

Confidential

CANADIAN WAR CONTINGENT ASSOCIATION.

MEMORANDUM ON THE PORTION OF COLONEL BRUCE'S REPORT RELATING
TO THE
QUEEN'S CANADIAN MILITARY HOSPITAL.

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

The Queen's Canadian Military Hospital is not a Voluntary Aid Hospital. It is classed by the Army Council as a Primary Hospital, and as a satisfactory one.

The gravamen of the charges against the Voluntary Aid Hospitals generally is as follows:-

- a. That most of them are merely dwelling houses roughly adapted to serve as hospitals.
- b. That most of them are medically staffed from the neighbouring civilian practitioners.
- c. That as a rule there are only one or more supervising graduate nurses - most of the nursing being done by young ladies who previous to the War had no hospital training.
- d. That in most of the V.A.D. Hospitals there is no operating room, and that in some, operations are performed in recreation or other unsuitable rooms, while in others, any patient requiring an operation must be moved to another hospital.
- e. That in spite of the lack of necessary equipment and personnel, a considerable number of V.A.D. Hospitals receive sick and wounded directly from the Front.

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That while the report appears to be unfavourable to V.A.D. hospitals in general, it states

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- f. ~~The report mentions~~ that there are no doubt isolated instances of V.A.D. Hospitals where the building, equipment, medical and nursing staff, are all that could be desired, and gives, an instance, St. Anslem's Hospital.
 - g. That it is not possible to properly inspect all the V.A.D. widely scattered Hospitals in Kent with the staff at present devoted to the purpose.
 - h. That practically all the major surgery is done by a local general practitioner, who has had no special surgical experience.

Apart from the fact, as already mentioned, that the Queen's Canadian Military Hospital is a Primary Hospital, it cannot be described, in any case, as coming under the conditions mentioned as above as generally applicable to Voluntary Aid Hospitals, for the following reasons:-

- a. That the wards were specially built for Hospital purposes, with all the latest sanitary and other improvements.
- b. That the medical staff is resident and is not drawn from the neighbouring civil practitioners.
- c. That there are 12 trained and properly qualified nursing sisters at the Hospital by whom all the nursing is done. The V.A.D's who by the way have all passed their Home Nursing and First Aid Examinations, merely assist the trained nurses in their work.
- d. That there is a splendid operating room at the Hospital, constructed at considerable expense, and most modern and up-to-date in its equipment and furnishings.
- e. That the Queen's Canadian Military Hospital was offered to the Army Council as a Hospital for the general use of His Majesty's Forces, especially for sick and wounded from the Front, and that it has been regarded from the first as a Primary Hospital.

- f. That Lady Sargent, who personally conducts the St. Anslem's V.A.D. Hospital, Walmer, visited the Queen's Canadian Military Hospital, a few days ago. Lady Sargent expressed herself as delighted with the Hospital, and stated that it was the finest she had ever seen.
- g. That the Hospital is within a couple of miles of Shorncliffe. It is frequently inspected by the A.D.M.S. and other officers, and the reports regarding it, both written and personal, have always been of the most gratifying and satisfactory character.
- h. That all operations are performed by Lt.-Col. Donald Armour, M.B., F.R.C.S., who is the Surgeon-in-Chief of the Hospital. It is not necessary to say anything about Colonel Armour's position in the profession, which is generally recognised.

In the special memorandum in the report on the Queen's Canadian Military Hospital the following reference is made to the Medical Staff:-

"There are two resident house surgeons, who have 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 hemorrhage 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".

The answer to these statements is:-

That the two resident medical officers have been properly qualified under the laws of Canada, and have occupied the position of house surgeon in the Toronto General Hospital.

One of them is also an experienced bacteriologist and the other a qualified radiographer. Any cases that have occurred of secondary hemorrhage at the Hospital have been promptly and satisfactorily dealt with by the resident Medical Officers since they have been there, and no complaint can be made against them in this connection. Both Colonel Armour (Surgeon-in-Chief) and Sir William Osler (Physician-in-Chief) are thoroughly satisfied in every way with the qualifications of the two gentlemen, and with the manner in which they have carried out their duties.

All the operations are done by Colonel Armour himself. He visits the Hospital two or three times a week, or more frequently if desired. He is in communication daily on the telephone with the resident Medical Officers about the cases. No less than 1402 patients have passed through the Hospital since it opened in October 1914; 509 major operations have been performed, and the deaths have only numbered 18 - 12 being surgical cases and 6 medical cases.

In another paragraph mention is made that the Association receive 75 Cents per day for each Canadian patient taken care of; and adds that it is a similar arrangement to that which has been made with other Voluntary Aid Hospitals in the Shorncliffe area. The answer to these statements is:-

That this paragraph is also apt to give rise to some misapprehension. The fact is that every Hospital in the country, military or otherwise, primary or auxiliary, where Canadian patients are taken care of, (other than Canadian Government Hospitals) receives a daily payment to cover rations and attendance from the Canadian Government. In some of the V.A.D. Hospitals payment has also been made of so much per day per bed as the remuneration of the medical officers, but no charge of this kind is made in connection with the Queen's Canadian Military Hospital - although the resident medical officers are paid by the Association, as are the nurses and all the other staff except the V.A.D's.

A further statement is made that the Government are supplying the Hospital with a Quartermaster and 15 other ranks. The answer is:-

It has always been understood that these men were all light duty men, unfit for service at the Front, and that it was better for them to be occupied than to be idle. In any case, the arrangement only dates from the beginning of 1916. With the exception of the Quartermaster, the other men are constantly changing. As they improve in health and are fit for other work they are transferred elsewhere. The pay of these men represents the only contribution that is made to the Association by the Canadian Government in addition to the 3/- per day more or less which they pay for each Canadian patient to every Hospital, other than Canadian Government Hospitals; and is not an extravagant contribution having regard to the thousands of pounds which the Association is expending for the benefit of Canadians at the Front and in other ways.

The report states that the Matron is³ thoroughly competent trained nurse, and that she has under her 12 trained nurses, also 15 Voluntary Aid Assistants who have had little or no training. The answer is:-

It certainly cannot be said that with a Matron and 12 thoroughly trained nurses there is any lack of skilled nursing at the Hospital. The writer of the report does not realise that the Voluntary Aid Assistants are practically women orderlies, but unpaid, that they do a lot of the cleaning work in connection with the wards, and that their principal function is to help the trained nurses to keep things properly going in the Hospital. In many respects they are considered to be better than men orderlies and much more suitable for the work that is required of them. Their labour is given from a desire to help in the War, and the results are so excellent that it is very certain the same work, both in

quality and extent, could hardly be expected from paid labour. The V.A.Ds. are all Canadian ladies belonging to prominent Canadian families, and their devotion and self sacrifice cannot be too highly appreciated.

It is a pity that whoever is responsible for the report, so far as it relates to the Queen's Canadian Military Hospital, did not make more enquiries before writing it. If rumour be correct, Colonel Bruce himself was not at the Hospital for more than 10 minutes. The Officer in Charge, the Matron, and one of the resident Medical Officers were away at the time, making arrangements for the reception of a new convoy.

So satisfied is the Association with its Hospital, its accommodation, equipment and operation, that if desired it is quite prepared to ask for a special enquiry to be made on the subject by the Army Council, and that the Canadian Army Medical Service may be represented at such enquiry.