

Medical Service Under the Searchlight, Dr. Bruce Finds Waste and Inefficiency

"War Not a Post-Graduate School for Surgeons"—Many Patients in V.A.D.'s Should Never Have Been Sent There—Disastrous Mistake in Sending Canadian Hospital to Saloniki—One Institution Suitable for a Battle Creek Sanitarium—Commissions for Drug Fiends.

Yesterday The Star printed some extracts from a report on the Canadian Army Medical Service, made by Dr. Herbert A. Bruce, special inspector General Medical Services Canadian Expeditionary Force. The extracts made yesterday dealt with the broad lines of his criticism, and with particulars under only two or three heads, including the conditions which permitted thousands of men medically unfit for service to be taken to England from Canada, and on the lack of system in distributing Canadian casualties, not merely to Canadian hospitals in England, which are themselves scattered, but to British hospitals all over the United Kingdom. Herewith are printed details of the evidence which is provided on other points coming under the critical eye of Dr. Bruce, and which he presents in his amazing report as prepared for the attention of the Minister of Militia.

Surprising facts respecting the unnecessary detention in Canadian hospitals of Canadian casualties are brought out. Dr. Bruce makes the bald assertion that "the treatment of the sick and wounded soldiers in Canadian hospitals does not ensure the earliest return of convalescents to the fighting unit or to base duty, or with as prompt discharge from the service as may be of the medically unfit," although these general aims should dominate all hospital treatment.

"In the first place there has been a general lack of efficient medical inspection of hospitals.

"So many of our specialists are employed largely on routine work in the base hospitals in France and Saloniki, and even nearer the front, that purely professional treatment of Canadians in hospitals in England suffers.

"This is notably the case in the Shorncliffe area, which still requires a neurologist and orthopaedic surgeon (particularly to advise medical officers of battalions regarding minor orthopaedic disabilities), at least one other experienced surgeon, and another physician."

But the greatest defect of the present hospital situation is that 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. All this is bad, as a prolonged hospital life would lead even in a healthy individual to deteriora-

tion for nine months, was quite useless from the start, should have been discharged long ago.

Pte. — Battalion, operation August 1st, age 46; stupid operation at his age from a military standpoint.

There is also the case of a man who was kept ten months in hospitals with neurasthenia, and then discharged as unfit. He was shifted from Le Touquet to Monkshorton, to Epsom, to Bearwood, and then to Ramsgate.

Scores of similar instances are recorded.

Hard on the V.A.D.'s.

Dr. Bruce's strictures of the Voluntary Aid Detachment Hospitals, commonly known as V.A.D.'s, are unequivocal. Most of these hospitals are dwelling houses roughly adapted to service hospitals, with a medical staff from the neighboring civilian practitioners. As a rule one or more supervising graduate nurses, but most of the nursing is done by young ladies without previous training. Most of the hospitals lack proper operating rooms, and some operations are performed in recreation or other unsuitable rooms, yet a considerable number of these hospitals receive wounded and sick directly from the front.

Dr. Bruce says that there are isolated instances of V. A. D. hospitals where the equipment and staff are all that can be desired and that no doubt at the beginning of the war they were, in the absence of military hospitals, practically indispensable. But he adds:

"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.

"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.

"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. ca-

they were there for the duration of the war.

"On my first visit after examining these 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?"

At Walmer Canadian Hospital, although two days before our inspection forty-five soldiers had been disposed of, it was found on August 20 that at least one-third of the men seen were ready for disposal, either as fit for training, fit for base duty, or suitable for discharge as permanently unfit.

Particulars are also given as to how men were shunted around from one hospital to another. Here is a typical illustration.

Pte. — 10th Battalion, sent to Nettley, then to Epsom, to Monkshorton, to Moore Barracks, to Shorncliffe Military, finally sent to The Hermitage, Hastings.

Dr. Bruce concludes by recommending briefly that the use of Voluntary Aid Detachment Hospitals by the Canadian Medical Service be discontinued.

A Disastrous Mistake.

He found also that the administration of the group of 57 V.A.D. under the Shorncliffe Military Hospital is unsatisfactory and expensive.

This group was handed over to the Canadian Hospital by the Imperial authorities on July 22, 1915. Since then about 50 per cent. of the cases taken care of have been Imperial. Dr. Bruce observes:

"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 whatever. 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 disastrous mistake would have been prevented."

Dr. Bruce found that "the administration of the V.A.D. group in the Shorncliffe area has cost \$113,975.00 a year for a total of 443 Canadian patients, who could have been taken care of by one stationary hospital. Because at the present time we have in England the personnel of three stationary hospitals which are unemployed, but are being paid for by us, so that this cost of \$113,975 a year is an entire waste."

Red Cross Hospitals.

In connection with Red Cross hospitals, Dr. Bruce reports that the

corus of their condition accompanying them. All this is bad, as a prolonged hospital life would lead even to a healthy individual to deterioration. Dr. Bruce says further:

"It is almost impossible to necessarily turn up a soldier made flabby, mentally, morally, and physically by prolonged hospital operations that are not absolutely essential."

In his recommendations he urges the appointment of a consulting surgeon, that sufficient specialists should be recalled from overseas service, that the personnel of the hospitals should be more permanent, and that the medical officers should be trained to bear in mind the primary objects of medical service in war. To this is added the pungent remark:

"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."

Dr. Bruce maintains that it is possible to affect a 33 1-3 per cent. reduction in Canadian casualties in hospitals in Great Britain, and he gives particulars of a plan under which this might be done.

A Wealth of Detail.

In an appendix Dr. Bruce gives 20 pages with names and addresses illustrating unnecessary detention in hospital. Included in this are a large number of cases of patients who 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. In this connection also the officer commanding Bearwood Convalescent Hospital states that a number of cases came to him 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 have now a desire to remain, and feel that they are unfit for duty for some time. Comment in the case of these details is, as is characteristic of the whole report, very much to the point, for example:

Pte. —, C.A.S.C., varicocele operation; 50 years of age; a stupid operation.

Pte. —, Battalion, foot fractured 14 years ago; in army

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."

The Queen's Canadian.

The Queen's Canadian Military Hospital, Beechborough Park, comes under the category of V. A. D. hospitals. It is managed and financed by the Canadian War Contingent Association. The extension and equipment of the hospital cost \$71,195, half of which came from Canada or Canadians. The hospital receives from the Canadian Government 75c a day for each of the patients taken care of, this being the arrangement under which the other 57 V. A. D.'s operate.

Although this hospital has been widely advertised as a Canadian hospital, it renders only a very limited service to Canadian patients. When visited on August 16th, 1916, there were only twelve Canadian patients in the hospital out of 102. In addition, the hospital is supplied with a quartermaster and 15 other ranks, costing \$450 a month. Dr. Bruce recommends that the Canadian Medical Service take over the management and staff of the entire hospital, otherwise discontinue its use, as well as the use of all other V.A.D.'s.

In an appendix Dr. Bruce, as usual, nails down his conclusions and recommendations with specific particulars, his general indictment of V. A. D.'s being that they are inefficient, expensive, and unsatisfactory.

At Luton House.

At one of these V. A. D.'s, Luton House, extreme instances of delay in evacuating patients were found.

This institution contained about 70 beds. In one was found Pte. —, 19th Battalion. Bullet wound, shoulder, Jan. 22nd, 1915, was retained in Luton House after wound was healed, and should have been in training for nearly one year.

— was Driver influenza, March 1916. In Luton House for four months. Should have been in training long ago.

In another Private —, trivial wound left foot, August 24th, 1915, retained eight months after having been in other hospitals for two months.

In another was Pte. —, C.E., trivial wound, left wrist; well in two weeks. At Luton House, for eight months. Should have been in training seven months ago.

In another bed was Pte. —, 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.

In another Lance-Corp. —, 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.

For Duration of War.

Information as to the attitude of the management in this hospital is contained in a supplementary report from the Registrar, one of whose duties was to clear out fit patients. He says, "I endeavored to do so. I made three visits and was then asked by my commanding officer 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 have been discharged. Two men told me that

us, so that this cost of \$115,972; year is an entire waste."

Red Cross Hospitals.

In connection with Red Cross hospitals, Dr. Bruce reports that there has undoubtedly been a certain amount of difficulty engendered by dual control, and that the cost to the Canadian Government is greater than it would be if the hospitals had been operated by themselves. The Government pays at the rate of 10 shillings per day per patient, whereas in other hospitals operated by the Canadian Medical Service the cost is anywhere from 1s. 4½d. to 1s. 9d. per day. He, therefore, recommends that the Red Cross hospitals be placed in the relation to the Canadian Military Service as that now occupied by the Ontario Military Hospital at Orpington, that is, that they be taken over and managed by the Canadian Medical Service.

Canadian Pay, British Service.

Dr. Bruce protests against the impropriety of detaching Canadian medical officers to Imperial hospitals and still retaining them on Canadian pay-rolls.

Among other Canadians who are in this position are:

Lieut. P. Goldsmith and Major H. Gilmour, both at Bramshott.

Major McCoun and Capt. Kenned at Cambridge.

Capt. T. F. Cotton, Hampstead.

Capt. A. H. Caulfield, Croydon.

Capt. J. J. McKenzie and Capt. C. Meakins, London, and a long list of Canadians employed in V.A.D. and in Imperial hospitals in France.

Col. Rennie's Dual Role.

Another situation critically reported upon by Dr. Bruce is the fact that the A.D.M.S. Canadians at Shorncliffe

Chapman, killed in action at Lun, left an estate of \$500,000. Chapman

cliffe is also A.D.M.S., Dover district, Imperials.

This officer is Col. G. S. Rennie, C.A.M.C. Dr. Bruce says that the holding by a Canadian officer of a position which is dual in character, under two different concerns, has not proven satisfactory.

Too Many Operations.

Dealing with the subject of operations, Dr. Bruce, whose standing as a surgeon gives his conclusions particular weight, denounces as useless a large number of operations which produced no increased military efficiency. This is a matter of considerable general interest, because of the wide publicity that has often been given various operations undertaken for the announced purpose of rendering an applicant for service efficient. Dr. Bruce's judgment in the following, therefore, comes as something of a surprise:

"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 visited by a continuance of aching, stiffness, etc."

He deals similarly with a number of other operations as those for mastoids, and hernia.

Ramsgate's Expensive Plant.

The installation of an expensive hospital plant at Ramsgate, comes in for special condemnation. It is known as the Granville Canadian Special Hospital, and with the Chatham House Annex, has 350 beds. It is used for the treatment of joint injuries, nerve lesions, and contractures, shell shock and neurasthenia.

Dr. Bruce's most pertinent comments on the hospital follow:

"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 visitors and appropriate as they undoubtedly would be in an institution such as Battle Creek Sanitarium, 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 or 16 months.

"The monthly report for July, 1916, shows that while the average stay in 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 discharged as permanently unfit 125 days; in other words, this expensive hospital is being maintained in England largely for treatment of patients who will never again be fit for service."

He adds that the location of the hospital, especially for neurasthenia and shell shock cases, on account of the frequent visits of Zeppelins to this area—undoing in an instant the work of months—is ill-judged.

With references to the fitting of amputation cases with artificial limbs which is now being done in England, although the artificial arms are obtained from Carns, of Kansas City, U. S. A., entailing on an average a stay of six months after the stump is healed, Dr. Bruce recommends that these men should be returned to Canada as soon as they are fit to travel, for the men's sake and from an

Canadian Medical Service, and is responsible largely for excessive wastage of the C. E. F. and for the unsatisfactory estimation of pensions."

The Medical Board Department practically runs itself; there is no central control, no uniformity of standard among the different boards, no supply of an adequately 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 utilized, 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?"

Continuing, Dr. Bruce points out: "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 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 prevails amongst the different boards. Hence, contradictory findings, and no one supervises the work personally.

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 326 permanent base duty men from France on July 17, 1916, about a quarter were considered fit for duty in four weeks.

Searching For Apollos.

"The discrepancy of results is explained by an illuminating letter from Lieut.-Col. 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.

Dr. Bruce presents a plan of re-organization which would overcome all these defects.

Records Hopelessly Bad.

In the Records Department Dr. Bruce finds existing records of sick and wounded hopelessly bad. Rarely is there any written information regarding casualties at the front. The records of British hospitals to which the great majority of Canadian casualties pass are unsatisfactory, and the Canadian hospitals are possibly worse than the British.

Pension Problem Neglected.

Dr. Bruce also tackles the pension question. Here he lays down that the duty of the State is 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 from unjust claims now and in the future. This he says is the obvious duty of the Medical Service. Yet in spite of these fundamental considerations and the fact that for the next 50 years Canada's pension bill will be millions of dollars a year, in spite also of the object lesson furnished by the exper-

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."

Specialists at wrong work.

As noted in the previous article, Dr. Bruce does not criticize the work of Canadian doctors and nurses. On the contrary, he pays tribute to their skill and devotion to duty, but he does protest against the use their accomplishments are being put to in many cases. He says: "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, new 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, Orington, 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."

"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 many square pegs in round holes," officers not being given duties commensurate with their abilities. In this connection are mentioned Lt.-Col. Primrose, Major Malloch, Capt. George Wilson at Saloniki.

"To have sent all these prominent surgeons with one hospital unit was plainly an extravagance of talent."

Capt. George Strathy, Lieut.-Col. Campbell, specialist; Capt. J. C. Eager, X-ray specialist; Capt. Hutchison, specialist; Col. McKee, ophthalmologist; Lieut.-Col. Keenan, surgeon; Colonel Prouse, specialist; Major Gunn, specialist, and Capt. R. Pearce, F.R.C.S., each of whom possessing outstanding specialist ability is in some position, such as M.O. to a battalion, where this ability is not utilized.

"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."

Serious Charges These.

In addition there has been no proper selection of officers for commissions in the C.A.M.C. The personnel of the Canadian Army Corps has been greatly hampered by the granting of commissions

been sought to be conserved, but for not going fully, but such as necessary to be arranged such as Canadian, the general of the connection of R. what has happened that was an organization units i Government based on a so cost: 11 ely \$3.00

...on an average a stay of six months after the stump is healed. Dr. Bruce recommends that these men should be returned to Canada both for the men's sake and for the economic point of view.

Civilian Staff Too Large.

In further reference to Granville Hospital, Dr. Bruce gives a list of the number of civilians employed therein. The list is headed by 9 masseuses, and includes 46 other helpers of various kinds. After careful consideration Dr. Bruce recommends that the following civilian paid personnel 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 dietitian, special authority.
- 5 boy scouts.
- 1 instructor cigarets. (There is no explanation of the duties. Perhaps it's a misprint.)
- 1 handy man.
- 1 dispenser.

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

In further regard to the equipment of this hospital he considers it has been fitted up very elaborately and expensively. The Turkish baths are operated at a very great expense and with doubtful benefit.

He recommends that the hospital be utilized as an active treatment hospital for the reception of patients from the front, and that in future sprains, nerve, and joint cases be returned to Canada.

Buxton Also Condemned.

The Red Cross hospital at Buxton, opened three months ago for the treatment of rheumatics and kindred troubles, comes in for condemnation. It is recommended that its use be discontinued for the following reasons:

This hospital is 165 miles northwest of London, and 238 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 Aug. 15th, 1916, of 158 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."

Medical Boarding a Disgrace.

One of the strongest of Dr. Bruce's criticisms relates to the organization of Medical Boards. He begins this chapter of his report with the following statement:

"The present Medical Board situation is a disgrace to the

mental considerations and the fact that for the next 50 years Canada's pension bill will be millions of dollars a year; in spite also of the object lesson furnished by the experience of the United States in guarding Canada against a similar expensive experience. In this respect he says:

"The Canadian Medical Service have failed to an almost criminal degree. There have been no precautions to secure ready identification of the soldier. No thumb prints, photographs or record of marks. Records are hopelessly bad. The organization of the Discharge Boards has been bad."

Dr. Bruce makes recommendations to overcome these grave defects.

Lack of Co-ordination.

Dr. Bruce also notes inadequate co-ordination of the Canadian Army Medical Corps in Canada, England and France. There is for example no common standard for examination. Again as soon as Canadian hospital units depart from England for France it is lost to the Canadian Service as far as personnel and administration is concerned. He says: "So far as we are able to discover the only function that the D.M.S., London, has with respect to such units is the control of promotions. Canadian officers required back in England, are only to be secured after 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,

per selection of officers for commissions in the C.A.M.C. "The personnel of the Canadian Army Medical Service are mostly in civilian life and in some cases whose well-known habits were such as to reasonably preclude them from being honored 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."

Dr. Bruce notes that although from time to time a number of prominent specialists have offered their services to the department, the C.M.S. has consistently refused to avail themselves of them.

Get High Rank at Home.

Dr. Bruce also found that discontent naturally impairing efficiency exists on the subject of promotion. He found that in many cases there has been no relation between the length of service and the ability of the 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 unfavorably with many of their juniors in rank.

"Medical officers in the first and second divisions have served at the front for over a year without receiving any recognition."

He recommends that the promotion of medical officers be made on merit, length of service, professional ability, and organizing capacity being the criterion. Rapid promotions in Canada at the end of two years' war—should be discontinued.

The C.A.M.C. School.

In a chapter relating to the C. A. M. C. Training School, Dr. Bruce gives in condensed form the present organization of the C. A. M. C. as follows:

- 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 small active treatment hospitals.
- 7 Convalescent Hospitals.

Approximately the total strength of these units is roughly 8,000. Dr. Bruce found that in the past the training school has been officered more or less in a haphazard way, and that the seriousness of the work done has not been recognized nor indeed appreciated.

No Prevention of Waste.

On the matter of expense, Dr. Bruce makes the following sweeping observations:

"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 appear to be conspicuous by its absence. Lack of time is given as the reason for not going into this question more fully, but a few instances are quoted such as the enormous and unnecessary transport charges, unnecessary detention in hospitals, improvident arrangements with special hospitals such as that with the so called Canadian War Hospital at Walmer, and the general laxity in the classification of casualties and their early return to their units. In this latter connection a report by Col. Reid, Director of Recruiting and Organization, of what has been done in this respect is appended.

What was done in the way of cleaning up an extraordinary state of disorganization by getting men back to their units is estimated to have saved the Government \$50,000,000, an estimate based on the assumption that before a soldier gets to the front he cost the Government approximately \$3,000.