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Association of Medical Officers of the Militia of Canada.

Inaugural address by Col. G. Sterling Ryerson, M.D., M.R.O., President; Knight of Grace of the Order of St. John of Jerusalem in England.

TORONTO

Reprinted from THE CANADA LANCET for August, 1908.

With Colonel Ryerson's Compliments.

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ASSOCIATION OF MEDICAL OFFICERS OF THE MILITIA OF CANADA.*

Inaugural address by Col. G. Sterling Ryerson, M.D., M.R.O., President; Enight of Grace of the Order of St. John of Jorusalem in England.

N 1892 a few medical officers who had the interests of the medical service of the militia at heart set about the organization of an association with the view of promoting departmental esprit de corps, of increasing our knowledge of military medicine and surgery, and of furthering and improving the conditions of service and of remodelling the Canadian military medical service. For a short time all went well, but the then G.O.C. took fright lest the "doctors," as we were somewhat contemptuously cat d. night get their heads and run away with the cart and upset the process of subordination to his own sweet will, which at the time. We were told, notwithstanding the was his domina e .ssociation of "doctors" was subversive to permission given oreposterous, and we were ordered to quit, and discipline, and in . did quit, but now, under happier auspices, we again assemble to revive an organization which is the father of the ideas which lie at the root of the admirable system of medical arrangements which is in existence to-day. Every reform which we advocated has been adopted and further and additional improvements have been made rendering the medical service of the Canadian militia one of the best in the world. This much to be desired result is due in no small measure to the sympathetic attitude of the able, progressive and open-minded Minister of Militia and Defence, the Hon. Sir F. W. Borden, K.C.M.G., M.D.; to the keen and zealous Deputy Minister, Colonel Fiset, D.S.O., with the earnest co-operation of the D.G.M.S., Colonel Guy Carleton Jones. Indeed, the scoffers say that we have a Medical Department of Militia and Defence at Ottawa. I take this opportunity to deny that the medical service has received more than its due share of attention at the hands of the Department. Fortunately for the country we have had at its head gentlemen whose professional training has enabled them to appreciate the importance of preserving the health and saving the lives of our citizen soldiers committed to their care. Thanks to them, the medical service has kept pace with the development of the other branches of the service.

We are pleased to meet in this the capital city of the Dominion and to act temporarily as a section of the Canadian Medical Association, but we hope in future to hold our meetings in our individual and corporate capacity, as becomes the dignity of our branch of the service.

^{*} Delivered at Ottawa, June, 1908.

It may not be out of place to say that my mind has long been directed to military medical matters, and that I ascribe this fact as being due in no small degree to the influence of a great painting which adorned, and still adorns, the wans of the auditorium of the Faculty of Medicine of Paris. This picture represents a seventeenth century battle scene. In the distance are groups of men engaged in combat. In the foreground is an operating table, on which is strapped and held by the blood-stained assistants, a powerful man who has just had his leg lopped off by the old circular method. To the right of the picture is a brazier filled with glowing charcoal, in which repose several cautery irons, one of which is being handed to the king, who hands it to the surgeon Pare. Beneath the picture in letters of gold runs the legend, "The King aids their efforts and rewards their zeal." Gazing at this scene day after day as I attended the lectures, the idea came to me that I would like to become an army doctor. It was not my fate to enter the Imperial service, but on the completion of my education abroad I made what haste I could to enter the militia medical service of my native country, on my return to Canada.

Military surgery has kept pace with the scientific advance of the times, and field surgery to-day differs as greatly from the septic scenes of horror of the seventeenth century as the telegraph does from the pony

express.

During the civil war of the time of Charles I. some attempt was made to organize the English army medical service; for we read of regimental mates, hospital mates, regimental surgeons, surg on to a general hospital, and surgeon-general. But it was during a wars of Marlborough that the British army medical service took form and increased in efficiency. Previous to that time soldiers who were so seriously maimed as to be rendered ineffective were simply discharged, the State believing it was cheaper to hire whole men than to restore the sick and wounded to health. It declined to be held responsible for those who suffered in its service, and let them shift for themselves as best they could. morality of the question did not seem to enter into the question. There was at this time no distinction between the land and sea service, and it was no uncommon thing to hold double commissions, combatant and noncombatant, the holders serving in either capacity as suited their interests and conveniences. The services were separated in 1796. In Marlborough's time it was considered effeminate to be sick, and there are lusty yokels who hold this view still, but the sanguinary and exhausting battles of the time, and especially in the Low Countries, where malaria stalked its prey unchecked, brought the strongest to a sense of their fallability.

As in all the stressful periods of British history there arises the man for the emergency, so at this trying time Marlborough's principal medical officer, Sir John Pringle, proved himself an able administrator, a

man of courage, of indomitable energy, with service of his country and the honor of the profession ever uppermost in his mind. Under circumstances of the greatest difficulty and under every disadvantage, he rose to the needs of the occasion and organized a system of regimental, field and general hospitals. The first general hospital was opened at Ath, May 11th, 1745, and, after the battle of Fontenoy, cared for 600 wounded. It was not, however, until many years later, during the Peninsular war, that surgeons were first assigned to regiments in the field. Sir J. McGrigor, the P.M.O. under Wellington, a man of energy and ability, devised the system of regimental medical officers which has held sway until recently in the Imperial army, and which holds good in part in Canada to-day. That the medical officers were active and efficient will be admitted when it is stated that in the ten months from the siege of Burgos v to the battle of Vittoria, the total number of sick and wounded admit: d to hospital was 95,348; yet on the eve of the battle there were only 5,000 sick in hospital, the vast majority of the 95,000 having returned to duty.

In 1812 a corps called the Royal Waggon Corps was organized, special waggons furnished with springs being constructed for the conveyance of the sick and wounded. This corps was disbanded in 1833.

In 1854, on the outbreak of the Crimean war, the Hospital Conveyance Corps was called into existence. That it was not a success was chiefly owing to the total want of special training of the men in their duties and because the medical officers had no authority over the men. It was followed by the Land Transport Corps. This corps also came to grief because there was no cohesion or organization which would work, and because it filled but one function, viz., the conveyance of the wounded. The important duties of attending to the wounded on the field and in hospital were not provided for. In consequence of all these failures the. first Army Medical Staff Corps was organized in 1855. It consisted of nine companies of seventy-eight men each, "to be employed in any way that may be required in the performance of hospital duties." There were scarcely any military features in this corps, and it also collapsed in about three months. The chief cause of failure was the doubtful and anomalous relation of the medical officers to the combatant authorities. The medical officer had no military authority, hence no power to enforce discipline.

On September 15th of the same year this corps gave place to the Army Hospital Corps, which possessed full military organization. The ranks were entirely recruited by transfer from the combatant ranks of men of good character. Each man spent three months on probation in a military hospital before being finally enrolled in the corps. It was under the command of captains and lieutenants of orderlies and quartermasters.



In 1858 a Royal Commission, under the presidency of the Right Hon. Sidney Herbert, brought in a report which remodelled the department and established the Army Medical School.

In 1873 Mr. Cardwell, Secretary of State for War, the author of so many army reforms, abolished the regimental system by Royal warrant and placed all medical officers on a staff footing. Regimental hospitals disappeared under this warrant and became part of station or general hospitals, as the case might be.

In 1877 medical officers were given authority over the Army Hospital Corps as well as patients in hospital and soldiers attached for duty.

In 1883 Lord Morley's committee made recommendations, which were adopted, the principal ones being the vesting of the control of hospitals in the medical officer in charge and the assimilation of the Army Hospital Corps and the Army Medical Department and the adoption of a uniform for both.

In 1889 a committee, under Lord Camperdown, was appointed to make enquiries into the pay, status and condition of the medical service. One of the committee's recommendations was the adoption of military titles prefixed by the word "surgeon," as, for instance, "surgeon-captain," etc. These titles carried precedence and other advantages, but a limited executive power, hence they were found unsatisfactory.

By Royal warrant of July 1st, 1898, the medical service of the Imperial army became the Royal Army Medical Corps, and were given full military titles. The duty of supplying transport to the R.A.M.C. devolved upon the Army Service Corps, the officer commanding the detachment taking his orders from the senior officer of the R.A.M.C.

The experience gained in the South African war has led to greater power being given to the medical officer in relation to transport, food supplies for the sick, and sanitary control.

In our own service the administration is to be congratulated on the establishment of the P.A.M.C. I hope it will not be long before we have a Royal Canadian Medical Corps, paralleling the other Royal Canadian Permanent Corps. In the A.M.C. I would respectfully suggest that the layman, whose only chance of rising to commissioned rank is now to that of quartermaster, be given an additional incentive by the establishment of a commission for compounders, who are, as a rule, men of intelligence and education. The Field Ambulance units are now both city corps from the recruiting place and rural corps from their service, therefore to be efficient technical units they must put in considerable time at drill and instruction for which they receive no pay at their pective headquarters. I submit that it would only be fair to these men in they were paid eighteen days instead of twelve as at present. I would further suggest that now

that the Field Ambulances are in excellent condition 't might be well to establish divisional hospitals for each comment d.

Regiments which have served in the great oattles of history are justly proud of the deeds of their predecessors, and emblazon the names of the regiment's battles in golden letters on their colors, while esprit de corps runs high. Should we not be proud of the deeds of the medical service which has served with distinction on every field of battle since Marlborough's time? Have we not reason to be proud of the doings of the 10th Cai.adian Field Hospital in South Africa and of the conduct of the medical officers attached to the several Canadian contingents? would suggest that the time has come when the names of the battles in which the corps has been engaged should be inscribed on a plate to be worn on the cross-belt as in the case of the Rifles. Soldiers ave their heroes. We also have ours. The names of Ambrose Pare, Peter Lowe McGrigor, Richard Wiseman, Larrey and Longman are emblazoned on the annals of military medicine. Nor have our medical officers occi lacking in military courage. "Have you ever heard of Fungeon Thom non, who, during the Crimean war, when the army marc: off after the terrible battle of the Alma, voluntue ed with his servant, to remain behind on the open field with five hundred wounded Russians, and passed three awful nights, these two Englishmen alone among foreign foes, none able to raise a hand to help himself? Have you ever heard of Assistant Surgeon (now Surgeon-General) Wolseley, of the 20th Regiment, who at the battle of Inkerman had quietly established his dressing station in that awesome place, the Sandbag Battery? When 150 men were forced to desert it, they fell back and found in their path a Russian battalion. There was not a combatant officer left, so the assistant surgeon took command. He had not even a sword, but laying hold of a musket with a fixed bayonet, he gave the command, "Fix bayonets; charge I" soldiers answered with a British cheer and sprang forward to the attack. The next instant they were breaking their way through the serried Russian ranks. Only one half got through alive, and among them our hero. Have you ever heard of Surgeon Landon, who was shot through the spine while attending to the wounded at Majuba Hill? His legs were paralyzed, but he caused himself to be propped up and continued his merciful work until his strength ebbed away. There died a short time ago a certain Surgeon-General Reade, V.C., C.B. During the siege of Delhi, while attending to the wounded at the end of one of the streets of the city, a party of rebels advanced from the direction of the bank and having established themselves in the houses of the street commenced firing from the roofs. The wounded were thus in great danger and would have fallen into the hands of the enemy had not Surgeon Reade drawn



his sword and calling a few men near him to follow, succeeded, under a very heavy fire in dislodging the rebels from their position."*

Surgeon Reade's party consisted of ten in all, of whom two were killed and six wounded. Surgeon Reade was a Canadian, and one of two sons of a colonel of militia, both of whom greatly distinguished themselves as army surgeons. I might add that of the recipients of the Victoria Cross eight are medical officers, one a Canadian, and of the wearers of the D.S.O. thirty-eight are medical officers, two of them being Canadians, a record of which we may be justly proud.

Knowing the brilliant and meritorious services of army medical officers, it gives one a shock to learn that it was only after many struggles and much heartburning, after a prolonged period of unjust treatment, which, to my mind, is incomprehensible, that the medical service of the Imperial Army has reached its present point of high efficiency, and excellent organization, a state of things largely due to the tenacity with which the leaders in the struggle have stuck to the text, and the cordial and active support which they have received from the medical profession throughout the Empire, chiefly through the medium of the British Medical Association and its Journal.

We, in Canada, have all the advantage which comes from the experience of others without the trials and anxieties which attend the gaining of experience, and I am happy to think that nothing but the best of feeling exists between the different branches of the service.

In conclusion, I beg to express the hope that this is but the first of many successful meetings of the Association. We have a useful professional and patriotic function to perform. Let us, then, to work to realize our ideals and serve our country and our King.

^{*} Banks: The Surgeon of Old in War.

