIFFE

ASSISTANT DIR MEDICAL SERVICES (BRAMSHOTT)

ASSISTANT DIR. MEDICAL SERVICES (1ST DIVISION)

ASSISTANT DIR. MED. SERVICES. (2ND DIVISION)

ASSISTANT DIR. MED. SERVICES (3RD DIVISION)

ASSISTANT DIR MED. SERVICES (4TH DIVISION)

INDICATES ADDITION TO PRESENT ESTABLISHMENT.

MEDICAL EXAMINATIONS.

RECRUITING POINT
(Medical Board).

A.D.M.S. Embarkations (at point of embarkation, Canada).

EXAMINATION
on arrival at Training Camp, England.

EXAMINATION
on departure for Overseas from Training Camp, England.

EXAMINATION
on arrival at Canadian Base Depot, Le Havre, France.

APPENDIX.

1.—MANY SOLDIERS ARE ARRIVING IN ENGLAND FROM CANADA MEDICALLY UNFIT WHO SHOULD NEVER HAVE BEEN ENLISTED.

(a) Captain Blakeman's Report on "Inefficient Soldiers," with nominal roll attached.

Folkestone, August 22nd, 1916

From Capt. Blakeman, C.A.M.C.,

To Director of Recruiting and Organisation, Folkestone.

Sir,

I have the honour to refer to the marginally noted subject.

Since October, 1915, this Department has disposed of some 25,000 Medical Boards. In reference to these boards, I would respectfully call your attention to a few noteeable points which have come to my attention in the last few months

In dealing with this subject I am only giving you a few examples and figures in reference to this matter.

OVER AGE PERMANENT BASE DUTY.

In the last *four* months *alone* we have had over one thousand recommended for Permanent Base Duty from over age, with an average age of between 49 and 50 years for each man

OVER AGE—DISCHARGES.

In the last five months we have had some 250 men recommended for discharge, with an average age of between 49 and 50 years for each man, in which over age and its accompanying senile debility played a predominating factor in the disposal of these men

Major Nelson, of the Base Duty Department, for the Director of Recruiting and Organisation, has informed me that it is a very common occurrence for the men, when questioned as to their given age when enlisted, to make a statement that they gave their true age as 54 or 55 years, as the case may be, and the Medical Officer said that they would call him 41 or 42 years. In one case he was informed by the soldier that, on enlistment, the recruit on giving his proper age was told to run around the block, think over his age, and come back again.

OVERSEAS AND LOCAL CASUALTIES.

In reference to our Overseas and Local Casualties since June 12th, 1916, I beg to draw your attention to the following figures:—

	Overseas.	Local.
Permanent Base Duty Men	1,330	1,340
Discharges	636	816

LOCAL PERMANENT BASE DUTY MEN.

During the last month we have had between 900 and 1,000 local casualties found fit for Permanent Base Duty. This constitutes a little better than 50 per cent. of the total Permanent Base Duty men for this period, which I may say is a fair example of the ordinary run of boards.

The recommendations resulted from the following disabilities:—

1. Over Age	413
2. Under Age	128
3. Extreme Flat Feet	90
4. Defective Sight	78
5. Severe Hernia	32
6. Extensive Varicose Veins	40
7. Old Disabilities, as Chronic Rheumatism, Bronchitis, Asthma, etc.	81
8. Defective Hearing	25
9. Heart Complications	21
10. Missing Fingers, Toes, etc	16
11. Mental Disturbances	3

In reference to these Local Casualties, I would respectfully point out that they were really local casualties when they reached England, if not at the time of their enlistment, and only fit for Permanent Base Duty, with the exception of perhaps a very small percentage, and it is for you to consider whether these men should have been enlisted.

LOCAL DISCHARGES.

As I have mentioned before, since June 12th, 1916, we have had 816 local discharges, constituting 56 per cent. of the total discharges for this period.

These men were either unfit for military service at the time of their enlistment, or fell down under military training, in the majority of cases, as a result of some old disability, such as Defective Vision, Chronic Otitis Media of long standing, Chronic Rheumatism and its accompanying complications of heart lesions, Defective Joints, Tuberculosis, and Asthma

In reference to Asthma, we have had a large number discharged giving an old history of this trouble. Many of them left England years ago, as they were unable to live in this country. Some left Eastern Canada for the West, and though having all the marked physical signs

of stooped shoulders, barrel-shaped chest, and rales in the lungs, have been enlisted. In some cases these men, while in Western Canada may have lived with comparative ease, have had their trouble return when they move East with their Battalion, and when they reached England the Medical Boards found it necessary to discharge them.

As an example of this, I am quoting one case to you:—"437729, Quinn, Patrick, 51st Battalion. Age 45. Enlisted August 30th, 1915, at Edmonton, Alberta. Medical examiner, C. G. Gunn, Captain, C.A.M.C. Discharged August 21st, 1916. Disability, Bronchial Asthma.

"This man has suffered from asthma for about 20 years. Has numerous rales in both lungs. Has the old typical condition of asthma, with the stooped shoulders and barrel-shaped chest. The asthma returned to this man when the troops moved East, and in the face of this, even though enlisted in Edmonton in this condition, he was brought to England after having these attacks in Eastern Canada previous to embarkation. These attacks have been coming on very severely for from two to three times a week ever since coming to this country."

TUBERCULOSIS.

We have had a very considerable number of tubercular cases in the Canadian Expeditionary Force, as you know. Many of these cases point evidence to old foci in the lungs, showing that they had an active tuberculosis at some time in the past. This, while perhaps latent from past treatment, still showed this evidence at the time of their enlistment. These men have been allowed to enlist, in the majority of cases signing their own death warrant. Added to that, they have been a menace to the troops with whom they come in close contact in crowded huts and transports for the spread of this disease.

UNDER AGE.

As before pointed out, we have had some 120 boys from 14 to 18 years of age put on Permanent Base Duty during the last month alone. This has been especially noticeable in the 105th and 106th Battalions.

In addition to these Permanent Base Duty boys, we have had a number discharged from 14 to 17 years of age as under-developed and of poor physique.

SPECIAL CASES.

I would respectfully draw your attention to a few special cases that were enlisted in Canada and brought to this country which should never have been enlisted under any circumstances:—

709806, Pte. Lodge, 104th Battalion. Enlisted at Sussex, New Brunswick, in November, 1915. Examined by Doctor Burnett. This man states that he was examined by Doctor Burnett, and his medical certificate and attestation papers are signed by Doctor Burnett, though the signature on his medical history sheet is that of Captain Freise, but this signature of Captain Freise does not correspond with signatures on other medical history sheets in his name. Disability, osteomylitis, which was a discharging sore at the time of enlistment. I regret very much that I cannot give you a photograph of this case. This man states that he was not stripped at the time of his medical examination.

710044, Pte. Thornton, 104th Battalion. Old deformity of the foot. Ankylosis of ankle joint and overlapping of the toes. Examined by Captain Grant, Woodstock, New Brunswick. Enlisted February, 1916.

719554, Pte. Mooney, 104th Battalion. Chronic Synovitis of the knee. Injured December 15th, 1915, after enlistment. This man was in the hospital from December 22nd, 1915, to February 15th, 1916. Was at home four weeks. Rejoined Unit in New Brunswick, but had to go around on crutches until going on board ship. Since then and still now crippling around with the aid of a stick. This man, in this condition, was brought to England. I do not know who examined him. His Medical Officer is Captain Freise.

CASES IN THE 92ND BATTALION.

193362, Pte. Robinson. Deformity of left elbow, with Ankylosis.
193304, Pte. Gracey. Aortic Murmur and Dyspnœa.
192576, Pte. Harley. Flat Feet.
193061, Pte. Fuller. Asthma.

Two of these men have been discharged as permanently unfit, and two put on Permanent Base Duty. We have been informed that these four men were put before a Standing Medical Board in Canada by Captain Maynard, and they were recommended for discharge, but no action was taken, and they were brought to England.

504320, Spr. Brownsell, F., 4th Div. Engineers. Enlisted at Toronto, February 16th, 1916. Disability, varicose veins, variocele, and ulcer of the stomach, old disability. A statement appears on this man's Medical Board that he was rejected on three different occasions, but finally accepted by the Engineers and brought to England, being placed on light duty for three weeks, when he was sent to the hospital, and now discharged. I have been unable to get this man's original medical history sheet, so do not know medical examiner.

159181, Pte. Smith, S. P., 81st Battalion. Enlisted at Toronto, September 27th, 1915. Medical examiner, Captain J. W. Barton, Toronto Recruiting Depôt. Old injury to the shoulder, 1911. Fell while on construction work a distance of 8 feet, striking shoulder on cement

floor. Medical treatment by Dr. Macdonald and Dr. Pierce, of Toronto. Continued to act as foreman, but could not work himself. Present condition, apparently had injury to brachial plexus, resulting in shrinking of muscles of the arm and pectoral muscles of left side of the chest. Has a slight aortic murmur, and cannot use left arm.

602397, Pte. Clements, W. J., 34th Battalion. Age 80 years; 79 years when enlisted at Guelph, March 19th, 1915. Disability, advanced hardening of the arteries. Examined by Major Ratz, Guelph.

490633, Pte. Baird, C. H., 1st Canadian Pioneers. Enlisted May 6th, 1916, Quesnal, Caribou, B.C. Defective vision. Vision below normal in left eye. Right eye vision destroyed in 1902. Medically examined by *Gerald Walker, Quesnal, B.C.*

SPECIALISTS' REPORT.

West Cliff Canadian Eye and Ear Hospital,
July 3rd, 1916.
Right vision—less than 6/60.
Left vision—less than 6/60.

This man is permanently blind in right eye. He should never have been enlisted. He is unfit, and should be sent before a board with a view to his discharge.

(Signed) A. B. OSBORNE, Lt.-Col. C.A.M.C.,
for O.C. West Cliff Canadian Eye and Ear Hospital.

101658, Pte. Andrews, H. A., 66th Battalion. Enlisted at Edmonton, February 4th, 1916. Age 44. Valvular disease of the heart, 1900. Left hand partially cut off, 1908. Thumb and forefinger left, but with limited movement. Other fingers and metacarpal bones missing. Medical examiner, Captain W. D. Ferris, Edmonton.

124615, Pte. Freeman, W. E., 70th Battalion. Enlisted January 4th, 1916, at London, Ont. Disability, fracture metatarsus, 1913, with limited movement, and marked bulging on inner side of foot. Has been lame ever since. Has never been able to do any marching since enlistment, and complains of severe pain in walking any distance. Has had to have foot strapped in order to get about. Medical examiner, Captain H. J. Stephens, London, Ont.

417933, Pte. Groulx, A. Enlisted in 41st Battalion, June 10th, 1915, at Hull, Que. Disability, defective hearing, suppurative otitis media. Ears have discharged since childhood. Have to speak to him in a very loud voice in order to make him hear. He states that he has been quite deaf since childhood, and that he is no worse since enlistment. Medical examiner, Captain L. E. C. Beroard, Hull, Que.

449296, Pte. Grenon, R., 69th Battalion. Age 50. Enlisted at Montreal, April 3rd, 1916. Disability, inguinal hernia, defective vision, over age. Soldier, medically speaking, is an old man, and older than his years. Fine tremors over whole of body. Signs of chronic myocarditis; has shortness of breath on exertion. Vision 6/60 in each

eye. *Right-sided inguinal hernia, and these conditions existed previous* to enlistment, and are no worse now. Medical examiner, Captain Raoul Tasse, Quebec.

147031, Sgt. Beck, H. H., 51st Battalion. Age 34. Enlisted on July 1st, 1915, at Winnipeg. Old asthmatic since 1901. This man's medical history sheet shows that he was in the hospital in Winnipeg from 15th to 29th January, 1916, with asthma. You will note that this was after enlistment, but he was brought to England. Has emphysema, dyspnœa, and rales throughout the chest. Medical examiner, Captain J. Peake, Winnipeg.

142146. Pte. Lewis, A. J., 76th Battalion. Enlisted June 27th, 1915, at Welland, Ont. Defective vision since childhood. This man makes the statement that there was not any eye test at Welland when he enlisted. Soldier discharged. Medical examiner, Captain R. A. Ireland, Welland.

SPECIALISTS' REPORT.

West Cliff Canadian Eye and Ear Hospital.

August 5th, 1916.

Right vision 6/24, not improved with glasses.

Left vision, counts fingers at 3 feet.

Condition was previous to enlistment, and was not caused by service.

(Signed) J. P. HARRISON, Capt. C.A.M.C.,
for O.C. West Cliff Canadian Eye and Ear Hospital.

916553, Pte. O'Leary, J. P., 95th Battalion. Enlisted April 1st, 1916, at Toronto. Age 24. Under-developed. Cannot carry pack. Suffers from vertigo. Weight, 105 lbs. Chest when fully expanded, 30½ inches. Medical examiner, Captain J. W. Barton, Toronto.

219261, Pte. Weaver, W. J., 75th Battalion. Age 46. Old disability 1909. Chronic bronchitis, defective vision, over age. Vision right eye 6/24, left eye 6/18. Heart action rapid, 120. Emphysematous chest. This man the second day after enlistment was taken from drill because he could not keep up on account of shortness of breath. Even in this condition this man was brought to England. Since coming to England he has coughed and had had attacks of dyspnœa throughout the winter. Was quite useless, and had to be discharged. Not worse than when he enlisted. Medical examiner, Major H. H. Alger, Barriefield. Enlisted September 13th, 1915, at Barriefield.

51057, Pte. Blair, T., C.A.S.C. Enlisted at Toronto, December 6th, 1915. Disability, congenital amblyopia. Right eye, vision defective; left eye, vision lost. Medical examiner, Captain F. A. Hughes, Toronto.

The above photograph gives an example of gross neglect in passing as fit for active service the boy, Private Mick, in the above picture, whose photograph, for sake of comparison, was taken with a normal man, 5 ft. 7 ins. high

Private R. Mick, 297151, enlisted with 224th Battalion, on March 17, 1916, at Pembroke, Ontario. He is sixteen years of age, weighs 80 lbs. only, and had infantile paralysis, which left him with undeveloped and weak muscles in the right hip and thigh. He was passed by a doctor at Pembroke, and was again examined and passed by a Military Medical Officer at Quebec. On both occasions he says he was stripped, and was passed as medically fit He left Canada three weeks after enlistment and has been in hospital in England most of the time since arriving, suffering from his legs He has done no military duty since coming over In spite of the above facts he was still in England at the end of August, i.e., four and a-half months after arrival, drawing pay, though obviously of no military value. One might necessarily ask why this boy was not long ago returned to Canada.

I am enclosing herewith a nominal roll of a few cases which have passed through this office, and would call your special attention to the enclosed roll of one Unit, namely, the 2nd Pioneer Battalion, from which some thirty-eight or forty men alone were discharged under A.F.B. 204 as useless from physical defects.

This report is only a short synopsis of a few of the cases under the different classes, as it would be impossible to cover any appreciable percentage of the number of men enlisted with defects which incapacitate them from military duties.

I have the honour to be, Sir, Your Obedient Servant,

F. W. BLAKEMAN,

Captain, Officer i/c Medical Board Department, for Colonel,
Director of Recruiting and Organisation, C.E.F.

NOMINAL ROLL OF INEFFICIENT SOLDIERS DISCHARGED UNDER A.F.B. 204.

Name.	Age.	Battalion.	Where Enlisted.	Date.	Medical Examiner.	Place.	Discharged.	Date.	Disability.
166016 Blake, C	19	2nd Pion'rs	London Ont.	4-10-15	L. N. MacLean	Sarnia	A.F.B. 204	19-4-15	Phlebitis from 1912. Unable to March. Over age
166522 Fields, H.....	47	do.	Toronto, Ont.	15-10-15	H. P. Rogers	Toronto ..	do.	19-4-16	Over age, poor physique. Myalgia
166761 Fisk, A.	16	do	Toronto, Ont.	15-9 15	F. A. Hughes	Toronto .	do.	19-4-16	Myalgia, weakness of legs. Unable to march
166155 Fairncombe, H..	19	do.	Gault, Ont...	6-10-15	W. S. Dakin	Gault, Ont..	do.	19-4-16	Deafness, debility, general physique
165144 Farge, T.....	14	do.	Stratford, Ont	4-10-15	J. P. Rankin	Stratford ..	do.	19-4-16	Age and debility
166760 Fallen, M.	15	do.	Toronto, Ont.	16 9 15	F. A. Hughes.....	Toronto .	do.	19 4-16	Age, lecouplatis. Age
156220 Hornol, W.	15	do.	St. Thomas.	11-10-15	J. D. Curtis.....	St. Thomas	do.	19-4-16	Left ear deaf, eyesight defective, unable march
166034 Graham, W.	62	do.	St. Thomas.	25-9-15	J. D. Curtis.....	St. Thomas	do.	19-4-16	Varicocele, senility, too old for soldier
163542 Harden, A. E. .	15	do.	Toronto, Ont.	18-10-15	C. J. Currie...	Toronto .	do.	19-4-16	Dyspnœa, defec. fect, index finger missing (L.)
166782 Hawkins, T.	55	do.	Toronto, Ont	20-9 15	E. E. King	Toronto ..	do.	19-4-16	Middle finger, left hand, deformed. Varicocele
166519 Hillyard, G.	53	do.	Toronto, Ont.	18-9-15	W. E. Ogde.....	Toronto ..	do.	19-4-16	Deformed left hand. Unable to flex fingers. Unable to march
157018 Horton, A. D.....	15	do.	Yarm'th, N.S.	27-10-15	D. McDonald.....	Yarmouth..	do.	19.4.16	Age, varico-e veins
166185 Hughes, J.	43	do.	London, Ont.	8-10-15	H. A. Kingsmill .	London....	do.	19-4 16	Over age. Rheumatism
156169 Hedges, T.	14	do.	Gault, Ont .	10-10-15	W. S. Dakin	Gault.....	do.	19-4-16	Age and debility
166306 Johnston, W. L..	13	do.	Toronto, Ont.	28-9-15	F. A. Hughes.....	Toronto ..	do.	19-4-16	Heavy weight (215) with poor feet. Unable march
168343 Lindsay, S. P. ..	57	do.	Timmins ...	12-8-15	H. H. Moon.	Timmins ..	do.	19-4-16	Age and general physique condition
156314 Linge, F. W. C..	21	do.	Toronto, Ont.	18 9-15	F. J. Currie.....	Toronto ..	do.	19-4-16	Flat feet and fits
166580 Lines, C. J.....	27	do.	Toronto, Ont.	18-9-15	N. R. Rowle	Toronto .	do.	19-4-16	Bad feet. Sluggish mentality.
166154 Murphy, S.P. ...	52	do.	London, Ont.	8-10-15	H. A. Kingsmill ..	London....	do.	19-4-16	Age and debility
166154 Meaney, W. J..	52	do.	Gault, Ont...	1-10 15	A. S. Dakin.....	Gault	do.	19-4-16	Age and debility
167666 McDonald, M. ..	51	do.	Sydney, C.B.	3-12-15	W. J. Egan	Sydney	do.	19-4 16	Age and debility
166976 McLaren, J	19	do.	Sudbury, Ont.	23-10-15	R. H. Arthur	Sudbury ..	do.	19-4-16	Myalgia, subject to spells of dizziness
166836 McMurray, J.....	15	do.	Toronto, Ont.	27-9-15	C. J. Currie	Toronto ..	do.	19-4-16	Age and debility
167091 Newlands, J.....	57	do.	Halifax, N.S.	2 11-15	J. Ross.....	Halifax...	do.	3-4-16	Chronic bronchitis. Over age
166391 Niddorey, R. J...	16	do.	Haleybury, O.	16-10-15	G. J. Jackson.....	Haleybury .	do.	19-4-16	Age, general physical condition
166614 Nolligan, M.....	35	do.	Ottawa, Ont.	5-10-15	J. C. Caskey	Ottawa	do.	19-4-16	Mentally unfit
167127 Ohrline, O.....	12	do.	Sydney, N.S.	15-11-15	D. McDonald.	Sydney	do.	19-4-16	Hernia: one leg 1½in. shorter than the other
16610 Papillion, E.	44	do.	Winnipeg, M.	6-9-15	N. W. Musgrove ..	Winnipeg ..	do.	19-4-16	Varicocele: interferes marching; refs. operation
166621 Peltier, E.	50	do.	Timmins, On.	6-10-15	H. H. Moore	Timmins ..	do.	19-4-16	Age and debility
166032 Ramey, W. E....	60	do.	St. Thomas.	23-9-15	J. D. Curtis	St. Thomas	do.	19 4-16	Large bunion; age
166929 Robertson, A....	61	do.	Timmins, On.	5-11-15	H H. Moore	Timmins .	do.	19-4-16	Age and debility
166953 Salisbury, W....	56	do.	Berlin, Ont...	15-10-15	I. J. Walters	Berlin	do.	19-4-16	Age and debility
166911 Strudwick, W. ..	16	do.	Toronto, Ont.	12-10-15	N. R. Holmes	Toronto ..	do.	19-4-16	Age and debility
1666 4 Shields, J.	11	do.	Toronto, Ont	15-10-15	C. J. Currie	Toronto ..	do.	19-4-16	Weak back; Involuntary urination; dyspnœa
166595 Sye, H. A. R. O.	12	do.	Toronto, Ont.	4-10-15	W. Cruise	Toronto ..	do.	19-4-16	Age and teeth
166207 Tordoff, R.....	19	do.	Hespelle ...	12-10-15	W. G. Hutchinson	Hespeller..	do.	19-4-16	Deafness and over age
439928 Bell, H.....	22	52nd Bn.	St. John, N.B.	22-11-15	Capt. McCollough..	St. John ..	AFB 204	17-4-16	Height 4ft. 9in. Weight 112. Spinal caries
414103 McPhee, C.....	18	40th Bn.	Halifax, N.B.	28-7-15	Lt. S. L. Walker ..	Halifax....	AFB 179	19-5-16	Atrophied left arm. No developmt. since 9 years
401116 McDonald, J. J...	18	4th C.R.	Calgary, Alta.	23 2-16	Capt Forsythe	Calgary....	do.	6-7-16	Amputated thumb of each hand
8017 Bentley, J.	39	2nd Bn.	King'ton, Ont.	4-8-14	Capt. G. G. Greer..	Kingston ..	do.	26-10-15	Glass eye
622802 Douglas, R.....	12	44th Bn.	Winnipeg....	29-9-15	Mjr. C. O'Brien....	Winnipeg	AFB 204	25-2-16	1 tooth upper jaw, 17 lower jaw. Over age
623033 Roneo, C.....	—	44th Bn.	Winnipeg....	27-9 15	Mjr. C. O Brien....	Winnipeg	do.	25-2-16	Severe varicocele, asthma, dyspnœa
487232 Arthur, C.	50	1st Pion.	Victoria, B.C.	1-12-15	Lt. McSorley	Victoria ..	do.	25-2-16	Aortic regurgitation
622838 Adkins, W.....	39	44th Bn.	Winnipeg....	15-9-15	Mjr. C. O'Brien....	Winnipeg	do.	25-2-16	Deafness both ears

(b) Lieut.-Col. Wilson's letter of July 3rd, 1916, to Headquarters on "Inefficient and Medically Unfit Soldiers arriving from Canada," with nominal roll attached.

To Headquarters, C.T.D., Shorncliffe.

July 3rd, 1916.

In accordance with your request H. 36-3-16 of June 26, I wish to submit the following:—

GENERAL STATEMENT AS TO THE CLASS OF MEN ARRIVING FROM CANADA.

For some months now it has been a rule in accordance with the instructions we issued in A.D.M.S. Order No. 394 of the 9th of March last to medically examine immediately on arrival all drafts coming into this area. Such men being principally new arrivals from Canada, we can come to a fairly intelligent opinion as to the general class of men being sent forward.

It is impossible for me to give you very accurate figures as to the ultimate disposal of the men found unfit for overseas service; the general policy here being that, even though a man arrives from Canada who should never have been sent over on account of some physical disability, since already so much has been spent upon this man in money, time, and equipment, etc., if he can possibly be used here we retain him in the Service. In this way every effort is made to use such men and not return them to Canada, except in such cases as they are absolutely useless for any kind of service. There is a great variance in the Units. For example, some infantry Units have arrived here with practically 100 per cent. fit men. On the other hand, a great many units have arrived with almost 25 per cent. unfit men.

In the latter class, I beg to draw your attention to the Canadian Pioneer Draft, which arrived in this area 29th June—239 all ranks.

Examination by the S.M.O. and M.O. of this draft discloses the fact that 45 men were unfit, a proportion of 19 per cent. Nominal roll of this inspection is hereto attached, from which you will note that:—

Pte. H. Emson is 72 years of age.

Pte. G. E. Albright was recently taken out of a tuberculosis sanatorium previous to embarkation.

Pte. C. H. Baird is blind in the right eye, and his vision in the left is just about one-eighth what it should be; in other words, he is 15-16ths blind.

Pte. J. McConaghty is 58 years of age.

Pte. C. Dixon is 57 years old.

Pte. C. D. Jarvis is 52 years old.

Pte. D. McDonald is 52 years old.

Pte. G. Lockie is 50 years old.

Ptes. N. E. Plaxton, J. Quigg, and G. V. Royle are 16 years old.

Pte. J. Clark states that when he was examined in Canada he was suffering from gonorrhœa.

Over age seems to be one of the most common disabling features. In reference to this I wish to call your attention to a detailed report of over-age men who have been discharged during the last three months. There have been 172 men discharged of an average age of 49 years. During that period there have further been 284 over-age men examined by the Medical Boards who have been given "Base Duty," and the average age of these men was also 49 years.

Generally speaking, the drafts arriving from Canada display a lack of careful medical inspection before leaving. There are many instances of men who have been taken from hospital and placed on board ship and brought to England, only to be again placed in hospital and, eventually, to be invalided back to Canada. We have numerous instances which could be easily substantiated by records of men who had venereal disease when they embarked from Canada to England. In all cases, of course, the venereal disease could not have been detected, but in many cases it could, and there was apparently no effort made to discover the condition prior to embarking.

To substantiate this latter statement, I am attaching herewith a nominal roll of venereal cases in the 69th Battalion—59 cases in all, who were infected in Canada previous to embarkation, and in a great many of these cases could have been detected by examination. Therefore it would appear that the general condition of the men arriving from Canada shows:—

(1) A lack of careful and strict examination on enlistment.

(2) A lack of proper inspection on embarkation from Canada.

(Signed) F. W. ERNEST WILSON,
Lieut.-Col., A.D.M.S., Canadian Training Division.

Draft to Pioneers	239
Unfit (19 per cent.)	45
Over Age (one man 72)	21
Under Age	3
V.D.	3
General Causes	19

NOMINAL ROLL OF UNFITS FROM DRAFTS ARRIVING IN ENGLAND FROM CANADA 29th JUNE, 1916.

Number.	Name.	Nature of Complaint.
490588	Arrowsmith, A.	Eyesight
490280	Allbright, G. E.	Tuberculosis
490570	Angus, G.	Varicose veins

Number.	Name.	Nature of Complaint
490633	Baird, C. H.	Blind right eye
258233	Breeze, P. R.	Suspect T.B.
490645	Bruce, A.	Varicose veins
490565	Bull, W. B.	Over age, 49
490471	Bernard, D. A.	Venerea. Scars
490464	Bowley, S. G.	Over age
490644	Clark, J.	Valvular disease
490614	Cheston, H. S.	Acne
490682	Clark, J.	Gonorrhœa
490630	Campbell, J.	Hydrocele and varicose veins
490551	Connor, J.	Gonorrhœa
490533	Currie, R. G.	Aortic murmur
490618	Dixon, C.	Over age, 57
490628	Draper, R.	Over age
490534	Dorkings, C.	Over age, 46
490488	Devans, D.	Over age
490592	Emson, H.	Over age, 72
490638	Edwards, W. K.	Over age
490662	Enfield, J. J.	Eczema leg
490688	Essler, H.	Over age
490676	Gornall, R. W.	Eyesight
490514	Grant, A.	Gonorrhœa
490571	Gianutt, C.	Over age, 48
490627	Haigh, T.	Eyesight
490578	Johnson, H. O.	Age 50. Varicose veins
490539	Johnson, G. M.	Age and heart
490562	Jarvis, C. D.	Age 52
490491	Jepson, W.	Eyesight
490542	Kemp, P.	Varicose veins
490508	King, E. W.	Hernia
490483	Kelly, A. W.	Goitre and rapid heart
490556	Lockie, G.	Age 50
490484	Lovejay, J.	Unfit heart
490594	McDonald, D.	Eyesight. Age 52. Heart disease
490649	McLean, K.	Over age, ing. hernia, rapid heart
490655	Maher, J.	Over age, 49
490624	Monette, J.	Hydrocele
490666	McDonald, D.	Varicose veins
490584	Morning, E.	Age 46. Varicose veins
490563	McCauley, W.	Eyesight, 46
490487	Robinson, J.	Eyesight
490597	Smith, A.	Eyesight
490595	Saunders, T.	Flat feet
490615	Watson, W.	Over age, 46
490591	Williams, R.	Over age, 48

Number.	Name.	Nature of Complaint.
490651	Yuill, S.	Over age, 50
490697	Spier, A. T.	Over age, 49
450931	Montgomery, T.	Unfit heart
490477	McConaghy, J.	Over age, 58
490650	McDonald, J.	Varicocele
490486	McKeating, L.	Over age, 50
490462	Maloney, J.	Over age, 46
101522	MacKay, R. F.	Over age, 49
490667	Nicholl, T. H.	Eyesight
490530	Plows, F. T.	Over age, 46½
490673	Plaxton, N. E.	Under age, 16
490500	Pusey, L.	Over age, 50
490616	Quigg, J.	Under age, 16
490686	Royle, G. V.	Under age, 16

(c). *Detailed Report of Over-Age Men who have been Discharged.*

March 20th—June 20th, 1916.

Battalion.	No.	Average Age.
2nd	2	51
5th	1	57
7th	1	58
8th	2	49
9th	1	52
10th	4	48
11th	2	49
12th	2	51
13th	5	52
14th	3	48
15th	1	49
17th	2	46
18th	2	46
19th	1	45
20th	2	48
21st	1	45
22nd	3	48
23rd	4	48
24th	—	—
25th	2	47
26th	2	51
32nd	1	45
28th	1	49
29th	3	46
34th	1	50
	100	

Battalion.	No.	Average Age.
35th	1	 50
36th	2	 48
39th	4	 49
40th	2	 52
41st	2	 49
43rd	1	 45
44th	4	 52
46th	1	 45
47th	1	 45
49th	3	 47
50th	2	 48
52nd	1	 45
53rd	1	 51
54th	2	 45
55th	1	 51
56th	2	 46
60th	3	 49
62nd	1	 45
63rd	1	 49
67th	1	 54
71st	2	 49
73rd	1	 53
P.P.C.L.I.	1	 45
C.P.T.D.	25	 50
C.C.D.	8	 49
R.C.R.	2	 46
C.A.M.C.	9	 49
C.M.P.	1	 49
C.F.A.	12	 50
C.E.	16	 50
C.A.S.C.	9	 50
Hqrs.	1	 47
	172 men	..... 49 years

NOTE.—This is the total number of Discharges which have been carried out in the three months dating March 20th to June 20th, in which old age has been the predominating factor of their disability.

(d.) Detailed Report on Over-Age Permanent Base Duty Men.

April 20th—June 20th, 1916.

Battalion.	Number.	Average Age.
2nd	1	 61
4th	1	 47
7th	1	 54
	101	

Battalion.	Number.	Average Age.
8th	2	50
9th	8	48
11th	3	46
12th	1	47
13th	1	48
17th	6	50
21st	2	51
23rd	1	45
26th	1	57
27th	1	45
30th	4	48
32nd	4	49
33rd	10	48
34th	10	50
35th	2	51
37th	1	52
39th	5	47
40th	8	45
42nd	1	46
44th	3	30
45th	14	48
46th	5	50
47th	6	50
50th	3	46
53rd	2	49
54th	11	46
56th	6	50
58th	1	59
59th	4	47
60th	1	53
61st	3	52
62nd	2	48
63rd	3	48
67th	7	49
69th	15	49
71st	12	45
73rd	8	47
76th	4	50
78th	1	44
79th	7	47
81st	7	48
83rd	3	51
88th	13	50
99th	3	48
P.P.C.L.I.	3	48
C.P.T.D.	32	49
	102	

Battalion.	Number.	Average Age.
C.C.D.	6	49
R.C.R.	4	47
C.A.M.C.	3	48
R.C.D.	2	50
C.M.S.	3	48
C.M.P.	1	54
C.F.A.	5	46
R.C.H.A.	2	50
C.E.	3	48
C.A.S.C.	1	46
Hqrs.	1	47
	284 men	49 years

NOTE.—This is the total number of Permanent Base Duty Men over the ages of 45 who have been boarded in the last two months—April 20th to June 20th. This constitutes 22.5 per cent. of the total number found fit for Permanent Base Duty in that time. You will notice that in some Units the average age is 45. This is explained by the fact that in many boards the age given by the soldier is below 45, or in other words, much below that of his physical condition.

(c) Details of unfit men retained in the Service.

Skin trouble since enlistment. Retention for a year in service.

Pte. Kelly, David, No. 406937, 36th Reserve Battalion. Aged 27. Enlisted January 28, 1915, at Hamilton. For seven years he has had trouble with his skin, which is diagnosed "Dermatitis herpetiformis." Seven months in hospital and the rest of the time has done occasionally a little light duty. Discharged February, 1916.

Hernia before enlistment.

Pte. Daves, H. T., No. 405022, 35th Battalion. Aged 40. Enlisted April 19, 1915, at Toronto. Had a small hernia in civilian life, to which he drew the attention of the M.O. on enlistment. Discharged March, 1916. Never in France. Hernia not readily supported by truss.

Over age and senility.

Pte. Dubo, N. Y., No. 417530, 23rd Battalion. Aged 55. Enlisted August, 1915, at Montreal. Is quite an elderly man in every way, with some changes in heart and arteries. Discharged July, 1916.

Flat feet, double hallux rigidus.

Pte. Draper, H., No. 166511, 2nd Pioneers. Aged 26. Enlisted October 18, 1915, at Toronto. Has not done a full month's duty since coming to England in December, 1915. Quite unfit to march. Discharged June 2, 1916.

Defective vision before enlistment.

Pte. Eason, John, No. 401360, 33rd Battalion. Aged 24. Enlisted July 24, 1915, at St. Thomas. Was turned back from ranges owing

to inability to shoot. R.V. 6/60, L.V. 5/60. Has congenital nystagmus. Condition not improved. Discharged June 22, 1916.

Over age and asthma.

Pte. Black, G., No. 409753, 37th Battalion. Aged 55. Enlisted wheezy. Had asthma previously in England, and it returned as soon as he reached England in November, 1915. Discharged April 2, 1916. at Toronto in June, 1915. Tent maker. Looks over 60, stout and

Epilepsy in childhood and recurring since enlistment.

Driver Busby, R., No. 304445, C.F.A. Aged 28. Enlisted June 1, 1915, at Kingston. Discharged July 27, 1916. Never overseas. Many attacks since enlistment.

Old injury to left hand.

Pte. Burnett, R. E., No. 59116, 21st Battalion. Aged 18. Enlisted November 14, 1915, at Arnprior, Ont. Discharged July, 1916. In 1911 in sawmill injured left hand, leaving hand numb, with middle and little fingers stiff. Has not worked since accident five years ago. In France four months on light duty.

Defective vision prior to enlistment.

Alexander, Jas., Farrier Sgt., No. 541701. Enlisted August 3, 1915, at Ottawa. R.V. 3/60, L. 3/60. Very high myopia. Unaffected by service. Discharged July 7, 1916

Depressed fracture of skull, December, 1913.

Pte. Beaver, No. 158537, 81st Battalion. Aged 18. Enlisted September, 1915, at St. Catherines. Farmer. Depressed fracture of skull from kick of horse in December, 1913. Was off work owing to headaches for three months of the year preceding enlistment. Discharged June 20, 1916. Only four months on full duty owing to headaches.

Deformity of hand, loss of three fingers with metacarpals.

Pte. Andrews, H. A., No. 101658, 66th Battalion. Enlisted February 4, 1916, at Edmonton. Aged 44. Eight years ago lost third, fourth, and fifth fingers with their metacarpals, and has only partial power of movement in thumb and forefinger. Says he has done no duty since enlistment six months ago. Discharged August 3, 1916.

Enlistment of discharged British soldier.

L.-Cpl. Beech, E., No. 175079, 86th Battalion. Aged 28. Carpenter. Discharged from Imperial Army in October, 1915, after operation for ulcer of stomach (gastro-enterostomy). Enlisted February 21, 1916, at Hamilton, as he felt much better. Went sick June 1 with old symptoms. Discharged August 9, 1916.

Tuberculosis of bladder and double tubercular epididymitis before enlistment.

Pte. Bell, W. J., No. 540472, Can. Div. Cyc. Co. Aged 30. Enlisted August, 1915, at Toronto. For many years troubled with his bladder. Double epididymitis, T.B. and tuberculosis of bladder. Discharged June, 1916.

Over age.

Pte. Bennett, John, No. 487320, 1st Can. Pioneers. Enlisted

September 22, 1915, at Vancouver, B.C. Stonemason. Aged 58, and looks it. Discharged May 10, 1916.

Enlistment of old T.B. patient.

Cpl. Allright, George, No. 490280, 1st Can. Pioneers. Enlisted at Vancouver March 27, 1916. In 1914 was in Kamloops Sanatorium for three months for pulmonary tuberculosis. Within three months of enlistment usual symptoms of tubercular lung trouble, with recent acute physical signs of old lesion in the tops of each lung. Discharged July 10, 1916.

Seven and a-half months' retention of obvious unfit.

Pte. Malcolm Melvin, No. 643929, 36th Battalion. Aged 35. Enlisted January 24, 1916, at Orillia. In 1912, in a month, he had two slight strokes involving right side of body and speech. Since then slight drag of right leg. Has not been able to march. Walks with marked drag of right leg. Wasserman positive. Discharged August 2, 1916.

Retention for eleven months in Service of man obviously unfit.

Pte. Smith, 455269, R. C. R. Aged 24. Enlisted August 6, 1915. Shoemaker. Even in shoe-cutting before enlistment he had considerable trouble with eyes, and three months before enlistment, owing to eyesight, he gave up shoe-cutting for farming. R.V. 6/60 with glasses not improved, L.V. 6/60 with 10D 6/36. Discharged July 13, 1916.

Retention in Service for eleven months of man obviously unfit.

No. 159181, Pte. Smith, S. P., 81st Battalion. Aged 38. Enlisted September 27, 1915, at Toronto. Discharged May 21, 1916. In 1911 fell, while on construction work, 8 feet on left shoulder. Continued work as a foreman, superintending, but not working himself. Had wasting of muscles of arm and pectoral muscles of left side.

Retention for months of obviously useless man.

No. 10698, Pte. Verrell, H., 4th Battalion. Aged 45. Enlisted May 15, 1915. Since May, 1915, he has done only four months light duty. He was tried out recently at Bath, but could not be trained up. He complains of pains in joints, but there is nothing objective but age. Discharged April 20, 1916.

Retention of man of 55 for eight months in Service.

No. 454894, Pte. Smith, J. E., 39th Battalion. Aged 55. Enlisted July 10, 1915. Discharged March 24, 1916. Enlarged heart, bunion, bronchitis.

Fifteen months' retention of a useless man.

No. 412252, Pte. Wenrow, 39th Reserve Battalion. Aged 34. Enlisted February 8, 1915, at Belleville. Discharged May 8, 1916. Has done very little work since enlistment, practically only fatigues. Has a marked double hallux rigidus, and is quite unfit for marching.

Hemiplegia prior to enlistment, but retained twelve months in service.

Alert, M., Pte., No. 417943, 23rd Reserve Battalion. Enlisted July 21, 1915, at Three Rivers. In September, 1913, fell from bridge and injured head. Has had loss of power in left arm, side, and left leg since. Cannot march or carry pack. Partial paralysis of whole of left side of body. Discharged July 18, 1916.

4.—THERE IS UNNECESSARY DETENTION IN HOSPITALS. THERE HAS BEEN NO MEDICAL INSPECTION BY THE CANADIAN MEDICAL SERVICE OF CANADIAN SOLDIERS IN IMPERIAL HOSPITALS, AND THERE HAS BEEN NO EFFICIENT MEDICAL INSPECTION OF CANADIAN HOSPITALS, IN CONSEQUENCE OF WHICH CANADIAN SOLDIERS ARE RETAINED IN HOSPITALS IN GREAT BRITAIN, MANY OF WHOM SHOULD HAVE BEEN RETURNED TO DUTY, AND OTHERS SHOULD HAVE BEEN RETURNED TO CANADA, WHERE THEY COULD HAVE BEEN MORE ECONOMICALLY AND EFFICIENTLY TREATED. THE LACK OF SYSTEM PERMITS OF THE AIMLESS MOVING OF PATIENTS FROM HOSPITAL TO HOSPITAL.

(a) Examples of Cases Considered Unnecessarily Retained in Convalescent Hospitals. Seen Sept., 1916.

287771, Pte. Powell, T. G.
Recovered. Should be at Command Depôt.

402486, Pte. Clements (22), 1st Battalion.
* G. S. W. head, with fracture of skull. Not a case suitable for Epsom. Ready for discharge.

55838, Pte. Faithful (24), 19th Battalion.
Shell shock, April, 1916. Thin, nervous. Obviously should have been discharged.

446725, Pte. MacDonald (39), 5th Battalion.
Stout. Rheumatic. At his age can never be trained. Discharged.

63443, Pte. Hall, J. (25), 13th Battalion.
Superficial wound of hand, July 7, 1916. Quite recovered. Should be at Command Depôt.

* Gun-shot wound.

17210, Pte. Cooter, E. (20), 7th Battalion.
G.S.W. right neck, with fracture of jaw, September, 1915. In Croydon Hospital for seven months. Jaw united, but upper and lower jaws do not "bite." Can take only mince. A discharge case.

4854, Pte. Waldran, C.A.S.C.
Enlisted May, 1916. In hospital five weeks with myalgia. Looks about 50. No good. A discharge case.

90936, Gnr. Rance, P. E. (33), 1st Div. Train.
Cancer of lip. (Signed certificate from operating surgeon.) Operated on at Etaples, May 28, 1916. Been in V.A.D. Hospital and Epsom one month. Obvious discharge case.

457618, Pte. McCann (32), 24th Battalion.
G.S.W. through cheeks, with injury to tongue and compound fracture of left side of jaw. May 1, 1916. Been at Horton War Hospital, Epsom, from May-August 23rd. Jaw united, but can take only mince and liquid food. Tongue cannot be protruded. Discharged.

57750, Pte. Wild, W. (26), 20th Battalion.
G.S.W. right thigh, March 28, 1916. Has improved as far as possible, with some slight, but permanent disability. Is ready for permanent base duty or discharge.

54107, L.-Cpl. Kellaway (26), 18th Battalion.
Crushed by machine-gun, June 7, 1916. Coughed blood for some hours. Now complains of tightness in stomach after food. Stands in a twisted attitude. At Epsom three weeks and not at physical training. Is mainly a functional case and will not improve at Epsom. Should be at Granville Hospital.

415367, Pte. Dalton, R. J. (22), 2nd Pioneers.
G.S.W. right heel, April 18, 1916. Still has a sinus. Will never be able to march. Poor education. Discharged.

111570, Pte. Lovell, R. J. (24), 5th C.M.R.
In France eight months. Right pleurisy, May, 1916. Two pints drawn off. Pale and sick. Poor expansion of right lung Discharge case.

46518, Pte. McLean, E. (24), 15th Battalion.
Very superficial wound of finger, March, 1916. Has been marked for Epsom. Should have been at Physical Training long ago.

451036, Pte. Paul (31), 58th Battalion.
G.S.W. left hand, July 5th, 1916. Marked for Epsom. Should be at Command Depot.

602454, Pte. Faulkner (21), 1st Battalion.
On June 13th, 1916, slight G.S.W. left hand, and increasing a contracture of fourth and third fingers which was slightly present before. Is marked for Ramsgate. A discharge case.

114219, Pte. Dolman (20), 21st Battalion.
Trench feet in March, 1915: in hospital since. Has changes in left metatarso phalangeal joint, which make him unfit for marching. Is a discharge case. Useless to retain in convalescent hospital.

147975, Pte. Pacque, A. (28), 5th Battalion.
G.S.W. (slight). April, 1916. Loose cartilage of left knee. Operated on at Newcastle, June, 1916. With a false step "it throws him over." Slight lateral mobility. Is a discharge case.

475841, Pte. Field, W. S. (28), P.P.C.L.I.
May 15, 1916, G.S.W. left chest. Has much retraction of the left chest, and is an obvious discharge case. Short of breath.

111138, Pte. Amos, W. A. (22), 1st C.M.R.
In France eight months, and has been in hospital for the last four months, in Bearwood one month, with loss of weight, cough, and expectoration. Is thin and quite useless for the Army. Sputum at present negative—it takes over a week usually to get a report from Reading. Should have been disposed of in the active treatment hospital.

412958, Pte. Walton, G. (24), 14th Battalion.
May 1, 1916, G.S.W. abdomen, followed by an operation, in which 2 ft. of bowel was removed. No. 3 W.G.H., Cardiff, May 26th—July 13th: from July 13th—September 1st at Bearwood. Enteroptosis and tendency to hernia. Poor physique. A discharge case.

298011, Pte. Madden, J. (35), 224th Battalion.
Local. Off duty four months. Asthma. Is no good, and should be discharged. Marked discharge by recent Board.

120080, Sgt. Turcot (46), 69th Battalion.
Marked for physical training. L. pleurisy, April and May, 1916. Fluid drawn from chest three times. Has a large cleft in hard palate. Poor physique. Will never be fit for training, and should be discharged.

434650, Pte. Turnbull, W., 50th Battalion.
Local. Off duty four months with fracture of tibia and fibula. Plated at Bramshott May 6th. Much thickening. Still cannot walk far, and will never be fit for marching. Is a discharge case.

192599, Pte. Smith, J. (17), 13th Battalion.
In France four months. Shell concussion three months ago Very nervous and shaky, with facial tic. Obviously a discharge case.

429194, Pte. Dewar, J. W. (34), 16th Battalion.
After four months in France, on June 13th, 1916, G.S.W. left knee. Very superficial. Should be at Command Depôt. Is marked for Epsom.

71386, Pte. Gibson (23), 27th Battalion.
July 6, 1916, G.S.W. left upper arm. Complete recovery. Should be at Command Depôt, and is so marked.

628107, Pte. Gowing, P. (36), 14th Battalion.
June 18th, 1916, G.S.W. left leg. Completely recovered. Should be at Command Depôt, and is so marked.

436110, Pte. Axon, R. (24), 4th Battalion.
G.S.W. *face and fracture of jaw, November 9th, 1915.* Bevan Hospital one month, Croydon 5½ months, Cambridge Hospital, Aldershot, plastic operation; Bearwood one week. Extensive injury and narrowing of month. Can take only mince. Has now got all the improvement possible, and is a discharge case.

412351, Pte. Cherry, A. (26), C.A.S.C.
After two months in France took sick May 8th, 1916, with rheumatic fever, and * V.H.D. Bearwood; two weeks. Has some enlargement of heart, with mitral regurgitation, but compensated; is pale. Is marked for Buxton, but could be better discharged.

453564, Pte. Monkman (27), 58th Battalion.
G.S.W., with fracture of left scapula, June, 1916. Extensive injury. Now healed, with permanent disability. Is now ready for discharge.

475147, Pte. Morden, W. R. (23), 27th Battalion.
G.S.W. left ankle, very superficial, May, 1916. 3rd W.G.H., Cardiff, seven weeks. Is marked for training. Bearwood seven-eight weeks, but has been fit for Command Depôt for many weeks.

72176, Pte. Bonner (19), 27th Battalion.
G.S.W. *left leg. April, 1916. Wound very slight. In Bearwood* since May 18th. Should have been at physical training two months ago.

406044, Pte. Brind, W. J. (43), 1st Battalion.
In France 4½ months, and was buried in June, 1916. Has pain in back and knees and not improving. At his age will never train up. Is marked for Buxton, though obviously not a suitable case.

69370, Pte. Howe, F. (34), 26th Battalion.
May, 1916, had injury to right chest in France, with apparently empyema following. Now very marked deformity of right *chest and defective air entry. In Bearwood one week. Should* have been discharged from service from active treatment hospital.

458641, Pte. Nixon, J. (44), 60th Battalion.
In France four months. June 14th, shell shock. Operation July 7, 1916, for left haematocele? Is 44 and stout. Is marked for duty, but is a discharge case.

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* Valvular disease of heart.

435672, L.-Cpl. Galloway, R. G. (26), 50th Battalion.
Local. On duty till June 4th, 1916, when right ankle began to pain. Much thickening around ankle. Has been off duty three months without improvement. Will never train. Is marked for Buxton, though he would be better discharged.

312868, Gnr. Jennings, A. (18), C.F.A.
Local. March 14th, 1916, cerebro-spinal meningitis. In bed till May. Later influenza. Now weak, dizzy, with gastric symptoms. Is a discharge case.

530020, Pte. Tesserole (39), 8th Field Ambulance.
Local. In hospital since May 3rd, 1916, with bronchitis and history of bloody expectoration. T.B. not found. Is thin and a poor specimen in every way. Has been held in Bearwood for six weeks because of negative sputum. Is marked for Orpington. Should never have been at Bearwood, and is a discharge case from the active treatment hospital.

53180, Pte. Young, F. (45), 18th Battalion.
In France six months. Bruised against parapet by shell in February, 1916. Claims he was paralysed and numb in the legs with bladder trouble. In hospital since February. Lincoln, four and a-half months; Bearwood, six weeks. Is marked for physical drill, but looks his age, rises twice at night to pass water, and has backache. Discharge case.

102267, Pte. Pirris, G. (23), 67th Battalion.
Local. May 24, at Bramshott, tooth extracted with abscess of cheek. Lanced inside and out in Bramshott Hospital, and is still discharging into mouth. Has had a very large swelling over right molar since May 20. Should be in active treatment hospital.

69882, Pte. Searles, N. H. (30), 26th Battalion.
Local. Truck passed over right leg at Folkestone, August 4th, 1915, in hospital since. Royal Victoria Hospital, Folkestone, four months; Bearwood, four days; Moore Barracks, two months; Bearwood, five weeks; Moore Barracks, three months; Bearwood, three months. Had compound fracture of both leg bones with considerable loss of bony substance. Fracture united in a few months, but still a slight sinus remains. Good movement in ankle. Is obviously a discharge case.

2570, Pte. Macdonald (24), C.A.S.C.
After three and a-half months in France returned May 27th, 1916, with valvular disease of heart. Cardiff, two weeks; Bearwood, three months. Has enlarged heart with dilated aortic diastolic; short of breath when he exerts himself. Is obviously a discharge case, and should not have been retained so long.

A4163, Pte. Mulvey, F. (27), 3rd Battalion.
G.S.W. left thigh, June 13th, 1916. Extensive scarring with some permanent disability. Marked Epsom, but cannot be trained. Is a clerk, and should be sent for permanent base duty.

460351, Pte. Roberts, T. (25), 27th Battalion.
Unconscious from shell explosion April 6th, 1916. Unconscious four days. Has headaches: cannot protrude tongue. Laceration of brain. Was sent from Epsom to Bearwood seven days ago. Is obviously a discharge case.

504960, Pte. Watling, J. (33), 26th Battalion.
After ten months in France returned July 17th, 1916, with pains in left side and shortness of breath. Has enlarged heart with auricular fibrillation. Tired and short of breath. Is a discharge case, and should have been retained in an active treatment hospital till discharge.

430645, Pte. Thompson, W. (23), 3rd Pioneers.
Extensive wound left buttock April 18th, 1916. Colchester, Epsom, Bearwood, eight days. Has some permanent disability and cannot be trained. Is marked for physical training, but is a discharge case.

463250, Pte. Cater, G. (30), 62nd Battalion.
Local Erysipelas April 22nd, 1916. In bed till June 19th at Moore Barracks, then Epsom three weeks, Bearwood two months. Complains of shortness of breath and pain in heart, with slight swelling of the legs. Has dilated heart with organic valvular disease, and is, though marked physical training, obviously a discharge case.

102793, Pte. Sutherland (45), 67th Battalion.
Fracture left humerus, May, 1916, with some stiffness of shoulder joint as fracture was high up. At his age a discharge case, though he is marked for physical training.

467033, Pte. Sutherland, A. (41), 13th Battalion.
Acute nephritis in France, March, 1916. In hospital since. In Bearwood since June, 1916. Still albumin in urine. His papers are made out for discharge. Was an obvious discharge case for last two months.

451996, Pte. Hookey (41), 58th Battalion.
Shell shock, May 3rd, 1916. Not improving. Obviously a discharge at his age

Three cases of "Epilepsy" in hospital. Should not be in convalescent hospital. Action should have been taken in the primary hospital.

A—40191, Sgt. Nelson, J. (41), 5th Battalion.
In France ten months. In April, 1916. G.S.W. shoulder and shell shock. Looks 49 and is shaky. Discharge case.

109166, Pte. Prestwich (30), 4th C.M.R.
Nephritis, March 29, 1916. Edmonton Hospital, London, seven weeks: Hatfield, three weeks: Epsom, three weeks: Moore Barracks, three to four weeks. Still has albumin in his urine. A discharge case.

A—36823. Pte. Arnold, D. (47), 4th Battalion.
In France eleven months. Small wounds in May 26th, 1916. Looks his age and looks tired. Discharge case.

623022, Pte. Merrick, G. H. (19), 27th Battalion.
G.S.W. neck, June 26th, 1916, with resulting aneurism. Arteriovenous of carotid-jugular. Operation June 30th. Thin boy. Discharge case.

489164, Pte. Burke, P. L. (28), 43rd Battalion.
May, 1916, G.S.W. right ankle, with fracture of metatarsal. Won't be fit for marching. Fat, weighing 220 lbs. Discharge case.

704113, Pte. Johnston, L. (42), 102nd Battalion.
Local left hernia. Operation recently. Looks his age, and has a large goitre. Cannot be trained. Discharge case.

The Officer Commanding Bearwood Convalescent Hospital states that a number of cases came from Bramshott which should not have been sent. These have been laid up with trivial sicknesses and after a stay here, mixed with the others, they get the desire to remain and feel that they are unfit for duty for some time.

511068, Smythe, C.A.S.C. Varicocele operation. Fifty years of age. A stupid operation.

145066. Palmer, G. T., 51st Battalion Operation on kidney before enlistment in Army one year Has fullness in loin. Probably tubercular kidney. Discharge case

733165. Sabine, H. R., 112th Battalion. Foot fractured 14 years ago. Nothing has occurred to it since enlistment. Was sent to school to learn signalling after enlistment. In Army for nine months. Was quite useless from start. Should have been discharged long ago. In England one month.

81879, Thomas, 32nd Battalion. Transferred to C.A.M.C. Joined November, 1914. Valvular disease of heart. Has done no full duty. Should have been discharged a year ago.

163473, Jones, T., 75th Batt. Epilepsy. A discharge case. Sent here from Bramshott.

79708, Skinner, 31st Battalion. Operation for loose semi-lunar in

March, 1916, at Newcastle, where he was sent after six months in France. Usual poor result.

163150, Heath, Ed., 84th Battalion. Ulcer of stomach. Vomited blood at Borden. Age 47. Discharge case.

703512, Clyde, W. T., 102nd Battalion. Rheumatism since arrived in England. A discharge case. 42 years old.

27937, Noble, 15th Battalion. In Army two years. In France fifteen months. Sent to Birmingham War Hospital with cervical adenitis. Operation, glands removed, still discharging. Useless from military standpoint.

171447, Crisp, 12th Reserve Battalion. Hæmorrhoids operation, August 1st. Age 46. Stupid operation at his age from military standpoint.

435101, Capell, 49th Battalion. Sent back from France April 27th, 1916, after two months' service on account of flat feet and rheumatism to Shorncliffe Military, to Epsom, to Moore Barracks, to Bearwood. Ingrowing toe nails removed at Shorncliffe Military. Did not heal, so sent back from Epsom. A useless man.

238, Leith, P.P.C.L.I. 19 months in France. Quite deaf. Never had an ear report of condition. A discharge case.

148710, Leach, G. R., 78th Battalion. Evidently a discharge case. Been sick since first week he was in Army. Enlisted February 1st, 1916. Should never have been brought to England.

703744, Thompson, J. P., 102nd Battalion. In Army six months. Operation July 18th for hernia. Now recovered, but is much older than his years, and will never be of any use in the Army.

161206, Taylor, 82nd Battalion. At bayonet practice on July 1st received a very trivial wound in chest. Sent to Moore Barracks for three weeks. Should never have been sent to a convalescent hospital.

427853, Tuffy, 51st Battalion. Enlisted in August, 1915. Came to England in October. Operation in August, 1915 (Regina) for varicose veins, April 10th at Bramshott by Dr. Cobbett for varicose veins, July 10th for appendicitis. Since April 10th has done nothing.

463724, Appleford, G., 2nd C.M.R. Two months in France. Shell shock. 48 years old. Discharge case.

163399, Montgomery, C.A.M.C. History of tubercular hip. Old sinuses. No special pain except at night. Sent here from Bramshott. Should have been discharged direct from Bramshott, but as this is a British Hospital discharge must take place through Bearwood.

455317, Aguin, 80th Battalion. Extensive scar left leg, with separation of muscles, fluid in right knee joint. Off and on duty for ten months. Should have been discharged long ago.

Last case seen was from a British hospital, where he was operated upon for loose cartilage. Crucial ligaments torn. Marked lateral antero posterior movement of joint. A fool operation, and now a discharge case.

(b) Patients are retained in England who could be more economically and at least as efficiently treated in Canada, combining re-education with treatment in many cases. Examples from the Board Room.

Eleven months in hospital.

Pte. Hurst, E., No. 11428, 12th Reserve Battalion. Age 34. Enlisted August 16th, 1914, at Thorold, Ont. April 23rd, 1915, at Ypres, wounded. G.S.W. arms right and left; G.S.W. chest left musculo-spiral paralysis; operation on nerve July, 1915. Loss of fingers and thumb of right hand. *Discharged March* 16, 1916, with complete left musculo-spiral paralysis. "Not able to dress himself without assistance."

Eleven months in hospital.

Pte. Harris, A., No. 77241, 30th Battalion. Aged 21. Enlisted September 7th, 1914, at Victoria. August 27th, 1915, at Messines, wounded by high explosive, right arm, causing ulnar paralysis. In hospital since. Nerve sutured. Discharged August 8th, 1916, with no improvement; and note, that several months' treatment is still required.

Eleven months in hospital.

Pte. J. M. Good, No. 19803, 10th Battalion. Aged 27. On May 21st, 1915, at Festubert, bullet wound of right leg, with compound fracture of right femur; right thigh 2½ ins. shorter than left; ankylosis of hip and very limited flexion of right knee. Unable to walk without crutches. Wounds healed a month ago. Discharged April 26th, 1916. Could have combined re-education in Canada with last few months' treatment.

Almost a year in hospital.

Spr. Lazenby, C. W., No. 45231. Age 24. Enlisted August 21st, 1914, at Toronto. G.S.W. of right thigh, August 23rd, 1915, at Ploegsteert. Amputation of thigh August, 1915. In consecutive order he was in Norfolk, Yarmouth, Uxbridge, Folkestone, Bath, and Granville Special Hospital. In Granville from March to August, 1916. Discharged August 8th, 1916; fitted with artificial limb April, and refitted June.

Twelve months in hospital. Median nerve paralysis.

Pte. Boulter, A., No. 13260, 5th Battalion. Aged 22. Enlisted August 24th, 1914, Vancouver. April 22nd, 1915, at Ypres, G.S.W. right arm, with median paralysis. Discharged with complete median paralysis in April 19th, 1916.

G.S.W, ulnar nerve paralysis and morbus cordis. Nine months in hospital.

Cpl. Burt, W., No. 63130, 3rd Battalion. Age 23. Enlisted November, 1914, at Montreal. Wounded October 31, 1915, at Kem-

mell. G.S.W. right arm and ulnar nerve paralysis. Operation, Beechborough, November 20th, 1915. Improvement gradually in ulnar nerve, and will require months of electrical treatment. Aortic valvular disease in addition. Discharged August, 1916.

Ten months in hospital.

Pte. Buckley, Jas., No. 16868, 7th Battalion. Aged 30. Enlisted August 27th, 1914, at Victoria. May 24th, 1915, at Festubert, G.S.W. right knee. Aldershot Military Hospital for five months, Taplow hospital for four months, Hillingdon hospital three weeks. Discharged March 16th, 1916, with bony ankylosis of right knee.

Musculo spiral paralysis. Ten months in hospital.

Pte. Cassie, Geo., No. 24237. 13th Battalion. Aged 29. Enlisted August 17th, 1914, at Montreal. On April 22nd, 1915, G.S.W. right arm, with injury to musculo-spiral nerve. Oxford one month, Milton Hill six months, Oxford eight days. Shorncliffe Military Hospital two months. Operation to suture nerve in December 22nd, 1915. Discharged February 15th, 1916, with no improvement.

Fourteen months in hospital. Amputation.

Pte. Cole, T. J., No. 677S. 1st Battalion. Age 44. Enlisted August 20th, 1914, at Pivasson, Ontario. On April 23rd, 1915, at Ypres, G.S.W. right leg. Amputation of thigh at Boulogne, April 27th. In hospital since till discharged, June 20th, 1916, with artificial limb, which was fitted in May, 1916.

Twelve months in hospital.

Pte. Goodman, C. H., No. 13635, 5th Battalion. Age 31. Enlisted August, 1914, at Red Deer. Farmer. April 25th, 1915, at Ypres, G.S.W. right leg. Amputation necessary three times. In hospital a year. Leg fitted April. Discharged April 27th, 1916.

Fifteen months in hospital.

Cpl. Corrigan, J. W., No. 25944. 14th Battalion. Aged 35. Enlisted August 27th, 1914, at Montreal. Spring bed maker. April 27th, 1915, at St. Julien, G.S.W. right leg. Amputation April 29th and May 3rd, 1915, and again at Taplow, July 27th, 1915. Stump healed in March. Limb fitted on May 23rd, 1916, and was retained at Granville after this till August, 1916, when he was discharged.

Over twelve months in hospital.

Pte. Gazley, Ray, No. 10759, 4th Battalion. Aged 25. April 23rd, 1915, at Ypres, G.S.W., with compound fracture of left tibia and G.S.W. right shoulder and G.S.W. neck. Colchester May to July, Monks Horton July to August, Shorncliffe Military August, Biddenden August to January 31st, 1916, Lincoln January 31st to March 23rd. Was three months longer in hospital with measles. Discharged June 30th, 1916. Little disability from wounds, but very nervous after his hospital life.

Twelve months in hospital.

Fractured jaw. Pte. Conolan, W. J., No. 18765, 3rd Battalion. Aged 25. Enlisted September 10th, 1914, at Valcartier. June 16th, 1915, at Givenchy, G.S.W. of right side of jaw, with fracture of the jaw. Operated on twice at Croydon. Discharged June 12th, 1916. Able to take liquid food only. Plastic operation necessary later.

Fifteen months in hospital.

Pte. Anderson, J., No. 17091, 7th Battalion. Aged 21. Enlisted August, 1914, at New Westminster. On April 25, 1915, was wounded in left hip, the neck of the femur being fractured. In hospital fifteen months. Ankylosis of hip. Discharged July 31, 1916.

In hospital over twelve months.

Pte. Allen, R. H., No. 630, 5th Battalion. Wounded on May 21st, 1915, at Festubert, in the right side at crest of ilium, and with a compound fracture of humerus affecting the ulnar nerve. Has had many operations. Extension of fingers complete, but cannot grasp anything with his hand, as he is not able to flex fingers. In hospital since May 21st to July 30th, 1916, when he was discharged. Three-quarters disability for first six months.

Thirteen and a half months in hospital. Requires re-education which he might have begun months ago.

Pte. Kirchinch, H., No. 77826, 16th Battalion. Aged 34. Enlisted November 7th, 1914, at Victoria. Blacksmith. May 25th, 1915, at Festubert, shrapnel wound of left elbow and G.S.W. both thighs. In 3rd Northern General Hospital, Sheffield, four months. In Granville Hospital from November, 1915, to July 5th, 1916. He had false joint of left elbow, which was very weak. Improved very little during his stay at Granville. The wounds were healed on his admission there. Discharged July 5th, 1916, with total disability for six months. Will require re-education.

Concussion of cord, with paralysis of right leg and retention of urine.

19808, Shaw, Jones, 10th Battalion. Injured in July, 1915. In Queen Mary's Southern, Chatham, Charlton's Court, Uxbridge, Central Military Hospital, Ramsgate, then to Board, August, 1916. Discharged from Service August, 1916.

Fourteen months in hospital.

33178 Pte Smith, S. (35), 2nd Field Ambulance. On April 24th, 1915, G.S.W. *right arm, with fracture of humerus. Mainly in English* hospitals since (Rest Park Hospital, Bedford, Cambridge, Hitchin). Thence to Epsom. Weakness of arm; shortening of 1in. Half disability for six months. Discharged June 19th, 1916.

Fifteen and a-half months in hospital.

24766, Pte. Skillen, H. R., 17th Reserve Battalion. On April 23rd, 1915, at Ypres. Shrapnel wound of right forearm and elbow. In Granville since January, 1916. Marked wasting of muscles of whole arm; marked loss of movement in right elbow, right wrist, thumb, and fingers. Discharged August 10th, 1916.

Sixteen months in hospital.

33649. Pte. Tribe, H. (26). 10th Battalion. On April 17th, 1915, at Ypres, G.S.W. left thigh, with amputation of left thigh in a few days. Also compound fracture of humerus. Has an artificial leg, but left humerus is still un-united. Discharged August 8th, 1916.

Fourteen months in hospital.

6509, Pte. Todd, H. (21), 1st Battalion. G.S.W. right forearm, with ulnar nerve lesion, on June 15th, 1915. Operation on ulnar nerve at Moore Barracks. In Granville Hospital from January, 1916, to August, 1916, and discharged then with usual signs of ulnar paralysis.

Eleven months in hospital.

Lance-Corporal Urquhart, J. (27), 21234, 7th Battalion. May 24th, 1915. G.S.W., right hip amputation at Sheffield. Sheffield June to December, 1915. Uxbridge December, 30th Reserve Battalion February 9th, 1916, Roehampton March 3rd, 1916, Bromley March to May. Discharged May 1st, 1916.

Eight months in hospital.

13292 Lance-Corporal Van Allen, W. H., 5th Battalion. December 12th, 1915. G.S.W. left arm and shoulder. Amputation right shoulder. Wounds healed by May 8th, 1916. Discharged August 25th, 1916, without artificial arm. Why this delay?

Thirteen months in hospital.

18553. Pte. Tongs, R. (39), 2nd Battalion. G.S.W. left forearm, with fractured ulna on June 16th, 1915. Tendons contracted, and all fingers flexed from this cause. Median paralysis. Granville Hospital, March 4th to July 10th, 1916. Discharged July 10th, 1916, as permanently unfit.

Fifteen months in hospital.

77424 Pte. Woodall, James H. (25), 7th Battalion. May 22nd, 1915, G.S.W. right arm with fracture of humerus and musculo-spiral paralysis. Operated on January 21st, 1916, freeing nerve from callus. No improvement. August 10th, 1916, discharged. In Granville Special Hospital five months.

L. Cpl. R. Mitchell, 21st Battalion. Wounded in November, 1915. Amputation one leg above knee. Shrapnel in other foot. Remained in Duchess of Connaught Hospital, Taplow, until June, 1916. Then sent to Ramsgate. Was told he would have to wait a few days to be

measured for leg, and also told he might have to have another operation. He came to Folkestone on leave, and came to the Board, where Colonel McKeown decided his stump was good. He looked pretty well washed out, and was advised to return to Ramsgate, and asked to be discharged to C.C.A.C for a Board. On going back to Ramsgate he developed a urethral discharge, and was sent to Cambridge for three weeks. Returned to Ramsgate, and remained there until about August 10th, 1916, waiting for permission to come through for his leg to be supplied in Canada. Came to C.C.A.C. August 10th, 1916. Discharged without leg August 11th, 1916. He had great difficulty, despite the fact that he asked the privilege of signing the special form, to secure his discharge to Canada.

Fifteen months in hospital.

Pte. Bell, D. H., No. 16860, 7th Battalion. Aged 23. Enlisted in August, 1914, at Vancouver. Store clerk. On April 24th, 1915, at Ypres, G.S.W. right thigh, with lesion of sciatic nerve. Operated on at Taplow to suture nerve. Some improvement. Discharged August 1, 1916, with total disability for six months, and requiring further treatment.

Thirteen months in hospital. Ulna treatment.

Pte. Borthwick, D., 63161, 4th Battalion. Aged 32. Enlisted October, 1914, at Winnipeg. Stonecutter. June, 1915, at Givenchy, G.S.W. right arm, with ulna nerve paralysis. No operation at any time. Discharged after thirteen months in hospital on August 1st, 1916.

Twelve months in hospital.

L/Cpl. Bowman, L., No. 25691, 14th Battalion. Aged 28. Enlisted August, 1914, at Montreal. Constable. April, 1915, G.S.W. right arm, with injury to musculo-spiral paralysis; nerve sutured at Croydon in September, 1915. No improvement. Discharged after twelve months in hospital in April, 1916.

Thirteen months in hospital.

Pte. Cox, H. B., No. 28961, 16th Battalion. Aged 30. Enlisted August 6th, 1914, at Vancouver. April 22nd, 1915, at Ypres, G.S.W. left arm, ulna fractured, and ulna nerve severed. St. John's Hospital London, five months, nerve suture; Bromley three months; Rye two months; Moore Barracks and Granville three months. Still ulna nerve paralysis. Discharged May 25th, 1916.

(C.) Unnecessary Detention of Patients in Hospital.

Ten Months in hospital with neurasthenia, and then discharged as unfit.

Pte. Hodgkinson, W. J., No. 30054, C.A.M.C. Enlisted November 6th, 1914, at Halifax. Aged 35. After five weeks in France, collapsed on May 23rd, 1915, and was in hospital until discharged April 10th, 1916 - including three months at Le Touquet hospital, one and a half months at Monks Horton, one and a half months at Epsom, one and a half months at Bearwood, five months at Ramsgate Granville. Neurasthenia.

Nine and a half months in hospital.

Pte. McDermott, A., No. 63587, 3rd Battalion. Aged 25. Enlisted February, 1915, at Quebec. June 15th, 1915, shell concussion and had to be dug out; friends killed around. In hospital nine and a half months. Havre twelve days, Harfleur one month. Netley two months. Taplow eleven weeks, Uxbridge Granville nine weeks. Discharged March 23rd, 1916.

Twelve months in hospital, and doing nothing at battalion.

Pte. Fleet, Thos., No. 16426, 7th Batt. Aged 32. Enlisted August 20th, 1914, at Vancouver. At Ypres, April 24th, 1915, G.S.W., right side of chest (flesh only) and right thigh. Taplow two and a half months, Bromley three weeks, Monks Horton five weeks, Epsom six weeks, Monks Horton for light duty. Epsom, discharged April 19th, 1916.

Twelve months in hospital.

Pte. Bolt, R. H., No. 24913, 13th Battalion. Aged 36. Enlisted August, 1914, Montreal. G.S.W. left thigh, April 23, 1915. In hospital till discharged on April 19th, 1916.

Twelve months in hospital.

Pte. Boothroyd, W., No. 1642, P.P.C.L.I. Aged 43. Enlisted August, 1914, at Saskatoon. In France, December, 1914 - March, 1915. Typhoid fever and rheumatism. In hospital one year, including five weeks at Stockport, and twenty weeks at 2nd General Hospital, Manchester. Flabby mentally and physically a neurasthenic.

Eight months in hospital.

Pte. Neas, F. L., No. 85193, 1st Amm. Col. Aged 36. Enlisted February 15th, 1915, at Montreal. In October, 1912, operation on kidney in Boston City Hospital, and stone was removed from kidney. Complete recovery. In December, 1915, in France, cystitis developed, and has been unable to do any work since. Pus in urine, chills, and cold sweats. No calculus found. Obviously should have been discharged months ago. Discharged August 15th, 1916.

Hospital for one year. *Cirrhosis of liver.*

Pte. Martin, Jas. A., No. 23299, P.P.C.L.I. Aged 37. Enlisted August 19th, 1914, at Montreal. In France from January-February, 1915, then G.S.W. back of neck, which healed. In hospital for a year with cirrhosis of liver. Discharged May 19th, 1916.

Five months in hospital with a purely functional paralysis of left leg.

Harding, Fred, Gr., 15th Battery, C.F.A. Has been since March, 1916, in Chichester Graxling Well Hospital with a purely functional paralysis of left leg - till August, 1916.

Fifteen months in hospital with fractured leg.

Anderson, J., 17091, 7th Battalion. Fracture of neck of femur G.S.W. Fifteen months in hospital, past five months for massage only.

Fourteen months hospital, and no duty.

19002, Pte. Sturdy, F. (23), 4th Battalion. On April 23rd, 1915, at Ypres, G.S.W. right leg with fracture. In hospital since February.

1916, at Casualty Co. of 12th Reserve Battalion from February 7th to April 13th, but did nothing. Then gonorrhœa, and again hospital from April to June, 1916, when he was discharged.

Tuberculosis of kidney, hospitals five and a half months.

444613, Pte. Sunnett, T. K. (31). 40th Reserve Battalion. Enlisted March, 1915. In hospital continuously since March, 1916, with "definite evidence of tuberculosis of right kidney and bladder." Discharged August 25th, 1916.

Been in hospital from May, 1915, to April, 1916, with sciatica.

2783, Pte. Thornburg, R. (44). C.A.S.C. Is a man of 44. Obvious discharge case. Discharged April 22nd, 1916.

Fourteen months in hospitals. Neurasthenia.

11515, Pte. Thompson, J. (44). C.A.S.C. In France from February-May, 1915, but only at the base. Neurasthenia. In the last fourteen months he has spent most of this time in hospitals, and has done practically no duty. Is 44 years of age, and no good. Discharged August 4th, 1916.

Hemiplegia. Retained for eight months in hospital.

448243. Pte. Whitehouse (20), 23rd Reserve Battalion. In November 24th, 1915, bronchitis, and in December, 1915, developed l. hemiplegia, ? cause. In Granville Hospital for six months, and at the end of this time left hand and arm practically useless, and left leg dragged. *Discharged July 18th, 1916. Should have been sent to Canada months ago.*

onths in hospital.

41901, Gnr. Whiting, G. (37). Reserve Brigade C.F.A., May 2nd, 1915. G.S.W. right hip, wound long healed, and no permanent disability, but has done nothing for fifteen months, and is flabby mentally and physically. Discharged August 3rd, 1916.

Ten months in hospitals.

1817, Pte. Wickham, J. P. (30), P.P.C.L.I. March, 1915, was buried at St. Eloi, and began to suffer from running ear. In hospital continuously since March, 1915, complains of headache and dizziness. Has running ear, but is flabby mentally and physically with his long hospital-stay. Discharged January, 1916.

Retention of rheumatic with heart trouble, eight and a *half months* in hospital.

Pte. Sketchley, F.V. (28). 79678. 31st Battalion. Enlisted October 17th, 1914. In hospital continuously from July, 1915, to discharge March 30th, 1916, with rheumatism on and off. Pale and flabby with enlargement of heart and well-compensated heart lesion. Should have been discharged to Canada seven or eight months ago.

Retention in hospital for months after obviously unfit.

Pte. Iler, E. P., No. 470948, 64th Battalion. Aged 46. Enlisted September, 1915, at Truro. In Halifax while on leave in December,

1915, he had an attack in which he lost the use of right arm and leg, recovered considerably, and was brought to England in April, 1916. Condition has been getting worse. Speech indistinct; difficulty in swallowing; tongue atrophied, with fine tremor; lips tremulous; bulbar paralysis. Discharged August 7th, 1916.

Indigestion; bad teeth not removed. Six months in hospital.

Corporal Green, John, 56 P.P.C.L.I. Aged 43. Enlisted August 10th, 1914, at Toronto. Returned from France with indigestion and diarrhœa. January 1st, 1916, Herne Bay. Luton House, Shorncliffe, from January 1st to June 7th, 1916. Discharge June 7th, 1916. Number of bad teeth and much pyorrhœa, which had not been attended to. No improvement in hospital.

Fourteen and a-half months in hospital.

Pte. Johnston, T., No. 24952, 13th Battalion. Aged 31. Enlisted August 14th, 1914, at Montreal. May 21st, 1915, at Festubert. G.S.W chest. Leeds, June-November, 1915. Uxbridge, November-December 1915. Pinewood sanitorium, December 10th-January 2nd. Taplow, January 2nd-February 15th. Folkestone, March 1st-4th. Aberdeen, March 15th-June 21st. Bushey Park, June 21st-August 10th, 1916. Was fit to travel in autumn, 1915.

Fractured thigh with 2¼ ins. shortening—brought over to England.

Pte. Kerr, John, No. 117333, C.M.R. Aged 29. Enlisted January, 1915, at Calgary. In February, 1915, at Calgary, fractured left thigh, and had 2¼ inches shortening. Came with unit to England in October, 1915. Was between hospital and light duty till discharge, April 10th, 1916.

Man previously discharged.

Sapper Coude, M. A., No. 504441, C.E. Aged 40 (looks more). Enlisted March 22nd, 1916, at Toronto. First discharged October, 1915, and re-enlisted March 22nd, 1916. Myalgia and general debility: has done little since enlistment. Discharged August 10th, 1916. Looks over 50.

Old Imperial Discharge Man.

Pte. Fitzgerald, R., No. 510338, C.A.S.C. Aged 32. Enlisted November 5th, 1915, at Toronto. Was in Imperial Army suffering for years from bronchitis. Was a reservist in Canada at beginning of the war and was recalled to England, but immediately became sick with bronchitis, and was in hospital nearly eleven months; discharged September, 1915, as permanently unfit, with pension. Joined Canadian Army immediately on reaching Canada, and has now return of old trouble. Discharged March 7th, 1916.

Man of 59 with rheumatism.

Corp. Chapman, Wm., No. 166204, 2nd C. Pioneers. Aged 59 years. Enlisted July 8th, 1915, at Woodstock. Rheumatic fever in 1912, off

work seven months. Since then myalgia. Since enlistment most of the time on base duty. Looks his age. Discharge July 6th, 1916.

Discharged British Soldier enlisted.

Cpl. Humphreys, J. H., No. 404770. 35th Battalion. Aged 38. Enlisted June 3rd, 1915, at Toronto. Discharged from 2nd Battalion South Wales Borderers as medically unfit. Nephritis December, 1903. Has had slight oedema and muscular pain more or less constantly since his discharge. Has been in hospital continuously since November 15th, 1915, till discharge July 8th, 1916. Albumen present in urine.

Discharged man re-enlisted.

Pte. Fraser, John A., No. 501277, 1st Tun. Coy. Aged 49. Enlisted November 18th, 1915, at New Glasgow. When he enlisted the first time he gave his old papers showing him to be an old Imperial Regular since 1885, with his true age. Attestation put at 44. Discharged on April 11th, 1915, at Halifax for shortness of breath. Re-enlisted November, 1915. Signs of angina pectoris. Discharge June 28th, 1916.

Six months in a V.A.D. with a trivial wound.

No. 69084, Blair, C. W., 26th Battalion. Trivial wound left arm on February 26th. Should have been back at training in one month. Sent to Luton House about March 1st. No treatment: no exercises except playing ball. There nearly six months.

Held seven months too long.

No. 695, Burch, A. C. E. Trivial wound of left wrist. Well in two weeks. At Luton House for eight months. Should have been at training seven months ago.

No. A-44169. Pte. A. Cormier. On January 3rd, 1916, fell in trench in France and injured right knee. Sent to hospital in France and returned to England January 23rd, 1916, to Broadstairs. At this hospital six weeks. Then to Shorncliffe Mil. over night. To Monks Horton one day and then to Luton House March, and has remained there six months till August 23rd, 1916, to C.C.A.C.

No. 77816, Gray, B. C., 30th Battalion. Shrapnel August 24th, 1915, at Ploegsteert. Boulogne six weeks. Then to Colchester for six weeks, to Monks Horton for three days, to Luton House for eight months. Comparatively trivial wound of dorsum of left foot with infection. No bone injury. There is also loss of little finger of right hand and considerable deformity of carpus, result apparently of old tuberculosis. Is a motor mechanic, and for this reason he has been placed on base duty permanently.

Eight months too long in Luton House.

No. 50097. Pte. Patterson, J., 19th Battalion. Wounded in right shoulder, bullet exit below scapula. Lung injured: spit blood three days. Wound was all healed in six weeks according to his own state-

ment. Received wound January 22nd, 1915. In hospital in France ten days, then to England to Shorncliffe Mil. for one day, then to Herne Bay for one month, then Monks Horton four days, then to Luton House, March 10th, 1915, where he has remained until January 23rd, 1916.

Eight months in hospital—old disability.

Pte.. Barnett, Ernest, No. 63140, 13th Battalion 17th Reserves. Age 39. Enlisted October 9th, 1914, at Vancouver. Blacksmith. For years had heartburn and about twice a year was laid off work as result of stomach trouble. In France April, 1915, to July, 1915, being buried by bursting shell in May at Festubert. In July, 1915, returned with *stomach trouble. Rouen 42 days; Netley 66 days; Taplow 46 days*, Hillingdon House 7 days; Granville 122 days. Total, 283 days. Discharge March 20th, 1916. Nervous, below par, and stomach trouble.

Hospital for one year.

Barb, Geo., Pte., No. 20744, 10th Battalion. Age 41. Enlisted August 20th, 1914, at Medicine Hat. Plasterer. Gassed April 23rd, 1915, at Ypres. Says he was unconscious but returned to duty in four days but was sent back to England May 2nd, 1915, owing to continued vomiting. (Major Arthur, D.S.O., says he knows that there was not much gas where the man was on April 23rd). He has been practically continuously in hospital from May, 1915, to June 2nd, 1916, and has done nothing. Complains of vomiting and pain after meals. Exaggerates and vomiting is largely functional. Discharged June 2nd, 1916.

Myalgia in man of 45.

Sgt. Campbell, N. G., No. 67146, 25th Battalion. Aged 45. Enlisted December, 1914, at Sydney. On full duty in France September-November, 1915. In hospital with "myalgia." No swelling of joints from November, 1915, to April 13th, 1916, when he was discharged. Was in Glack. hospital for five months.

Nine months in hospital.

Rideout, L., 28669, Pte., 16th Battalion, G.S.W., right leg. Admitted to hospital in Ramsgate, 15th November, 1915. Came to Board August 16th and discharged.

Twelve months in hospital.

Harry Brown, 65122, 24th Battalion. Injury by fall at drill, July 22nd, 1915. Kept in various hospitals following concussion of brain for twelve months.

Wilcox, C., 63903, 36th Battalion. Lost little finger of left hand, flexor tendon fixed in scar on ring finger. Has been five months in Ramsgate.

Fawcett, 73578, 28th Battalion. G.S.W. left hand, fracture of one metacarpal bone on October 29th, 1915. In hospital nine months, Ramsgate since January (seven months).

No work for eight months.

Bonlanger, Julius. 29625, 16th Battalion. Has been in hospital at Ramsgate for six months and came here with same story of lumbago.

Fairley, W. H., Sergt., 446270, 30th Battalion. Neuritis, followed by serratus magnus paralysis. Monks Horton, then Ramsgate, six months. No improvement. Should be sent to Canada.

Parks, H., 42565, C.F.A. Fracture of the fifth metacarpal right hand in January, 1916, off duty five months, ordinary blow of stick.

Harrion, Thomas, Pte., 22nd Battalion. "Rheumatism." Six months in Ramsgate, discharged. Enlisted November, 1914, three weeks in France.

Five months in a V.A.D. with trivial wound.

Hockell, Cpl., C. J., 1117, 8th Battalion. Wounded in June, 1915. Trivial wounds. Went to No. 5 V.A.D. Hospital, Exeter, until November 24th, then to Bearwood Park, Wokingham, until June 2nd.

Geo. Davey, Pte., 6203, 1st Battalion. Injured April 23rd, 1915. Admitted to hospital in Cardiff June 17th, transferred to Caerphilly, was there until March 17, then transferred to Moore Barracks Hospital, from there to Ramsgate for massage of a condition that existed before enlistment. Remained at Ramsgate for two months. Whole of right side is smaller than left. Discharged.

Done little or nothing for a year.

4223, Sgt. Smithson (32). Enlisted September 24th, 1914. On April, 1915, slight gas at Ypres, and ten days later shell shock. In hospital practically since. Very nervous and irritable. Flabby mentally and physically from his hospital stay. No permanent disability, but cannot be trained. Discharged April, 1916.

Man of 37 in hospital for seven months. Obvious discharge case.

106562, Pte. Smith, D. J. (37), 1st C.M.R. Enlisted January, 1915. In March, 1915, acute arthritis of shoulder rt., which remained stiff, and muscles of shoulder wasted. In France in reserve trenches. Sent back after three weeks, October, 1915. In hospital till discharged on May 30th, 1916. (Granville from December 9th.) Fibrous ankylosis of shoulder with wasting of muscles.

Retention of obvious discharge case for months.

20541, Pte. Smith, J. (39), 10th Battalion. Enlisted August 30th, 1914. Never ill before enlistment. Short of breath at Valcartier, and taken to France by mistake for another Smith. After three weeks in France hemiplegia (embolism due to his mitral stenosis), March, 1915, slowly improved. Ran away from Monks Horton. In last stages of heart disease with weakness. Discharged June 2nd, 1916; should have been discharged over a year ago.

Retention of man with heart trouble for nine months.

453808, Pte. Simmonds, E. C. (27), 58th Battalion. Enlisted November 4th, 1915. Had rheumatism in 1910 at Toronto and had to change from heavy manual work some years ago to motorman because he got short of breath. He has definite mitral stenosis. Discharged July 21st, 1916.

Six months in hospital with stomach trouble. No improvement in primary hospital, so was transferred to convalescent hospital.

35410, Drvr. Fotherby, F. (24), C.A.S.C. Admitted to Moore Barracks on February 5th, 1916, complaining of pains and gas after meals and vomiting. Did not improve, but was transferred to Monks Horton on March 12th, 1916. Then Luton House. Back to Shorncliffe Military. Discharged July 25th, 1916.

Retained five months after diagnosis of locomotor ataxia.

45608, Pte. Utman, H. (33), 83rd Battalion. Enlisted September 12th, 1914. In February, 1916, complaining of dimness of vision, was told in France he had Tabes dorsalis, and was sent to England. Retained in hospital till June 26th, 1916, with well-marked signs of the disease.

Retention with Bright's disease for eight and a-half months in hospital.

1622, Sgt. Smith, G. D. (43), P.P.C.L.I. May 4th, 1915, developed acute Bright's disease. Bristol, Cheltenham, Edinburgh, Monks Horton. Still evidence of renal disease with shortness of breath. Discharged January 29th, 1916.

Eight months' hospital for a nervous patient.

29265, Pte. Smith, H. T. (25), 16th Battalion. In April, 1915, slightly gassed and shocked, but was not unconscious, and carried on for eighteen days. Then weak, headache, etc. In hospital since. Usual hospital type. Nerves, etc. Discharged January, 1916.

Renal Calculus—diagnosed as nephritis for months.

141, Pte. Spavine, W. (23), 5th Battalion. Enlisted August 14th, 1914. In November, 1914, had severe attack of pain in right loin with urinary symptoms. Since then never on full duty, but only batman from January-October, 1915, April, 1916. His symptoms were regarded as those of nephritis, and he was in many hospitals, including Suffolk five weeks, Uxbridge four months. When seen by Board he gave straight history not of nephritis, but of renal calculus, and X-ray confirmed this. Discharged April 11th, 1916.

Shell shock. Hospital for one year

12766, Pte. Stout, C. E. (21). On May 24th, 1915, at Festubert, unconscious from bomb explosion. After twelve months of hospital life still highly nervous with facial tic. Discharged May 23, 1916. Should have been disposed of long ago

Kent, T.R., C.F.A., 40431. Injured November 22nd, 1915. Hospitals—Bevan Hospital, Ramsgate, Granville Special Hospital; Reserve Unit, Charing Cross Hospital, Moore Barracks Hospital, Ramsgate, Granville Special Hospital, Central Military Hospital, Monks Horton Convalescent Hospital, Central Military Hospital. Medical Board.—Discharged as permanently unfit.

Hemiplegia and Epilepsy. Tour of hospitals.

Joy, Geo. E., 109425. Enlisted October, 1914. Injured at Valcartier and landed to England July 15. Hospitals—Bevan Hospital, 2 months; Shorncliffe Military Hospital, Deal, Canterbury, St. Andrew's Home, Folkestone; Moore Barracks, Granville Special Hospital, Reserve Unit for 3 weeks, Moore Barracks Hospital. Medical Board.—Discharged as permanently unfit.

Tour of hospitals.

Pte. Stones, R., 57730, 30th Battn. Shrapnel wound of back and fracture of ribs. Hospitals—Beechboro' Hospital, Shorncliffe Military Hospital; Hastings V.A.D Hospital, Epsom Convalescent Hospital; Shorncliffe Military Hospital, Bulford Hospital. Discharged permanently unfit June 30, 1916.

Has been in seven hospitals.

Pte. Howell, A., 43512. Wounded April 25, 1915. Shrapnel wound right leg and left thigh. Hospitals—Royal Herbert Hospital, Woolwich; Bromley Convalescent Hospital, Reserve unit for a month, Moore Barracks Hospital, Granville Special Hospital, Ramsgate; Reserve unit for 2½ months, Endell Street Hospital, London; Reserve unit, Moore Barracks Hospital, Reserve unit, Shorncliffe Military Hospital. Medical Board.—Discharged as permanently unfit.

Pte. Currie, W. G., 81202, 10th Battn. Wounded Aug. 31, 1915. Hospitals—Chichester Royal West Sussex Hospital, Dover Hospital, Canterbury Hospital, Luton House, Bevan Hospital, Lidwell Hospital, Goudhurst Hospital. Medical Board.—Discharged as permanently unfit Aug. 26, 1916

Dvr. Higgins, W., 1679. Enlisted Dec., 1914. On duty in Canada and England till July, 1915, when he developed pneumonia. Hospitals—Moore Barracks Hospital, Westgate Convalescent Hospital, light duty at Reserve unit, Epsom Convalescent Hospital, Bearwood.

5.—THE USE BY THE CANADIAN SERVICE OF VOLUNTARY AID HOSPITALS IS VERY UNDESIRABLE, AS THEY ARE INEFFICIENT, EXPENSIVE, AND UNSATISFACTORY.

(a). Bevan Hospital.

The following notes were made on patients seen in Bevan Hospital:—

Parkinson, No. 301806, 38th Battalion, in May last at Bramshott he was sent to hospital with Ulceration of the Stomach and Rheumatism. After three and a-half weeks he was sent to Buxton for two weeks. Then to Moore Barracks Hospital for ten days, and from there to Bevan Hospital, where he has been a patient for two weeks. He says he feels better. If he has Ulcer of the Stomach he is no use in the Army, but it is very doubtful from a cursory examination if he has this condition. He has had no special treatment since entering Bevan, neither are there any facilities in the hospital for such cases.

Geo. McCallum, No. 455160, 59th Battalion.—He is 52 years of age. Has been in the Army thirteen months, and has done practically nothing. Was at Moore Barracks Hospital three months ago. Two weeks there, and sent to Walmer; back to Bevan Hospital. Complains of pain in his stomach. Diagnosis on card, "Debility." Looks a strong, healthy man.

Warren, No. 432823, 49th Battalion.—Wounded June 3rd, 1916. G.S.W. in head. Extensive loss of bone. On June 13th, in hospital, Boulogne, then King George, Waterloo, and to Bromley; then to Massey Harris Home, back to Bromley, and to C.C.A.C., where he was discharged and sent to Moore Barracks Hospital for a pad for protection to his head. He was there one week, then sent to Deal, and finally back to Bevan Hospital. Not a hospital case; should be home in Canada.

Taylor, No. 1096, 8th Battalion.—Enlisted August, 1914. In France twice. Came back on account of slight G.S.W. right hand. Returned to 11th Reserve Battalion. Took sick here with appendicitis. On recovery asked for an operation, which was performed at Moore Barracks Hospital. At the end of a week sent to Bevan Hospital. Has large scar on right cornea. Perception of light only. Complains also of left eye.

Morris, No. 226620. L. S. Horse.—Diphtheria in June. Heart supposed to have been affected. Remained at Moore Barracks Hospital from

June 16th to August 21st, when he was sent to Bevan Hospital. He appears quite well, and certainly requires no hospital treatment.

Maitland, No. 183338, 89th Battalion.—Enlisted in November, 1915. On July 6th, at Westenhanger, took sick with pain in the back. Sent to Brigade Hospital for two or three weeks. Went to London on leave, and consulted a specialist. Came back to camp, where he remained for a week. Then sent to Shorncliffe Military Hospital, and from there to Bevan Hospital. Pale, sick-looking man. No diagnosis has been made, and he is getting no treatment except massage.

Lobb, No. 522936, C.A.M.C.—History of diarrhœa and vomiting. Operated on in Moore Barracks Hospital in March 1st for appendicitis. Again for the removal of the appendix three months ago. Remained in bed for three weeks, and sent to Convalescent Hospital at Monks Horton in an ambulance, but he was sent back again to Moore Barracks Then sent to Epsom, where he remained for a few weeks, and returned to his lines. After one month, on account of the return of diarrhœa and vomiting, he was again sent to Moore Barracks Hospital, remaining there eight days. It appears that nine months ago this boy, according to the statement of the Commandant of the Hospital, was brought into the Bevan Hospital unconscious, having been knocked on the head and robbed. Following this, he had some difficulty with his speech, and this is still noticeable to a slight degree. He is a bit abstracted in his appearance, and complains of headaches. It was thought when he came into hospital on the present occasion that he was a mental case. Obviously a discharge case.

Rees, No. 187679, 11th Reserve Battalion.—Influenza three weeks ago. Sent to Bevan Hospital on August 21st. Now recovered.

Melrose, No. 464700, 62nd Battalion.—Enlisted October, 1915. Has been sick for four months. Shorncliffe Military Hospital to Lenham, and then to Deal. Boarded and sent back to Shorncliffe, and sent from there to Bevan Hospital. Diagnosis, "Neurasthenia." He is a girlish-looking chap with a high-pitched voice. Quite useless, and should have been discharged long ago. Has apparently been lost.

Green, No. 57643, 20th Battalion.—Appendicitis in France, where he had served nine months. Operation June 21st. Sent June 28th to Bevan. Has been in this hospital for three months. A clean case, and should have been out of hospital two months ago.

Munroe, A., 44141, 14th Battalion.—G.S.W., with fracture of both bones of right arm. No pronation or supination. Sent to Bronthy Ferry, Scotland, then to Bushey Park; then to Shorncliffe Military, and to Bevan. Wounds healed, and no active hospital treatment necessary.

Gendron, No. 61132, 22nd Battalion.—G.S.W., with fracture of tibia. Sent to Hampstead, Bromley, Kingswood, and back to Bromley,

then to Moore Barracks and Bevan. Operation for necrosed bone at Moore Barracks, and another a week later at Bevan.

Barbour, No. 158548, 95th Battalion.—Enlisted in August, 1915, at Welland. After enlistment spent seven months in Military Hospital in Toronto with dermatitis. Came to England May 28th, and after three weeks in camp at Shorncliffe was sent to Bevan Hospital, where he has been a patient since June 12th. He has the itch, and has done nothing except three weeks' drill since enlistment. A disgraceful case.

(b). Luton House.

An extreme instance of delay in evacuating patients from the Voluntary Aid Detachment Hospitals is afforded by Luton House, an institution which contains seventy beds. This will be shown by the following list (appended hereto):—

56097, Pte. Patterson, J., 19th Battalion.

Bullet wound, shoulder, January 22, 1915. Was retained in Luton House after wound was healed and should have been in training for nearly one year.

42095, Driver Coleman, A.

Influenza, March 27, 1916. In Luton House for four months. Should have been in training long ago.

77816, Pte. Gray, B. C., 30th Battalion.

Trivial wound, left foot, August 24, 1915. Retained eight months after having been in other hospitals for two months.

695 Burch, A., C.E.

Trivial wound left wrist. Well in two weeks. At Luton House for eight months. Should have been in training seven months ago.

69084, Blair, C. W., 26th Battalion.

Trivial wound left arm, February 26, 1916. Sent to Luton House. Remained nearly six months with no treatment, no exercise except playing ball. Should have been back training for five months.

9449, L.-Cpl. Haggart, G.

Wounded left thigh, muscular, June, 1915. Retained in Luton House for six months. Did absolutely nothing during this time. Returned to Shorncliffe Military, August 21st, 1916. No disability.

44169, Pte. Cormier, A.

Injury right knee, January 23rd, 1916. Retained six months in Luton House.

The following letter, bearing on the above, is presented:—

1st Canadian Command Depot,

Monks Horton, Kent,

From Captain J. W. Eaton, C.A.M.C. August 25th, 1916.

To Special Inspector-General, Medical Services,

Sir. Headquarters, C.E.F., London, S.W.

Re conversation held with you a short time ago, I beg to submit to you the following list of patients, who were in Luton House for the periods set after their names:—

Name and No.	Admitted.	Discharged	Condition.	Days in Conv. Hosp.
260 Pte. Malcolm	12-10 15	17-1-16	Bronchitis	67
1019 Pte. Arnold	14 9 15	29-12-15	G.S.W. Shoulder	106
9523 Pte. Wheaton.....	12-10 15	27-1-16	G.S.W. Elbow	107
447243 Pte. Williams.....	17-12-15	10-5-16	Hallux Valgus	155
6798 L.-cpl. G. L. Green	3-8-15	27-12 15	G.S.W. Thigh and Knee.	145
9355 Pte. R. Poulton ...	15-10.15	3-3-16	G.S.W. Hand.....	160
40303 Pte. W. Knox.....	30-10-15	10-5-16	G.S.W. Face-Ankle	193
5369 Foulds, E. G.....	19-11-15	Still in hos.	Bronchitis & Neurasthenia.	285
77310 Pte Gregealin.....	16-10-15	Still in hos.	G.S.W. Head and Feet...	318

I was attached to Monks Horton C.C.H. as Registrar. One of my duties was to clear out fit patients from Luton House. I endeavoured to do so. I made three visits, and was then asked by my Commanding Officer, Thomas Lyons, Captain C.A.M.C., not to go out again, as he had orders to have me relieved.

When I made my first visit I found many fit men who should be discharged. Two men told Captain Lyons and myself that they were there for the duration of the war. From the time of my being relieved the Registrar telephoned in to Monks Horton each week telling our operator how many men they had for discharge, and to send them the same number out. I had orders to keep beds full in that hospital, and to allow the Commandant, Mrs. Fleming, to keep any men she wanted for six months, and I was also told by Major McCombe to keep hands off Luton House.

The hospital had fifty beds. This was ten more at least than should have been put in the building. Then later five more beds were put in commission in a loft over the stable, and although supposedly under our jurisdiction, these beds were put in without consulting us.

On my first visit, after examining their men, I went into the Staff Dining Room, and Mrs. Fleming told me I had no business to take these men out. She stated further that "You have not consulted my nurses whether these men are fit or not. I am going up to London to-morrow to see General Jones." I replied, "That is your privilege: but so long as I am told to come out here to do this work I am going to do what I consider my duty." She replied, "You have a great sense of duty, haven't you?" About one week later I went out on duty again, and

Major McCombe was there. In conversation, he told me we must keep hands off Luton House, and said that Captain Lyons would get in bad if we did not do so. I told the Major that I was only endeavouring to get out fit men. He said we must keep beds up to 90 per cent. capacity, and keep her filled up. He urged me strongly to keep her beds full. I made only three visits in all. As Registrar, I was told later to keep beds filled. Captain Griffiths was put in my place to do the work. Captain Lyons was later relieved by Major Guest. He made some visits, but later on the Registrar at Luton House would telephone in to Monks Horton telling us he had a certain number to discharge to us, and to send out an equal number. This procedure continued until the 1st May, when the place was taken over by the 1st Canadian Command Depot.

I have the honour to be, Sir, your obedient servant,

(Signed) J. M. EATON, Captain, C.A.M.C.

Further instances of Canadian soldiers being improperly detained in various V.A.D. hospitals are given below:—

Fourteen months in hospital. Should have been discharged long ago.

Pte. Lynch, No. 6353S, of 3rd Battalion.

Wounded June, 1915. In Hospital since. Has a large cicatrised hollow at back of left thigh. Is ready for discharge as permanently unfit.

Fit for Training.

Pte. Robinson, C., No. 171840, of 83rd Battalion (Local).

Injury to ankle three months ago. Tip of external malleolus (f) chipped. Nothing objective. Fit for training. Sister Moffat has noticed he did not limp unless when in or near the Hospital.

Obvious discharge case.

Pte. Verran (Age 38), No. 17297, 7th Battalion.

Urinary troubles off and on since April 27th, 1916. Pain and frequency of micturition, with loss of weight, and history of pus and blood in urine. Should be sent to Moore Barracks for diagnosis and later discharge.

Fit for Training.

Pte. Tappinden (Age 32), No. 87010.

Five months in France, fractured rib in April, 1916, nervous. In Glack two and a-half months. Fit for training.

Sergt. Hughes (Age 29). No. 67380, 25th Battalion.

G.S. wound November, 1915, with fracture of left fibula. Large wound and sinus. Is discharge case, with long convalescence.

Round of Hospitals.

Pte. R. Smith (Age 35). No. 420678, 16th Battalion.

Amputation right upper arm after G.S.W., March 14, 1916. Hospitals:—Chichester, Epsom, Moore Barracks, Monks Hor

ton, Luton House, Bevan and Walmer. Stump healed and healthy, in fairly good physical. Fit for immediate discharge.

Seven months in V.A.D. Hospital.

Pte. Greene (Age 24), No. 6532S, 24th Battalion.

In France two and a-half months, returned December, 1915, with bronchitis. Sent to Wansted V.A.D. Margate, and was there from December 20th to July, 1916. Does not know if he was a tubercular or not, but was treated with an open-air life. Lungs negative and heart normal. In Walmer three to four weeks. *He is in pretty good shape, and his case should be* decided—either training or discharge.

Fit.

Pte. Steele (Age 38), No. 455137, 59th Battalion.

Enlisted twelve months. In England April 11th. Has been in Hospital six weeks with myalgia. Improved. Fit for training.

Man of 45 with some disability.

Pte. Sidderquist (Age 45).

Twice in France. Buried. Backache. April, 1916. Is a *discharge case by D. of R. and O. Will be permanently unfit* for Overseas.

Training.

Pte. Lockhart, No. 478691, R.C.R.

Fracture of both leg-bones right leg, May, 1916. Very good position, ankle free. Fit for gradual training. Epsom.

Man of 39 with Chronic Indigestion and Vomiting of Blood.

Pte. Taylor, A. H. (age 39). No. 201924, 95th Battalion.

Enlisted November, 1915. England since June, 1916. Was hurt in Toronto, being hit in pit of stomach by heavy box. Has done nothing in England. Indigestion of old standing, with haematemesis. Poor teeth. Should be discharged.

Uneducated man obviously unfit for Marching.

Cpl. Ballantyne (age 34), No. 45054, 7th Field Company.

June, 1916. fracture leg bone left leg: much thickening; poor position of foot: never fit for marching. D. of R. and O. Should be discharged.

Five months in Hospital with Rheumatism.

Pte. G. Saunders (age 19), No. 401820, 33rd Battalion.

In England since March, 1916, and in hospitals all time with rheumatism. Pale; quite useless. Should be discharged.

In Wanstead House, Margate. Pte. Uden Albert, No. 28684, 16th Battalion.

Amputated thigh, admitted September 27th, 1915. This case could have long ago been sent to Canada to await the healing of his stump.

(c) Walmer Canadian War Hospital.

On August 20th, two days before our inspection, 45 soldiers had been disposed of by a Medical Board with the following result:—

Fit for duty	1
Physical training	25
Three months' base duty	1
Permanent base duty	5
Discharge recommended	13

EVERY THIRD MAN READY FOR DISPOSAL.

In spite of the preceding clearance by Medical Board, at least every third man seen was ready for disposal either as fit for training, fit for base duty, or suitable for discharge as permanently unfit. Inquiry showed the aimless manner in which many of the patients were moved around from hospital to hospital, and emphasised the necessity for much greater care in selecting cases for this hospital and for much more thorough and frequent inspection of the cases sent.

The following are examples of the way soldiers are sent from place to place:—

(d). Report on some Patients at Hermitage, Hastings, August 24th, 1916.

Patient.	Admitted.	Date.	Condition.	Previous Tour of Hospitals.
81009, Allan A. Pte., 10th Batt.	Rouen.....	Aug. 10. 1916.	Gastritis.....	Was sent to Netley, then to Epsom, to Monk's Horton, to Moore Barracks, to Shorncliffe Military, and finally back to Hastings.
167022. Campbell, J., Pte., 2nd Can. Pion.	Moore Barracks	Mar. 17. 1916.	Tubercular Hip	Was sent to Bearwood, then back to Moore Barracks, and finally to Hastings.
63461. Hopley, E., Pte., C.M.Schools	Bailleul ...	Dec. 10. 1916.	Rheu. and Bronchitis	Was sent to Bevan, to Base, to Moore Barracks, to Base, to Moore Barracks, and finally to Hastings.
46913. Japp, W. H., Pte., 3 Div. Train	Dieppe ...	Oct. 5, 1915.	Hæmorrhage...	Was sent to Base, to Brmshott, to Base, to Camiers, to Newcastle, to Bearwood, to Moore Barracks, *and finally* to Hastings.
A20422. Mondin, H. B., Pte., 6th Batt.	Bevan	Nov. 25 1915.	Gassed and Stomach trouble	Was sent to Ashford, to Moore Barracks, to Monk's Horton, to Hertford, to Epsom, to Moore Barracks, and finally to Hastings.
810535. McBurnie, E., Pte., 2nd Batt.	Boulogne...	Nov. 25. 1915.	G.S.W. leg.....	Was sent to Walmer, to Shorncliffe Military, to Epsom, to Moore Barracks, and finally to Hastings.

6.—THE ADMINISTRATION OF THE GROUP OF 57 VOLUNTARY AID HOSPITALS UNDER SHORNCLIFFE MILITARY HOSPITAL BY THE CANADIAN MEDICAL SERVICE IS UNSATISFACTORY AND EXPENSIVE.

(a) List of Hospitals in the Shorncliffe Military Hospital Group.

SHORNCLIFFE AREA.

Place and Name.	Beds.
Sandgate.—The Bevan	250
Sandgate.—The Helena	30
Beachborough.—Queen's Canadian	129

CANTERBURY AREA.

Canterbury.—The Military	182
Canterbury.—Abbots Barton	38
Canterbury.—Dane John	76
Canterbury.—Kent and Canterbury	40
Canterbury.—Ash-Sandwich	26
Whitstable.—Tankerton	112
Herne Bay.—The Military	225
Herne Bay.—Queen Victoria	6
Herne Bay.—Downe Park	30

RAMSGATE AREA.

Broadstairs.—Yarrow (cancelled).	
Broadstairs.—Fairfield	69
Deal.—Sholden	57
Ramsgate.—Nethercourt	100
Minster.—Hill House	170
Walmer.—St. Anselm's	100

MARGATE AREA.

Birchington. Quex Park	70
Birchington.—Mansford House	29
Margate.—Vanstead House	116
Westgate.—High Beach	72

NOT CONVOY HOSPITALS.

Ashford.—V.A.D.	45
Beckley.—Church House	14
Biddenden.—Biddenden	14
Hawkhurst.—Oakfield	38
Charing.—Wakeley House	17

Cranbrook.—Cranbrook	40
Deal.—Grange and Annex	167
Goldhurst.—Lidwell	35
Lenham.—Lenham	30
Rolvenden.—Rolvenden	20
Tenterden.—Clifton House	20
Ashford.—Godinton	13
Folkestone.—St. Andrews	23
Headcorn.—Homeville	18
Isenhurst.—Cross-in-Hand	15
Littlestone.—Madera	40
Margate.—King's Cliff C.R.C.	32
Westgate.—Convent des Oiseaux	40
Whitstable.—Barn House	24

CANADIAN CONVALESCENT HOSPITALS.

Charing.—Pett's Farm	17
Deal.—Glack House	45
Folkestone.—Wear Bay	40
Hastings.—Hermitage	120
Hastings.—Sanatorium	60
Selling.—Luton House	74
Walmer.—War Hospital	120

(b) Return of Canadian Patients in Shorncliffe Military Hospital Group, 8th September, 1916.

Hospital and Location.	Totals.
Ashford V.A.D., Ashford	10
Ash V.A.D., Canterbury	19
Abbots Barton, Canterbury	2
Biddenden V.A.D., Biddenden	5
Bevan, Sandgate	41
Charing, Charing	16
Church House, Beckley	7
Cranbrook, Cranbrook	14
Dane John, Canterbury	
Downs Park, Herne Bay	17
Fairfield, Broadstairs	4
Goudhurst V.A.D., Goudhurst	9
Hawkhurst V.A.D., Hawkhurst	24
High Beach, Westgate	13
Hill House, Minster, Ramsgate	7
Kent and Canterbury, Canterbury	2
Lenham V.A.D., Lenham	15
Mansford House, Birchington	1
Manor House, Folkestone	20
Manor Court, Folkestone	4

Nethercourt, Ramsgate	5
Quex Park, Birchington	7
Queen's Canadians, Beachborough	19
Queen Victoria, Herne Bay	
Royal Victoria, Folkestone	10
Rolvenden V.A.D., Rolvenden	14
St. Anselm's, Walmer	5
The Grange, Deal	26
Tankerton, Whitstable	12
Tenterden V.A.D., Tenterden	3
Wanstead House, Margate	10
York House, Folkestone	4
Helena, Shorncliffe	31
Shorncliffe Military, Shorncliffe	186
Herne Bay Military, Herne Bay	2
Canterbury Military, Canterbury	
Barn House, Whitstable	10
Convent des Oiseaux, Westgate	4
Godinton, Ashford	2
Headcorn, Headcorn	4
Isenhurst, Cross-in-Hand, Sussex	10
Romney Marsh, Littlestone	15
St. Andrews, Folkestone	1
Sholden Lodge, Deal	23
	556

(c) C.A.M.C. Personnel in Shorncliffe Military Hospital Group of V.A.D. Hospitals.

QUEEN'S CANADIAN MILITARY HOSPITAL.

Captain D. W. McGaffin.....Officer i/c.

81259	A/S.M. Firth, D. G., N.C.O. i/c Discipline.
34555	S/Sgt. Jackson, L. R., Wardmaster.
82	A/Sgt. Carruthers, E. T., Chauffeur
400199	A/Cpl. Ekins, G., Cpl of Police.
400281	Pte. England, G., Ward Orderly.
400107	Pte. Farrant, C., Ward Orderly.
523548	Pte. Turner, H. A., Night Orderly.
523502	Pte. Anderson, J. M., Ward Orderly
524644	Pte Bailey, B. G., General Duties.
524530	Pte. Gibson, G., Orderly Room and 'Phone.
524550	Pte. Jacobson, A., General Duties.
400308	Pte Robertson, L., Police.
524670	Pte. Stone, L. O., Ward Orderly.
535532	Pte Horne, A., Q.M. Stores and Office Relief.
464239	Pte. Walker, R. J., Sanitary.

BEVAN MILITARY HOSPITAL.

Captain T. Coleman.....Medical Officer.

528644 Pte. Broadhurst, J. H., Orderly.
14160 Pte. Canning, T., Orderly.
400089 A/Cpl. Butler, A., Orderly.
400167 Pte. Grandison, T., Orderly.
42519 Pte. Riley, J., Orderly.

GRANGE HOSPITAL—DEAL.

Captain R. D. Moyle.....Medical Officer.

527503 A/Sgt. Armitage, J. H., N.C.O. i/c.

ROMNEY MARSH HOSPITAL—LITTLESTONE.

1385 Cpl. Pettipher, R., Orderly.
34409 Sgt. Repan, J. H., Medical Orderly.

MANOR HOUSE HOSPITAL.

Nursing Sister M. Eaton.

33041 A/Cpl. Cowley, H., Medical Orderly, 19th October, 1915.
400343 Pte. Hardcastle, J., Orderly, 8th December, 1915.

RED CROSS NURSES' REST HOME.

6700 Pte. Lock, E. A. J., Orderly, 19th March, 1916.
50637 Pte. McCarthy, G. W., Orderly, 19th March, 1916.
470988 Pte. Venner, G. V., Orderly, 14th July, 1916.

WALMER WAR HOSPITAL.

Nursing Sister A. M. Linton.

81816 Sgt. Smith, C. F., Medical Orderly, 23rd November, 1915.
S0816 A/Sgt. Sheils, R. A., Medical Orderly, 28th September, 1915.

WEAR BAY HOSPITAL.

Nursing Sister W. A. Bryce.

535518 Pte. Scarfe, H. S., Medical Orderly, 22nd May, 1916.
34616 Sgt. Hone, J., Medical Orderly, 11th June, 1916.
50096 Cpl. Stevens, W. H., Medical Orderly, 1st February, 1916.

HASTINGS SANATORIUM.

Captain H. J. Stephens.....Medical Officer.

50103 Sgt. Thornton, A. D., Medical Orderly, 18th May, 1916.

GLACK HOSPITAL—DEAL.

Nursing Sister T. Moffitt.

1798 A/Sgt. White, N.C.O. i/c., 6th January, 1916.

SHELDON WAR HOSPITAL—DEAL.

407116 Cpl. Mitrella, J. C., Masseuse, 11th April 1916.

LUTON HOUSE—SELLING.

Nursing Sister C. Paquette.

MINSTER HOSPITAL.

Major C. H. Sutton.....Medical Officer.

MILITARY HOSPITAL—CANTERBURY.

Captain R. J. Manion.....Medical Officer.

CHERRYHINTON MILITARY HOSPITAL.

Captain B. B. Marr.....Medical Officer.

Major Macom.....Medical Officer.

AUTHORITY FOR EMPLOYMENT—D.M.S., London.

(d). Canadian and Imperial . C.O.'s and Men admitted to Shorncliffe Military Ho.,pital during the months of May, June, and July, 1916.

1916.	Canadian Local.	Canadian Overseas.	British Local.	British Overseas.	Australian Overseas.	Total.
May—						
Admissions ...	578	76	120	593		1,367
Transfers	95	82	64	79		320
June—						
Admissions ...	606	135	100	364		1,205
Transfers	271	55	136	95		557
July—						
Admissions ...	683	83	163	848	156	1,933
Transfers	121	94	131	39	1	386
Total	2,354	525	714	2,013	157	5,768

CLIFFORD H. REASON,
Major, C.A.M.C.,
O.C. Military Hospital, Shorncliffe.

To A.D.M.S Canadians,
Folkestone.

(e). Nominal Roll of N.C.O.'s and Men employed in Registrar's Department, Shorncliffe Military Hospital.

(This nominal roll does not include any of the personnel of the Shorncliffe Military Hospital proper.)

50505 S/M. Bagnall, G. P., S/M. and Supervisor.
414102 C.Q.M.S. Jackson, M.. Canada Mail, R.D.
50562 Sgt. Fayers, A. E., Transfers and Convoys.
50554 Sgt. Dowlw, H. J., Medical Inspection.
50577 Sgt. Greig, H., Deaths and Seriously Ill.
02730 Sgt. Miles, G. W.. Maintenance Rolls, Telephones, Orderly Sergeant, Registrar's Staff.

50631 Sgt. Moon, O., Correspondence.
50655 Sgt. Rickard, F. S., Furlough Office.
822835 Sgt. Comrie, W., Admitting Office.
6881 Sgt. Ward, T. C., Escort Duty.
50515 Cpl. Bennett, W., Q.M. Stores.
1635 Cpl. Gay, E., Admitting Room.
428650 Cpl. Jenks, H. A., In Hospital.
02719 Cpl. Lawrance, S., Board Papers.
400161 Cpl. Pouitney, R. J., A. and D. Room.
400229 Cpl. Ricci, L., Maintenance Accounts.
50669 Cpl. Sloman, F., A. and D. Night Duty.
13173 Cpl. Wood, C. N., Furlough Office.
248 Cpl. Cope, W., Escort Duty.
81229 Cpl. Drummond, J. M., Escort Duty.
457664 Cpl. Gleave, J., Pay Office.
400200 Cpl. Ellis, R. N., Re-direction of Mail.
13647 Cpl. Hillier, R. E., A. and D. Room.
21941 Cpl. Pepper, V. T., Transfer Office.
50652 Cpl. Raby, J. C., Night Duty A 31.
79506 Cpl. Surrey, N. F., Furlough.
51038 Pte. Anderson, J. J., In Hospital.
527533 Pte. Angus, H. E., General Office.
505258 Pte. Broomfield, W., In Hospital.
53433 Pte. Brady, J., Canada Mail, Night Duty.
803 Pte. Campbell, A. H., Canada Q.M. Stores
534473 Pte. Cowan, E. J., Messenger.
326520 Pte. Court, S. W., In Hospital.
50539 Pte. Clarke, C. A., Canadian Convalescent Group.
9309 Pte. Donstall, S., A. and D. Room.
03084 Pte. Earl, H., Q.M. Stores.
13097 Pte. Everest, R. E., Q.M. Stores.
400109 Pte. Fisher, S. E., Re-direction of Mail (A.D.M.S. Can.)
13364 Pte. Gillborn, W., Canada Furlough Office.
535509 Pte. Graham, H., Mail re-direction.
400215 Pte. Gribbin, F. J., Escort Duty.
2325 Pte. Harris, J. W., A. and D. Room.
025230 Pte. Hastings, R., Furlough Room.
52758 Pte. Holt, J., Stationery Department.
02968 Pte. Hoyle, D., Escort Duty.
200290 Pte. Husband, D., In Hospital.
02709 Pte. Helps, F. J., A. and D. Room
525531 Pte. Habgood, H., C. C. H. Group
06055 Pte. Jackson, R. J., Transfer Room.
400043 Pte. Jamieson, D. A., Escort Duty.
03716 Pte. Jowett, E., Q.M. Stores.
109710 Tpr. Kerr, F. F., Pay Office.

444534 Pte. McDougall, A., Canada Messenger.
77794 Pte. Matthews, E. H., Q.M. Stores.
400048 Pte. Medhurst, W., In Hospital.
522699 Pte. Phelps, C. J. N., A. and D. Room.
40048 Pte. Pollock, A. S., Escort Duty.
13434 Pte. Ross, W., Escort Duty.
25636 Pte. Reddington, J., Stationery Department.
524637 Pte. Stewart, J., Pay Office.
400243 Pte. Sinclair, N. B., C.C.A.C., A. and D.
523541 Pte. Siccotte, A., Mail No. 8 S.H.
2933 Pte. Smith, A. D., Escort Duty.
77630 Pte. Tilley, T. H., Canada Pay Office.
528667 Pte Turner, H. T., A. and D. Room.
1136 Pte Venables, N., Col. Hodd's Steno.
912 Pte. Vickery, W., Escort Duty.
524594 Pte. Webster, T. W., A. and D. Room.
524759 Pte. Yates, S. R., Pay Office.
535528 Pte. Roxburgh, P. (A.D.M.S., C.T.D.), Admitting Room.
523721 Pte. Stewart, J., (No. 2) Pay Office.
63730 Pte. Parker, G. O., Pay Office.
602888 Pte. Jenkins, J. C., ?
457134 Pte. McLean, E., Pay Office.
406045 Pte. Beckett, G., Pay Office.
14335 Pte. Coles, A., Railway Station.
20131 Pte. Bell, Railway Warrants.
535435 Pte. *Ferguson*, W., *Railway Warrants*
28693 Pte. McBryer, J., A. and D. Room.
419161 Pte. Kaiser, M. J., A. and D. Room.
400453 Pte. Plant, J., Filing.
73961 Pte. Strang, J., Messenger.
525550 Pte. Smith, S. T., Phones.

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Nominal Roll of A.D.M.S. Canadians, less Officers, N.C.O.'s and Men employed with the Standing Medical Board.

OFFICERS:—

Colonel G. S. Rennie, A.D.M.S.
Capt. F. J. Ewing, D.A.D.M.S.
Capt McMurrich.
Major Carron.
Capt. Harris.

N.C.Os. AND MEN.

No.	Name.	Rank.
400084	Batcher, S.,	A/Sgt.
16626	Brown, G.,	Pte.
S	Curry, E.,	A/S/Sgt.

No.	Name.	Rank.
400191	Clark, C. C. F.,	A/Sgt.
400272	Clark, H. J.,	A/Sgt.
400024	Capel, J. E.,	A/Sgt.
523587	Campbell, J.,	Pte.
527545	Carter, H. C.,	Pte.
34192	Drummond, W.,	S.M.
12564	Dery, J.,	Pte.
400416	Doyle, M.,	Pte.
522673	Greig, C. S.,	A/S Sgt.
6800	Gransden, A.,	Pte.
527575	Hall, A. E.,	Pte.
530659	Hughes, A.,	Pte.
522620	Irwin, J. W.,	Pte.
43	Jento, F. J.,	A/S/Sgt.
65504	Jones, E. E.,	A/S/Sgt.
15580	Jarrett, A. H.,	Pte.
406909	King, A.,	A/Sgt.
44	Knight, F.,	Pte.
523638	Leigh, J. A.,	Pte.
83	Lark, F. R.,	A/Sgt.
551455	Latournell, F. J.,	Pte.
524178	Lalonde, J.,	Pte.
540132	Matthews, J. R.,	Pte.
400269	McMasters, D.,	Pte.
764223	McLeod, N.,	Pte.
469178	Oxley, A.,	Pte.
528660	Parke, W. A.,	Pte.
522707	Richardson, M.,	S/Sgt.
400228	Rawlings, H.,	Pte.
400378	Sainsbury, F. J.,	Q.M.S.
50676	Stephenson, H. H.,	Sgt.
02743	Sutherland, A.,	Cpl.
436046	Thwaites, G. A.,	Pte.
3159	Watson, G. J.,	A/Sgt.
50699	Woods, P. L.,	A/Sgt.
412539	Wilson, J.,	Pte.
415789	Curry, F.,	Pte.
427210	Ingram, R.,	Pte.
71826	Muir, P.,	Pte.
101272	McGuire, J. H.,	A/Sgt.
473028	Walton, J.,	Pte.
845	Wilson, A. A.,	Pte.
113640	Williams, F. S.,	Pte.
85317	Hunt, R. E.,	Pte.
50563	Ferrier, B. L.,	A/S/Sgt.
523702	Farrell, N. J.,	Pte.

(g). Cost to the Canadian Government of Personnel Logically Chargeable to the Administration of the Shorncliffe Military Hospital Group by the Canadian Army Medical Corps.

Queen's Canadian Military Hospital:—	
1 Officer Pay and Allowances	$3.75
Messing	1.00
15 N.C.O.'s and men Pay, and Allowances... ...	18.80
Total per diem	$23.55
Total 30 day month	$706.50
Bevan Military Hospital:—	
1 Officer Pay and Allowances	$3.75
Messing	1.00
5 N.C.O.'s and men Pay and Allowances	5.60
Total per diem	$10.35
Total 30 day month	$310.50
Grange, Hospital, Deal:—	
1 Officer Pay and Allowances	$3.75
Messing	1.00
1 N.C.O. Pay and Allowance	1.50
Total per diem	$6.25
Total 30 day month	$187.50
Romney Marsh Hospital, Littlestone:—	
2 N.C.O.'s Pay and Allowances	$2.70
Total 30 day month	$81.00
Manor House Hospital, Folkestone:—	
1 Nursing Sister Pay and Allowance	$2.60
Messing	1.00
2 N.C.O.'s and men Pay and Allowances	2.30
Total per diem	$5.90
Total 30 day month	$177.00
Red Cross Nurses Rest Home:—	
3 men Total per diem	$3.30
Total 30 day month	99.00
Walmer War Hospital:—	
1 Nursing Sister Pay and Allowance	$2.60
Messing	1.00
2 N.C.O.'s	3.00
Total per diem	$6.60
Total 30 day month	$198.00

Wear Bay Hospital:—	
1 Nursing Sister, P. and A....	$2.60
Messing	1.00
3 N.C.O.'s and men	3.80
Total per diem	$7.40
Total 30 day month	
Hastings Sanatorium:—	
1 Officer Pay and Allowance	$3.75
Messing	1.00
1 N.C.O	1.50
Total per diem	$6.25
Total 30 day month	$187.50
Glack Hospital, Deal:—	
1 Nursing Sister, P. and A....	$2.60
Messing	1.00
1 N.C.O.	1.50
Total per diem	$5.10
Total 30 day month	$153.00
Sheldon War Hospital, Deal:—	
1 N.C.O. Pay and Allowance	$1.20
Total 30 day month...	$36.00
Luton House, Selling:—	
2 Nursing Sisters, P. and A.	$3.20
Messing	2.00
Total per diem...	$5.20
Total 30 day month	$156.00
Minster Hospital:—	
1 Officer Pay and Allowance	$5.00
Messing	1.00
Total per diem	$6.00
Total 30 day month	$180.00
Military Hospital, Canterbury:—	
1 Officer Pay and Allowance	$3.75
Messing	1.00
Total per diem	$4.75
Total 30 day month	$132.50
Cherryhanton Military Hospital:—	
2 Officers Pay and Allowance	$8.75
Messing	2.00
Total per diem	$10.75
Total 30 day month	$322.50

A.D.M.S., Canadians :—

5 Officers Pay and Allowances	$20.00
Messing	3 84
49 N.C.O's and men	66.20
Total per diem	99.04
Total 30 day month	$2971.20

Registrar, Shorncliffe Military Hospital :—

2 Officers Pay and Allowances	$9.00
Messing	2.25
88 N.C.O's and men	98.00
Total per diem	$109.25
Total 30 day month	$3277.50

Grand total per 30 day month, $9,497.70.

10.—NO ATTEMPT HAS BEEN MADE TO RESTRICT THE LARGE NUMBER OF OPERATIONS WHICH PRODUCE NO INCREASED MILITARY EFFICIENCY.

(a) Examples of Operations Unjustifiable from Military Standpoint.

Varicocele operation as cause of discharge.

Corpl. Keller, L., No. 73803, 28th Battalion. Aged 27. Enlisted October, 1914, at Regina. On April 7th, 1916, at St. Eloi, suffered from shell shock, but recovered sufficiently to be operated on on April 25th for double varicocele. The wounds became septic, and he was retained in hospital till July 25th, 1916, when he was discharged with total disability for the first six months.

Loose cartilage operation, necessitating discharge.

Driver Hogan, Hugh, No. 41334, C.F.A. Aged 22. Enlisted August, 1914, at Montreal. In June 24, 1915, injured knee in France. Operation for loose cartilage September 25, 1915. Leg has been weak and troublesome since. Considerable synovitis Discharged November 13, 1915.

Piles—operation. Loss of sphincter control.

Sgt. Harris, John, A-38125, 8th Battalion. Aged 33. Enlisted October, 1914, at Fort William. In November, 1915, at front, hæmorrhoids began to trouble him. Continued on duty till January, 1916, when he was sent to Etaples, St. John Ambulance Bge. Hospital, where operation on hæmorrhoids. Since then very imperfect control of bowels with prolapsus ani. Discharged June 22nd, 1916, with quarter to half disability.

Operation of hallux valgus.

Pte. Dixon, M. A., No. 69222, 26th Battalion. Aged 28. Enlisted November 9th, 1914, at St. John. Bunion left great toe fifteen years ago. Operated on April, 1916, for hallux valgus, and has been worse since operation. Discharge by D. of R. and O. August 9th, 1916.

Hæmorrhoids, loss of sphincter control, following operation.

Pte. Downs, M., No. 66242, 24th Battalion. Aged 40 Enlisted February 4th, 1915, at Lindsay, Ont. Labourer. Suffered from hæmorrhoids in France, and was sent home in November, 1915 Operated on at Beechboro' Park by [redacted] in December, 1915. Has had no control over the sphincters since when they are loose, and has to hurry at all times to avoid mishap. Discharge April 10, 1916.

Dislocation semilunar cartilage. Operation. Bad result.

Pte. Donnell, Jas., No 22730, C.A.M.C. Aged 40. Enlisted August 14, 1914, at St. John. Twisted right knee at Givenchy in June, 1915. Operated on for loose cartilage at Wolverhampton on July 15th, 1915. Done nothing since. Knee still swollen. Marked lateral movement in joint. Discharged January, 1916.

Displaced semilunar cartilage operation.

Pte. Featherstone, Fred, No. 53338, 18th Battalion. Aged 28. Enlisted November 3, 1915, at London. Labourer. May 27th, 1915, at Sandling, at physical drill twisted knee. At Bevan Hospital, July 22nd, 1915, operation for displaced semilunar cartilage. Light duty since. Knee joint enlarged and swollen and painful. Discharged October 27th, 1915.

Loose cartilage operation.

Pte. Foster, Chas., No. 420727, 43rd Battalion. Aged 44. On August 8th, 1915, wrenched left knee at football. Operation at Moore Barracks, November, 1915. Since then in hospital. Discharged March 16th, 1916, owing to marked rocking of knee joint. Urine 1034 sugar present. Blood pr. 160.

Loose cartilage of left knee operated on at Newcastle, June, 1916.

147975, Pte. Pacque, A. (28), 5th Battalion, G.S.W. (slight), April, 1916. With a false step "it throws him over." Slight lateral mobility. Should be discharged.

Operation January, varicose veins.

No. 15155, C. J. Matthews, 17th Res. Battalion. At Moore Barracks Hospital, Portsmouth, second operation, same hospital. Third operation Moore Barracks Hospital, Shorncliffe. Now complains of pain preventing him performing physical exercises. Sent here from Epsom on this account.

Operation for hæmorrhoids—no improvement.

Pte. Barr, John, No. A-22032, 8th Battalion 11th Res. Battalion. Aged 33. Enlisted December, 17th, 1914, Winnipeg. Bricklayer. Had bleeding piles for two years. Returned after three weeks in France in August, 1915. Operated on August 20th, 1915. Bleeding and pain continued. Large bunches of internal hæmorrhoids which bleed readily. Discharged March 20th, 1916. Done practically nothing since operation.

Unjustifiable serious operation.

Pte. Goodfellow, G., No. 511267, C.A.S.C. Aged 36. Enlisted February 19, 1916, at Regina. On March 30th, 1916, following a severe strain in lifting weight felt sick and passed blood in water. No pain This disappeared with a short rest in hospital, but reappeared

on April 29th, 1916. Never serious in amount. Blood was found to come from left kidney, and in May, 1916, left nephrectomy performed at Bramshott Military Hospital. Discharged August, 1916, "½ for one year diminishing later."

Hæmorrhoids. Operation.

Pte. Bushie, Victor, No. 59122, 21st Battalion. Aged 22. Enlisted March 29th, 1915, at Kingston. Machinist. France from September to March, 1916, when he was sent back owing to "hæmorrhoids." Operation on March 12th, 1916, at No. 2 Canadian Stationary Hospital, Boulogne, for hæmorrhoids. Worse since operation. Has not proper control of his movements. Discharged May 17th, 1916, with quarter to half disability—possibly permanently.

Loose cartilage. Operation. Defective vision.

Pte. Baxter, Thomas, No. 622060, 44th Battalion. Aged 24. Enlisted January 15th, 1915, at Winnipeg. Teamster. In October, 1915, injured left knee at football at Sewill Camp, Manitoba. Operation, January, 1916, loose cartilage; left knee weak, with considerable lateral mobility. V.O.D. 4/60, V.O.D. 6/60. Myopia Iritis four years ago. Discharged April 4th, 1916.

Loose cartilage. Operation.

Sgt. Morden, E. D., 59th Battalion (39th Reserve), No. 455171, Local. On duty till May 28th, 1916, when he injured left knee. Continued on duty for two weeks, till knee locked. Operated on June 16th, 1916, at Bevan Hospital, by Dr. Calverley, for loose cartilage. In bed two weeks, and in third week went to Hastings, where had swelling of leg. Since then the whole leg has been swollen with pitting. Much peri-articular thickening; some thickening of thigh. Knee joint can be moved only through 160 130 only; not much pain. Discharged August, 1916.

Semilunar cartilage. Operation.

Sgt. Marden, E. D., No. 455171, 39th Reserve Battalion. Enlisted February 2nd, 1915. Hammer-toe operation April 2nd. Off duty to July, 1915. Dislocated semilunar cartilage left knee May 28th, 1916. Operation June 16th, 1916, Bevan Hospital, by Dr. Calverley. Very considerable thickening of knee joint. Range of motion about 30 [illegible] (160-130). Infection, and evidently by lymphatic obstruction much peri-articular thickening. Some general œdema of leg and thigh. History of typhoid eight years ago, with slight swelling of leg after this.

Operation for a baker's cyst.

Pte. Vionier Oscar, A16619. In France eleven months. Returned December, 1915, with slight disability from a baker's cyst. Operation February 25th at Bevan Hospital (civilian doctor). Discharge from wound continued five months.

27937, Noble, 15th Battalion. In Army two years. In France fifteen months. Sent to Birmingham War Hospital with cervical adenitis. Operation; glands removed. Useless from military standpoint. Still discharging.

Operation for loose semilunar cartilage.

79708, Skinner, 31st Battalion. Operation in March, 1916, at Newcastle, where he was sent after six months in France. Usual result. Seen at Bearwood, September, 1916.

311068, Smythe, C.A.S.C. Varicocele operation. Fifty years of age. A stupid operation. Seen at Bearwood, September, 1916.

The last case I saw was from a British hospital, where he was operated upon for loose cartilage. Crucial ligaments torn. Marked lateral antero posterior movement of joint. A fool operation, and now a discharge case. Bearwood, September, 1916.

11.—THE INSTALLATION OF AN EXPENSIVE PLANT AT RAMSGATE WAS INADVISABLE AS A LARGE NUMBER OF THE CASES TREATED THERE SHOULD BE SENT TO CANADA FOR TREATMENT.

(a) Cases seen at Granville Hospital, Ramsgate, August 28th, 1916.

A number of cases had arrived immediately prior to our visit and were being examined by the Admitting Officer. Notes were made on the following:—

405000, Bennett, 20th Battalion.

Injury, June 23rd, 1916, in Camp. Dislocation of outer end of clavicle. Sent here from Epsom. Not a case for Ramsgate, as no improvement could be secured by hospital treatment.

438485, Wright, H. T.

Flesh wound left thigh. Has also some swelling of right ankle joint, due to an old fracture. No hospital treatment is indicated.

68304, Kennedy, 25th Battalion.

From Epsom. Injury July, 1916, G.S.W. From Colchester. As he is fit for physical training he should not be here.

129242, Gunn, 7th Battalion.

From Epsom. Superficial wound, back. Also fit for training.

77031, Clark, 7th Battalion.

G.S.W., left leg, on May 7th, 1916. Some interference with return circulation No hospital treatment can be of value.

58288, Fotherby, J. F., 20th Battalion.

Injury to heel June 14th. Atrophy (slight) of whole leg. Injury very trivial Leg condition existed almost surely before enlistment. A discharge case: treatment quite useless.

In the examination room was a G.S.W. case (left hand), with stiff thumb and middle finger. A portion of index finger was absent on enlistment. A left-handed man.

The following notes were made on patients already admitted:—

422021, Pte. Aird, J., 29th Battalion.

Fracture of clavicle, April 6th, 1916. Fit for physical training.

401764, Pte. Baker, W., 33rd Battalion.

From Moore Barracks with slight flat foot. No improvement to be expected from hospital treatment. Should be at Command Depôt for physical training.

81039, Pte. Ballendine, J., 8th Battalion.
Loose cartilage right knee, April 6th, 1916. Operated upon at Aberdeen (Scottish General), May 2nd, 1916. Semi-lunar removed; diagnosis wrong. Case one of ruptured crucial ligaments, with marked anteroposterior movement. No improvement can be expected from further hospital treatment. Should be discharged to Canada.

406259, Pte. Bastin, E., 1st Battalion.
G.S.W. left thigh, April 28th, 1916. From Sheffield to Bushey Park, then Ramsgate. No hospital treatment required. Fit for physical training.

110061, Pte. Brown, G., 2nd C.M.R.
Ankylosis left ankle; G.S.W. left foot. Should be discharged to Canada.

29540, Pte. Clarkson, C. E., 16th Battalion.
Injured April 23rd, 1916. Reading seven weeks: Auxiliary, Reading, ten weeks. Came to Ramsgate, August 1st, with functional paralysis of both legs. Now cured.

117207, Pte. Coupland, E. S., 2nd C.M.R.
Trivial wound operated on at Calais in March, 1916. Should be doing physical training at Command Depôt.

43050, Bandm. Dean, W., 50th Battalion.
Callus ball of toe. No disability. Should be training.

423392, Pte. Dean, Orley, 29th Battalion.
Back strain, April 17th, 1916. Sent from Boulogne to Chichester, to Epsom, to Ramsgate. Fit for physical training.

401830, Pte. Epworth, J., 20th Battalion.
G.S.W. left wrist, March 25th, 1916. Fit for physical training.

68160, Pte. Geddes, Alexander, 25th Battalion.
G.S.W. leg, October 15th, 1915. Should have been out long ago.

153034, Pte. Horley, B., C.A.S.C.
G.S.W. right knee, October 14th, 1915. Scar in popliteal space: breaks down on stretching. Has been in Moore Barracks, Walmer, and Monks Horton before coming here. Should be discharged to Canada.

A20183, Pte. Lauder, C., 16th Battalion.
G.S.W., November 6th, 1915. Operation for ant. crural palsy. Permanent disability. Should be discharged.

51874, Pte. Lantz, Geo., 58th Battalion.
Has Webb fingers following wound. Treated at Bristol Hospital. Poor surgery.

872, Pte. Lawless, J.V.C.A.M.C.
Neurasthenia, November 11th, 1915. Cairo Barracks, Egypt; Clacton-on-Sea, Massey Harris Hospital. Age 45. Useless for military service. Should be discharged to Canada.

30428, Gunner Martineau, H., C.F.A.
Hammer toe operation at Moore Barracks Hospital, June 22nd, 1916. Second operation on same toe, Ramsgate.

74285, Lance-Corporal McPherson, H., 28th Battalion.
G.S.W. left arm, April 22nd, 1916. Sent here from Taplow. No present disability. Should be at Command Depôt for physical training.

318350, Sgt. Norton, S., C.F.A.
G.S.W., fracture left toe, January 21st, 1916. Poperinghe, Boulogne, Birmingham, Bearwood. Fit for duty.

16315, Pte. Paton, Robt., 7th Battalion.
G S.W., compound fracture left humerus, April 23rd, 1915. Boulogne, Walmer, Shorncliffe. Arm cannot be extended beyond right angle. Should be discharged.

71631, Pte. Pearce, C., 27th Battalion.
Fracture of skull, April 3rd, 1916. Deafness. No possibility of improvement by hospital treatment. Should be discharged.

6589, Pte. Pinner, Bert G., 1st Battalion.
G.S.W. left forearm, June 15th, 1916. No pronation or supination. Healed. Has been in the following hospitals: Etaples, Warwick, Shorncliffe, Westgate, Monks Horton, Shorncliffe. Should be discharged.

18679, Cpl. Royle, Thos., 1st Battalion.
Fracture (compound) of right leg: union in bad position: sinus still discharging. Bad surgery from Birmingham 1st Southern General.

439578, Pte. Sinclair, W. B., 52nd Battalion.
G.S.W. right arm, May 25th, 1916. Fit for physical training.

412857, Pte. Smith, A. W., 11th Battalion.
Poperinghe, Boulogne, St. Bartholomew's, London. G.S.W. right upper arm. Ulnar palsy. Not complete. Should be doing physical training.

69935, Pte. Sterling, W., 26th Battalion.
G.S.W. right shoulder, December 2nd, 1915. Should be doing physical training.

20690, Pte. Tawse, Wm., 10th Battalion.
G.S.W., April 23rd, 1916. Loss of bone radius and ulna Should be discharged.

81892, C.S.M. Tomsett, G. E., 10th Battalion.
G.S.W. right arm, January 27th, 1916. Sinus discharging from right arm. Should be discharged.

24771, Pte. Townsend, J., 13th Battalion.
Injury, May, 1915. Fracture of both bones left arm. In Birmingham and auxiliaries for nine months.

475240, Pte. Wilson, J. T., 8th Battalion
G.S.W. arm. Extension not complete. Should be at physical training

57498, Shea, G. D., 20th Battalion.
Injury, St. Eloi, April 10th, 1916. To Aberdeen, Scottish General. G.S.W., with slight or no bone injury, left knee; contraction of calf muscles on account of careless treatment. Three weeks in Aberdeen, then to Bearwood for three weeks; came to Ramsgate June 2nd, 1916. Tenotomy.

24425, Talbot, 13th Battalion.
Ten months in France on Transport. Returned on account of fracture of fibula, October, 1915, to Norwich for a few days, then to Yarmouth, to beginning of February. Uxbridge three to four weeks. To Epsom six or seven weeks. To Ramsgate on April 20th. Genu valgum; osteotomy. A good result, but not military surgery.

27365, Cpl. Loosley, 15th Battalion.
Twisted leg on Salisbury Plain. In France eight months. Returned November, 1915. Rupture of crucial ligament. Operation not a justifiable one from military standpoint.

301927, Gnr. Scott, C.F.A.
Heart lesion. Flat feet. Operation quite useless from a military standpoint.

28096, Sergt. Towner, K., 15th Battalion.
Operation for hernia at Moore Barracks Hospital. Subsequent "acute articular rheumatism" following fixation. Arthrectomy. Operation useless from military standpoint.

33266, Mayson, 3rd Field Ambulance.
Fractured both bones right leg four months ago. Simple fracture. 8th General Hospital, Rouen, five weeks. Netley three weeks. Bearwood nine days. To Ramsgate. Marked œdema of leg. Sent to Bearwood with no union.

19006, Taylor, 3rd Battalion.
G.S.W., with fracture right thigh, April 28th, 1915. Bristol Hospital, 2nd South General, on April 27th. There until May 17th, 1916. In September, 1915, was operated upon for malunion. Leg will have to be amputated.

107511, L.-Cpl. Remnond.
Injured March 26th. Ramsgate July 12th. Bony ankylosis left ankle. A case for discharge.

21653, Thirdy, 5th Battalion.
Trivial wound of great toe of right foot. Injury March 30th. Should have been well long ago.

73229, Burb, C.A., 28th Battalion.
Injury to back. Off duty since April. No objective evidence. Not hospital case.

429635, Hall, 7th Battalion.
Injured October 6th. Fracture of neck of femur. Permanent disability. Should be discharged to Canada.

186723, Taylor.
Fracture of jaw in March last. Now recovered and fit for work.

26429, Godein, 14th Battalion.
G.S.W. left arm. Loss of portion of radius. Now healed. A discharge case months ago.

29415, Pte. Abel, N., 16th Battalion.
G.S.W., April, 1915. Both legs originally affected, with bladder complications. Right leg has improved, but left leg is still paralysed and anæsthetic. A permanent total disability. Should be discharged.

77233, Pte. Beetham, S., 7th Battalion.
G.S.W. left thigh, with fracture of femur, June 5th, 1915. Irritative lesion of sciatic; 1 in. shortening. Some improvement, but still pain. A long case for further hospital treatment. Should be in Canada.

77982, Pte. Bishop, R. G., 7th Battalion.
G.S.W. left thigh, September 25th, 1915. Femur fractured, but now good union. Extensive scarring and loss of muscle. Knee very wobbly with synovitis. Still sinus present. In Granville since May, 1916. A discharge case, requiring supervision in Canada.

163542, Pte. Burley, 14th Battalion.
A case of marked tic. In hospital since April, 1916. No good. A discharge case.

424621, Pte. Burns, H., 45th Battalion.
Sacrolisation of fifth lumbar vertebra. Local. In bed five months in spinal brace. Should be sent to Canada.

79367, Pte. Brown, H. S., 31st Battalion.
G.S.W. right arm, with ulnar paralysis and tendons caught in scar, November, 1915. Operation six weeks ago. Wishes his discharge in England.

107148, Tpr. Carr, E., 2nd C.M.R.
G.S.W. left arm, November, 1915. Ulnar paralysis. In Granville since April, 1916. Is considering operation only now, as sensation has returned, but no motor power. Should be sent home.

2808, Pte. Charleton, B. W., L.S.H.
G.S.W. spine, April 23rd, 1915. Had an operation on sacrum, May, 1915. Confined to bed with paralysis of sphincters and left leg. In Granville one month. Is a permanent total disability, and should be provided for outside of special treatment hospital.

86900, Gnr. Clark, G. A., C.F.A.
Pott's disease, September 10th, 1915. Local casualty. Enlisted December, 1914. Admitted to Granville December 10th, 1915, spinal splint—considering bone graft. Should be sent home.

59162. Pte. Clark, L. A., 21st Battalion.
Myalgia and corns. In hospital since November, 1915. In Granville since April. Largely functional, according to Major Russell. A discharge case.

29540. Pte. Clarkson, C. E., 16th Battalion.
Functional paralysis of both legs, April 23rd, 1915. In April 1915, had slight flesh wound of left leg and butt ck, crawled to dressing station, and gradually lost power of legs. In June, 1915, claims he was lying in bed helpless. *Was in Wokingham V.A.D. Hospital* for nine months. Came to Granville as a stretcher case, and Major Russell had him walking in an hour. Shows great neglect.

A—4044. Pte. Cochran, D., 3rd Battalion.
Sciatica, April, 1916. In hospital three months in Glasgow; at Granville since July. Claims an old history of sciatica for years. No definite evidence. Should be at training or be discharged.

795. Pte. Collins, E., 14th Battalion.
Spinal caries. In France twelve and a-half months; buried March, 1916. At Granville since April, 1916. Bone-grafting operation June, 1916. Feeling well. Should be sent home.

40156. Gnr. Cooney, R. (47), C.F.A.
Fracture right thumb, February, 1916. Looks his age. Granville, April, 1916, lack of power of thumb; Wasserman positive. Salversan injection caused necrotic wound of elbow. Should be discharged.

418129. Pte. Cooper, R. (36), 18th Battalion.
G.S.W. left elbow, March, 1916. Wounds healed; only a few degrees of movement in elbow with pronation and supination affected. A discharge case.

61327. Pte. Des Groseillier, F., 22nd Battalion.
Fractured left shoulder from G.S.W., April 12th, 1916. Ankylosis (query bony) of joint. Should be discharged to Canada.

51143. Pte. Dodwell, C., 16th Battalion.
Neurasthenia, November, 1915. *In France from February to* May, 1915; in hospital all the time since. Neurasthenic. Miserable looking and quite useless. In Granville six months. Should be discharged to Canada.

26073. Pte. Douglas, E., 14th Battalion.
G.S.W. right thigh, with anterior crural paralysis, April, 1916. Should be discharged to Canada for operation.

79574. Pte. Fleming, Wm., 31st Battalion.
G.S.W. right arm, with muscular spiral paralysis, October 15th, 1915. Had an operation on nerve; no improvement. Considering an operation for transplantation of tendons. Should be discharged to Canada.

61246, Pte. Godin, L., 23rd Reserve Battalion.
G.S.W. left arm. Now definite resulting disability. Should be discharged.

628706, Pte. Giles, W. W. (24), 47th Battalion.
D.A.H. December, 1915. Local. In hospital (Bramshott, Bearwood, Westcliff, Epsom, Bearwood, Granville Hospital) since December, 1915. Pale, poor type, heart rapid. Should be discharged to Canada.

20025, Pte. Goodwin, G. W., 10th Battalion.
G.S.W. head, July, 1915. Had fractured skull with injury to 7th and 8th nerves. In County of London Hospital, Epsom, for nine months: had operation there in November, 1915, joining the 11th and 7th nerves, without improvement. Granville since May 30th. Should be discharged.

437538, Pte. Graham, J. (42), 51st Battalion.
Injury to knee, June, 1916. Operation at Granvillle for loose cartilage in June, 1916. Some thickening, but little lateral mobility.

439613, Pte. Harcus, T. (34), 52nd Battalion.
G.S.W. spine with injury to sacral nerves. Inability to press down on toes. Is a discharge case.

424883, Pte. Harris, H. A., 1st C.M.R.
G.S.W. right arm, June, 1916. with median paralysis. Operation on nerve two months ago. Should be discharged to Canada.

26087, Sgt. Heron, Wm., 15th Battalion.
G.S.W. with compound fracture femur, August, 1915. One and a-half ins. shortening: very marked atrophy from injury to muscles: knee movements of 30 to 40 degrees: wounds healed by June. In bed nine months in Newcastle-on-Tyne. Should have been discharged to Canada months ago.

67488, Pte. Hignett, J., 25th Battalion.
G.S.W. right elbow and leg: ankylosis right elbow at 165 degrees (?) bony. Granville eleven weeks. Operation intended to get arm in better position. Should be sent to Canada.

A—24147, Pte. Hunter, C. (34), 5th Battalion.
In France ten months. Collapsed in April, 1916, while on leave. Is improving. High time to decide on his future, whether for discharge or base duty.

418268, Pte. Hutchinson, A. E., 42nd Battalion.
G.S.W. arm. Has a curious weakness of both thenar eminences and in both forefingers. ? cause. Granville Hospital since April 1st, 1916. Obvious discharge case.

79585, Pte. Jackson, W. H. (27), 31st Battalion.
G.S.W. right knee, March, 1916. Wounds healed. Movements up to forty-five from straight position. Has also G.S.W. left thigh, with aching. Should be discharged.

405621, Pte. Jardine, W. H., 20th Battalion.
G.S.W. thigh and back, April, 1916. Sciatic nerve injured, foot useless and anæsthetic. Granville since July. Wounds healed two months after injury. Operated on July 15th and August 6. Should be discharged.

11494, Pt. Kerr, Jas., 4th Battalion.
G.S.W. right arm with ulnar and median paralysis, April 1915. Operation at Southend-on-Sea August, 1915. Still complete paralysis with no power of supination. Should be discharged.

139261. Pte. Laville, J.
G.S.W. thighs, April, 1916, right sciatic partly severed and operated on in May; foot still useless and dropped. Considerable anæsthesia. Will be in hospital for months. Should be sent to Canada.

1769. Pte. Munro, J. A., P.P.C.L.I.
G.S.W. chest with injuries to brachial plexus, June, 1915. In British Red Cross Hospital, Netley, for one year, with operation in December, 1915. No use in right hand at all and marked atrophy. Should be sent to Canada.

33879. Pte. Le Noury, 19th Battalion.
G S W. left elbow, April, 1916, ulnar paralysis. Should be sent to Canada for suture.

25011. L.-Cpl. Wood, H. C., 13th Battalion.
Fracture dislocation of spine, December, 1915, both legs paralysed, sphincters intact: permanent total disability. Should not be in special treatment hospital.

67868. L.-Cpl. Mathison, A. H., 25th Battalion.
Shell shock, January, 1916, forty-one years of age. Should be discharged.

19092. Pte. Matthews, G., 4th Battalion
Synovitis left knee, April, 1916. No cause known. In Granville three months and still marked synovitis. Should be discharged.

86968. Dvr O'Connor, J., C.F.A.
Potts Disease. In hospital since November, 1915. Local casualty: no abscess. In Granville since December, 1915, with spinal splint. Bone grafting being considered. Should be sent home.

69721. Pte. Newton, H., 26th Battalion.
Synovitis right knee, March, 1916. In Granville since May. Swelling of joint, thickening of the bone. Movement of 45 degrees or thereabouts. Little improvement, in three months. Should be discharged.

6915. Pte. O'Farrell, A., 1st Battalion
G.S.W. left arm, April 23rd, 1915, with evident ulnar paralysis. In Llandwen *[illegible]*. *Hospital for ten*

months. Operated on in February, 1916, at Newport. In Granville June 26th. Improved. Should be sent to Canada.

406156, Pte. Pizzy, Jos.
G.S.W. right ilium, April, 1916, with fracture of pelvis. Very definite permanent disability and little to be done. Should be discharged.

629124, Pte. Reid, D. E., 47th Battalion.
Debility, June, 1916. Local. No good. Should be discharged.

53856, Pte. Jarvis, R., 18th Battalion.
G.S.W. left thigh, October, 1915. Right leg still discharging. Netley three months. Bearwood two weeks, Granville seven months. Can travel. Should be sent to Canada.

63828, Pte. Scott, D., 13th Battalion.
G.S.W. back and left leg. June, 1916. G.S.W. left leg—the foot dropped at once. In Granville one month. Improving. Question if operation will be necessary. In any case a long convalescence. Should be sent to Canada.

121680, Pte. Sexton, F., 70th Battalion.
Facial Paralysis. May, 1916. One month Moore Barracks. Bearwood two months, with no electrical treatment, Granville three weeks. No reaction. Major Russell suggests invaliding to Canada.

71517, Pte. Sisterson, J. G., 27th Battalion.
G.S.W. left leg, October, 1915, with injury to external poplitial nerve. Operated on June, 1916, though the wound was healed in December, 1915. Granville, May, 1916. Should have been sent to Canada months ago.

63791, Pte. Stockham, E., 23rd Reserve.
Neurasthenia and Arthritis, December, 1915. Local. Wasserman positive. No good. Should be discharged.

A 36211, Pte. Todd, A. 4th Battalion.
G.S.W. hip, April, 1916. Considerable transverse scar right, buttock with muscular atrophy. Unfit permanently for marching. Deaf also. Should be discharged.

412900, Pte. York, M., 14th Battalion.
Sciatica, March, 1916. Two months in Granville, and probably a discharge case.

437018, Pte. Yates, E., 49th Battalion.
Injury to spine November, 1915. Fell from parapet. Holds spine rigid, and complains of pain. Looks less than 20. Obviously should be discharged.

106605, Cpl. Ward, H. H., 1st C.M.R.
G.S.W. right thigh, December, 1915. Sciatic nerve injured. Wound healed in three weeks. In Granville *since January*, 1916. Operation on sciatic *only in August*, 1916.

12.—THE ESTABLISHMENT AT BUXTON OF A SPECIAL HOSPITAL FOR THE TREATMENT, OF RHEUMATICS WAS ILL-ADVISED. AS THE MAJORITY OF RHEUMATICS WILL NOT BE FIT AGAIN FOR ACTIVE SERVICE, AND COULD BE BETTER AND MORE CHEAPLY TREATED IN CANADA.

(a). **The number of patients in the Canadian Red Cross Special Hospital at Buxton on August 15th, 1916.**

Officers	2
Overseas	206
Local	67
Total	275

(b). **Patients Suffering from Rheumatism and Kindred Diseases.**

Disease.	Officers.	Overseas.	Local.
Rheumatic fever	0	11	19
Rheumatic arthritis	2	1	0
Arthritis	0	5	10
Myalgia	0	65	29
Neuritis	0	5	3
Myositis	0	1	0
Trench shins	0	1	0
Gout	0	1	0
Total		158	

Ages.	Officers.	Overseas.	Local.
18 to 24	0	19	13
25 to 29	0	17	12
30 to 34	1	18	8
35 to 40	1	15	11
41 to 50	0	21	14

(c). Other Disabilities.

Disability	Overseas.	Local.
Erythema	1 ...	0
Boils	1 ...	0
Gun shot wounds	20 ...	0
Fractures	2 ..	1
Contusion of back	2 ...	0
Shell shock	82 ...	0
Neurasthenia	2 ...	2
Orchitis	1 ...	0
Sprains	4 ...	0
Pneumonia	1 ...	0
Bronchitis	0 ...	1
Debility	0 ...	1
Bursitis	0 ...	1
Total	116 ...	6

15.—MEDICAL BOARDS WHICH REGULATE THE CLASSIFICATION OF CASUALTIES, WHEN CONVALESCENT, HAVE NOT BEEN ADEQUATELY PROVIDED FOR.

(a) Appendix.

Office of the Standing Medical Board,
19, Westbourne Gardens, Folkestone.
March 18th, 1916.

To the D. of R. and O.,
Folkestone.

From the President.
Standing Medical Board.

Dear Colonel Reid,

Replying to your letter of yesterday, broadly, I would answer your question by stating that Medical Boards, particularly where questions of discharge and subsequent pension are involved, should be of the same class as practitioners in civil life who would be deemed suitable to express opinion for the guidance of Courts in Civil actions—in other words, men who, by training and experience, had reached such a position in their profession as to be regarded by their fellow-practitioners as specially well informed upon the subject upon which they assume to express an expert opinion. Few men attain to this recognition without having fitted themselves first, by post-graduate study, and subsequently by clinical investigation and practice in large hospitals. A conclusion reached by a Board so constituted is likely to stand.

At present we have only two members on each of the permanent Boards: while this is sufficient, it is scarcely as desirable as if three members could be present: further, the work is very onerous, and under present conditions no one can absent himself without interrupting the work seriously, and there is always the possibility that the necessity for haste may lead to injustice and mistakes. The minimum number of men required for deliberate and satisfactory work is five—there should be obtained, if at all available, an additional four or five who would make sure that histories were properly and intelligently filled out before the papers were presented here

I would hesitate to mention the names of individuals, but if my suggestions may be of value to you I would ask that you secure the return here of the following men from No. 4 General Hospital, Salonica, or, better still, as we require as I have stated above, more than the undermentioned number, the return here of the whole unit who to my certain knowledge are practically unemployed at present:

Capt G. E. Wilson
Capt. J. H. McPhedran.
Major W J. O. Malloch
Major Donald McGillivory.
Capt. Geo. Boyer.

This would permit our present Boards to be increased to three members each, and would allow the formation of a third Board for days upon which a specially large number of cases have to be dealt with.

(Signed) W. McKeown,
Lieut.-Colonel, C.A.M.C.
President, Medical Board.

(b) Administration Medical Boards. Standardisation.

All Medical Officers serving on Standing or Travelling Boards should be acquainted with conditions at the Front, in the Hospitals, and in the Battalions, and the personnel of the Boards should be so selected, or otherwise suitable opportunity should be given to these Officers to acquaint themselves with these several conditions.

The Folkestone Board should be the training centre for all Boards, as it comes in touch with all varieties of the work, especially the Battalions, and those cases returned as P.B. from France. Board methods and findings would then be practically uniform. At present the conceptions of Board Officers in France, Shorncliffe, London, Bramshott differ materially.

It is noted in particular that cases considered Permanent Base in France are not so regarded in the Shorncliffe area. Two hundred and twenty-six (226) cases of P.B. from France, July 17th, 1916, were Boarded here as follows:—

Permanent Base Duty	47
Temporary Base	74
Physical Training	57
Hospitals for Special Reports	33
Convalescence	3
Discharge	9
Fit for Duty	2
Unaccounted for	1
Total	226

Thus about one-quarter the entire list should be fit for duty in four weeks' time.

Again, in August, one hundred and eleven (111) Permanent Base cases from France were classified by Boards here as follows:—

Convalescence at Homes	1
Hospitals for Reports	10
Permanent Base	33
Temporary Base	15
Physical Training	45
Fit for Duty	7
Total	111

Nearly 50 per cent. Fit for Duty in four to six weeks.

Either the Medical Board in France is too lax or the Boards here too severe, but in any case the Boards have no common working basis. These cases are, moreover, unaccompanied by any Board Papers, only a Medical Transfer Certificate A.F.B. 172 without any remarks.

16.—SATISFACTORY RECORDS REGARDING INDIVIDUAL CASUALTIES ARE NOT AVAILABLE.

(a) Report from Lt.-Col. Adami in reply to a request for a return showing the work carried out by A.D.M.S. Records.

There is no such appointment as A.D.M.S. Records. Lt.-Colonel Adami was appointed Medical Historical Recorder, and directed to join the staff of the D.M.S. in April, 1915.

For historical purposes original documents are a first necessity; hence it was necessary that the Recorder should have access to the War Diaries of the different medical units; for medical historical purposes to treat of the diseases affecting the Expeditionary Force it was equally necessary to obtain accurate returns of Canadian casualties: while, thirdly, to write intelligently about the doings of the different medical units and their doings, it was essential that the Recorder should visit and become familiar with these units and the field of their activities.

I.—WAR DIARIES AND OTHER RECORDS.

With reference to the War Diaries, it was found that prior to the arrival of the Historical Recorder these had been kept very irregularly.

As the result of correspondence, more particularly with the D.D.M.S. Canadians in France, the Army Regulations were put into force, and the O.C. each Canadian medical unit overseas now provides monthly three copies of his War Diary. Two of these are forwarded through the 3rd Echelon to the Officer i/c Records, Canadians. Of these one, the original, is transmitted to the War Office, and until this month the duplicate has been transmitted to the Medical Historical Recorder, to be by him abstracted and returned to the Officer i/c Records for eventual transmission to Canada. Now, according to office instruction of Officer i/c Records, No. 103, dated 4th August, 1916, duplicate copies of War Diaries received from 3rd Echelon Base are to be transmitted to the Officer i/c War Records, Canadians, Historical Section, 3, Lombard Street, E.C., instead of to the Secretary, Militia Council, Ottawa, as heretofore. Arrangements are therefore being made with Sir Max Aitken with regard to future procedure.

The third copy is retained by the A.D.M.S. of the division for three months, and then forwarded through the 3rd Echelon to the Officer i/c Records, to be retained by him.

The work of abstracting and transcribing these War Diaries and other reports, letters, etc., bearing upon the Medical History of the War demands the time of one typist. So difficult are many of the documents to decipher that the last two typists have had to give up the work on account of eyestrain.

Other work in connection with the Medical History of the War should here be referred to. Both for the History and for eventual deposit with the Dominion Archivist at Ottawa, it was regarded as most necessary that plans and illustrations of the hospitals, other buildings and structures developed or taken over by the C.A.M.C., both overseas and in England, for medical purposes, should be obtained. On the recommendation of the Medical Historical Recorder, after full consultation with Major-General Carson, the services were obtained of Mr. R. G. Mathews, the well-known Canadian black and white artist, who in December, 1915, was given a commission as Lieutenant and Quartermaster in the C.A.M.C.: he has since been promoted Hon. Captain.. Captain Mathews has made an extensive series of bird's-eye plans and drawings of Canadian hospitals in England, and of many of the base hospitals (Canadian) in France. This work is not yet complete. He is now engaged upon the work at Cliveden. The Ontario Hospital at Orpington and the Special Hospital at Buxton have not yet been visited by him, while overseas the casualty clearing stations and field ambulances will need a further visit upon his part to France. For photographs of interiors, etc., Lieut. Gwyer has been temporarily attached to the Office of the D.M.S. Lastly, at the recommendation of Matron Macdonald, Nursing Sister Cameron Smith, who has considerable literary reputation, has been instructed to gather together material for a chapter upon the history of Canadian nursing activities in the war.

II.—COLLECTION OF MEDICAL STATISTICS.

The Canadian Forces while at Salisbury Plain came under the same treatment as did local British troops. cases sent to hospital did not appear upon the British Casualty lists. A monthly return was sent to the War Office by military hospitals giving the *numbers* of Canadians admitted for various conditions. The only nominal roll was contained in the Admission and Discharge Books of each hospital Only when the 1st Division went overseas did the names of sick and wounded overseas appear upon the British Casualty Lists, and the daily Canadian Casualty list began as an abstract from the casualty lists furnished to the War Office. Under this state of affairs, if a Canadian soldier from "local" troops in England when on furlough was admitted to a hospital in Scotland or Ireland, or at a distance from Salisbury, he might be absolutely lost for months there were no means of tracing him.

It became essential, therefore, for the D.M.S. to co-operate with the Officer in Charge of Records in the endeavour to obtain fuller and more accurate casualty lists for the use of the Historical Recorder. What

the Record Office wanted was the names, location and dates of admission and discharge of the patients, what the Historical Recorder wanted was the conditions of disease. Both desired to have the daily casualty lists as complete as possible. The difficulty was that with hundreds of hospitals scattered all over the United Kingdom, in charge of men and women who had, in most cases, little knowledge of Army conditions and Army Returns, and further were provided with inadequate clerical staffs, it demanded repeated correspondence on a large scale before the War Office instructions began to take effect.

It is not necessary to follow the full development of the Canadian Casualty Lists—all that is necessary is to explain how the Medical Historical Recorder had of necessity to interest himself in them. And with this, other correspondence bearing upon the distribution of Canadian patients in hospital fell to him. Thus in June, 1915, he was appointed, not A.D.M.S. Records, but *A.D.M.S. in charge of A.M.D.2*, i.e., of all matters connected with hospitalisation from the side of the patient.

As A.D.M.S. (A.M.D.2), therefore, he is responsible for the following:—

1. Statistics of incidence of disease in the C.E.F., including special reports called for from time to time regarding particular diseases.

2. Weekly return of (a) officers, (b) N.C.O.s. and men sick and wounded, in

   (1.) Canadian Primary Hospitals.
   (2.) Canadian Special Hospitals;
   (3.) Canadian Convalescent Hospitals;
   (4.) British Hospitals in the different commands.

   This weekly return is based upon numerical returns received direct from hospitals in Great Britain. Examples of this weekly return, and of the consolidated return, are herewith forwarded as Appendix 1.

3. Monthly analysis of casualties of different orders affecting the C.E.F.

   The example of this monthly analysis is herewith forwarded as Appendix 2 It is made for the use of the D.M.S. as a tally of the work done by the clerical staff and of the returns received, as giving a general knowledge of the incidence of disease, month by month.

   These analyses will constitute the basis upon which the full statistics of the campaign will eventually be built.

4. Scrutiny and correction of Canadian Casualty Lists, with more especial reference to correct diagnosis. (From August 1st to August 19th, 65 corrections and 128 cases of diagnosis wanted were reported to the Officer in charge Records. In the two casualty lists for the 18th and 19th of August, the numbers were 16 and 10 respectively).

   It will be obvious from a study of the daily Canadian casualty lists (hereto appended as Appendix 3) that a mere scrutiny of the contents cannot yield results, i.e., it is an impossibility to take each day's issue and hunt back in the previous casualty lists since May, 1915, and see whether each casualty in turn has appeared upon those lists. There was no other course but to make an analysis of the lists by developing a card index. That card index now consists of cards for between 100-120 thousand individual officers and soldiers. The index is used in two ways—(1) to see whether the patient has already been carded, or whether this is a new entry, and whether if not a new entry the details given tally with those given in the earlier casualty list or lists, and (2) for making up the analytical ledgers of sepa .te diseased states, i.e., when all the new cards made from the casualty list of one day have been written out, they are brought together and sorted according to disease, and now each case is entered in the analytical ledger according to disease.

5. Correspondence and reports regarding state of health of individual patients in hospital.
6. Correspondence regarding transfer and disposition of patients from British to Canadian hospitals.
7. Correspondence regarding hospitalisation of officers, offers of convalescent homes for officers, etc.
8. Visits to officers in hospital in London.
9. Correspondence regarding Medical Boards.
10. Standing Medical Boards upon officers in British hospitals in London area (and in special circumstances upon men in the same area).
11. Sanitation.
12. Correspondence regarding publication of medical papers.
13. Correspondence regarding pathological material.

All these matters came strictly under A.M.D.2. Yet other matters which used to come under this department (e.g., distribution of Medical History Sheets: arrangements of Medical Boards for those seeking renewal of pension, etc.), are now undertaken by other departments—Records, Pensions, and Claims Board, etc.

The remaining work is distributed among the staff. Under the A.D.M.S. is Major D. Clark, D.A.D.M.S., whose most time-consuming work is the approval and distribution of the Medical Board papers on officers, the interviewing of officers and arranging for their Boards, and the routine communications of the Office re returns, etc.

Captain MacDermott should assist him in this work, but of late, owing to shortness of staff, he has had to act as third member of the Medical Board.

Major D. Donald is President of the Standing Medical Board on Officers, with Captain Davis, and now Captain MacDermott, as members. The following is a summary of the work accomplished by this Medical Board up to Sunday, August 13th:—

1. Boards held upon Officers.	
From January 1st, 1916, to August 12th, 1916	1463
Of these 359 were in the month of July.	
2. Boards held upon N.C.O.s and men.	
At the Pay Office—	
Permanent Base Duty men	1010
At 86, Strand, and in various hospitals in the London Area	77
Total Boards held, all ranks, to August 13th, 1916	2550

Matters regarding infectious disease and sanitation are taken up by the Sanitary Expert, Major Starkey, who is attached to this Department.

With reference to (8) "Visits to Officers in Hospital in London," this work has been given to Captain Stone, C.A.M.C., who keeps in touch with Colonel Woodwark, R.A.M.C., the Officer in Charge of Officers' Hospitals in London.

III.—MEDICAL HISTORICAL RECORDER. VISITS TO UNITS.

With reference to visits of the Medical Historical Recorder to different units, visits have been made from time to time to the Canadian Hospitals in Great Britain, and two tours of inspection made in France, namely, from August 26th, 1915, to September 5th, 1915, and from March 3rd to March 31st, 1916. On these tours all the Base Hospitals, the Casualty Clearing Stations, and Field Ambulances were visited, but thus far there has been little opportunity to come into contact with the individual Medical Officers of Regimental Units

18.--LACK OF CO-ORDINATION IN THE CANADIAN MEDICAL SERVICE BETWEEN CANADA, ENGLAND, AND THE FRONT.

(a) Memorandum by Capt. Clarke, D.A.D.M.S. Canadian Training Division.

INSPECTION OF DRAFTS OF CANADIAN TROOPS AT LE HAVRE.

These drafts are inspected by Lieut.-Colonel Vaux, S.M.O., Canadian Camp, Le Havre. Colonel Vaux has no administrative duties whatever except for the Canadian Camp. All drafts, although examined by him, are certified as far as rejections are concerned by an R.A.M.C. Assistant Inspector of drafts. All Canadian Reinforcements are subsequently inspected on parade by an English Combatant Officer, who gives special attention to the ages of the men he is inspecting. All men under 19 years of age are weeded out by him, and any over-age men whom he considers improperly left in by the S.M.O.

I was given to understand by the Canadian Dental Officer at the Canadian Camp that they were short of Canadian Dental Officers, and that there were six Canadian Dental Officers attached to the R.A.M.C. nearby.

F. C. CLARKE,
Captain, D.A.D.M.S.,
Canadian Training Division.

(b). Official Notifications with Reference to Canadian Drafts arriving in France from England.

Headquarters, No. 1 Base.

Although the physique of this Canadian Draft is generally good, I again have to call attention to the enormous number (44) of men found unfit on the day of arrival in this country for immediate service.

The draft only consists of 471 men. Nominal roll of unfits attached.

(Sgd.) JAMES DUNLOP,
Colonel.
21st August, 1916. O.C. Reinforcements, Havre.

From the Inspector-General of Communications,
British Army in the Field.
To the Secretary, War Office, London, S.W

Headquarters, I.G.C.,
26th August, 1916.

Sir, -In continuation of my I.G.C. letter No. AD 6416, dated 12th August, 1916, I have the honour to forward herewith two further reports on Canadian Drafts which recently arrived at Havre, in which the number of temporarily unfit men were found to be excessive.

I have the honour to be, Sir,
Your obedient servant,
(Sgd.) T. R. C. HUDSON, Colonel, A.A.G.
For Lieut.-Col. Inspector-General of Communications.

22.—THE C.A.M.C. TRAINING SCHOOL HAS NEVER BEEN PROPERLY ORGANISED, ALTHOUGH OF THE GREATEST IMPORTANCE TO THE CANADIAN MEDICAL SERVICES.

C.A.M.C. TRAINING SCHOOL.

PROPOSED ESTABLISHMENT OF THE ABOVE UNIT

Detail.	Lt.-Colonels.	Majors.	Captains.	Total Officers.	Warrant Officers.	Quartermaster-Sergeants.	Staff Sergeants.	Sergeants.	Corporals.	Buglers.	Batmen.	Grooms.	Total all ranks.	Horses. Riding.	Horses. Draught.	Horses. Total.
Commandant	1			1									1	1		1
Lt.-Colonels			2	2									2	2		2
Instructors		1	6	7	2								9	7	2	9
Adjutants			1	1									1	1		1
Assistant Adjutants			1	1									1	1		1
Quartermasters			2	2									2	2		2
Paymasters			1	1	1								2	1	1	2
Sergt.-Majors (W.O.)					2								2	2		2
Quartermaster-Sergeants						4							4	4		4
Staff-Sergeants							8						8	8		8
Sergeants								12					12	12		12
Corporals									12				12	12		12
Buglers										4			4	4		4
Batmen											15		15	15		15
Grooms												6	6	6		6
Totals	1	1	11	15	2	4	8	12	12	4	15	6	76	8	4	12