SOME HISTORICAL NOTES ON THE BRITISH MEDICAL SERVICES.¹

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Canadian Army Medical Service.

When informed a year ago of your kindness in selecting me to preside over the fortunes of this Association, I accepted the honour with much searching of heart and, I trust, with a due sense of duty.

From relatively small beginnings, due to the initiative of Colonel Sterling Ryerson, the Association has grown under the fostering care of successive Directors-General, and not the least I may, without invidious comparison, mention our present Director-General, Colonel Jones; until now we may congratulate ourselves upon, at least, a lusty adolescence and a fair promise of being thoroughly useful to our own branch of the Service and truly serviceable to the interests of the country and the Empire. More particularly do I beg to congratulate myself and you, gentlemen, upon the presence here for the first time of an official representative of our parent corps, the Royal Army Medical Corps. This honour is greatly enhanced by the circumstance that the official representative is a gentleman so well known in all the medical services of the world and in all the scientific circles of the Continent and of this Western Hemisphere. Recognizing in all the circumstances my own inability to contribute anything of outstanding scientific merit or of any first-hand technical value, I have selected as my subject, although I well know it is one which could not be exhausted in one brief paper or in many, the history of the British medical services, and propose, by way of food for our esprit de corps and nutriment for our patriotism, to give you some brief and rather disconnected historical notes on the medical service of the British Army, more particularly as we have seen it in Canada.

The Medical Service in Canada has existed in its present form for some thirteen years, and inheriting, as we do, the traditions of the British Army Medical Service, we feel that we have reached a stage of our development in which we can, for a time, forget the rudiments, even the younger of us, and betake ourselves for our encouragement and enlightenment to the history of the Service to

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which we have the honour to belong. I need not apologize for this; no one gets far into the Service or becomes much advanced in education of any sort without learning the value of historical and biographical knowledge, and we are all delighted to see that our Director-General, in what is sure to be a most interesting and recondite paper, is following up this same line. Who would stand up and say, for instance, that though the charge of the Six Hundred at Balaclava was a military error, the memory of that wild ride has been of no value to the British soldier?

“When can their glory fade?
O the wild charge they made!
All the world wondered.
Honour the charge they made!
Honour the Light Brigade,
Noble six hundred.”

My sentiment was well expressed by the French officer who watched the charge and as he saw it launched, exclaimed “C’est magnifique! Mais ce n’est pas la guerre.”

If you will pardon a personal allusion, I would like to confide to you that the circumstance which mainly turned my youthful thoughts, at about 11 years of age, to military training was the introducing of my hand through a broken cupboard door into a book-case in the public school I attended for a short time as a boy in the country, which contained part of the books of a disused mechanics’ institute library, and the abstraction therefrom of the first book that I could reach, which was Napier’s “History of the Peninsular War.” Of course at that tender age I could only appreciate the battle pictures painted in that magnificent resounding prose of which Napier was a master; and I mark as another epoch in my military training after a later second reading of Napier, a much more recent and careful reading of Colonel Henderson’s two-volume “Life of Stonewall Jackson,” a work which cannot be read too often or by too many officers in any army in the world, for there was a soldier, one of the finest ever born into this sinful life. Let me remind you too of Lord Macaulay’s dictum—“A people which takes no pride in the noble achievements of remote ancestors will never achieve anything worthy to be remembered with pride by remote descendants.” And I think you will admit with me that at this juncture of our evolution as a people we, in Canada, need more than anything else, in order that we may appreciate our privileges, and so rise to a more adequate conception of the duty that goes with privilege, and to a fuller knowledge of the struggles and
agonies and victories and defeats and deaths and triumphs of our predecessors in the service of the British Crown. We need to realize the preciousness of the privilege, for instance, of walking into Westminster Abbey and calling it our own, a privilege denied to our American cousins, or the privilege of sharing in the glories of British rule in India, that we may awaken to a proper sense of our duty, not only to the Mother Country, nor in the second place to ourselves, but also to the other partners in the Empire, say to Australia and New Zealand, washed as they are by the waters of the same Pacific Ocean as ourselves; but that would be a topic for a whole evening by itself. I should like to point out first the influence of the Army medical officer upon our medical evolution in Canada, and especially in Upper Canada and in Nova Scotia and New Brunswick. Let us contrast the present condition of medical education and practice in Ontario with that to the south of the line.

At the beginning of the last century when the United States began their separate existence they had a population of about four millions. The first medical school in that country, now the Medical Faculty of the University of Pennsylvania, had been established only thirty-five years; the Medical Department of King's College, New York, now Columbia, thirty-three years; Harvard, seventeen years; and the Medico-Chirurgical Faculty of Maryland, eleven years. In the whole country there were but two general hospitals and one medical journal, and the only medical libraries were one each in connexion with the hospitals of New York and Philadelphia. The animosities and hatreds of their Revolutionary War drove American students, not to London and Edinburgh, but to Berlin and Paris, so that the whole genius of medical education in the United States has been, and still is, of the continental, rather than the British type. At the same time a struggling little community, totalling about 70,000 souls, along the fringe of the forests north of the Great Lakes, especially Erie and Ontario, was dependent for its medical attendance mainly upon the medical officers of the British troops in the country. These were, as a rule, men of high character, fine training, and good social position, and up to about the year 1840, when the effects of the MacKenzie Rebellion began to be felt in collegiate circles, their social position naturally kept them in close touch and sympathy with the ruling powers, whom we may roughly name by the old title, "The Family Compact." The honourable character and traditions of the profession of the Motherland were thus transferred at a crucial period to our rough community, and it would be inspiring to consider, if one had time, what manner of men these were.
On the wall of a main corridor in the General Hospital in Toronto, founded in 1819, it is said, there hangs a life-size portrait of one of the best of them, Dr. Christopher Widmer, who resigned his commission in the Service and began civil practice in York in 1815. For thirty-five years he was chairman of the Medical Board of Upper Canada, which controlled admission to the practice of medicine, until, at Confederation in 1865, the present Ontario Medical Council was formed. A study of that portrait as you pass by will do more to show you what I mean than any words of mine. Of him Sir William Osler says: "One picture on the canvas of those early days lingers in the memory, illustrating all the most attractive features of a race which has done much to make this country what it is to-day. Widmer was the type of the dignified old Army surgeon, scrupulously punctilious, and in every detail regardful of the proprieties of life." Dr. Christopher Widmer has justly been called the Father of Medicine in Ontario. He and his Army associates, most of them trained in the schools of London, Edinburgh, and Dublin at a period made brilliant by the labours of Jenner, Percival Pott, the Hunters, Benjamin and John Bell, and other great teachers, stamped their influence indelibly upon the medical profession of the Province and early fixed the character of our clinical teaching and practice. One good result of their friendliness with the governing powers of the time, because they were Tories by instinct and association, was that they induced these authorities to lay down sound laws in the establishment of medical training, particularly in King's College, Toronto, which began operations in 1844. The memories and experiences of the War of 1812 had given them a probably well-grounded fear of the training which our own men might get in the schools to the south of us.

The last of these men whom I have in mind was the late Dr. James H. Richardson, who was the first medical officer of the Royal Grenadiers in Toronto, and completed his training at Guy's Hospital in the late forties. His father lost an arm in the attack on Sackett's Harbour in the War of 1812 to 1815. Even down to the present day the result of their labours persists in our relative immunity from most of the evils of free practice and quackery, of which our neighbours to the south are just beginning to rid themselves. Our students still go to London rather than to the Continent, and still retain the ideals of British practice, in which the art of men like John Cheyne, Graves, Stokes, Bright, Addison, and Latham prevails, rather than the drier, colder scientific
methods of the French and German schools; though I trust that in thus exalting the art I am not misunderstood as depreciating the science of our calling. I may, however, point out, before I change the subject, that most of the great discoveries which have lessened the suffering of mankind have been, until recent years, credited to our race. Sydenham introduced quinine for malaria; Jenner, vaccination for smallpox; Simpson and Morton, general anaesthesia; and Lister, antiseptics in surgery; and to mention a few names from the British medical service I may remind you of the work of Sir Ronald Ross in connexion with the rôle of the mosquito in the propagation of disease; of Sir David Bruce in connexion with Mediterranean fever and the work which he has not yet quite completed upon the sleeping sickness of Central Africa; and not least of all the services of our friend and guest, Sir William Leishman, in connexion with kala-azar and with typhoid inoculation.

The maxim of Sir Astley Cooper still reflects the attitude of the majority of our profession: “Profound erudition is good for a man of means, and practical knowledge for the physician and surgeon.”

But to turn from these more civil and collegiate aspects of our subject, I should like to point out to you that the older medical officers still living in the British medical service, or retired from it, began their careers in the Army under auspices far different from those under which our experience began. The first bearer company organized in the British Army was made up from a number of men from the regiments of the Transvaal Field Force during the Sekukuni Campaign of 1879 by Surgeon-Major James Hector, M.D. (Army Medical Department), who commanded the company. The expedition was under the command of General Sir Garnet Wolseley, and Surgeon-Major Hector’s account of it may be read in the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS, May, 1911. The medical personnel of those days was known as the Army Hospital Corps, some of whom served with this bearer company. In the year 1879, I matriculated at the University of Toronto, and the fact serves to impress vividly upon my mind at least the recency of the final break with the old regimental system of medical service. The second bearer company of the British Army was sent from Britain to South Africa for service during the Transvaal War of 1880 and 1881, under the command of Surgeon-Major William Johnston. Of that first company, Colonel Stanley, then Secretary of State for War, said in the House of Commons that the employment of the bearer company was “a marked feature in field organization,” and the
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sending two years later from Britain of the first fully equipped and trained bearer company may be truly said to mark an important step in the evolution of the present Army Medical Service, which owes its present organization to the work of the Commission on the Medical Services in the late war in South Africa.

I came too early into the Service to have command of a field ambulance, for the present No. 10 Field Ambulance is the successor of my old command, No. 4 Bearer Company.

To make a long jump backwards in the history of army medical services, I may remind you that practically all medical assistance in early ages was that given to the armies of the ancient races. Homer's two doctors who served with the Greeks before Troy were Machaon and Podaleirius, one of whom, Machaon, is described in the eleventh book of the "Iliad" as being in need of medical aid, having been badly wounded himself. The same book described the treatment of the wounded Eurypylus by Patroclus, who cuts an arrow from his thigh with a knife, washes off the black blood, and puts bitter herbs on the wound, which stop the flow of blood.

These allusions were kindly given me again the other day by my former professor and good friend, the Principal of University College, Toronto. He further remarks in characteristic fashion upon the description given, in the same book, of Machaon, when wounded, drinking a "posset" of Pramnian wine with cheese grated into it and barley meal sprinkled over it, which refreshed him, but which Plato criticizes as justifiable for a wounded man only on the theory that if he could stand that he could stand anything and deserved to recover. The drink was given by Nestor's servant and not by a doctor, but the patient who took it was a doctor, and a wounded doctor at that, whence Plato's scoffs.

The Levitical sanitary regulations of the Jews, with regard, for instance, to the control of leprosy, and more particularly the regulations for their armies in the field, are beautiful examples of long clinical experience crystallized into practical form, and if carried out in our own day would go far to maintain the health of armies. Particularly effective are their regulations with regard to the disposal of excreta and the prevention of contagion by means of discharges from wounds or sores. Of course, in these early days, when disease was looked on as an act of God, as something which was to be expected and must be borne, but which was impossible to prevent, there was practically no army medical service. Later on, if a commander were careful, he would engage a leech or barber-surgeon, or a few physicians or apothecaries,
but such provision was entirely on his own initiative. Sick and wounded were handed over to the civic authorities or left in villages to die or get well if they could. Arrangements of this rudimentary sort appear first in European armies early in the eighteenth century. Historians of the campaigns of Marlborough say that in respect of the medical care of his armies he was far in advance of his times.

Most of the great names in medicine and surgery, down to the days of Ambroise Paré, in 1500, are associated with the service of soldiers in the field. About 1600 the barber-surgeon is heard of. He was attached to a regiment and was allowed the privilege of shaving the soldiers. His pay was the not excessive sum of four pence per day.

About 1700 surgeons and assistant surgeons were appointed to regiments and received a commission from the King. They were generally called Mister, and had no rank or position whatever. In the Crimean War, 1854-56, there was nothing beyond the regimental doctor; no adequate hospital organization and no sanitation, so that frightful disasters, due more to sickness than to wounds, befell the army, not through the fault of the medical officers but through the fault of the regulations under which they had to work. General military hospitals of course were improvised, but there were buried in the military burying grounds before Sebastopol, and at Scutari, not less than 22,000 British soldiers who died of disease, not of wounds, and most of it preventible. It is interesting to note that the reformation brought about by the force of public opinion was very much helped, if not mainly initiated, by the efforts of a nursing sister, Florence Nightingale, “the Lady with the Lamp,” who died past 90 years of age only about three years ago.

The whole episode of the Crimean War is melancholy reading so far as the medical service, at least, is concerned. Speaking of the circumstances immediately preceding the outbreak of that war, the Crystal Palace had been built, and one might almost say consecrated, to the cause of perpetual peace in 1851. A large share of the British Press and people were singing psalms of peace, as if by invoking the genius of commerce and industry and money-making and self-interest, war had been perpetually banished from this world. One hears of late again, as if it were new, much the same sort of thing from Messrs. Carnegie, Angell and Company. The Duke of Wellington, when he ventured to protest and propose radical army reforms, was met almost by a howl from Press and people, who were demanding why this old dotard, befogged in his
soldiership, should thus seek to shatter their rosy dreams, and his schemes of reform in the Army were delayed almost to the year 1870. Within three years of the opening of the Crystal Palace the Crimean War had begun, and you well know how, in spite of brilliant feats of arms, defective organization and antiquated regulations resulted in hideous suffering and quite unnecessary deaths.

In the *Journal of the Royal Army Medical Corps* for January of this year, beginning at page 88, there is a reprint of a lecture delivered on January 18, 1884, at the Royal United Services Institution by (the then) Surgeon-Major G. H. J. Evatt, A.M.D. I recommend a careful reading of this paper to all of you who have not yet seen it. From this paper I glean the following remarks.

The medical service in the army which embarked for the Crimea in 1854 consisted of a grouping of medical officers, "commissioned by fours, threes or singly to every battalion or battery. These officers wore the regimental uniform, were under the command of the battalion commander, and administered the regimental or battalion hospitals under the control and on the responsibility of the military commander of each unit. In every garrison there were a series of small battalion, regimental, or battery hospitals, each entirely distinct and separate, where the sick of each battery or battalion were treated by their own battery or battalion doctor. The nursing was done by a regimental hospital serjeant and a certain number of privates of each battalion, who were placed by the commanding officer for duty in the wards. The hospital serjeant as the executive agent of the military commander was to maintain discipline in the hospital, and to see that the medical officer's orders were carried out, for the army surgeon himself had no definite power of command, either over serjeant, orderlies, or patients, but referred all questions of the kind to the military commander. If a regimental doctor went sick or went on leave, a staff doctor, of which there were some sixty or seventy in the service, was detailed to take the sick man's place, simply as a locum tenens. For every detail of work in the regimental hospital, the officer commanding the regiment was officially responsible, save and except only medical treatment. The discipline was done by the colonel, orders were issued by the adjutant, the quartermaster had the transport and stores work, and the battalion orderlies did the nursing. There were not in England, in 1854, more than three, if so many, general hospitals. Whatever size the hospitals were, they were purely regimental. The doctors wore the regimental uniform and no authority existed for moving them from their battalions, or
if they were moved no power existed to move the serjeants and
nursing orderlies, men quite as important in their way as the
doctors themselves.”

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“Take the ambulance system of this Army of 1854 in the field;
go to the hillside of the Alma on the evening of September 20, 1854,
and see how it worked there. The total of regimental army doctors
and of regimental orderlies with the army corps that took part in
the fight that day was ample, and sufficient, under better organiza-
tion, to have done well by the comparatively few wounded. There
was no attempt at ambulance organization. The battalion surgeons
of the regiments under fire, aided by the bandsmen, carried away,
or tried to carry away, the battalion wounded. There were no
trained regimental bearers, no bearer companies, no field hospitals,
no ambulances, no hospital corps, no equipped hospital ships, and
behind all was the chaos of Scutari, with its “dreary corridors of
pain.” I will ask you to put yourself in the place of the battalion
surgeon of September, 1854, as he stood that night on the hillside
of the Alma, and saw his friends and comrades lying on the ground
with none to help them. No ambulances to carry them, no hos-
pital corps to nurse them, the bare ’tween-decks of the empty
transport to be their hospital ships and trusting to the sailors of
the fleet for the hammocks they used as stretchers to carry them
to their ships. I will ask you to think of Thomson, of the 44th
Regiment, left on that battlefield with 400 wounded Russians,
with no attendant save his soldier servant, and say was it possible
for us to stand by so fatal a system.”

The result of the state of affairs so trenchantly described was
that public opinion, as again after the South African War, demanded
a full inquiry into the medical experiences, and in 1857-58, Sydney
Herbert’s Commission made a few unimportant, not radical, changes
which had but little real effect upon war efficiency. “It gave the
doctors rank and pay; it founded the germ of a hospital corps; it
developed a kind of hospital commissariat; it formed two general
hospitals, supposed to be training schools for war work, but it still
stood by the fatal error of maintaining the regimental hospital and
the regimental doctors in peace.” In spite of the incompleteness
of this work, however, Lord Herbert’s Commission must be recognized
as, at least, the commencement and occasion of a great and necessary
improvement in organization which followed. The Civil War of the
United States from 1861 to 1866, the campaigns of Sadowa in 1867,
and the disaster of Sedan and other great battles of the Franco-
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Prussian War in 1871, made effective contributions to the desired end. In March, 1873, changes in the British Army Act began, and were followed by further changes in 1876 and 1877, by which important forward steps were taken. The Army Medical Department was formed in 1873 by removing the medical officers, staff and regimental, from the various regiments in which they were commissioned and unifying them into one body. Regimental hospitals were abolished and replaced by central garrison hospitals. The previously scattered groups of nursing orderlies were gathered up into the Army Hospital Corps and the medical officers were made responsible for the management and control of their hospitals, both in peace and in war. In 1877 the command of the hospital corps was given over to the medical officers. Under the war scheme of 1873 organization the regimental stretcher-bearers first appeared, sixteen men trained to ambulance work to assist the surgeon in giving first aid in the field. Sick and wounded are now sent to one of the field hospitals of the division.

A very important step towards efficiency was taken after the first Egyptian campaign under Lord Wolseley in 1882. Prior to this the Corps of Orderlies had been commanded by combatant, not medical officers. These combatant officers became quartermasters in the new organization; the historic origin of the fact that our quartermasters are not medical men. The excellent position in which we now find ourselves in all matters of status, rank, pay, and promotion has slowly and only recently been brought about; for instance, our disciplinary powers for officers, attendants, and patients, such as we have for the Non-commissioned Officers and men of our own units, were granted by Royal Warrant only of August 11, 1877. The captains and lieutenants of Orderlies, the old Corps of Orderlies, became quartermasters from July 1, 1881.

The status of the medical service as regards military boards, so long unsatisfactory, has been finally determined by the appearance of Army Order 209 of 1912, in which all reference to the system under which a medical officer “attended” instead of being a member of a Board finally disappeared from the “King’s Regulations.”

Before the formation of the Royal Army Medical Corps in Great Britain, upon which our Army Medical Corps is modelled, medical officers were given compound titles, such as surgeon-lieutenant, surgeon-captain, surgeon-major, &c., a system only a few years ago discarded in Canada by G.O. 62, 1899, for A.M.C., and by G.O. 98, 1904, for regimental medical officers. The double title is still
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retained in the case of the medical officers of the King's Household troops as a distinctive designation. The story is told of a young subaltern who addressed a surgeon-major as follows: "I do not know how to address you. I do not know whether you should be called major, surgeon-major, mister, or doctor. Which is right?"

The reply was: "On parade you will address me as Sir, off parade you will not speak to me at all."

In 1899 I was in camp at Ross in Herefordshire with the fifth battalion of the "Royal Warwicks," and I remember the officers telling me that they liked the old regimental doctor. He was a surgeon lieutenant-colonel, was called "Pa" by the subalterns, and was considered a good judge of wine.

In the Journal of the Royal Army Medical Corps, November, 1911, there is a very interesting biographical sketch of an old inspector-general of military hospitals, Gabriel Rice Redmond. He was an Irishman, born in 1763 in Wexford, and after a brilliant career in Trinity College, Dublin, commenced in 1785 or 1786, obtained his degree of M.D., and was gazetted in 1794 surgeon to the 126th Regiment of Foot. In 1795 he became surgeon to the 28th Foot, now the first battalion of the Gloucestershire Regiment. The regiment was then stationed in Ireland, but shortly after in the same year embarked for Quebec, only to be recalled and sent to the West Indies. One may get some idea of the difficulties of sea transport in those days from Redmond's diary. The transports conveying the troops met with such weather that the headquarters and six companies of the regiment were driven back to England, where they remained till the autumn of 1796, embarking then for Gibraltar. The four companies of the regiment with which Surgeon Redmond had embarked reached the West Indies, and were attached to the 14th Regiment and took part in the capture of St. Lucia, but subsequently joined their headquarters at Gibraltar, and in 1798 formed part of the force which captured Minorca. Four years later, in 1802, Redmond was obliged to return to England on account of ill-health. In 1803 he was given the rank of assistant inspector of hospitals, and served at home in that appointment until 1807, when he accompanied the British force under General Whitelock in the expedition against the Argentine. He appears in reports as inspector of hospitals to the troops in Monte Video in 1807. Returning in 1809 to England he was ordered in 1812 to Quebec, there to report himself to Sir George Prevost, Governor-General of Canada. A few extracts from his diary have much local interest, and cast some light upon the state
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of the medical department of the army in Canada just one hundred years ago.


"Journal of occurrences from August 27, 1812. This evening I embarked with Phyllis, Anne" (his wife and daughter—Ed.) "and a man and maidservant, on board the 'Coleworth,' Victualler, No. 31, . . . Master, at Portsmouth for Quebec, where we arrived after a tedious and stormy passage on October 18. We had nearly been lost in the Gulph of St. Lawrence in a gale of wind in consequence of the wind suddenly taking the ship aback at 12 o'clock at night, and if all hands had not turned out quickly, the ship would have gone to the bottom. The dead-lights were in nearly the whole of the passage."

On October 19 he reported his arrival to Major-General Glasgow, commanding the garrison of Quebec. On October 24 he received orders to proceed at once to Montreal, where Sir George Prevost, the governor-general, then was. The journey of 180 miles had to be travelled by stage coach over very indifferent roads; it occupied two days and was exceedingly uncomfortable. On reporting himself to the Governor-General, he was ordered to proceed to Upper Canada at once to report on the state of the hospitals and medical department. Some of the notes made by Inspector Redmond during his journey are worth reproducing to show the condition of affairs existing at that time.

River Raison: "Here Colonel McMillen commands, and with him 300 of the Glengarry Militia. There was no hospital nor any medicines, and the Colonel complained that his men had not blankets."

Brookville (sic) (for Brockville): "There were only sixty men, 1st County Leeds Militia, commanded by Colonel Brackenridge, stationed at Brookville. Mr. Hepill, the surgeon, was in want of every article of medicine, &c., and the sick go to their own homes whenever they like."

At Kingston he embarked on the "Earl Moira," sloop of war, for Niagara; after proceeding ten leagues the ship anchored for the night, and next day the wind being foul, returned to Kingston. He then proceeded by road, but the guide lost his way, and for a considerable time they wandered about in a wood with heavy rain falling all the time. The party finally managed to find an Indian hut in which they passed the night. Next morning they again lost their way in the wood, but managed to secure the services of an Indian boy who showed them the way. At York
he inspected the hospital and found it to be "a miserable one. It was an old condemned house, and could not hold more than twelve patients."

"Mr. Lee (the surgeon) had few medical or purveyor's stores, particularly articles for wounded men."

(November) 14, Fort George, or Niagara: "Inspected the hospitals and barracks again, and went round the quarters of the Militia with Colonel Bishop, Inspecting Field Officer; found them all very much out of repair, dirty, and the windows broken."

"Arranged with Colonel Bishop that a steady non-commissioned officer from each Militia Corps was to collect the sick men at 10 o'clock every morning and take them to the staff surgeon."

(November) 15. . . . "The Militia serjeants were not able to collect the sick. Those that gave in their names were gone home, some without leave."

(November) 19: "No possibility of getting to Kingston by sea as the ships were chased by the American squadron beyond the Ducks Islands, and will not venture out of Kingston Roads again, as it is time to lay them up for the winter, and until the frost sets in so that we can travel in sleighs, we must remain at York."

After a prolonged tour, amid much discomfort due to the cold weather, the bad state of the roads, and accommodation available in roadside inns, and further increased by an inflammation of one leg and a fracture of two ribs resulting from a fall, Inspector Redmond arrived back in Montreal on December 2, 1812.

He proceeded by sleigh to Quebec and seems to have had an unpleasant journey to judge by the notes in his diary, of which the following is a fair example: "We had a dreadful day's journey to-day. Our sleigh horse got tired and we did not get to Machiche until late at night. Six upsets to-day. My side at times gave much pain." While in Quebec Inspector Redmond furnished a report on the state of the hospitals in Upper and Lower Canada. He described them all as "miserably bad," and states that the medical and purveyor's stores were very deficient, most of the latter having been in use during the last American war (i.e., the Rebellion). He hired an office and a clerk, and busied himself in making out requisitions and looking over returns. He complains that all the returns furnished by the regimental surgeons were wrongly made out, and that he had to send them all back for correction, a proceeding which must have occupied some time considering the difficulties of communication at that time.

On February 7, 1813, he became very ill with symptoms of
some liver trouble. The attack lasted for three weeks and left him in such a poor state of health that a medical board recommended him to proceed to England as soon as the river opened. During this illness his wife gave birth to a son.

The diary contains many pages full of shrewd observations on the condition of Canada, its people, crops, climate, &c.

Another local touch of interest to us in Toronto is the career of a very famous surgeon in the United States Army, William Beaumont, who was serving as a regimental surgeon at Plattsburg in 1812. His regiment was one of those which took part in the assault upon York when the American forces burned the village, as it then was, and drove out the British troops, who retreated by the Kingston road. You will remember the devastation that was wrought upon the leading forces, when, as the British troops retreated, the magazine of the fort, standing then near the foot of the present Bathurst Street, was blown up, either by accident or design, as the last British troops left it and the Americans swarmed in. Beaumont leaves a graphic account of his thirty-six hours of "cutting and slashing without rest or food," as over 300 of his troops were mangled and maimed. All is fair in war, but he leaves on record some very forceful remarks upon what he considered great inhumanity. It was he who afterwards, in the isolation of a little American army post at Mackinaw, at the mouth of Lake Michigan, conducted upon Alexis St. Martin, the French Canadian voyageur, who died at the age of 83 in the Parish of St. Thomas de Joliette, south of Montreal, so recently as June 24, 1880, the first series of exact scientific observations upon digestion in the stomach, made with a patience and accuracy which amazed and delighted the scientists of France, Germany, Britain, and the whole medical world.

Before closing, and without enlarging upon the different subjects which I suggest, let me remind you of three or four of the main phases of a medical officer's activities. The R.A.M.C. Training lays down, as you all know, four main duties of the medical officer as follows:

(1) The maintenance of the Army's health (sanitation).
(2) The care of the sick and wounded (the work of the physician and surgeon as understood in civil life).
(3) The evacuation of the sick and wounded (in which a wide military knowledge is necessary, particularly of the duties of the Army Service Corps, Transport).
(4) Lastly, the replenishment of his own supplies (Army Service
Corps' Supply), to which may be added the military care, discipline, and training of his own rank and file.

To fulfil these varied duties the medical officer must be, not only a good, well-trained soldier, familiar with the duties of the other services in the Army and capable of assuming the same effective military control of those beneath him in the service as is required of any combatant officer, but he must be also, not only a capable physician and surgeon as in civil life, but a trained and capable sanitarian. The problems of the public health officer, which are almost as a sealed book to most of us in civil life, must be to him familiar. Examples of the immense importance of this phase of his work occur at once to all of us. The brilliant success of the United States medical service in connexion with the building of the Panama Canal is familiar in a general way to all of us. This medical service alone made possible the construction of a work in which the French failed with such disastrous loss both of life and money, only forty years ago. We are delighted to have upon our programme for this meeting a paper upon this subject from one of the latest joined officers of the Corps, Lieutenant J. A. Amyot.

One of the most striking instances of what modern sanitation means is shown by a little tin sign which I saw a few months ago on the mantelshelf in the private room of Colonel Melville, R.A.M.C., then Professor of Hygiene in the R.A.M. College in Millbank, London. He had carefully mounted it in a little oak frame. The weather-beaten piece of tin, originally painted black, bearing on it the familiar block letters in white lead, which the Royal Engineers have put up in all quarters of the globe, had been removed and sent to him by a R.A.M.C. officer serving in India, from a door in some old cantonments at Ahmednagar which were being dismantled. It bears the legend: "No. 23, Cookhouse, Lavatory and Privy." Such is the advance of sanitation in the Army Medical Service within the last thirty or forty years.

I close with the remark that we are proud to belong to a British service, and one which is at least the equal in its own sphere of any service or department in that right little Army of that tight little Island which we are determined for all time to come to call still and always our Mother.