

**Memorandum by Sir Almroth Wright advocating necessity of creating at the War Office a co-ordinating department for care and evacuation of casualties With replies from other consultants, and resulting correspondence**

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*This was written by me for Sir A. Keogh shortly I  
saw the Memorandum the evening before I left on my way to  
criticisms of Wright's memorandum may be divided into*

- (1) Evacuation.
- (2) Personnel at the Front.
- (3) Investigation Department.

(1) Sir A. Wright, in general terms, raises a bogey in order to destroy it. He charges the R.A.M.C. with "contenting itself with claiming credit for a maximum number of wounded transferred" when "it ought to aspire to saving a maximum of lives and limbs." This is a charge without the least foundation, for the R.A.M.C. has never made any such claim as is alluded to here; and the charge that they care not for saving lives and limbs is simply untrue. The stupidity of the criticism that the Base Hospitals are never overfilled is obvious, for if they were ever permitted to be in this state they could not possibly deal with the wounded of an unexpected fight, for which they are compelled to be ever ready. The same stupidity is apparent in the suggestion that no harm would arise from gross overcrowding, for it completely leaves out of sight the fact that, even if there is an ample staff, this can never be sufficient to deal adequately with patients lying on mattresses on the floor and blocking the work of operating theatres, etc. He also leaves out of sight the gross insanitary conditions that arise from overcrowding.

It is stated that "the policy of evacuation interferes with the elementary requirement that even all wounds that require operation should be operated on at the front at the earliest possible moment. This is quite untrue. When there is no fighting on a large scale "all wounds that require operation" are operated upon at the Casualty Clearing Stations, and even in the stress of the Somme fight over 11,000 operations were done in the month of July alone. The only limit placed on still more operating is the limit to the number of Casualty Clearing Stations which can be permitted by the military authorities in command at the front, and there must be some limit to these. With regard to evacuation, when there is no heavy fighting there is no limit to the time patients are allowed to stay at a Casualty Clearing Station. When there is heavy fighting, they

must be moved on to make room for more.

The paragraph which suggests that "competent surgeons" are not supplied where they are required is also quite untrue, for each Casualty Clearing Station has at the least two competent surgeons, and as every patient must go through a Casualty Clearing Station, it is evident that the surgeons and the patients meet without any of the supposed difficulty at all.

A little further on there are two paragraphs full of mis-statements about Field Ambulances and showing complete ignorance of their work; but it is not surprising that the writer is ignorant, for he has never worked at a Field Ambulance. He is apparently quite ignorant of the fact that in all cases where active treatment is required the patient is taken straight to a Casualty Clearing Station, and the statement that "surgical treatment is postponed for perhaps an average of 12 hours" is absolutely untrue. In the absence of exceptional conditions, the average is much more like six hours. It is quite incorrect to say that "for every Field Ambulance of a Division at the front there is at least one other in reserve," for, of the three Field Ambulances in each Division which is in the line, at least two are in active work, while the third is not in reserve but is taking in the daily sick. The work of other Field Ambulances in running Rest Camps and Convalescent Camps is not mentioned at all, and the gratuitous advice that "these points ought to be carefully studied by the Medical Administration" presupposes that this has never been done, which is also untrue.

The paragraph on the treatment of wounds suggests that the points mentioned by the author have never been considered. Such is not the case in the least; but, as far as Sir A. Wright is concerned, the only contribution he has made in 2½ years is that Salt is the one and only agent a surgeon should use. He is apparently annoyed because his method of treatment has been almost entirely given up by those who have tried it, and he has



opposed the trial of Carrel's method on purely experimental grounds, while surgeons have advocated it because of its practical success.

After reading Sir A. Wright's criticisms on everything and everybody, one naturally turns to the work done by himself and to the records of his labours, but beyond the advocacy of Salt for all wounds and Salt for gas gangrene, there is nothing to show and nothing that has been of practical value to either the sick or the wounded. On the contrary, the advocacy of the "hypertonic saline" has done much to obscure the use of other methods, and antiseptics of all kinds have been pronounced useless as the result of laboratory experiments. In spite of this, however, it will be found that in his Memorandum Sir A. Wright specially praises the results obtained at Compiègne and La Panne, where Carrel's antiseptic methods are solely used. Yet although the use of this treatment must be well known to him he does not mention it at all, and attributes the results to the fact that the patients are kept in hospital for long periods.



CONFIDENTIAL.

War Office,  
Whitehall S.W.  
25th January, 1917.

Dear Sir Arthur,

I am somewhat disturbed by the correspondence which has passed between you and Sir Almroth Wright, based as it undoubtedly is on a misapprehension of the true facts of the case.

You, apparently, have accused Sir Almroth Wright of going behind the back of the Army Medical Authorities by seeing me. This is not the case. I heard from outside sources that Sir Almroth Wright wished to see me. I reserve to myself the right to see anybody I please, but, before acceding to his request, I consulted Sir Alfred Keogh and, with his full knowledge and approval, I saw not only Sir Almroth Wright, who represents one point of view, but also Sir Anthony Bowlby, who represents another.

Sir Almroth Wright placed his views with great moderation before me, and, at my request, forwarded to me a memorandum, a copy of which you have seen. Sir Alfred Keogh suggested to me to call together a number of representative Consulting Physicians and Surgeons to take the report into consideration.

The whole thing has been absolutely above-board, and, if anybody is to be accused of going behind your back it is myself rather than Sir Almroth Wright.

The conference came to a unanimous conclusion, that Sir Almroth Wright was not justified in his assertions; but for you to demand, as you practically do, that Sir Almroth Wright should resign his commission, seems to me to be going too far. I do not consider that any such demand on him should be made.

This is not the time for disputes and quarrels. We are all out to do our best to help win the war, and I

am perfectly certain Sir Almroth Wright had no idea in his own mind except to do what he thought was in the best interests of our sick and wounded men.

I hope, therefore, that the letter signed by Sir George Makins and others will be withdrawn, and that they will work in harmony with Sir Almroth Wright, and profit in any way they think fit from his researches.

I am writing to Sir G.Makins on the subject, but I should be much obliged to you if you would show him and his co-signatories this letter, if you have no objection.

Yours sincerely,

(Sd) DERBY.

Surgeon General Sir A.Sloggett K.C.B., C.M.G., F.R.C.P., etc.



War Office,

Whitehall S.W.

5th February 1917.

Dear Sir George,

I have received your letter, and also one signed by Sir Anthony Bowlby and Sir W.P.Herringham. Perhaps you will be good enough to show them this answer, which really applies to all your three cases.

I quite understand your feelings of irritation at Sir Almaroth Wright's action; they are only natural, and I see that it might, under ordinary circumstances, be difficult for you to continue your work with him; but I ask you all three to forget the past, let bygones be bygones, and without any feeling of animosity towards him to continue the admirable work you are doing.

I am only the mouthpiece of the sick and wounded in making this request. It is they who will suffer if you in any way abate your work, or remove your skilful treatment from them.

Yours sincerely,

(Sd) DERBY.

Surg.Genl.Sir G.H.Medkins.,K.C.M.G.,etc.,  
c/o D.D.M.S.Etaples.



*over*

MEMORANDUM on the Necessity of Creating at the War Office a Medical Intelligence and Investigation Department to get the best possible Treatment for the Wounded; diminish Invaliding; and return the men to the Ranks in shortest Time.

By

Colonel Sir Almroth E. Wright, C.B., M.D., F.R.S.,  
A Consultant Physician to the British Army in France.

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The medical arrangements of the war are, by every Administrator and by every layman who is taken round the Hospitals in France, adjudged to be very nearly perfect. The provision and equipment of hospitals, the organization for the transport of the wounded by motor ambulance, train and hospital ship, and the arrangements for the feeding, nursing and general comfort of the patients -- in other words, all the administrative and non-professional work -- the work which falls strictly within the province of the Army Medical Officer -- is admirably well done and reflects the greatest credit on his Corps. But the Medical work of the war must be appraised also by quite another standard. A Medical Administration has not done all that is required of it when it has equipped hospitals and provided staffs and superintended the transfer of the wounded from the front to the hospitals at the base, and from these to hospitals in England. It ought every moment to be earnestly considering whether its general policy and each administrative order is or is not promoting the welfare of the wounded and the Army in general. Again, a Medical Administration ought not to regard questions of treatment -- great and important problems such as that of the best treatment of wounds -- as matters for which it has no direct responsibility. And, instead of leaving these professional matters to the arbitrament of the individual Medical Officer, who may sometimes be quite untaught and inexperienced, a Medical Administration, disposing as it does over the experience of the past, ought to take it upon itself to prescribe at any rate in broad outline the treatment to be adopted.

In all these matters a Medical Administration ought to have a broader conception of its functions, and should set before its Department a higher professional ideal. Instead of contenting itself with claiming credit for a maximum number of wounded transferred to the base and delivered in England in a minimum of time, it ought to aspire to saving a maximum of lives and limbs. In like manner in appraising merit it ought to lay emphasis on good service done in saving lives and healing the wounded, instead of as at present regarding only the fact that a hospital has passed so many thousands or tens of thousands of wounded through its wards, evacuating these in a minimum of time so as to be at disposal for the reception of more patients.

It is hardly necessary to point out that this false but administratively convenient ideal operates as a damper upon all good, and as an encouragement to all unconscientious professional work. And if the present system works out as well as it does, this comes only from there being in the ordinary medical officer an eradicable standard of kindness and moral rectitude.

I have suggested that the policy of evacuation, in other words the policy of hustling the wounded from hospital to hospital has been adopted and has been carried out without thinking out or investigating the results of the policy. The Medical Administration has been hypnotised by the plea of "Military Exigencies."

It is true that a "military exigence" -- understood in the sense that there may be nowhere to lay the wounded and no possibility of feeding and attending to them upon the spot -- will come into existence at the front as soon as there is military activity. Even then it will come into existence only over a strictly limited extent of time. But at the Base the hospital accommodation is so ample that nothing in the nature of a military exigency (using the word in the sense already defined) has, so far as I know, made itself felt there since the latter end of 1914. The hospitals are rarely full, and have never, I believe,



been over full. Moreover, it can never, I submit, be imperative to send out patients so long as there is sufficient staff to cope with the work, and enough beds or mattresses to take up the overflow from the hospitals further to the front.

Nor ought we to fix our attention exclusively and too anxiously upon what would happen if the accommodation of a hospital were for a moment overtaxed. We ought to look also upon what it means to the wounded when a hospital is evacuated. We learn what it means when we consider that invariably as soon as a new convoy arrives in hospital, amputations and other operations in large numbers have to be performed upon men who had been judged quite fit to travel. In other words, evacuation thus means the endangering of life and limb for some of the wounded.

And if the point were once raised and really searching enquiry were made, there would, I am persuaded, be a unanimous verdict that the policy of evacuation as at present carried out completely disorganizes the proper programme for the treatment of wounds. It interferes with quite elementary requirements: with the requirement that even all wounds that require operation should be operated on at the front at the earliest possible moment; with the requirement that every wound should as soon as the bacterial infection has been overcome, be closed up by surgical operation; and again with the requirement that compound fractures -- and in particular compound fractures of the leg -- should be retained in special fracture hospitals until union has taken place. In summary, the policy of evacuation sets aside all the main tenets accepted by both French and English surgeons -- tenets which followed out give the admirable results which are displayed in non-evacuating hospitals installed upon the front, hospitals such as those of Dr. de Page at La Panne, of Dr. Carrel at Compiègne, and the Fracture Hospital at Chalons.

But this is not by any means all that can be brought up against the policy of evacuation. In point of fact this policy comes in and traverses every plan that human wit could devise for providing the wounded with a sufficiency of competent surgeons, and these last with a sufficiency of skilled work. The policy of



evacuation means keeping the staffs of the evacuation hospitals idle, or at any rate frequently idle. And broadly speaking it means that the surgeons are accumulated in France while the wounded are accumulated in England -- in England, so far as possible, drained of its surgeons. It almost looks as if the problem proposed had been to keep the wolf, the sheep, and the cabbage of the puzzle from ever finding themselves together upon the same side of the water.

A word may be said about two other very important problems which ought to be carefully thought out and resolved, instead of being put away as insoluble.

The first of these is the problem of the Field Ambulances. It has a direct bearing upon the treatment of the wounded, and also an important bearing upon the problem of finding sufficient doctors for the Army.

The function allotted to the Field Ambulance in the scheme of Medical Organization in existence long before the war was that of following up the army with a view to collecting the wounded and forwarding them to the Casualty Clearing Station. In accordance with this programme the Field Ambulances are organized as mobile units and belong to the Divisional Troops. In the present war they receive the wounded from the trenches in their Advanced Dressing Stations and transfer them to the Field Ambulance Hospital in the rear from which they are again transferred to the Casualty Clearing Station. The Field Ambulance Hospital having equipment only for very minor surgery, this involves for the patient a postponement of his surgical treatment for perhaps an average of 12 hours. The Field Ambulance thus stands in the way of that immediate surgical treatment which is, in the opinion of all, a point of fundamental importance.

From the point of view of the provision of sufficient Medical personnel for the service of the Army, the Field Ambulance again stands in the way. Regarded from that point of view it is a ruinous extravagance: first, because its numerous staff of

*Rest on  
consequence*

doctors is from the nature of the case principally occupied in non-professional duties connected with the keeping up of the efficiency of the mobile unit; and secondly, because for every Field Ambulance in service with its Division at the front there is at least one other in the rear in reserve with the Division that is resting.

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There is here as will be seen an intricate question of both Medical and Military Policy which probably would in ultimate instance have to be decided by the Military. The essential point here is that it has very important bearings both upon the welfare of the wounded and upon the maintenance of a sufficient supply of doctors for the Army, and that these points ought to be carefully studied and brought forward by the Medical Administration.

*B. 21*

I pass to the question of deciding on the proper method of treatment for wounds. As indicated above, one may say that there is complete professional agreement with respect to fundamental points: such as the necessity of early operations; the desirability of closing up wounds by surgical procedures with the minimum of delay; and with respect to every journey meaning for the wounded man a setback -- all points which directly prescribe the policy of evacuation. On other important points, in particular as to how wounds should be dressed, and in particular as to how wounds ought to be dressed so as to minimise the catastrophes which are associated with long journeys from hospital to hospital, there are very divergent opinions. I have urged above that the Medical Administration ought to take steps to arrive at a decision upon these points, and that it ought to abandon its present position of washing its hands of all responsibility.

It will be seen that everything here hinges upon whether there is any machinery that could be brought into application to bring about some measure of professional agreement.

Where confronted with differences of opinion, an Administration may have recourse to one or other of two procedures. It may appoint a committee upon which the advocates of the various rival systems are represented; or -- and this is the proposal put



forward in this Memorandum -- it may appoint a staff committing to it the duty of collecting, collating and putting forward the evidence. While from the point of view of political expediency, resort to Committees or Commissions may, perhaps, be defended, that method is from the point of view of getting a really useful lead notoriously unsuccessful. Acutely diverging opinions are not brought into harmony by assembling their advocates. And the outcome of such meetings is always either a majority and a minority report or else recommendations which are simply eyewash. This is what has resulted from assemblies of the consultants in France. What is really required is a scientific staff standing in relation to the Medical Department of the Army in general, which, taking cognisance of all the different opinions, should plan and then carry out such investigations as would be calculated to bring into clear light the effect of rival procedures. That accomplished, there would be very little dispute possible, and substantial agreement at least would be arrived at. (I may point out here that several months ago I had the honour of submitting to the Director-General in France a detailed scheme for eliciting the results of the methods of dressing used for the wounds when the patients are on passage between the front and the base).

But the function of a staff would not be confined to instituting investigations with a view to the resolution of disputed questions. There have arisen in the war endless new problems requiring solution. I may instance the treatment of gas poisoning, the prevention of epidemic jaundice, of trench fever, of trench feet, and of that rapid nervous collapse which affects so many airmen. Now, inasmuch as no stores of knowledge are available on these subjects, there is not one of these questions which can be settled by the method of calling together committees (I have myself served quite futilely on such a committee appointed to advise on the treatment of cases of gas poisoning). Study and research are what are here required and these should, I submit,



be organized under a Medical Intelligence and Investigation Department. I would suggest in connection with such a staff that any scientific committees now working for the Medical Department of the War Office and all the Advisers in Hygiene and Pathology should be affiliated to it, and that the same should hold of all the Medical Officers employed upon bacteriological work or special research both at home and abroad. The object of this would be to concentrate all research in thoroughly capable hands and to bring into focus, and make available that information for the whole Army both abroad and at home.

But I should like to emphasise that the most important office of such a staff should be to consider and investigate the effects of all administrative orders so far as they might affect professional matters relating to either treatment or hygiene. I would have the advice of the staff sought and followed upon every such matter; and I would point out that while it is both in legislating and issuing administrative orders necessary to proceed upon the best knowledge available at the time, all enactment and administrative order ought afterwards to be put to the proof to see whether they are working well or ill. And more especially does this apply in connection with the Administrative Orders of a Medical Department. For these are matters directly effecting life and limb.

Lastly, I would submit in view of ten years' experience as a Professor at the Army Medical School, Netley, and in particular in view of the difficulties I encountered in introducing anti-typhoid inoculation into the Army, that an Organization such as here suggested might with advantage be made a permanent element in the Army System.

In conclusion I would venture to suggest that very valuable help in setting up such a Department could almost certainly be obtained from the Medical Research Committee established in connection with the National Insurance Act. The intention, as I understand it, in setting up this Committee was that it should first study the problems of disease, and in particular those arising in connection with the treatment of the insured sick,

and that it should then give advice to the Administration as to action to be taken. Since the beginning of the war, the Committee has placed a large part of its Staff and nearly all its resources at the disposal of the War Office, lending, for instance, for research on wounds my services and in connection with other important purposes, the services of its Secretary, Dr. M.W. Fletcher, together with the services of its Statistical Staff. I think it is possible that, if the War Office desired it in connection with the setting up of such an Intelligence and Investigation as is here outlined, these services would be further and perhaps more fully lent.



I forward a copy of a memorandum written by Colonel Sir Almroth Wright which has been issued by him to Sir Alfred Keogh, Director General at the War Office and to various other people in London, without any reference to me as Director General of the British Armies in France or to the Director of Medical Services, Lines of Communication, under whom he is directly serving. I put entirely on one side the question of discipline which this involves and confine myself to the purely professional side of the case and take the accusations made by him seriatim. Most of the statements are so grossly inaccurate that it might appear to be unnecessary even to refute them, but unfortunately the civilian public is only too often led away by this kind of irresponsible criticism. Further a press campaign has been engineered (vide "The Field" of December 9th and other papers) which appear to be making the Medical Research Society a stalking horse. Various members of the Government also have been interviewed by Sir A. Wright before writing the report and consequently I consider it imperative in justice to the Medical Administration in France (and this includes all the Consulting Physicians and Surgeons), that a conjoint reply should be issued by me and my Advisory Board showing the inaccuracy of the accusations contained in Sir Almroth Wright's minute.

(Sd) A. T. SLOGGETT,  
General Headquarters, Director General,  
15th Jan., 1917. Medical Services,  
British Armies in France.



The memorandum states

(1) that the Medical Administration has not done all it should in promoting the welfare of the wounded, in as much as it has not considered that it has a direct responsibility for the treatment of wounds and the saving of life.

(2) that it has contented itself merely with the question of rapid evacuation or to quote Sir A. Wright's own words "hustling the wounded from hospital to hospital" without regard to the well being of the patients; that it has been "hypnotised with the plea of military exigencies" and that the treatment of the wounded has not been satisfactory.

(3) that there is no necessity for Field Ambulances and that the existence of these units is a ruinous extravagance as regards personnel.

Sir Almroth Wright, to remedy these defects, proposes a Scientific Staff who should control the treatment of the sick and wounded evidently with himself as its chief.

The following are the considered answers of myself and Advisory Board to his accusations:

I. TREATMENT OF THE WOUNDED.

In order to improve the treatment of the sick and wounded, the Director General is provided with a Staff of Consultants, of whom Sir Almroth Wright is one, together with Advisers in Sanitation and in Pathology

and Bacteriology. With their advice he issued in the year 1915 a small handbook called "Memorandum on the treatment of Injuries in War" which embodied the experience of that day, and laid down in distinct terms the methods of treatment recommended. It is a terse but fairly complete manual of military surgery for the conditions of the present campaign.

Sir Almroth Wright states (p.1.) that:-

"A Medical Administration ought not to regard questions of treatment as matters for which it has no direct responsibility and ..... ought to take it upon itself to prescribe at any rate in broad outline the treatment to be adopted."

This is exactly what has been done in the issue of the "Memorandum on the Treatment of Injuries in War".

As always happens when active investigation is in progress the methods of 1915 have been improved and altered. The constant meetings and communication of Consultants with one another links all parts of the Army together, and quickly diffuses any new experience throughout the hospitals.

In addition, the Director General has from time to time summoned the Consultants, has asked their advice on questions of the moment, and has issued orders in accordance with their suggestion. Such were for instance:-

Orders on Trench Feet

Cerebro Spinal Fever

Gas Poisoning

Tetanus

Wounds of the Chest

etc.



and, since all these orders have been issued by the Director General, it is difficult to understand what Sir A. Wright means by (p.5.):-

"The present position in which the Medical Administration "washed its hands of all responsibility".

In addition to this General Staff of Consultants which numbers now 5 Physicians, 11 Surgeons and Sir A. Wright, the Director General has a smaller permanent Advisory Board which includes representatives of the Administrative Staff, representatives of the Consultants both at the front and the base, together with the Advisors in Hygiene and Pathology.

Each of these bodies thus contains both men in daily touch with the treatment of patients and the Chief scientific advisers of the Army.

Further, the Scientific advisers are themselves in constant communication not only with experts at home, but also with those of Allied nations. The Allies Sanitary Conference meets regularly, and all results of research and other investigations are communicated to the Advisor in Hygiene as the British representative. The Advisor in Pathology is in similar connection with the chief pathologists at home and in Allied countries.

That is the present system. Instead of this Sir A. Wright wishes to set up a "Scientific" staff whose duties will be

- (a) to plan and carry out such investigations as shall bring into clear light the effect of rival procedures (p.6.)
- (b) to examine new problems requiring solution(p.6.).
- (c) to consider and investigate the effect of all administrative orders, so far as they affect treatment or hygiene (p.7.).

To this Staff are to be affiliated all scientific Committees now working for the War Office, all the Advisors in Hygiene and Pathology and all Medical Officers employed on bacteriological work or special research both at home and abroad. It does not apparently include the physicians and surgeons of the Army.

To those who are unfamiliar with medicine and surgery such a proposal, at any rate as regards the first two objects, may seem both simple and easy. If however the natural course of advance in these sciences is considered it will be found to be neither. Progress in these subjects is accomplished in four steps:-

1. Some physician or surgeon brings a new group of symptoms into notice by clinical observation.
2. Morbid anatomists and chemical or bacteriological Pathologists, sometimes all three, elucidate the pathology of the new disease.
3. They then, from knowledge gained by experiment, suggest remedies.
4. The remedy so suggested is tried on the human patient.

The first and last steps are carried out by the physician or surgeon at the bedside. The second and third are carried out in the laboratory.

The necessity of the last step is specially noticeable if we remember the large number of drugs, serums and vaccines which have been proposed for treatment solely upon laboratory evidence, and have entirely failed in practice. The final test must of necessity always be that of clinical experience.

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The characteristic of modern medicine has been the close co-operation of the clinical and pathological departments in such questions. This has become a marked feature in all great civil hospitals in Great Britain. The Pathologist is constantly summoned to the wards and the physician or surgeon is constantly in touch with the pathological departments.

This is exactly what has been taking place in the Army. There are a large number of bacteriologists both at the front and at the base, whose co-operation has been continually sought by the physicians and surgeons.

Sir A. Wright gives a few examples (p.6.) of problems that, in his opinion, require investigation, but he is apparently unaware that in every one of them physicians have already worked hand in hand with pathologists for their elucidation, as the following paragraphs will show:-

1. Gas Poisoning. Under the A.D. Gas Services, chemists and physiologists at the Central Laboratory of the Army aided by others at home have devised a helmet which is practically a perfect protection.

When men are gassed now it is because they are unexpectedly, as while asleep, caught without their helmets on. The morbid anatomy of the lungs so affected has been accurately made out. A Committee, on which Sir A. Wright sat, took evidence as to the value of the remedies which had been suggested either by clinical experience or by laboratory experiments, established the paramount importance of Oxygen, asked for a large supply, and recommended certain apparatus. The Director General

issued orders for treatment on the report of the Committee; and there is no question that though some patients still remain beyond the reach of treatment the lives of many have been saved.

2. Epidemic Jaundice. Early in 1916, suspicious cases were noticed in the Second Army. The Medical Officers consulted the local Bacteriologist, Captain A. Stokes, who saw the cases with them and found the spirochate which had been lately discovered in Japan. Captain Stokes proceeded further to find the same body in the brown rats which infest the trenches and appear to be the source of infection. As a result of the investigation the D.M.S. of the Army is now taking steps to destroy the rats.

3. Trench Fever - is an affection belonging to a group which has been investigated by every bacteriologist along the front at the instance of the Medical Officers. As yet, in spite of an enormous amount of work the organism that causes it has not been found. The investigation is still being carried on and Captain McNee has already demonstrated that the disease is one that can be inoculated from man to man.

4. Trench Foot has been the subject of many experiments and observations. It is known that cold, wet, constriction of the legs, and want of muscular movement to aid the circulation play a great part. How far the microbic infection which takes place causes the disease is not yet fully decided. Orders founded on what has been discovered have been issued, and high



waterproof boots supplied, which have greatly diminished the disease. If it were possible to carry out the orders in all parts of the front, it is probable that the disease would be stamped out.

In the treatment of wounds surgeons have received suggestions from various sources and of opposite tendencies. Some, like Sir A. Wright, decry antiseptics; other, like Dr Garrel, insist upon their efficacy. Sir A. Wright seems to think that the results need to be tested by laboratory research alone, but that is not so. Neither the human being nor his wounds can be reduced to a standard. Each of the factors varies so greatly that, even if in a certain number of patients all the conditions affecting a living human being could be perfectly known, the next series of cases would upset the conclusion. The consequence is that in dealing with man long observation is necessary to establish any rule at all, and when established it is never more than a probability based upon a majority of instances. What will suit a wound at one time will not necessarily suit it at another. The futility of trusting to laboratory experiments alone in deciding on the value of any treatment for wounds is indeed fully exemplified in the Memorandum itself. For, although Sir A. Wright has always stated that his own laboratory experiments prove the uselessness of all antiseptics in wounds, he now selects for special praise "the admirable results which are displayed in the Hospital of Le Page at La Panne and of Dr Garrel at Compienge" in both of which Garrel's antiseptic method is universally used.

It would appear therefore that the advice given by Sir Almroth Wright, in so far as it has discouraged the use of antiseptics, has been the reverse of beneficial to our wounded, and the acknowledged success obtained at hospitals using antiseptics shows very clearly how little trust could be placed in methods of treatment which might be dictated by the proposed "Scientific Committee", divorced, as it would be, from practical physicians and surgeons.

It is stated in the memorandum that the "Scientific" staff should amongst its duties "consider and investigate the effect of all administrative orders so far as they affect treatment or hygiene".

This needs but little consideration, for if this clause has a meaning at all it implies that the Advisers in Sanitation and Pathology, instead of as now, advising the Director General before he issues his orders, should criticise the orders themselves after they are issued.

## II. EVACUATION.

The important question of the evacuation of sick and wounded from the Front is viewed by Sir Almroth Wright from a very narrow standpoint. He appears either to be ignorant of many vital considerations affecting this complicated question, or to have deliberately omitted them from discussion.

The following fundamental considerations cannot be disregarded. If evacuation of sick and wounded to England were to be much reduced, the number of beds in France must be proportionately increased,



but it would be, not only difficult, but almost impossible to find suitable places for such expansion. At the bases where facilities are greatest for proper treatment further satisfactory accommodation is not available, and efficiency would suffer as a result of the congestion which would unavoidably ensue.

It is not true that the Hospitals are never full, and that therefore evacuation to England is unnecessary. During the recent military activity on the SOMME the number of wounded taxed the hospital accommodation and the personnel to the fullest extent, and, if evacuation of suitable cases to England had been prohibited the Medical Service might justly have incurred the implication of not "aspiring to save a maximum of lives and limbs".

During periods of relative military repose, the hospitals are naturally not full. It is an elementary precaution to have in reserve a sufficiency of beds and personnel for any military emergency, and the Medical Administration would lay itself open to justifiable criticism if such provision were neglected. At any moment during a period favourable to active military operations a large number of our wounded, and also those of the enemy, who must receive the same care as our own men, may require treatment, and preparation in advance must be made for numbers, the magnitude of which it is impossible to foresee exactly.

In dealing with evacuation, military exigencies cannot be ignored in the casual way suggested by Sir Almroth Wright.

Evacuation must be carried out if the Lines of Communication and the rear of Armies are not to be

clogged to the detriment of military operations. It rests with the Medical Administration to carry out this evacuation with the minimum of detriment to the patients, and to differentiate between cases which will not bear evacuation at all, cases which will bear a limited evacuation, and cases which may safely, and to their advantage, be evacuated to England.

A system of differentiation both in regard to treatment and evacuation has been elaborated, which combines, as far as is humanly possible, the best interests of the patients with military necessities.

Where sickness or wounds are of such a character that the patient will bear evacuation to England, without harm, such evacuation is carried out, to his great benefit mentally and physically, and it must be remembered that, with the highly developed means of transport for wounded now available, evacuation can be performed with the minimum of fatigue and risk.

Sir Almroth Wright accuses the Medical Administration of "contenting itself with claiming credit for a maximum number of wounded transferred to the Base and delivered in England in a minimum time, when it ought to aspire to saving a maximum of lives and limbs...It ought to lay emphasis on good service done in saving lives and healing the wounded, instead of, as at present, regarding only the fact that a Hospital has passed so many thousands of wounded through its wards".

The accusation is that the Medical Administration absolutely neglects all treatment and cares only for getting rid of the patients.

Further on in his memorandum he accuses the Field



Ambulances of being worse than useless; for he says "they stand in the way of immediate surgical treatment" and of "the provision of sufficient medical personnel".

It is well therefore to state briefly the general lines of treatment and evacuation before the patient reaches a Base and see what truth there is in these statements.

After a wounded man has passed through the hands of his Regimental Medical Officer, or of the Advanced Dressing Station of a Field Ambulance, he is taken to the Tent Division of the Ambulance, and is warmed, fed, and rested prior to being sent to the Casualty Clearing Station. His wounds are dressed if necessary, and if, owing to the limited scope of an advanced dressing station, it has not been possible to supply special splints there, they are now applied to make his further journey easier and safer. But there has been a definite order in every Army for more than a year and a half that every urgent case requiring active treatment at a Casualty Clearing Station is to be sent direct to the Casualty Clearing Station by a special ambulance car from the Advanced Dressing Station. The result is that instead of being "stopped" by the Field Ambulances and the "Surgical Treatment postponed for perhaps an average of 12 hours" as stated in the memorandum, such a patient is sent straight on and is very frequently in the Casualty Clearing Station within four or five hours of his injury; and, not only is the average time of arrival of all cases much more like six hours after the wound than twelve, but in many cases operations have been performed within two or three hours of the infliction of

the wound. It is quite true that in a large number of instances a man does not reach a Casualty Clearing Station for many hours or even days, but in such cases the delay is due to the impossibility of getting the patient out of the trench region and not to loss of time after he arrives at the Tent Division.

The Memorandum states that this "policy of evacuation interferes with the requirement that even all wounds that require operation should be operated on at the front at the earliest possible moment" and further that it "traverses every plan that human wit could devise for providing the wounded with a sufficiency of operating surgeons, and these last with a sufficiency of skilled work".

The whole of this is quite untrue, for when the patient arrives at a Casualty Clearing Station he finds both very competent surgeons and the most ample accommodation for the performance of all operations. A sufficient answer to such statements is the fact that more than 11,000 operations were performed at the front, either in the special emergency hospitals or else in the Casualty Clearing Stations in the month of July alone.

The Casualty Clearing Stations are all as completely equipped with theatres, sterilisation apparatus, dressings, electric lights and instruments, etc., as any hospital at the Base. They each have two surgical specialists, good beds and excellent nursing staffs; yet the administration that supplies all these is accused of "regarding the questions of treatment as matters for which it has no direct responsibility".



Sir Almroth Wright states that the policy adopted is one of "hustling the wounded from hospital to hospital"; yet the fact is that after the patient has been operated upon at a Casualty Clearing Station he is often kept there for many days or even for week when the military circumstances permit; and definite instructions have been given by the Consultants as to the period of time for which patients with wounds of certain regions must be retained. In addition to all this, as it was found that patients with wounds of the head stood transport exceptionally badly after operation, behind each Army special hospitals have been allotted where "head cases" can be sent for operation and can be retained for periods of not less than three weeks, the actual average being nearer six weeks. It may indeed be stated in general terms that throughout the Casualty Clearing Stations the treatment of the patients is the first consideration, and the evacuation of them is of infinitely less interest to the whole of the Medical Staff. The Officer Commanding only puts on the list for evacuation those patients whose Medical Officers consider them fit for the journey.

The Memorandum proceeds to draw comparisons between the results obtained at our own Base Hospitals in France and England and those obtained in "non-evacuating hospitals such as those at La Panne and of Dr Carrel at Compiègne and the Fracture Hospital at Chalons".

The comparison is entirely misleading, for, not only is Dr Carrel's Hospital a very small unit, but neither it nor La Panne are ever crowded as our Base Hospitals are by the wounded of a great battle.

The Memorandum advocates the retention of all patients with compound fractures of the leg, until union has taken place, and an equally good case might be made out for other patients as well. But, not only is no mention made of the fact that at one general hospital near the front there are scores of men with fractures who are kept for weeks and months, and that there are also good "fracture hospitals" at the Base, but the writer is apparently ignorant of the fact that very many limbs remain un-united for long after all danger of travelling is past and after the wounds are healed.

It will of course be admitted on all hands that the movement of badly damaged men by stretcher-bearers, by road, or by rail, is a thing to avoid, but in war it can never be entirely avoided, otherwise battle-fields would never be cleared at all. It is also true that where vast numbers arrive continuously by day and night for many days in succession they cannot possibly be nearly all retained in hospitals as the Memorandum suggests, close to the firing line, where they would require tens of thousands of beds, large staffs and would completely interfere with all military operations, and it must be quite evident to everyone conversant with military matters that the question of supplies alone would make any such proposals ridiculous.

What has been said about the need of evacuating patients from the front is true, on a different scale of evacuations to England. There is no doubt that in times of great pressure it is undesirable to send some of the patients who are obliged to be sent. But there is no evidence whatever that material harm has resulted, and it is quite certain that, except when heavy fighting is in



progress, patients are habitually retained at the base hospitals until the journey to England can be safely made.

### III. FIELD AMBULANCES.

It has already been pointed out that the Field Ambulances assist, and do not stop, the passage of the patients to the Casualty Clearing Station, but the Memorandum entirely ignores the chief work that they perform, and the writer, who has not served on the staff of a Field Ambulance, supports his case by quite erroneous statements. It is stated that "for every Field Ambulance in service with its Division at the front, there is at least one other in reserve with the division that is resting", whereas the Field Ambulances of the resting division are as a matter of fact all occupied in taking care of the daily sick, or in running Rest Stations or Convalescent Camps, all of which is purely professional work. Their staff is also utilised for reinforcing other Field Ambulances and Casualty Clearing Stations who may be heavily pressed.

The Memorandum states that the Field Ambulances "receive the wounded from the trenches in their Advanced Dressing Station and transport them to the Field Ambulance in the rear from which they are again transferred to the Casualty Clearing Station". Not a word is said of the constant work by day and night in dressing wounds, applying splints, stopping bleeding, amputating smashed limbs and caring for the needs of the many men who are too far gone to bear further transit, and whose sole chance of life is to be taken care of in the Tent Division. The work done by the Field Ambulance in the SOMME fighting put the greatest possible strain on every medical officer, and had the staffs been twice as large as they were, they still would have been overworked.

#### IV. CONCLUSION.

After carefully reading the memorandum we consider that Colonel Sir Almroth Wright is not in a position to make a comprehensive survey of the activities of the Medical Service in France, nor, has he had at his disposal the necessary material or information on which alone an impartial estimate of work done can be based and a reliable judgment pronounced.

The whole Memorandum is inaccurate in its statements and unjustified in its conclusions, whether it deals with questions of evacuation, personnel or treatment, and it is entirely unsupported by any evidence beyond the opinion of the writer.

(Signed)	A. T. SLOGGETT,	D. G.
"	T. P. WOODHOUSE,	Surgeon General, D.M.S., L. of C.
"	G. H. MAKINS,	Surgeon General.
"	A. A. BOWLBY,	Surgeon General.
"	W. B. LEISHMAN,	Colonel.
"	W. P. HERRINGHAM,	Colonel.
"	J. R. BRADFORD,	Colonel.
"	W.W.O. BEVERIDGE,	Lieut. Colonel.



No.13 General Hospital  
Boulogne  
12.1.17.

My dear Sir Arthur,

One of the men from my Laboratory at St Marys by name John Freeman has just been called up and has provisional orders for France. You are always helping me. I want you to help me by giving me this man. One of the men I had Tenner got himself drowned six months ago and Inman and Enery, two men came out to work have both been recalled for duty in England and Matson, an American from the Harvard Unit has just gone after expiration of his six months and May who came from Rhodesia has been recalled by his Government - so it is nearly a question of I, I only am left. I mean I have only Dreyer who is friend and colleague and not an assistant I can use and an Irishman who came over to work but is quite new at it. Freeman is an old and trusted pupil who has worked with me for years and would be infinitely useful to me. He has a talent for research and laboratory work but I suppose he never in his life dressed a wound. So he would not be directly useful to you. But that last is not the question. I will have him if I may as a valuable gift and your petitioner would ever pray.

Yours very sincerely,

(Sd) Alaroth E. Wright.

If you will give me Freeman perhaps you would get Morgan to send me a line and also to notify them at home. Freeman is said to be due to come out on February 1st.



War Office,  
Whitehall,  
S.W.

Jan 24. 17

My dear Boulby,

I have just seen Lord S.

I have sent Storrill an account of his views. He invited Wright to give him the Memorandum a copy of which I sent him. He will not approve of Wright's resigning his commission, & he is going to write to you & to Storrill. At the same time, I think, he is quite satisfied that the answers of the Consultants disposes of Wright.



Memorandum. Indeed on that subject I  
have every reason to believe he was  
satisfied when I assured him that  
as regard the service opportunities all  
was well, & as a result of your  
interview with him, I do not think  
he has ever been in any doubt.

Lord S. will therefore take no action  
on the question as a matter of discipline.

It remains now to let the matter  
blow over. Lord S. will write to you  
on the subject. There is no news  
except that they are giving me the S.C. B  
uniform. Yrs  
Chesh



Dictated.

General Headquarters  
France  
15th January, 1917.

My dear Wright,

You really are a most astonishing person. Fortunately I have a keen sense of humour and delight in your eccentricities. You write me a letter on the 12th asking me to help you "as I have always done". Yet you go behind my back at home and make a most bitter attack on the Medical Administration out here (which means me) - not only in a memorandum, but verbally to various Cabinet Ministers and other people, and you are I know also engineering a Press campaign in which you make the Medical Research Committee your stalking horse for your own ambitious projects. The memorandum I refer to has been sent to me for my remarks and of course as it makes direct accusation against the Medical Administration out here I called a meeting of my Advisory Board. I enclose you the reply which we have drawn up. I have said nothing about the military side of the case, for you seem to entirely ignore the fact that you are a commissioned officer holding a high rank and subject to military discipline and that you have actually committed a dire offence against the laws of the "Medes and Persians" in sending an official complaint to the War Office direct instead of through the proper channel which should have been through D.M.S., L. of C to the Director General Medical Services in France, namely by unworthy self.

Knowing you as well as I do and delighting in the playfulness of your cheery personality it is a real grief to me to say that I have no further use for you in France! As you will see yourself, it would be impossible for you to remain. I will make no recriminations such as asking you again as I did at the War Office whether you have by one single suggestion helped me to better the condition out here of our sick and wounded and to which you replied "No, you were still in the experimental stage".

You pathetically say in your letter of the 12th "it is really a question off, I only am left". It seems a sad thing when I read this, to think there will be soon no "I" - that you will have gone to London where I feel sure your quality for administration in the special line you desire will be given a better scope than in France. As I do not want to make it an official matter, the simplest way will be for you to write me a charming letter asking if you may be allowed to resign your appointment in France.

Believe me, old friend, I bear no ill will or malice to you and hope in some future time to enjoy your cheery company again.

Vale !

Yours

(Sd) A.T. BLOGGETT

Colonel

Sir A.E. Wright, C.B., etc.





MEDICAL RESEARCH COMMITTEE,  
15, BUCKINGHAM STREET,  
STRAND, W.C.

January 13th 1917

Private

Dear Sir Anthony Bowlby,

Thanks for your letter of January 9th received this morning. We are much annoyed by the article in the "Times"; we believe we have some virtues, but it is very painful to be praised for the wrong virtues. I have considered the question of an official disclaimer, but Keogh thinks it best to leave it alone.

I have not seen the article you spoke of in the "Field", but I am sending for that at once.

I do not know what is at the back of these efforts; I do not think they come from Wright, but they may be ripples of his backwash.

As to his Memorandum to Keogh, a copy was sent to me. When Keogh told me he was sending the memo. on to certain authorities in France, I begged him to append a note, mentioning the fact that the Committee had no knowledge even of the existence of the memorandum, and therefore could not, and must not, be supposed to have any part or lot in it. If they are asked to do so, no doubt my Committee will be willing to express their opinions upon any of the subjects at issue.

I think if you have looked at our Annual Report, - in which of course we have to justify to Parliament the proper expenditure of public money, - you will do us the justice to observe that we have sedulously avoided any appearance of overstating

the important advisory, and even executive, functions that either the Army Council, or the Army Medical Department itself have given us.

A very great deal of further assistance we have given in a great variety of small ways, is not so much as mentioned in the Report.

I have no doubt that the recent press articles must be annoying to the R.A.M.C., and especially to that highly efficient part of the R.A.M.C. which is concentrated in France. You who work in France do not know as we do the conditions in the Mediterranean and in the United Kingdom, and its deficiencies in those two areas, (deficiencies which are largely due to the inevitable concentration of the best talent in France,) which we have been chiefly concerned with helping to remedy or diminish. Irritation which may be felt in the R.A.M.C. in France will, I think, be less felt at home and in the East, and inside the War Office itself.

When I talked to you in London I saw that, in your contentment with conditions in France, (which, if I may say so without impertinence, I fully share,) you did not appreciate the vital difference between organisation in France and that in other areas and at home. We had little time, and after all, your concern is with France, and it was not my business to talk about other questions. I know that you will do all you can to make it clear that Wright's views and actions are his own, that the M.R.C. have absolutely no knowledge of them, and, until they are consulted, no power of meeting them, and that you will do all you can to see that no prejudice which may be stimulated by the Wright memo. is unfairly imported against the M.R.C. as such.

Believe me,  
Yours sincerely,

*W. L. Hunter*



X

War Office,  
Whitehall,  
S.W.

19th January, '17.

My dear Bowlby,

You will perhaps have  
seen a copy of the enclosed, which was  
the result of our meeting here. But  
I do not think that we have by any means  
heard the end of it.

In great haste.

Yours sincerely,

*Asquith*  
*Not received your letter.*

Surgeon-General  
Sir Anthony Bowlby, K.C.M.G., etc.



39 Boulevard Daunou,  
Boulogne s/M  
Jan. 17th, 1917

My dear Sir Arthur,

Let me begin by thanking you for all the kindness and consideration which you, viewing my actions as you do, show me in your letter of the 15th instant received yesterday afternoon.

I should like first to clear away certain misapprehensions about my actions. I have not, I believe, committed any military irregularity; and have in everything, as I see it, been absolutely straightforward and loyal. I want you to judge.

After having my full say to Sir Alfred Keogh, and after having a conference with you at his office - a conference which ended in Sir Alfred eliciting from you that there would in your view be nothing inimical to the setting up of such an Intelligence and Investigation Department as I had in mind - I wrote to Sir Alfred telling him that though I could obtain introductions to Lord Derby through others I thought it would come better if Sir Alfred himself would ask Lord Derby if he would see me. Sir Alfred did so. That is how I came by my interview with Lord Derby; and I take it that procedure was absolutely regular. I wanted to be more than regular, I wanted to be loyal. When I had put my case before Lord Derby I told him of the Memorandum I had begun to write, and I asked, and he gave me, permission to send it directly to him.

When I did send it in, I sent a copy also to Sir Alfred Keogh. I wanted he and you to know exactly what I had written, and to know it from me.

It is plain as daylight, there was no "going behind your back" in any of that. You write that my Memorandum is a bitter attack upon the Administration in France, and so on you. In reality it is a question of pointing out forcibly what I regard as a grave defect in the Organisation of the Medical Department of the War Office, and in writing to Sir Alfred I pointed out that after the experience of every big war there has been an endeavour to put the Army Medical House in order by getting the professional and scientific matters into the hands of some sort of professional and scientific staff - in Sydney Herbert's scheme, into the hands of the Professors at Netley; after the Boer War into the hands of a lay professional Advisory Committee. What I emphasise in my Memo is that the Medical Military Organisation as such is extraordinarily efficient, but that the system of having Consultants as an advising ~~board~~ body to the administration of an expeditionary force is radically faulty. I was, by Sir Alfred Keogh, allowed to say that in print some 18 months ago in a lecture published in the Medical Papers.

What you say with regard to my memorandum you say also with regard to my conversations "with Cabinet Ministers and others". Let me say here that no word of criticism, let alone of dispraise of anyone ever crossed my lips in those conversations. It would not consort with my ideas of fair play to do so, and so far as my personal friends among the ministers are concerned I feel sure they would not listen to me if I attempted to do anything of that kind.

With regard to "others" - outsiders - I have never opened my mouth to any of them on the reforms I think necessary.

Next you write "You are, I know (I underline the "know"), engineering a press campaign etc". I am writing to you as man to man, and therefore you will allow me to say that you here really owe me an apology for imputing discreditable things to me. I have had neither directly nor indirectly any relations with anything that has appeared in the papers, nor even with anyone connected with the press. And so far as I know (I have seen no paper but the Times) no-one in the press has been pouring water upon my mill. I judge that the journalist in the Times had not me but someone else in view for he gave praise so far as I saw only to things with which I have not the remotest connexion, and he has, so far as I have seen been absolutely silent on the question of evacuation and the treatment of the wounded - the points I have been out for. If what you know of me was not enough for you, any good Sherlock Holmes could have pointed out to you from internal evidence that I was not at all likely to have any connexion with this newspaper



campaign. I confess, I am a little sorry that you do not know me a little better.

What all this comes to is that I have no call at all to cry "peccavi". I have not so far as I know committed any military irregularity. I have not uttered or written a word in dispraise of you who are my chief. I have acted throughout with absolute frankness, and as I see it with absolute loyalty. I have had absolutely nothing to do with the press.

And if I may put it to you in what you are good enough to call the "playfulness of my cheery personality" it looks to me as if you who are Lord Derby's servant are giving to me who am his under-servant notice to leave because I had an interview with him through the regular official channel, and because by his permission I sent him a memorandum written in all good faith. It is of course for you and not for me to judge on all these points, and to convey to me your censure and bring down your rod of correction, as you please. But believe me I am not going to be in any way your helper or partner in that; and, though I well know you mean it very kindly, I am not, as you propose going to "write to you a charming little letter asking permission to resign my appointment in France." You will just do what you adjudge fit, but I would ask you to let your wishes reach me in the form of written orders in an open document, and not in a letter marked private.

I have to thank you for a copy of the reply to my Memorandum. But I was careful to tell Lord Derby that every statement in my memorandum would have to be taken by him with certain reserves which I could not without interfering with clarity set out in detail. I have no doubt that the Memorandum has been read by Lord Derby in that spirit. And of course the matters of fact set out in the reply were all within my cognizance.

Finally let me thank you again for all our pleasant and friendly relations - I meant it when I wrote "that you had always helped me in all my personal work" and I would have you believe that my friendly relations with you have never been unmingled with personal regard.

I am,  
Sincerely yours,

(Sd) Almroth E. Wright.



India Hawley

Jan e Herveyman

will take to letters

95 Ave.

A.2.5.

18.1.17.



Report of the Meeting held in the Medical Board Room on  
the 15th January, 1917.

Present:-

Director-General Army Medical Service (President).

Col. Galloway.	(Medicine, France).
Lt. Col. Swain.	(Surgery Southern Command).
Lt. Col. Sir T. Myles.	" Irish Command).
Lt. Col. Sir B. Moynihan.	" Northern Command).
Col. F. F. Burghard.	" France).
Lt. Col. Sir J. K. Fowler.	(Medicine, France).
Lt. Col. Sir W. A. Lane.	(Surgery, Aldershot).
Col. Ballance.	" Malta).
Lt. Col. W. A. Turner.	(Nervous diseases, Home).
Lt. Col. H. Davy.	(Medicine, Southern Command).
Lt. Col. Charters Symons.	(Surgery - Malta, Salonika and Southern Command).
Lt. Col. Lynn Thomas.	(Surgery, Western Command).
Col. W. T. Lister.	(Ophthalmology - France).
Lt. Col. Openshaw.	(Surgery, Eastern Command).
Lt. Col. R. Jones.	(Orthopaedics Home).
Lt. Col. Carlless.	(Surgery, Eastern Command).
Col. Sir W. Leishman.	(Bacteriology France).
Surg. Gen. Sir D. Bruce.	" Home.
Surg. Gen. Sir W. Babbie	D.M.S.
Surg. Gen. W. G. Macpherson	D.D.G.M.S. France.
Surg. Gen. W. M. Russell	D.D.G. A.M.S. Home.
Col. Blenkinsop.	A.D.G.
Col. W. H. Horrocks.	(Sanitary & Gas Expert).
Col. Reece.	(Cerebro spinal meningitis - Home).
Lt. Col. Webb.	D.A.D.G.
Lt. Col. D. Harvey.	Bacteriology - Home.
Lt. Col. M. Gordon.	" "

D.G.A.M.S. I have asked you to come and meet to-day to discuss with me Sir Almroth Wright's memorandum. This memorandum deals with the condition of things in France which Sir Almroth Wright criticises. With some things we have very little to do, but I should only like to say this, that I am somewhat surprised that Sir Almroth Wright should have placed the efficiency of the Medical Corps so low as to state that all we care about in the Royal Army Medical Corps in this war, practically, is the evacuation of the wounded soldier and the efficiency with which that is done. I do not think that is a just statement to make. I do not think it is just with regard to the past history of the Corps. I take it upon myself to say for the 1300 officers of the Medical Corps that they are just as much desirous

desirous of looking after the sick and wounded in other respects. I think it is characteristic of our profession all through in every branch of it that we think of our patients and their interests before anything else. There are one or two expressions here in the memorandum which bear upon that, that is to say the evacuation of the sick and wounded. In describing the work in France he praises the evacuation of the sick and wounded. Well, I do not know that we have taken any undue credit for that. In fact so far as the Medical Corps is concerned they take no credit whatever for it. It is their duty to do it and it ought to be done well. The public are always admiring the celerity with which the wounded are moved from France to England, but you and I would very much desire to keep wounded men on the spot and not move them at all. But Sir Almroth Wright says "but the medical work of the war must be appraised also by quite another standard", and he goes on to say that the Medical Administration should be earnestly considering whether its general policy and each administrative order is or is not promoting the welfare of the wounded and the Army in general.. He says again, "a Medical Administration ought not to regard questions of treatment - great and important problems such as that of the best treatment of wounds - as matters for which it has no direct responsibility". I do not think it is just to us to say that this is a question in which we regard ourselves as having no direct responsibility, and then he goes on again to say - "instead of leaving these professional matters to the arbitrament of the individual medical officer who may be sometimes quite untaught and inexperienced, the medical administration, disposing as it does over the experience of the past, ought to take it upon itself to prescribe, at any rate, in broad outline the treatment to be adopted" and so on throughout the document.

Now



Now I have asked you to come here to-day because the document generally goes on to state, or implies certainly, that we have not taken steps to fortify ourselves in all directions with the resources of modern science. Now if that is true, I hope you will tell me and suggest to me how we can better things and if it is not true, I hope you will not hesitate to say so. Personally, I have done everything I can, I think, since the beginning of the war to rope in all the resources of science. In every particular branch, I think in all branches of the science with which we are connected, I have advisers. I do not think we have restricted them in any way. If we have, if either our customs or regulations have restricted scientific men from doing their work, - I certainly hope that is not the case, - we must alter it at once. This document has been placed before the consultants in France and they will express an opinion upon it also. I should like you to be quite frank with me about it. I should like you to tell me if we are doing anything opposed to the best interests of the sick and wounded. If we are I hope you will suggest to me some way in which we can improve matters. Sir Almroth Wright goes on to say that there ought to be an Intelligence Department at the War Office. Now, gentlemen, I do want to be quite frank with you about that. I am responsible for the care of the sick and wounded in the campaigns we are waging at the present moment, and I want it to be distinctly understood that I will do that work in my own way and not in the way to be prescribed for me by anybody else. I take upon myself the liberty to consult any body of experts or any individual I consider it necessary to consult. I never do anything without consultation, of course, but I cannot tie myself to any one individual or set of individuals. I cannot and will not, as a medical man I would not, consent to issue orders from here as to how people should treat their cases.

I am quite willing to accept the advice of anyone on any particular subject, and to put these views and the research work which they have done before the profession and let the profession take its choice as to whether it will, or will not, adopt the lessons taught in the documents put before them. I want to know above all things, perhaps the only thing I want to know from you definitely to-day, is whether we have or have not, availed ourselves of the resources of science and whether we have made any difficulties for scientific men and, if so, what these difficulties are and how we can best remove them. I have been asked to say that the Medical Research Committee is anxious that it shall be known that they have not been concerned in the preparation of this document and indeed in a letter, which I cannot read, it is marked private, but I will read one sentence of it, they say "There is no reason to suppose and as I think the Chairman has already explained to you, every reason not to suppose, that the Committee would support the proposal made by Sir Almroth Wright if they were aware of it". Now, gentlemen, I may leave the situation to you. I am willing and most anxious to do anything from the scientific point of view which can be done to improve matters if matters want improving, but I hope that you will be perfectly frank with me, each one of you, and tell me whether we are at fault or not.

I do not know whether any gentleman would like to make any remarks.

Lt.Col.H.Davy. I should like to make some remarks. In the first place I am very glad to see a body of consultants who will be able to make suggestions which will be of use to you and which you will find yourself able to adopt. I speak for myself, I feel sure that I am speaking the opinion of a large number of consultants here, that I regard this document as one of the most  
insulting



insulting and unjustifiable I have over read. What I want to say is this, it seems to me if we pass such insults as consultants many people who are not connected with the Royal Army Medical Corps, if we pass this slight on the whole of the work which the R.A.M.C. is doing, ~~it~~ may say in the future that we have justified this attack by not having made some formal protest. I consider, from what I have seen of the R.A.M.C. under the great difficulties the most marvellous work has been done. What would be the effect of this report if it got into the papers or was taken up and discussed in Parliament? What would be said if we as a body of consultants come here and make no protest about it? I do not want to occupy your attention for long, but I should like to move this, Sir :-

"That this meeting of consultants attached to the R.A.M.C. desire  
"to express their regret that the memorandum drawn up by Sir  
"Almroth Wright is couched in language which is likely to be  
"seriously misunderstood and which lends itself to suggestions  
"which appear to be entirely unjustifiable." They also wish to  
"record their opinion of the great value of the work of the  
"R.A.M.C. which has been done under the greatest difficulties".  
I think, Sir, that this attack which is always going on in our profession in some branch in one way or another should be protested against and I hope this resolution will be passed before any other discussion comes off.

Lt.Col. Lynn Thomas.

I second that resolution.

Before I had the honour to joining the Consultants' Staff I had the great privilege of visiting practically all the hospitals in France, and I took the liberty in my civilian capacity of expressing my admiration of the work done out there. The views I held then are the views I hold to-day.

Lt.Col. Swain.

Lt.Col. Swain. These are the pious opinions that have been expressed. I feel very strongly myself that as regards this statement the question of the treatment having been left as if it were a matter in which we had no direct responsibility, is absolutely untrue, and every consultant knows it is untrue. I have been directly consulted upon various cases. The next statement which I feel very strongly about - that matters are left practically to the individual medical officer without any guidance - that we also know is absolutely untrue. We quite well know that definite instructions have been given on some matters, for instance on the treatment of tetanus. These two statements absolutely fall to the ground, and with them many of the accusations made in this paper. There are two other little things I should like to refer to. One is the question of whether we should ever be right in fixing a standard of treatment. It is extremely difficult to give any body of men a fixed method of treatment from which they may not depart. From the history of the world it is perfectly clear that progress is not made from uniformity. Progress has been made definitely by diversity of opinion and not uniformity. The only point with which I agree with Sir Almroth Wright is this. Some of us would be glad if it had been possible, it must be left to the medical administration, if it had been possible to make the primary hospitals a little larger so to speak, instead of making them send their cases out to secondary hospitals. If they could be made a bit bigger - that is the only point with which I have the least sympathy in Sir Almroth Wright's paper.

Lt.Col. Sir T.Myles. I should like to express my entire concurrence with all that has gone before. I have analysed this memorandum. I was quite unaware at first that there was anything behind it. I looked on it simply as a scientific memorandum written solely for the purpose of improving so far as possible the treatment of the wounded



wounded soldier. But when I read it and studied it more carefully I confess I felt myself compelled to join issue with many of the statements made. I quite agree with the originator of the resolution that it casts a very undeserved slight on the R.A.M.C. The point upon which I feel most strongly is the attempt to lay down a rule from which the surgeon may not depart. If you prescribe a uniform treatment you absolutely destroy the sense of responsibility of the surgeon. He immediately transfers all the blame for failures from his shoulders to the course of treatment. Under the present system there is a certain amount of rivalry among surgeons to do the best possible for their patients. That rivalry is very keen and I can assure you that the work that is done every day in the large hospitals excites nothing but admiration for the men, their self-sacrifice, their attention to their patients for whom they do not hesitate in many cases to use their own purses as well as their time. The establishment of a uniform system would be fatal to all progress. Analysing this document I succeeded in sub-dividing it into a great many heads. I do not know about keeping the patients in France longer than at present, but I do agree with the suggestion that it might be possible to obtain a higher degree of specialisation into the treatment of compound fractures. The tendency of modern surgery was all in the direction of abdominal surgery. A great many men were good abdominal surgeons, but there are many men of a mechanical turn of mind who might specialise on compound fractures. Just before I got your memorandum I was having a meeting in Dublin of Surgeons with a view to laying before them a suggestion that each hospital should elect one of its members who would take the sole responsibility for these serious compound fractures. Of course under the present regime every member of a hospital staff places his knowledge and skill at the disposal of his colleagues. There are some men who spend hours over a single

case of compound fracture and there are other men who will do better abdominal work and work of this kind. It would be better if we were to hand over, as far as is possible, the management and care of compound fractures to men who are enthusiastic and keen on the treatment of these.

Lt.Col.Sir J.K.Fowler. Agreed with the resolution.

Colonel F.F.Burghard. Every one who has been out in France will agree that so far from the R.A.M.C. not having taken every opportunity of availing themselves of scientific work the exact opposite is the case. I went out there early in October 1914 when everything was extremely difficult and one of the most striking things of the whole war was the rapidity with which the scientific work was evolved and the progress which it has made in every branch of the profession. In every branch special work has been done and elaborated to a very great extent by specially selected experts and the progress has been really enormous. I think when the history of the medical work in the war comes to be known one of the most outstanding features will be the way in which the work of scientific experts has been used in connection with the war. Many discoveries have been made in an extremely short time by people working under most disadvantageous circumstances. They are not known fully yet; but they will be known. That is quite one of the outstanding features. The history out there is one of regular and unimpeded progress. Sir Thomas Myles was saying about the question of fractured femurs. All these special subjects have been steadily specialised. At first a few subjects had to be taken, but as time went on these were increased. At the present



present moment it is extremely difficult to mention any branch of surgery, medicine, or bacteriology that is not actually specially treated. I was out for the first fourteen months of the war and I was home for the next few months and when I went out again the other day enormous progress has been made in the way of establishing special hospitals for special cases, and this is being extended, so that by next year the amount of special work done will be quite surprising. There is another point on which the memorandum somewhat bears. It rather complains of hustling the cases back to England. Steps are being regularly and steadily taken to apply treatment to these cases in the earliest possible time. The cases are more and more being treated up at the front and nearer and nearer the front. First one special group of cases, chest cases, then cases like head cases and now we are having femur cases treated up at the front and eventually we shall have knees and abdominal cases treated at the front. I believe the average time that it takes to get the abdominal cases to the operating table is 9½ hours or something of that sort. The same thing will apply to a large number of different cases in a short time. I think that it is absolutely untrue to say that the resources of science have not been made use of as fully as possible under the circumstances.

Lt.Col. Sir E. Moynihan. There is, I think, considerable disadvantage in speaking at this hour since most of what I would desire to say has already been expressed so admirably. I think that perhaps the greatest honour that has come into the lives of most of us is to have been associated in this war with the R.A.M.C. and the mere fact that you have around you at this table so many men distinguished in surgery who have made great reputations in

in civil practices before war broke out and you have throughout relied upon their help and advice is a sufficient answer to this document. Everybody knows that destructive criticism is the most facile form of activity, but it is not exactly the sort of work that one would expect Sir Almroth Wright to devote himself to. It has been my great pride to have been Consultant both to the forces in France and to the forces at home and to have it written in front of one that "all that the administration of the R.A.M.C. cares for is the rapid transport of the sick" is nothing less than a travesty of the truth, and it is not recognised that in the vast majority of instances the rapid transit, the rapid evacuation of the wounded soldier, is perhaps the best means of saving his life and his limb. The methods that can be practised in regard to the treatment of the wounded soldier may be summarised in three ways:- Either the method of evacuation or the method of retention or a combination of the two. The R.A.M.C. has devoted itself to the latter. For as I found on my last visit to France the most important cases requiring urgent and difficult operations were already arranged for in advanced operating stations. Owing to the kindness of General Macpherson I went in quite haphazard, I went in at all times in the afternoon when work was going on and I was put in the position of criticising anything that happened to be performed at the moment on the operation tables. I said to General Macpherson, I say now, that if I had gone into the operation theatres of the London hospitals in the same way as I had in France that I could not have seen better or more consistent work than I did. In some places better work was done than in others, but I have never in my life seen better work than



than General Macpherson and I witnessed for a period of two hours at one of the casualty clearing stations and the greatest possible credit is due to those men, I do not know who they were, who are capable of arranging a system by which the urgent cases were dealt with by skilled people at the most appropriate places at the earliest possible moment. There was one criticism that I had to make and I repeat it now. It has already been made in part and it has reference to the treatment of cases of compound fracture of the thigh. I do think those men have suffered in some measure from the need there was of carrying them to base hospitals in France or England. I think it would have been an advantage if some of these cases could have been kept in hospitals side-tracked from the main line in France. In telling you that I am expressing my own opinion. I talked the matter over with General Macpherson and Sir Anthony Bowlby. One realises quite well that there is more than one way of solving the same question. And what I want to say in regard to this is that the views that I have expressed, and the views that other people have expressed, have been considered by those most competent to form a judgment and the decision has been left to them. It is the only criticism in which I agree with Sir Almroth Wright. I do still think that it would be some advantage if slightly different arrangements could be made for the cases of compound fractures especially of the femur. I entirely agree with what has been said with reference to the phrase used by Sir Almroth Wright about the question of deciding on the proper and right method of treating wounds. But no one ever decided upon the right way of treating wounds. The whole of the progress of surgery has depended upon the different interpretation that different men have given to the different methods

methods of solving the same problem. There are certain surgeons who use iodine for the skin, nothing in my opinion is more deleterious to the skin. But I say, when people ask me, chiefly the Americans, why don't you use iodine for the skin, I just happen to have a different way. It is true of surgery there are many ways of treating the same problem and every one of them is right. And then, Sir, may I say finally with regard to the suggestion that Sir Almroth Wright makes with regard to the establishment of a scientific committee, well I am not very much in favour of getting to work by committees. The work of the world is done by individuals and it seems to me that the way in which you have dealt with things here, in calling to your help men specially capable of dealing with or giving you advice upon a different problem and of making use of that authority in this direction and another in another direction is calculated to give the best results. You are the Committee, Sir, and it is to you that we look and have looked successfully for direction in respect of all these various points. I am bound to say that in dealing with many of the problems in France and England, that if foresight could have prevented their occurrence, certainly as soon as it was possible, hindsight has redressed any possible grievances.

Lt Col Sir W A Lane. I read Sir <sup>Almroth</sup>~~Almworth~~ Wright's memorandum with great interest and for the reason that he was simply suggesting what you are doing. If you take Aldershot for instance, Sir Alfred Keogh has done everything that has been suggested in that paper. He has put special things under special men. One man looks after broken legs, another after  
broken



broken aims. The military hospital at Aldershot is the most perfect hospital in the world. No civil hospital can compare with it. The only way we can make progress is to make suggestions and to criticise. I am not inclined to abuse the man because he is critical. I feel we are doing exactly the things that he has suggested and we are doing things more thoroughly than he has suggested. But at the present moment I do not think that any civil hospital in the world can compare with the military hospital at Aldershot.

Colonel Galloway. Sir <sup>Aldershot</sup> ~~Almworth~~ Wright's paper has only recently come into my hands, but I think that perhaps you would like me to put before the meeting my experience in France from the medical point of view. My business was to see sick people, to see as many as possible, and all that I was asked to see. And I must say that in that work I was backed up on every side by skilled scientific investigation. I have never had to look for or ask for assistance in that way. Take for instance the investigation of epidemic jaundice in the Ypres salient which as you know broke out about the beginning of April. Well I happened to be on the spot. I did not see the first case that was recognised as the man died in the course of the night of haemorrhage. Now there it was on the outposts of the line right up at Ypres, and that was taken hold of at once by scientific investigators on the spot and as you know the result has been that that work has been done in the very front line not at the base. It was done by scientific investigators working right up in the very front line. I had not to go and hunt for help even on the very front line, it was there at my hand. The reason for this document I really cannot see. I agree with the resolution Colonel Davy brought forward.

Lt.Col.

Lt. Col. C. Symons. The first part of the resolution I entirely agree with, since I have seen this communication on the methods and the treatment of the wounded. I have made special enquiry and investigation and the care which I find is taken of the wounded men is entirely contrary to what has been stated in Sir <sup>Almroth</sup>~~Almworth~~'s memorandum. The Medical Officer in charge of the field ambulance takes the greatest possible trouble to get his worst cases off as soon as possible and he does take the trouble to see that his patient gets the best treatment possible. You, Sir, ask a specific question and want an answer to it, namely how far the scientific work has co-operated with the practical surgeons in the treatment of the cases and how far that has been adequate. I gather that is one of the main points. I am speaking from my experiences in Malta, Salonika, and Netley, and I may say that in the many cases coming in from the Gallipoli campaign the scientific work was admirably done, and I do think that the work in hospitals in Imtarfa where dysentery and typhoid were specially treated could not have been better done. The co-operation between the physicians and the scientific men was splendid. I think the work would please you very much in that respect. With regard to the work in Salonika. Of course, there was no fighting, but there was plenty of disease and the laboratory work was well done. We had no difficulty in obtaining the co-operation of the scientific men you sent us and nothing was omitted that could benefit the soldier. In the hospital at Netley the co-operation is also good. The men are co-operating with us in every possible way and want to carry their work a bit further and get nearer the wounds. I mention that to show you the spirit of investigation is good and



and I think that as far as that is concerned it seems to me that the lines are quite sound and working well. I do agree with the earlier speakers that to try and establish an authoritative method of treatment would not be wise.

Lt.Col.Carless. I have not had the advantage of hearing the resolution proposed to this meeting, but I have been listening to the discussion. Almost everything has come from those who have been over the water. I suggest that few men who have been brought over have suffered on account of their evacuation at too early a moment from the hospitals on the Continent. I have had a great number of wounded and I say that only now and then, just at the beginning of the July push, for instance, when there were a very large number of casualties, men were sent over a little quickly, and certainly some of them may at that time have suffered from coming over too soon, but the great majority of the patients who have been sent over have borne evidence of the most careful and consistent care, and none of them, in the great majority of cases, has been harmed by being sent over too early. There cannot be any standard laid down for the treatment of the wounded. The man who is not a surgeon is not going to be made one by rules and the man who is a surgeon knows when to break rules and go behind them.

D.G.A.M.S. I put the resolution to you.

Lt.Col.Davy. The question is whether the resolution is strong enough.

Lt.Col.Sir B.Moynihan. May I say that it is not a very good resolution. It is rather a criticism of the language than of the spirit of the memorandum. I would suggest  
"That this meeting of consultants and other specialists called in  
"conference

"conference by the D.G.A.H.S. desire to express their profound  
"and confident disagreement with the opinions in the  
"Memorandum of Sir Almroth Wright which they were summoned  
"to consider. They also record their opinion that every  
"possible scientific help has been available at home and  
"abroad, for the Physicians and Surgeons in all aspects of  
"their work."

D.G.A.H.S. What in particular I would like you to tell me is  
whether or not we can do anything more to avail ourselves of  
the resources of science. Whether there is anything more  
required that we can do. I ought to explain that I have here  
at Headquarters two sub-Committees, one that deals with  
sanitation, sanitation in its wider sense, and another dealing  
with gas defence for which we are also responsible. In  
addition to those committees when other problems arise which  
require solution I ask officers and others to come and see me  
and advise me upon the special points. We are closely in  
touch with the Medical Research Committee who have spent a  
great deal of money on army work and who have undertaken as  
you know the whole of our statistics, and in addition have  
provided bacteriologists for many of our hospitals and are  
spending much of their £40,000 a year upon us. I think I am  
in touch with leaders in every branch with which we are concerned,  
take what is commonly called shell shock and so on, there are  
special enquiries taking place as you know. For example, also  
we have here today representatives of the Cerebro-Spinal  
investigations and they have been working for a very long  
time. What I want to know is, whether the Cerebro-Spinal  
people are satisfied with that which we are doing. Is there  
anything more that I should do? Are they hampered in any way?

If



If there is any difficulty it is my business to remove it.  
Sir Almroth Wright says that the work is not done. Is the surgeon at the disposal of the bacteriologist? Is everything connected with the wound and research going on as it ought to go on?

Colonel Galloway. Sir Almroth Wright, for instance, quotes two modern hospitals. Well, unfortunately I was not actually in either of those, but I did meet Dr. Lepage and discussed with him the administration of his hospital most carefully. It seems to have been an admirable institution and to have obtained any quantity of money from many sources, from British sources generally. But if a hospital of that kind were planted down between Proven in the North and Arras in the South you would never get any cases at all in England, they would never get out of a hospital of that kind. It might be excellent for carrying out certain treatment, but it would be impossible with such a huge evacuation as is going on with us. It would block the Lines of Communication. We would get nothing through. Nothing comes back from Lepage Hospital.

Lt.Col. Lynn Thomas. I spent some time there. It would be impossible to deal with the enormous number of patients out there. It is an ideal hospital during peace time with a large staff.

Lt.Col. Sir B. Moynihan. May I confirm this. I have just had a report and the number of patients is 80 and the number of doctors is 8.

Colonel Reece. I can say that we have received every possible assistance from the War Office and the staff of the War Office  
and

and from R.A.M.C. officers and every opportunity has been given us to furnish the results of our work to the people who are actually interested in the Cerebro-Spinal work.

Lt.Col. Turner. You mention the question of shell shock, May I take this opportunity of saying that the one thing we do not want to guide us in these cases in the stereotyped treatment of the case.

After some discussion the resolution was carried unanimously.

D.G.A.M.S. Of course in a big organisation such as we have now, there is no doubt and it is to be expected that there will be short-comings here and there. What we think here is that everybody who is placed in a position of responsibility with regard to the sick and wounded is watching and perpetually trying to improve things, and as has been said very clearly here today things are very much better than they were and I hope they will be better in the future. With regard to the specific point of fractured femurs, I understand, in fact I know, that a very great deal has been done recently in France with regard to these cases and no doubt a very great deal more will be done. Although it may seem simple to some of us to say why don't you do this and that, there are often very great difficulties in the way of doing it, difficulties which are not always apparent. Of course none of us would like to move any wounded men if it were possible to keep them on the spot. I do think, I must say I admit it, that we must all recognise that there is some evidence that we should be a little more careful about the cases of fractured femur. It is receiving the greatest attention in France. I hope that every consultant and every expert who is responsible for any branch of the work knows



knows that we are only too pleased and delighted to do everything we are advised to do. We do not here endeavour to find out how to stop things being done, but how to do the things recommended.

I am very much obliged to you, gentlemen, for the resolution which has just been passed. I can say now that I think a very great injustice has been done to that Corps to which I have belonged and to which you belong, and also to those officers who are doing the medical work of the R.A.M.C. who are not here to defend themselves. I feel I must protect these men and that is why I was very anxious to see you here today.

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Dictated.

CONFIDENTIAL.

GENERAL HEADQUARTERS,

BRITISH ARMIES IN FRANCE.

No. ....

28th January, 1917.

Dear *Sir Anthony Bowlby*

The D.G.M.S. has asked me to send you the enclosed copy of a letter, which reached him from Lord Derby yesterday. He has arranged with the A.G. to withdraw his official application to have Sir A. Wright's services in France dispensed with.

Perhaps you will see your way under the circumstances to accede to the request in the last sentence but one of Lord Derby's letter.

Yours sincerely,

*W. J. Macpherson*

Surgeon General  
Sir A.A. Bowlby K.C.M.G., etc.,



c/o D.D.M.S., STAPLES,

8th February 1917.

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Dear Macpherson,

You will probably wish to see the enclosed. Will  
you kindly let Bowlby and Herrington see it, and then have  
it returned to

Yours sincerely,

(Signed) G. H. MAKINS.

Surgeon-General,  
Sir A.A.Bowlby,  
K.C.M.G. K.C.V.O.

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The attached copy of  
correspondence is forwarded for  
your information.

G.H.Q.,  
2nd Echelon.  
11/2/17.

D. G. M. S.