

Confidential

Mesopotamia Commission
Tuesday 5th September 1916

Handwritten to Brydon

C48-3.

Third Day

Members Present

- The Rt. Hon Lord George Francis Hamilton G.C.S.I. (In the Chair)
- The Rt Hon the Earl of Donoughmore K.P.
- General the Rt. Hon Sir Neville Gerald Lyttelton G.C.B., G.C.V.O.
- Admiral Sir Cyprian Arthur George Bridge G.C.B.
- Lord Hugh Cecil M.P.
- Sir Archibald Williamson Bart., M.P.
- Mr. John Hodge ~~Esq.~~, M.P.
- Commander Josiah B. Wadgwood, M.P.
- ~~Mr. Lord George Hamilton in the Chair~~
- Mr R.G. Duff Secretary

Surgeon General Sir Alfred Keogh, K.C.B., D.S.M.S.,
sworn and examined

1113

Chairman; Sir Alfred you have for some time past occupied the post of Medical Director General of the Army

A: Yes. I was appointed Director General in 1905, and I vacated the office in 1910; and then I became Director General again in 1914 up to the present time

Q: You have prepared a statement for the Commission which we will take as your evidence in chief, which I have before me

A: If you please

~~General Sir Neville Lyttelton: Your statement applies to 1916~~

apply to the Secretary for the document to be incorporated here

1105 General Sir Neville Lyttelton; Your statement appears applicable to 1916. 364

1106 ^{the} Chairman: Before we deal with the material in your statement, I should like to ask you one or two questions with regard to the division of responsibility. There is a regular Medical complement for each military unit, is there not

A: Yes, there is

1107 Q: Assuming that a unit is ~~not~~ mobilized, who is responsible for seeing that the medical unit is up to necessary standard

A: You mean when the army goes abroad?

1108 Q: Yes, a Division or Brigade

A: It is laid down in War Establishments what the Medical constitution for a Division is, and if a Division is going to leave this country there is a conference with the General Staff to decide upon the sending of the Medical Establishments with them. At that period if there should be any special set of circumstances connected with the going of the Division - the place to which it is going, or the particular conditions under which it is likely to work, - it would then be for me, provided, I know where it is going, to put forward any alterations that might be made in the medical constitution of the Division

1109 Q: Each Brigade, I suppose, has its regular complement of officers

A: We do not do it by Brigades; it is done by Divisions.

1110 Q: Each Division has its regular complement of officers

A: Every battalion has its officers and a certain subordinate personnel. Each Division gets ^{has} its field ambulances, its casualty clearing stations, and then the number of general hospitals accompanying that Division would depend upon the strength of the Division, and the allowances made for the percentage of sick and wounded and so on

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1111 Q. Then there are certain equipments which are a necessary part of the Division, but the stationary or general hospitals are something outside it.

A: The stationary and general hospitals are regarded as link of Communication units.

1112 Q. Supposing it was necessary to despatch a Division and it ^{was} short of its Medical complement, it would be your duty, I suppose to represent that to the authority despatching it

A: If any one proposed to reduce the authorized Medical ^{establishment} ~~equipment~~ for that Division it would be my duty to represent it

1113 Q. Taking the case now of a very rapidly improved and expanding army, such as occurred here, I assume that the medical units would always be behind; you could not have kept them up to ^{the} ~~the~~ standard of fighting ~~combat~~.

A. I do not quite follow

1114 Q. If you improvise an army very rapidly, is there not some difficulty in improvising equally rapidly the medical units,

A: Not in this country

1115 Q. And you have had no difficulties

A: None so far. ^{we} I am beginning to get difficulties now in this country because the available ~~no~~ number of medical men and nurses is rapidly dwindling after the prolonged calls on us.

1116 Q. And then assuming a Division was ordered abroad, you are not responsible if under the embarkation orders, the medical complement gets separated from the combatant.

A. Oh dear no. The duty of the Director General in connection with the mobilization of a Division is to supply the officers of the Medical Corps, the non commissioned officers and men, and to supply the ~~no~~ nurses, drugs, instruments, and dressings; he does not supply anything else. Other

branches

branches of the Administration supply the remainder of the material. For instance the Medical Department does not supply beds, blankets, or sheets, or ambulances.

1117 General Sir Neville Lyttelton: Or transport

A. Not transport, nor tents. My share in medical mobilization is to supply, as I say, officers, non commissioned officers and men, and nurses, ^{and} drugs instruments and dressings

1118 The Chairman: Under whom does the supply of material and personnel come

A. The Quartermaster General. There is a place appointed for the mobilization of a General Hospital, let us say; then it is my business to put personnel, drugs, instruments and dressings at that place at a certain date.

1119 Q. Then the Embarkation Officers, the Officers of Communications would be under the Quartermaster General.

A. He would be under the Quartermaster General.

1120 Q. And the Expeditionary Force then would be under the Officer in Command of that Expeditionary Force

A. Certainly; the Officer commanding the Force has a ~~Quartermaster~~ ^{General} under him.

1121 Q. Now supposing an Expeditionary Force is sent abroad, and either from defects in embarkation or from local difficulties the Medical units are not up to strength, whose duty would it be to report that to the Headquarters here

A. Primarily it would be the duty of the General Officer commanding the force

1122 Q. And inside the force I suppose it would be the duty of the Chief Medical Officer

A. It would be the duty of the Chief Medical Officer then to represent it to the Adjutant-General and the duty of the Adjutant-General to ~~report~~ represent it to the General Officer Commanding

1123 The Earl of Donoughmore: The only thing it strikes me to make clear would be this: ^{that there is} ~~to make~~ no difference I take

it in constitution with the Mesopotamia Force owing to the fact that the Commander in Chief in India comes in. I suppose the Director of Medical Services in Mesopotamia is directly responsible to you

3/ 1124 Q. No, he is directly responsible to the General Officer commanding in Mesopotamia

1124 Q. And then to London

A. And then to the Army Council. The General Officer Commanding is responsible to the Army Council

1125 Q. What I am trying to get at is this: has India been wiped out now that the War Office is responsible for Mesopotamia

A. I understand that from July the position is that the authorities in Mesopotamia are to communicate with the Commander in Chief as to their requisitions, and anything that the Commander in Chief in India cannot supply he asks the Army Council to supply

1126. ^{the} Chairman, When a British Division is put on the Indian Establishment are the Indian Authorities responsible for everything relating to that Division

A. Yes, normally

1127 Q. Then as regards British Divisions sent to Mesopotamia all responsibility for their proper equipment would rest upon the authorities on the spot

A. Yes

1128 Q. And after that, ^{supposing there is a deficiency,} they report to the Commander in Chief in India, I suppose, and then it comes on Home.

A. Are you speaking of before July; ^{you} are speaking at the beginning of Mesopotamia?

1129 Q. Yes

A. It coincided with India. I personally had no knowledge of the campaign in Mesopotamia, except such knowledge as I got from the newspapers

1130 Q. The mere fact of a Division being put on the Indian

Establishment wipes your hands of all responsibility

A.. It always has done

Lord Hugh Cecil: You say July, but it was earlier than that

- February

A: I understand that we became responsible for Mesopotamia in July. Perhaps I ought to explain here as regards this question of responsibility, - I am speaking of my own responsibility towards Mesopotamia, it does not affect the question in the least whether I was responsible in February or in July, because from February I have been doing exactly what I would have done if I had been responsible. The story is this. I heard nothing about Mesopotamia except what was in the papers, and it had not really very much interested me, because I was very much too busy with my own affairs, and I do not read the papers. But on the 9th February I saw a private letter * written by an officer in Mesopotamia describing the condition of affairs there, and it struck me that they were going wrong; and on my own responsibility I sent a telegram to the Commander in Chief. I sent that telegram because I thought it was quite possible that the Commander in Chief in India might not have known that we were capable of assisting him, owing to the fact that we had our own campaigns on hand. He may have been doing the best he could with the establishment and materiel he had at his own disposal. So I thought it the wisest plan to telegraph to him, to tell him that I could afford him any assistance he required. I sent a list of those things which I supply: medical, personnel, drugs, splints and dressings, and from that period onwards I have complied with every demand made upon me by the Commander in Chief in India. So that whether my responsibility began in July

or in February it is to me immaterial. I have been occupying the same position towards India since February as I occupy to-day, that is to say I have met all demands made upon me. That is my sole duty

1132 Q: But all Medical Reports go to the Commander in Chief

A: They all go to the Commander in Chief, if any were sent in. I hear privately, - or I should say not privately but ^{semi} officially from Mesopotamia; I had a letter yesterday which I propose presently to hand in to the Commission

Earl

Fitzroy M^r Bingham

Fitzroy M. Bingham

only
1133 Earl of Donoughmore: You are not hearing officially

get
A By telegram

1134 Commander Wedgwood: But only ~~the~~ demands

A In response to demands

1135 2 You do not have any reports as to the conditions out there

A I have from time to time telegraphed to know whether they have everything they want and whether I can assist ^{them} ~~them~~ or not.

1136 Lord Hugh Cecil: - Is there any difference in the responsibility for the complement of personnel, drugs, and so on between the rules of the Indian Army in expeditions furnished from India or in expeditions furnished from here.

A The only difference in regard to the matters I have been speaking of is that in India the Director of ~~the~~ Medical Services, is not under the Adjutant General. In England the Director General of Medical Services is under the Adjutant General; in India the Director of Medical Services is directly responsible to the Commander in Chief, but as to the supply of drugs, instruments and dressings to which I allude —

General Sir Neville Lytton: There is no Commander in Chief in England

^{the} Lord Hugh Cecil There is the Army Council

1137 Chairman: Just following that up does the Director General of Indian Medical Services generally control the number of medical officers and civilian officers

A No, he does not control them at all. There are two ~~military~~ ^{medical} heads in India; there is the Director General of the Indian Medical Services and there is the Director of Medical Services

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371 2

of the British forces. The Director General of the Indian Medical Service controls the civil establishments entirely; the Director of Medical Services controls the ~~medical~~^{military} establishments

1138 Q Native as well as British

A Yes

1139 Lord Hugh Cecil. What is the difference between civil establishments and military establishments

A In India the officers of the Indian Medical Service are seconded from the Army and are employed in civil stations, jails, lunatic asylums, and so on

1140 Q The Director General is over them

A The Director General of the Indian Medical Service is over them

1141 Q But he is a government official, and ~~has~~ a military officer

A Yes, absolutely. He is also in charge of all the stores. The Director General of the Indian Medical Service in India is in charge of all medical stores

1142 Q. All these things of which you have been speaking dressings, drugs and so on

A Yes; when the Director of Medical Services in India requires drugs, ^{instruments} ~~implements~~ and dress^{ing} he applies to the Director General of the Indian Medical Service for them. Then in London there is the Indian Medical Store Department, - the Indian Store Department

1143 Mr Hodge. - I think the only question I should like to ask you is following on that raised by Lord Hugh Cecil. The nature of the drugs for the Army in Mesopotamia would be different from those for France for instance; you want greater supplies of ice

A Very much greater supplies. ~~It~~^{That} was not supplied of course by the Medical Department

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Q Where does that come from

A That is supplied by the Supplies Department, the Commissariat Department

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Q Then the Supplies Department would also be responsible for filters for the water

A Certainly, for supplying the material for sanitation that is not a medical thing at all. The paraphernalia, the material for all those things is supplied by the Ordnance Department. With regard to sanitation all we supply is the personnel for sanitation and then our medical personnel use the appliances given to them by another Department of the Army

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Q Then of course as you said previously it is up to the Chief Medical officer, if he has not sufficient, to make his complaint to the Commander in Chief

A Yes; that is to say the senior medical officer, the Surgeon General of the Army in the field says: "I have not got sufficient appliances to carry out my sanitary labours here in our Army," and he would make that representation to his Adjutant General who would approach the necessary authorities, or verger, for short circuiting purposes in minor matters he would go direct to the people who supply them; but ~~as~~ as a last resort he would generally put the whole case before the Adjutant General and say: "I cannot get these things." I am not ~~now~~ ^{now} speaking of requisitioning. If you want a pot or a pan of any sort you requisition your local Ordnance Department; if they do not supply them then you complain to your Adjutant General

1147 Commander Wedgwood: What is the title of the medical officer in charge of ~~the~~ a Division?

A He would be the Assistant Director of Medical Services.

1148 Q If his Division is short of equipment for his casualty clearing station or his ambulances, does he report that shortage to his medical superior in the case of an Army of two or three Divisions, or to the Adjutant General.

A To his own immediate chief, his Divisional General.

1149 Q He reports to his Divisional General.

A Yes.

1150 Q And if he does not report to his Divisional General, and his Division is still short, he is the man responsible for that shortage, and for any disaster that occurs.

A For not having called attention to it. He would as a matter of practice also inform his own immediate medical superior.

1151 Q But it is the Divisional General to whom he looks for everything concerning that.

A Yes.

1152 Q And the Divisional General receiving this complaint would pass it on to whom.

A It very much depends upon his location. He would naturally do what is likely to be most effectual at the time.

1153 Q Supposing ice could not be got, where would the Divisional General requisition ice.

A The Divisional General in that case would inform the head of the Supplies Department

that

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that he could not get ice.

1154 Q The head of the Supplies Department of the Army - not of his Division.

A No, of his Division. He would speak to the head of the ^{the} Supplies Department about it.

1155 Q Then supposing ^{the head of the} his Supplies Department has not got ice, where does he requisition it.

A He informs his immediate superior:

1156 Q And that is.

A The Quartermaster General.

1157 Q The Quartermaster General's branch of supplies.

A Yes.

1158 Q And the Quartermaster General's branch then would demand on India.

A He should demand on India.

1159 Q And any shortage in any of those things ought to have gone from the Assistant Director of Medical Services to whom.

A To the Divisional General.

1160 Q And from the Divisional General's staff to the Quartermaster General of the Army.

A Through his own Supplies Officer, I think. I am not very familiar with the method of working of the other departments inside. Whether he would go to his own chief or not I cannot say, I do not know.

1161 General Sir Neville Lyttelton: I think he would.

A I should think he would.

1162 Commander Wedgwood: In that case the Director of Medical Services of the Army does not hear of the shortage officially in any way.

A Officially he need not hear of it in any way. There is something one ought perhaps to premise before answering those questions, and that is that the location of the Director of Medical Services of the Army very much determines his functions. So exactly where the Director of Medical Services is to be is determined by the General Officer commanding in the field; he may be put in the lines of communication, or he may be put up at the front. If he is up at the front with the Commander-in-Chief, then of course he would not be familiar with what is happening say a couple of hundred miles down country; but if he was on the lines of communication he ought to be going up and down his lines of communication, ascertaining what is wrong in the various posts and so on, and making representations concerning them.

1163 Q And his method of making representations would be by sending up the Assistant Director of Medical Services of the Division to make representations to his Divisional General.

A Yes, ~~and~~ ^{and} he would go and inspect the Division; he would see the Assistant Director of Medical Services of the Division; and if he found the sanitation wrong he would send for him up and ask him "How is this?" "why is this?", and if he found the Assistant Director of Medical Services

Services had not been making representation to his own Commanding Officer as to the necessity for supplying these things, then it would be up to him to remove him from the Division.

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Q He is really Inspector general of the Assistant Director of Medical Services.

A Yes, that is so; and in the Mesopotamian expedition his business would be to inform the Commander-in-Chief of the Expedition that all was not well with the medical and sanitary arrangements.

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Q That is as regards the Assistant Director of Medical Services in charge of the medical arrangements of the Division, - that is satisfactorily settled. But now take the case of stationary hospitals and general hospitals, what is the title of the officer in charge of a stationary hospital.
A Officer in Charge.

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Q Is he called Assistant Director of Medical Services too.

A He is called Officer in Charge.

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Q To whom does he go in case of a shortage of fans or ice.

A He would make requisitions to his ^{the local} ~~own~~ Ordnance Department.

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Q And if he could not get them there.

A Then it is his business to write a letter to whoever is his senior medical officer on the lines of communication.

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Q That need not be the Director of Medical Services

A No; it depends upon the location of the Director

1170 Director of Medical Services.
 I Supposing the Director of Medical Services is at the Base more or less, would he not have a deputy in charge of all hospital arrangements.

A Yes, he ought to. An area like that ought to have what it has now, an Assistant Director of Medical Services responsible for the area, and it would be the business of the Medical Officer in charge of a stationary or general hospital to call the attention of the Assistant Director of Medical Services of the Army to his difficulties in getting supplies. The Assistant Director of Medical Services then would pass that complaint on to the Director of Medical Services.

1171 I Would he go through Army Headquarters.

A He would go to the local Ordnance people as a matter of practice, and ascertain whether they could supply him. If they could not supply him it would be his business to report the matter to the senior medical officer on the lines of communication, - it may or may not be the Director of Medical Services.

1172 They would the senior medical officer on the lines of communication pass that complaint on, if he could not get any satisfaction, at the ^{to} Headquarters of the Army or to the Director of Medical Services.

A To the Director of Medical Services, if he were not the Director of Medical Services himself.

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 1173 Q If he were Director of Medical Services himself, would he report to India.

A He ought to represent it to the Commander-in-Chief of the force.

1174 Q So that it would get to the Quartermaster General in that way.

A Yes. As a matter of practice no doubt what he would do would be to go and see the Quartermaster General of the force. Instead of certain circumlocution, he would go off and see the Quartermaster General of the force and say: "I have not got this; I have not got that; what am I to do?" But as a matter of reporting he ought to place it before the Commander-in-Chief of the force and say: "Your force is minus these things; I cannot be responsible for the health of the troops or the treatment of the sick and wounded." That is the last resource, resort.

1175 Q He cannot report straight to India; he has to do it to the general officer commanding in Mesopotamia.

A He ought not to communicate with India at all; he should report to the Commander-in-Chief.

1176 Q Then the only case in which the Director of Medical Services ^{of the Force} is responsible for any disaster is from the point of view of shortage in stationary hospitals or general hospitals, - not directly in the case of shortage in casualty clearing stations, ambulances, or tentage, - shortage of anything necessary.

A For personnel, drugs, instruments or dressings that he would requisition, his requisition has to be sent in to his own store departments, which are directly under him. For personnel other than medical personnel, or for materiel other than medical materiel, he would pursue the method we have just been speaking of.

1177 Q But we have already made it clear that shortage in the case of the Division's medical equipment does not pass in the ladder of responsibility, so to speak, through the Director of Medical Services at all.

A No.

1178 Q It goes to the Army Headquarters.

A Yes.

1179 Q And that shortage is dealt with without the Director of Medical Services being held responsible for not having passed the complaint on; he does not come in the chain.

A He does not come in the chain there at all.

1180 Q But he does come in the chain in the case of stationary hospitals and general hospitals.

A If he is the chief authority to the locality where the general hospital is. It all hinges upon where he is. If the Director of Medical Services is made the chief medical authority on the lines of communication, then of course he has certain responsibilities towards those units; if he is placed with the field Army

Army, then he has got certain responsibilities concerning the field Army. When he is with the field Army another senior officer would be made the Deputy Director of Medical Services on the lines of communication.

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1181 Q In that case the Deputy Director of Medical Services would take on his shoulders the responsibility which would otherwise fall on the Director of Medical Services.
A Yes; he is the senior person on the lines of communication.

1182 Q That is only in the case of stationary hospitals and general hospitals.
A ^{yes,} Stationary hospitals, general hospitals, or lines of communication ~~of~~ units.

1183 Q That was dealing with the case of a shortage of things like ice or bed pans, things that you requisition from the Ordnance Department.
A Yes.

1184 Q But now in the case of drugs, if the Assistant Director of Medical Services was short of quinine or chloroform, would he report that shortage to the Divisional General.

A No, he would requisition upon his own Stores Department

1185 Q At Headquarters.

A Wherever they may happen to be placed.

1186 Q And if he found he could not then get chloroform, to whom would he report.

A To the Director of Medical Services.

1187 Q Straight to the Director of Medical Services.

A Straight to the Director of Medical Services, because those stores are under the medical people.

1188 Q Then that Director of Medical Services, if he found he could not get them in Mesopotamia, would report that shortage immediately to whom.

A To the Commander-in-Chief. He ought to inform the Commander-in-Chief that they were not supplying them with these things from India, but as a matter of practice he would take the Commander-in-Chief's orders for granted and would telegraph to India himself; that is frequently done.

1189 General Sir Neville Lyttelton. In the name of the Commander-in-Chief?

A In the name of the Commander-in-Chief. He does not get the Commander-in-Chief's order about every minor matter.

1190 Commander Wedgwood: Would the Commander-in-Chief or would he not, be entitled to say: "The Director of Medical Services did not tell me of this shortage, and therefore I am not responsible."?

A I think he would.

1191 Q So that practically speaking the Director of Medical Services does deal directly with India in the case of medical stores.

A Yes. He cannot telegraph to India for blankets or sheets or beds, or the various paraphernalia required for sanitation, but he can and would, and is the only person to telegraph in

in the name of the Commander
 in-Chief to India for drugs,
 the presumption being that
 he could not get the things,
 either because the people in charge
 of the medical stores depôts had not
 sent in requisitions to India, or that
 India had not complied with
 those requisitions in time.

For Mr. W. B. M.

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1192 2 In the case of medical drugs which they requisition do they make an estimate of what their requirements will be say for ^{for} six months of the year 18 months ahead
~~A No, not at all~~

A They ought to be doing that, ⁱⁿ the medical Stores depots; they ought to be constantly looking ahead, getting the probabilities of demands, examining their own expenditure and seeing at what rate they are going ^{that}.

1193 Sur Archibald Williamson. Who ought to be doing that?

A The officers in charge of the Medical Stores Department

1194 Commander Wedgwood Is there anybody in charge of a Brigade

A No, the organization is Divisional

1195 I see nobody in charge of a Brigade

A I am not familiar with the Indian organization in all its details in that direction. I think not. I think the Indian organization is Divisional, as ours is

1196 Chairman ^{Commander} ~~Captain~~ Wedgwood suggested to you that an officer should anticipate his requisitioning. As regards stationary and general hospitals is there any standard laid down as to what proportion the foundation of a stationary or general hospital should bear to the force, or would that depend on local circumstances

A There is an establishment for each general and each stationary hospital. The number of stationary hospitals and the number of general hospitals would depend ^{upon} the probable ^{rate of} sickness and wounds and so forth which ought to be gauged before the Expedition sets forth. "Are you going to work up to 7 per cent, or 10 per cent or 12 per cent?"

1197 Lord Hugh Cecil Who determines that percentage?

A It

1198 ^{the} Chairman. It would be determined at headquarters ^{heavy} And a very ^{heavy} action would upset that percentage

A. Yes. It is the business of the General Staff to inform the medical people as to the probable casualty list, and it is the business of the medical people to keep up their ~~of~~ medical personnel ^{and} send in requests for all they want as rapidly as possible when the casualty probabilities are given to them.

1199 2. On that point the Vincent Bingley Report on page 21 defines the medical units: regimental medical officers, field ambulances, clearing hospitals, stationary hospitals and general hospitals, and they lay down this general principle I think: that if you apply these ambulances and clearing ^{hospitals} stations to purposes for which they are not at all intended the whole machinery gets thrown out of gear

A. Of course if you use a field ambulance as a hospital and keep the sick and wounded in it for any length of time, and in the meantime the fighting force to which it is attached marches and fights a battle, you naturally lose the use of that field ambulance for that action.

1200 2. Therefore if there is an underestimate of the stationary or general hospital accommodation that would throw out of gear the other medical units which are obliged to take the place of those things.

A. Certainly. Perhaps for the information of the Commission I ought to say that at one time our organization was field ambulance, stationary hospital and general hospital & field ambulances for the fighting forces, stationary hospital or general hospital on the lines of communication right away down at the base. But for the purpose of clearing the field ambulances (I did this myself

so I can tell you the history of it) so as to have them always empty, it being the ideal thing to have them always empty, we made them break up some stationary hospitals of the Expeditionary Force and turned them into what we ~~we~~ ^{call} clearing hospitals, that is to say rapidly moving organizations which they would be able to keep within reasonable distance of the field ambulances and into which the field ambulances could empty themselves. That is the origin of the clearing hospital, as we called it but during this war we changed the word to clearing station, the reason being that people, when they went into this field ~~unit~~ ^{unit} that is what it was, found there two hospitals as practically of course, they did find them fitted up with all the paraphernalia you have in a well equipped hospital. So as to bring it home to their minds that what they were was the simple organization of a field ambulance for transport to a stationary or general hospital, we decided to call it a clearing station.

- 1201 Q What does the word "clearing" mean?
- A It means clearing the field ambulance
- 1202 Q Not discrimination between one class and another



Gardner & Brigham

(11)

1203

Earl of Donoughmore: They are generally near the railway

A. As near as you can get to the field ambulances

1204

Q. Not governed by the railway

A. ~~Not~~ No, not really governed by the railway. I ought perhaps also to explain that there is the ambulance convoy. If you look at War Establishments you see the clearing stations are to be given transport when necessary, and in France, and indeed in Mesopotamia now, transport is provided in a shape of an organization which we have devised during this war; we devised it for France, called ambulance convoy which consists of 50 waggons which run between the field ambulances and the clearing stations or between the clearing stations and the rail-head and so on. That is the organization

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Commander Wedgwood: So that you do not empty the ambulance into the clearing station, you have another waggon

A: It just depends. If your clearing station is a considerable distance from the field ambulance and too far to expect the field ambulances to come back, by reason of the fact that they would not get back in time, then you would send your ambulance convoy up to meet the field ambulances

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Sir Archibald Williamson: You told us that it was the sole duty of the Medical Department in London, and I think in India, to meet the demands made upon them. Whose duty is it to foresee these demands

A: It is the duty of the medical authorities in the field.

1207

Q.: But when an expedition is going out and there is nobody in the field, whose duty is it

A: When an expedition is about to start, let us say, for instance, it is my duty to see that that expedition is

fitted

fitted out with all that it requires in the way of medical personnel and material

1208

Q But in the case of items such as material required against an outbreak of cholera, hospital steamers, water, disinfectants, or ice supply, who should foresee those needs

A. It is everybody's duty connected with ~~that~~ ^{the} expedition to consider the requirements of that expedition and a council of the General Staff, the Quartermaster General, the Medical Department should meet and consult between them. "we are going to send an expedition to Mesopotamia; what is the climate of Mesopotamia like, what are we likely to require there". Then it is the business of these people to sit down with their combined wisdom to constitute that force efficiently. You cannot say it is the business of any one person to consider all those things; it belongs to the General Staff, the Quartermaster General, Adjutant General, Director General, - all those people

1209

Q Then the authorities in India on whom these requisitions were made should presumably have taken counsel together along with those who were going on the expedition as to foreseeing needs of that sort

A. Most certainly

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Lord Hugh Cecil: And should then be responsible for holding such counsel with you and with the Commander in Chief

A: Most certainly.

~~Q~~

~~A. Yes~~

1211

Admiral Sir Cyprian Bridge: ^{and those needs} ~~That~~ would be modified by successive increases of the force

A: Beyond all doubt

1212

Sir Archibald Williamson: Supposing the force has once got

into the field, and it is expanding, or the needs are growing, it is the duty of the Chief Medical Officer of the force to foresee what he is likely to need, and make the demands, either upon the Medical Department in India, or upon the general army stores, for what he is likely to need in future.

Q. Yes; it is his business to keep the various departments of the force in the field informed of what demands he is likely to make upon them, and to see that his own medical store depots, for which he has a very special responsibility, his own medical stores of drugs instruments and dressings, are kept constantly full, ~~and~~ anticipating anything that may happen. I expect my people in Egypt, my people in Salonika, and my people in France and everywhere to keep their stores full, looking well ahead. I myself am always trying to be six months ahead with all my stores, so that I may meet any demands that may be made upon me. I ought to be to-day prepared to meet any demands.

1213

Q But in that case it would apply not only to stores that you supply, but also to ambulances ^{that} which you do not supply; you would anticipate that sometimes.

A. I expect the people in France to send in requisitions for ambulances, but they do not come to me; I would not even know that they had been sent in.

1214

Q The mere fact that the Medical Department does not supply things does not absolve them from looking ahead and making demands for their requirements.

A. Making representations; and it is the same with all other branches; it is the business of the Department which deals with ambulances to be looking forward; they ought to combine their wisdom and meet and talk about these things

1215 Q I suppose the fact that General Hathaway was first Deputy ^{Director} General of Medical Services in April 1915, and then was made Director of Medical Services in January 1916, did not really alter his responsibility

1216 A Not in the least; it was merely a grading matter General Sir Neville Lytton: The simple reason for the Medical Authorities reporting to the Quartermaster General is due to the fact, is it not, that these are ordinarily large masses of stores, equipment and so on, and other Departments come in, and in the case of Mesopotamia there was railway transport, and in India there was sea transport or transport up the river, and the military department by itself had nothing to do with all that

A Nothing whatever —
 Q Let me put it in this way. It would be as absurd to ask the Quartermaster General of the Army why you want nurses in hospitals as it would be to ask the Director of Medical Services of the Army why you want ambulances; they are supplied by different departments altogether. The Quartermaster General of the Army should be just as much in touch with the plans of the Commander in Chief as the Medical people; in fact I think he is generally very much more in touch. He should know what is going to happen

^{the} ^{Chairman} The question of distribution lies on the Quartermaster General much more than on the Medical Department

A Yes, much more

1218 Q The Medical Department may be quite unaware of the fact ^{that ambulances have been requisitioned} and does not know why the Quartermaster General has not ~~done so and so~~ sent them.

A Yes

1219 Sir Archibald Williamson: But if ambulances had not

been

been asked for by the Medical Authorities would it be the duty of the Quartermaster General to supply what was not asked for

A. I think it is the duty of the Quartermaster General to say ~~here~~ ^{here} "I have a large army; it is my business ~~it is my business~~ to transport this army and land them for Mesopotamia. It is going along a river, 150 miles along that river, and I shall have to transport the sick and wounded and stores" - and ~~all~~ ^{knows he} that he has to transport. It would be his business to consider that just as much as the Medical people

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2020 General Sir Neville Lyttelton: That is to say in anticipation of demands

A. Yes, he must not sit down and twirl his thumbs and wait till the head of the department comes and says "I heard yesterday that we are going to have a big action; probably we shall have 10,000 wounded; I want some transport please." He should have his supply at the base ready for these emergencies just as much as the Medical people

2021 Commander Wedgwood: I think the honourable baronet asked about ambulances, not transport

2022 Earl of Donoughmore: Ambulances are classified as transport, I believe, at present

A. Yes, they are technically the same.

2023 Admiral Sir Cyprian Bridge: You have mentioned more than once the two officials in India, the Director General ^{the} of Medical Services and the Director of Medical Services. The Director General ^{the} of Medical Services is an Indian Officer

A: Yes, he is Director General of the Indian Medical Service

2024 Q. And the Director of Medical Services is an Imperial officer of the Army

A. Yes, he may be from either service but he is always from the British service. Legally he may be from either

2025 Q What is the position of those two officials as regards each other; is one above the other

A. They have nothing to do with one another. One is head of the civil branch and the other is head of the military branch

2026 Q Under whom are the Indian Medical Officers serving in Mesopotamia

A. If they are in military employ they are under the Director of Medical Services. When they are withdrawn from the civil side to the military, they are withdrawn ^{by} from the Director General of the Indian Medical Service and sent to the military side

2027 General Sir Neville Lytton, In peacetime would medical officers in charge of the 20th Punjab be under the Director General in India.

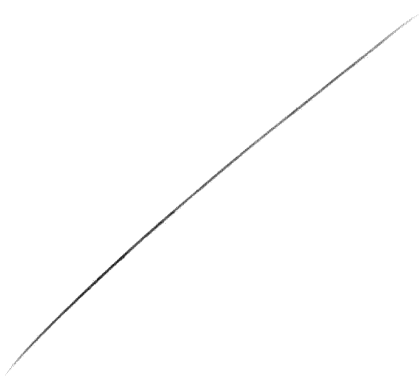
A. No, the Director of Medical Services. The head of the military side is the Director of ~~the~~ Medical Services. The Director General of the Indian Medical Service is purely civil

2028 Q Is not that new.

A. No, it has always been so

2029 Sir Archibald Williamson: Then do they only come in contact when it comes to sending requisitions for stores

A. The Director General of the Indian Medical Service is in charge of the stores and the Director of Medical Services has to requisition them



Lord