

**RECORD-KEEPING PRACTICES IN  
WORLD WAR I IN RELATION  
TO THE DEVELOPMENT OF MODERN BUREAUCRACY  
IN GREAT BRITAIN AND CANADA.  
A STUDY OF GOVERNMENT INSTITUTIONS  
AND OF THE ROYAL ARMY MEDICAL CORPS  
AND THE CANADIAN ARMY MEDICAL CORPS**

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## **DEDICATION**

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This thesis is dedicated to three individuals who have provided me with the moral support to conduct this thesis: my parents Margaret Owens and Charles Owens; and James M. Parker, my mentor, who died in an automobile accident on 21 June 1990.

## **ABSTRACT**

The thesis investigates and addresses the issue of the influence of World War I upon record-keeping practices and the development of twentieth-century bureaucracy. The records of the Offices of the Prime Minister and the Cabinet of Great Britain and Canada and the records of the Royal Army Medical Corps and the Canadian Army Medical Corps were selected for the purposes of this study. These bodies were representative of those administrative bodies which were actively engaged in the war, had to respond to its demands and created a multitude of documentation. Records from the selected bodies were investigated to determine whether change and adaptation occurred in terms of quantitative output, format and in informational content.

The internal and external administrative factors contributing to change and adaptation were studied, focusing upon the information requirements of the government institutions and the Army Medical Corps of Great Britain and Canada, while these bodies were engaged in a military conflict. These organisations employed specialized record-keeping methods as a result of the two governments undertaking more specialized activities brought on by the war, as well as by the two Army Medical Corps which were forced to undertake care of millions of ill and injured and to adapt to newly-introduced methods of prognosis and diagnosis.

The impact of the alteration of record-keeping practices is also examined. The expansion of the bureaucratic structures of the governments of Great Britain and Canada



and the medical community and its impact on the development of national pension schemes and of specialized areas of medicine, such as epidemiology, are also investigated. This study determines that World War I had a profound influence upon the transition of record-keeping practices from complex burdensome volumes to simple and utilitarian files and, as a result, upon the development of twentieth century bureaucracy.

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## **ABBREVIATIONS**

A & D	Admission and Discharge
BPC	British Pension Committee
CAMC	Canadian Army Medical Corps
DAAG	Deputy Acting Adjutant-General
FM	Field Medical
NAC	National Archives of Canada, Ottawa, Canada
OC	Officer Commanding
PRO	Public Record Office, Kew, U.K.
RAMC	Royal Army Medical Corps
RG	Record Group
VAD	Voluntary Aid Detachment
WIHM	Wellcome Institute for the History of Medicine, London, U.K.
WO	War Office

## INTRODUCTION

The archivist is entrusted with the responsibilities of keeping the record, imposing order upon it, preserving it and providing access to the information contained in it. Archivists have been concerned primarily with arranging records; creating finding aids; and assisting researchers, the majority of whom are historians and genealogists. Maintenance, arrangement, preservation and reference service have traditionally been the focus of investigation of the archival profession, but the development of record-keeping practices themselves and the influences on these practices have been inadequately studied. In many cases the researcher has been left to interpret the record with little or no assistance from the archivist. It is essential for the archival community to develop new and better-founded methodologies to deal with the full understanding of record-keeping practices. To do so will expand the professional qualifications and skills of the archivist in analysing the record and therefore providing more accurate, broadened and prompt research service. In response to the need to develop better means for interpreting the record, this study investigates how record-keeping practices are affected by technology, by those creating and making use of the record and by social change. The study also explains why it is important for the archivist to have a broader and augmented comprehension of the factors which have affected record-keeping practices.

The investigation analyses the adaptation and change in record-keeping practices, as well as the continuation of traditional record-keeping practices in Great Britain and Canada, during World War I. It is important to determine how information is used and recorded, rather than merely to analyse the informational or historical content. Such an understanding will assist in expanding the expertise of the archivist. This work augments



the published official histories and the social histories which have investigated life in the trenches and on the homefront. In recent years there has been a call for more imaginative approaches into the history of this conflict.<sup>1</sup> The sources available for the study of World War I are rich, but the lack of critical examination of the record itself has given little complexity to the analysis of this period. This study will broaden the philosophical and methodological skills of the archivist by the study of a representative selection of records created during the War.

World War I brought about great alteration in the social fabric of western culture, forcing adaptation and change in the systematic recording of events and activities. The changes in administrative and business practices at the time reflected the current changes in technology and the informational requirements brought about by the War. Adaptation and change were intermittent. There was no sudden variation from one form to another; but rather, adaptation was a gradual process. Studies have been conducted on how the War stimulated research and contributed to new technologies, but the effect of technology on the creation and use of the record has not been addressed. This will be done in this thesis.

Adaptation is the process of adjusting to differing conditions and to new environments. It is a means of modifying to suit a new condition or a different purpose. For the purposes of this study, adaptation has been defined as a gradual act in which adjustment takes place over a period of time and is influenced by many factors, by many individuals and in many locales. Change, on the other hand has been taken to mean a

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<sup>1</sup>Richard Wall and Jay Winter, eds., The upheaval of war: family, work and welfare in Europe, 1914-1918. (Cambridge: Cambridge University Press, 1988), J. M. Winter. "Some paradoxes of the First World War." p. 41.

process of making different, of replacing and of exchanging with something else. In this study change has been identified as an immediate and radical act, where a noticeable alteration can be shown from the documents to have occurred on a specific date.

Archivists and historians have seldom studied record-keeping practices of the early part of the twentieth century. Instead, they have concentrated their investigations on earlier or later periods, focusing in the latter instance upon electronic documentation. This study fills this gap by examining record-keeping practices during the second decade of the twentieth century. The study will be limited to the records of a selection of government institutions (the offices of the Prime Minister and the Cabinet) of Great Britain and Canada and the Royal Army Medical Corps and the Canadian Army Medical Corps. These bodies have been selected because they represent institutions which responded immediately to deal with the conflict at hand: these bodies developed record-keeping practices according to the immediacy of the crisis. The government institutions and the medical army corps of both Great Britain and Canada were highly developed bureaucratic and technological organizations by the time of World War I. The nineteenth century had been a time of great change in terms of industrialization, scientific and technological advances, economic growth and administrative specialization. In 1914 the government made major decisions and the military responded to them, as well as to the impending struggle within the theatre of war. The army medical corps responded to government and military decisions, as well as to the actions of battle and the onslaught of disease.

The process of maintaining a well-organized and efficient record-keeping system did not originate during World War I. However, during this period there was an expansion of record-keeping methods available to the administrator. So novel was the introduction of such procedures that the commanding officer of Britain's No. 26 General Hospital in

Étaples took the time to write, in the hospital diary in 1916, of the active role played by the medical and military clerks in their administrative duties of writing and organizing records.<sup>2</sup> The record of this hospital documents varying activities dealing with the registration of information. These events included an investigation of statistical accuracy due to a crisis,<sup>3</sup> information needs and method of recording by the nursing staff,<sup>4</sup> and the procedure of documenting specific information of this hospital.<sup>5</sup> Even the advent of the receipt and use of index cards received attention.<sup>6</sup> These activities were regarded as so important and unique, they received as much attention as surgery, diagnostic analysis, sanitation, nutrition, accommodation and similar activities which occupied the administrative energies of the commanding officer of a general hospital.

The impact of the alteration of record-keeping practices upon the expansion of the civil services of both Great Britain and Canada and of the expansion of the medical community, in its relationship with national pension schemes and the development of specialized areas of medicine, such as epidemiology, is also examined. The study concludes that World War I had an influence upon record-keeping practices and ultimately upon the development of twentieth century bureaucracy.

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<sup>2</sup>WIHM RAMC 728/2/1. War Diary or Intelligence Summary. No. 26 General Hospital, 1916, unpaginated.

<sup>3</sup>WIHM RAMC 728/2/8. The events during the Boche offensive commencing March 21st, 1918. [March 1918], unpaginated.

<sup>4</sup>WIHM RAMC 728/2/14. No. 26 General Hospital. Regulations of what registers the Matron must maintain, [1916], unpaginated.

<sup>5</sup>WIHM RAMC 728/2/15. No. 26 General Hospital. Sheets and labels to be filled out, [1916], unpaginated.

<sup>6</sup>WIHM RAMC 728/2/2 Summary. General Hospital No. 26, May 1916, unpaginated.

## 1. Examination of published and original sources

Those sources that deal with the topic of investigation will be critically analysed for the purposes of this study. Little published or secondary material exists which deals directly with the targeted subject. Therefore, the concentration will be upon published works that deal indirectly with the investigated subject. Original sources created in Great Britain and Canada are examined. These include the records of the British government, specifically those of the offices of the Prime Minister and of the Cabinet, and the Royal Army Medical Corps. The private records of individuals who served in the Royal Army Medical Corps will also be used. The records of corresponding bodies in Canada will be examined for purposes of comparison. These include the offices of the Prime Minister and the Cabinet, the Canadian Army Medical Corps and a number of private individuals who served in the Canadian Army Medical Corps. Because of the immense quantity of documentation created by these bodies, not all of it will be studied. The aim is to use a sample that will allow a good estimate to be made of the characteristics being studied.<sup>7</sup>

Records created in the course of the daily transactions of an individual or a corporate body document the activities of the individual or body. The content is important in ascertaining what was significant for the creator, but so also are the arrangement and the means of access. A permanent record enables one to re-read, as well as to record one's own thoughts and jottings. In this way an individual can review and reorganize one's work, reclassifying what one has already classified in a variety of ways and for a multitude of purposes. The way that information is reorganized as it is recopied provides us with an

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<sup>7</sup>Roderick Floud, An introduction to quantitative methods for historians. 2nd ed. (London: Methuen, 1979), p. 170.

invaluable insight into the workings of the mind of *homo legens*.<sup>8</sup> Government records of both Great Britain and Canada are examined to determine what was being created and documented and the purpose which the documentation was created to serve, both the immediate and the long-term.

## 2. Definition of information and knowledge

"Information" is a widely used term that has become part of contemporary vocabulary, yet is difficult to define, even by those who are actively engaged in its use. Information is the transmission of knowledge and understanding; it is more than the transfer of data. Information is a means of communication. For the purposes of this study information will refer to the creation, organization, storage, communication and dissemination of data. A full investigation of information must take into consideration the accuracy with which the symbols of communication are transferred, the precision with which the transmitted symbols convey the desired message and the efficiency with which the perceived meaning brings about the desired result. To use the records of a particular time-period effectively, the archivist and researcher must be cognizant with the social ethos of the time-period being studied, so as to understand the underlying means of transferring data, knowledge and information.<sup>9</sup> One must put aside one's own norms and be able to recognize the symbols that are used in the transmission, understand the precise transmission

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<sup>8</sup>Jack Goody, The logic of writing and the organization of society. (Cambridge: Cambridge University Press, 1986) reprint, 1989, p. 83.

<sup>9</sup>Christopher John Fox, Information and misinformation. An investigation of the notions of information, misinformation, informing, and misinforming. (London: Greenwood Press, 1983), p. 99.

of ideas and perceive efficiently the meanings transmitted and conveyed in the final result.

This investigation narrates the alteration in information content and record format and determines the reasons for the transition. Information is studied as single or multiple pieces of data, being created by one body and transmitted to another, and also as the format is used as part of the transmission. Before the War the most common way to record data was in bound ledgers. Forms and files were in use, but to a much lesser degree than the traditional ledger. At the end of World War I forms and files became the principal medium of information recording. Compared to the bound ledger, the file folder which was developed during World War I permitted quicker use and allowed for easier copying, therefore allowing for more rapid and comprehensive access and use.

### 3. Analysis of the record

Much social change took place during the time period under examination. Numerous studies have been undertaken to make sense of these social changes.<sup>10</sup> Few, if any, studies have been undertaken to determine whether changes took place in record-keeping practices during the period of World War I. For an understanding of the means by which information was transmitted during this period, it is essential to study the means of documentation of information. In the same way, it is essential to understand the changes that may have taken place because of the stresses of the War. In this investigation the record will be analysed according to the way it mirrors the needs of its creators, the

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<sup>10</sup>J. M. Winter, The Great War and the British people. (London: Macmillan, 1986), p. 2.

evolution of technology, the adaptations and changes in administrative practice and change in the quantity of records generated.

#### 4. Intellectual factors affecting record-keeping practices

Both government and the medical profession are continually adapting their view of the individual. In the nineteenth century these groups viewed the individual as a whole or complete identity. David Armstrong has argued that by the twentieth century, however, in order to maintain the social order they viewed the individual as part of a larger, macro-body; hence the individual became a micro-body.<sup>11</sup> This change in the way the individual is viewed can be documented by adaptation and change in record-keeping practice. Government and medical personnel began a panoptic movement to document the activities of the individual. The panoptic movement was all-embracing, taking into perspective all the aspects or parts of the individual. The well-being of society could be better maintained if every procedure, action and each individual were actively observed from a number of facets. The panoptic view developed in the late nineteenth and early twentieth centuries and was reflected in the changes in the record of the bodies examined here.

New forms of technology are influential in transforming the means of documenting information. For the purposes of this study, technology will refer to the application of practical or mechanical skills to record-keeping practices; the method, theory and practices governing such applications; and the total knowledge and skills available for the time-period under examination. The practical or mechanical means of record-keeping refers to the

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<sup>11</sup>David Armstrong, Political anatomy of the body: medical knowledge in Britain in the twentieth century. (Cambridge: Cambridge University Press, 1983), p. 5.

format or general appearance of a particular means of documenting information. Examples of varying types of format include ledgers, file systems, standardized forms and index cards. The development of the technology of record-keeping will be traced through World War I. The chronology of the development of new technologies will be compared with the introduction of those technologies into the bureaucratic structures under observation. This complements other studies which have focused on this subject.<sup>12</sup>

As a society changes and evolves, so its information needs change and evolve accordingly. The record-keeping practices of the government and the medical communities of Great Britain and Canada are examined, as each body attempted to meet the demands of the War. Expanded responsibilities of government resulted in broadened and differing information needs for effective implementation of legislation and policy.

The documentation of government administrative practices reflects government changes demanded by those engaged in decision-making processes. Monumental change took place in the British Cabinet in December 1916 when Lloyd George became Prime Minister. At the beginning of the War the Committee of Imperial Defence was responsible for matters concerning military conflict and was replaced by three administrative cabinet bodies before the formation of the War Cabinet.<sup>13</sup> Under the administrative hand of Maurice Hankey, Secretary to the War Cabinet, there appeared for the first time not only minutes, but also agendas for the British Cabinet. For the first time, meetings were attended by a secretary who circulated agendas and papers, kept a record of proceedings

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<sup>12</sup>Alison Turton. Managing business archives. (London: Butterworth-Heinemann, 1991). published in association with the British Archives Council.

<sup>13</sup>Great Britain. Public Record Office, List of Cabinet papers, 1915 and 1916. (London: HMSO, 1916 Public Record Office Handbook), p. 8.



and communicated decisions to relevant departments. Procedure at War Cabinet meetings was outlined in draft rules circulated by Hankey.<sup>14</sup> Before this time the administrative practice in terms of record-keeping had been scant and had relied generally upon the memories of those in attendance.<sup>15</sup> The only record of decisions made by the Cabinet had been contained in the Prime Minister's letters to the Sovereign.<sup>16</sup> The ever-expanding role of government during World I required that the decisions of the Cabinet be recorded in an accurate way and that it be organized and retrievable in an expedient fashion.

Changes in the military medical administration resulted in a variety of organized and regimented routines which were established to better maintain records. European medicine developed administrative forms congruent with imperial government.<sup>17</sup> The needs of the medical administration to make more accurate diagnoses and to know the patient's medical history led to a corresponding change in record-keeping practices.<sup>18</sup> The government and the medical community could and did at times co-operate to influence practice. for example, on 25 February 1918, Auckland Geddes, British Minister of National Service, informed the War Cabinet that the then current demands for military medical care would have to be based upon the limited numbers of medical personnel available and warned that

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<sup>14</sup>PRO CAB 37/161/14 War Cabinet. 11 December 1916, unpaginated.

<sup>15</sup>Maurice Hankey, The supreme command: 1914-1918. (London: George and Unwin, 1961), vol. 2, p. 586.

<sup>16</sup>Great Britain. Public Record Office, List of Cabinet papers, 1880-1914. (London: HMSO, 1964), p. vi.

<sup>17</sup>Roy Macleod and Milton Lewis, eds., Disease, medicine, and Empire: perspectives on western medicine and the experience of European expansion. (London: Routledge, 1988), p. 2.

<sup>18</sup>Leonard T. Kurland and Craig A. Molgaard, "The patient record in epidemiology." Scientific American 245, no. 4 (October 1981), p. 46.

the civilian medical personnel could not be overtly depleted.<sup>19</sup> Administrative practice may occur not only because of internal bureaucratic decision, but also because of statute and regulation, legislated by politicians or initiated by administrators in positions of authority.

## 5. Scope of the investigation

The scope of this study will be limited to a selection of records of government institutions of Great Britain and Canada and of the Royal Army Medical Corps and the Canadian Army Medical Corps for the period of World War I. Great Britain has been chosen because it was one of the most technologically and economically advanced nations in the world, during the period being studied. Therefore, it is of prime importance to study the process of documenting record-keeping processes in Britain. Administrative and record-keeping processes which took place in Britain affected those same practices in Canada because of the structured links between the two nations. Therefore, Canada has been chose as the second country of study for purposes of comparison. Adaptation and change that took place in Britain influenced Canada. Adaptation and change in Canada in turn affected these processes in Britain, but to a lesser degree because of Canada's lesser political, economic and social influence. The chosen bodies created an immense amount of documentation during World War I. For the purposes of this study only records concerned with general administration in London and Ottawa and the Western Front in France and Belgium will be examined, thus excluding those records generated or created

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<sup>19</sup>J. M. Winter, The Great War and the British people. (London: Macmillan, 1985), p. 169.

in the administration of activities in other theatres of war. these records provide a broad perspective on the subject. although other records were viewed, only those which shed light upon the aspects of record-keeping in the upper levels of government and the army medical corps have been included.

#### 6. Means of conducting the study

The study analyses original records created by the government institutions and the army medical corps in Great Britain and Canada to determine the reason for the creation and use of a particular series. In addition the technology or format in use at the time of creation will be examined. The series will be studied to determine their format; the way in which the record reflects the conduct of business; the continuity of the administration; the growth or reduction in the number of administrative staff; the process of transmitting information within and beyond the originating administration. The record is the means by which the thoughts of individuals within a corporate body are formulated and meet the needs of that body. In addition, the record is examined to determine whether there were changes in administrative practices. If there were, it will be determined whether this affected record-keeping practices. Finally, a conclusion is made that World War I influenced record-keeping practices, and consequently, the development of twentieth century bureaucracy.

## 7. Structure of the thesis

The thesis is structured according to the plan laid out below:

### Chapter One. Literature Review

Chapter one of this thesis investigates the research conducted on record-keeping practices and the historical background of World War I. the focus is on works which have studied the government and the medical field during the War. Conclusions are drawn from the various studies in terms of their significance for this thesis.

### Chapter Two. Analysis of government records in Great Britain

Chapter Two narrates the process of record-keeping of the offices of the British Prime Minister and the British Cabinet to determine the adaptation and change in record-keeping practices and the reasons for these alterations. These records are housed at the Public Record Office, Kew.

### Chapter Three. Analysis of medical records in Great Britain

Chapter Three examines the record-keeping process of patient and other administrative files created by the Royal Army Medical Corps to determine the change and adaptation of record-keeping practices and the reasons for these alterations. These records are housed at the Public Record Office, Kew, the Archives of the Wellcome Institute for the History of Medicine and the National Archives of Canada. The study also makes use of private records of individuals who served in the Royal Army Medical Corps.

#### Chapter Four. Analysis of government records in Canada

Chapter Four describes the record-keeping processes used by the national government of Canada to determine change and adaptation of record-keeping practices and the reasons for these alterations. Those Canadian bodies under examination corresponded with similar bodies in the British administrative structure of government: the offices of the Prime Minister and the Cabinet. The Canadian records which are examined are similar to those of Britain because of the similar administrative procedures followed in Canada. However, these similarities were mitigated by the more modern record-keeping practices already in place in Ottawa before 1914. In addition, records of the Committee of Imperial Defence will be examined because these regulated some administrative operations. These records are housed at the National Archives of Canada.

#### Chapter Five. Analysis of medical records in Canada

Chapter Five examines a selection of records created by the Canadian Army Medical Corps in order to assess change and adaptation in record-keeping practices and to provide the reasons for these alterations. The examination will be similar to that of Chapter Three. The records are housed at the National Archives of Canada.

#### Chapter Six. Analysis of record-keeping practices of the government institutions and of the army medical corps of Great Britain and Canada

Chapter Six analyses the study of the records of the bodies examined in chapters two to five. The analysis determines whether there are relationships between methods of record-keeping on one hand and the social, technological and administrative needs on the other. There is a description of the findings and the relationships among the variables.

There is a substantive discussion of the findings.

## Conclusion

The conclusion demonstrates that the events of World War I had a profound effect and changed record-keeping practices of the governments of Great Britain and Canada and the army medical corps of both countries. furthermore, a conclusion is made that World War i contributed to the development of twentieth century bureaucracy.

## Chapter One

### Literature Review

#### 1. Introduction

The majority of the published works dealing with World War I examine the military conflict, focusing upon military operations and political administration. Recent historiography has focused upon the inter-relation of the War and the history of medicine. There exist no works which deal with the relationship between these events and record-keeping practices. This thesis compensates for this deficiency by analysing the change in record-keeping practices and focusing upon the upper levels of the British and Canadian governments and the medical communities. The works which are described below provide the framework upon which the investigation is conducted.

#### 2. Published works on the governments of Great Britain and Canada

Investigation of the political and government roles has been the focus of much historical study. Recent historical works have concentrated upon war government, war administration, and the relations between Britain and her colonies and former colonies. Historians focusing on government roles have argued that administrative bureaucracies remained static during the Victorian and Edwardian periods. Such arguments provide a basis for comparing the static nature of record-keeping practices of the pre-War period and to the adaptations in record-keeping during the War and afterwards. Government

administration during World War I has been the subject of extensive study. War and administration. The significance of the Crimean War for the British Army<sup>1</sup> by John Sweetman analyses the relationship between the British government and the military during the mid and late nineteenth century. He argues that the military administration resulting from the Crimean War changed little during the latter part of the nineteenth century and in the early twentieth century, and that this frozen administrative machinery contributed to inefficiency during World War I. This theme is further supported by Nicholas D'Ombra's War machinery and high policy: defence administration in peacetime Britain, 1902-1914.<sup>2</sup> D'Ombra analyses the administrative structure in Britain between the Boer War and World War I, concluding that the antiquated structure of the British war machinery contributed to inefficient administration during the War. His analysis should be extended further to consider record-keeping practices, because a knowledge of the method of keeping records further enhances the understanding of bureaucratic structures.

There are studies which challenge the notion that administrations remained static during this period. Stephen Roskill's Hankey, man of secrets, 1877-1931<sup>3</sup> is a biographical examination of Lord Hankey, Secretary of the British Cabinet, from 1916 to 1938. Roskill argues that Hankey was the individual primarily responsible for change in the British civil service during the twentieth century. The biography examines in

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<sup>1</sup>John Sweetman, War and administration. The significance of the Crimean War for the British Army. (Edinburgh: Scottish Academic Press, 1984).

<sup>2</sup>Nicholas D'Ombra, War machinery and high policy: defence administration in peacetime Britain, 1902-1914. (London: Oxford University Press, 1973).

<sup>3</sup>Stephen Roskill, Hankey: man of secrets, 1877-1918. vol. 1. (London: Collins, 1970). Hankey: man of secrets, 1919-1931. vol. 2. (London: Collins, 1972).



detail Hankey's innovative methods of documenting activities of the British Cabinet and the subsequent influence he brought to bear on the administrative machinery of the British government. In his own autobiographical account, The supreme command; 1914-1918,<sup>4</sup> Hankey analyses in depth his role as senior civil servant and his role in fulfilling and realising government policy. Hankey outlines the important issues of the war-time government and the means and methods which he and his colleagues used to deal with current issues and problems. In addition, Hankey's Diplomacy by conference. Studies in public affairs, 1920-1946<sup>5</sup> is a further analysis of his role as the senior civil administrator. Hankey analyses his own role at the Versailles Conference and at subsequent post-war international conferences, providing insight into the continuing adaptation of government processes after World War I.

A more recent work by John Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of cabinet secrecy,<sup>6</sup> focuses on Hankey's rigid and moral personality, which Naylor believes provided the impetus for the development of an expanded and a more efficient administrative organization. The demands for change within the Cabinet and problems which individuals created in implementing such changes have been carefully studied. Naylor argues that the bureaucratic changes contributed to the more efficient administrative machinery of government.<sup>7</sup> Further transition and transformation of the British Cabinet, during and

<sup>4</sup>Maurice Hankey, The supreme command; 1914-1918. vols. 1 and 2. (London: George Allen and Unwin, 1961).

<sup>5</sup>Maurice Hankey, Diplomacy by conference. Studies in public affairs 1920-1946. (London: Ernest Benn, 1946).

<sup>6</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of cabinet secrecy. (London: Cambridge University Press, 1984).

shortly after World War I, has been examined by Hans Daalder in Cabinet reform in Britain, 1914-1963.<sup>8</sup> Daalder presents the history of the evolution of the Cabinet, outlining the specific demands for change which were generated by the War. Daalder narrates the history of the complex transition in the British Cabinet structure during the first two decades of the twentieth century. He examines the methods which were used to document the minutes of the meetings of Cabinet, but fails to address the issue of how these acts influenced the administrative structure of the Civil Service.

The role of the politician is explored further in works published as reminiscences. These primary works were retrospective by nature and tended to be polemics or apologies for positions taken during the conflict. They offer little analysis of record-keeping operations, but provide insight into the individuals who were part of the government bureaucracy and provide evidence concerning their opinions of the bureaucracies in which they worked. Included are Asquith,<sup>9</sup> Life of Herbert Henry Asquith, Lord Oxford and Asquith,<sup>10</sup> War memories of David Lloyd George,<sup>11</sup> Lord Riddell's war diary, 1914-1918,<sup>12</sup> The diary of Lord Bertie of Thame, 1914-1918,<sup>13</sup>

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<sup>7</sup>John Ehrman, Cabinet government and war; 1890-1940. (Cambridge: Cambridge University Press, 1958).

<sup>8</sup>Hans Daalder, Cabinet reform in Britain, 1914-1963. (Stanford, California: Stanford University Press, 1964).

<sup>9</sup>Roy Jenkins, Asquith. (London: Collins, 1978).

<sup>10</sup>J. A. Spender and Cyril Asquith, Life of Herbert Henry Asquith, Lord Oxford and Asquith. 2 vols. (London: Hutchinson, 1932).

<sup>11</sup>David Lloyd George, War memoirs of David Lloyd George. 2 vols. (London: Oham, 1938).

<sup>12</sup>George Allardice Riddell, Lord Riddell's war diary, 1914-1918. (London: Nicholson & Watson, 1933).

Beaverbrook's Men and power, 1917-1918,<sup>14</sup> and Lloyd George: a diary,<sup>15</sup> by his secretary Frances Stevenson. John Turner's Lloyd George's Secretariat<sup>16</sup> investigates Lloyd George's hold over a central government by describing the evolution of the Cabinet Secretariat and commenting on the significance of this body between politicians and senior civil servants. He concludes that the British government's administrative structure was changed during World War 1 with the transformation of the British Cabinet from a committee system to a complex administrative system. Turner believes that this was accomplished through the creation of an efficient and well-managed Cabinet Secretariat, complimented by inner committees for making critical decisions. The transition of the civil service, from a small and exclusive body to a larger and complex bureaucracy, has also been examined by those who served within it. Lord Salter's Memoirs of a public servant<sup>17</sup> is such an exploration, by one who served in a number of ministries, offering insight into the operations and processes of the British civil service during a time of transition.

A specialized study of military activities encompassing the active involvement with the government is Patrick Beesly's Room 40. British naval intelligence, 1914-1918.<sup>18</sup> Beesly studies the role of intelligence during the War and argues that effective

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<sup>13</sup>Lord Bertie, The diary of Lord Bertie of Thame, 1914-1918. edited by Lady Algernon Gordon Lennox. 2 vols. (London: Hodder and Stoughton, n.d.).

<sup>14</sup>Lord Beaverbrook, Men and power, 1917-1918. (London: Hutchinson, 1956).

<sup>15</sup>Frances Stevenson, edited by A. J. P. Taylor, Lloyd George: a diary. (London: Hutchinson, 1971).

<sup>16</sup>John Turner, Lloyd George's secretariat. (Cambridge: Cambridge University Press, 1980).

<sup>17</sup>Lord Salter, Memoirs of a Public Servant. (Faber and Faber: London, 1961).

intelligence gathering, use and interpretation, resulted from the need for and development of an effective information system. The study of the military struggle has been one of the issues of exploration of the historian. Early investigations were prejudiced by those who had suffered the emotional anguish of the military conflict. Contemporary study has benefited from the availability of recently opened records and the greater emotional distance of a generation of historians who were not personally involved in the War. The most illuminating and comprehensive works of this latter genre are those of Brian Bond which include War and society in Europe, 1870-1970<sup>19</sup> and The First World War and British military history.<sup>20</sup> These works integrate the relationship between the military struggle and changes in social structure, providing a model for the study on the effects of the War upon record-keeping practices.

The interrelationships of British and colonial governments during the War are studied in Arthur Berriedale Keith's War government of the British dominions.<sup>21</sup> He argues that the Colonial and Dominion governments were placed in a subservient role by the British government. Publicly, the British government and colonial allied powers shared responsibilities, but within the corridors of power, the Colonial and Dominion governments functioned under the authority of the British government. This thesis is

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<sup>18</sup>Patrick Beesly, Room 40. British naval intelligence, 1914-1918. (London: Hamilton, 1982).

<sup>19</sup>Brian Bond, War and society in Europe, 1870-1970. (Leicester: Leicester University Press, 1983).

<sup>20</sup>Brian Bond, ed., The First World War and British military history. (Oxford: Clarendon, 1991).

<sup>21</sup>Arthur Berriedale Keith, War government of the British dominions. (Oxford: Clarendon Press, 1921).

supported in The Empire at war. Canada, Newfoundland and the West Indies<sup>22</sup> by Sir Charles Lucas which provides further evidence of the more minor administrative role played by Dominion and Colonial nations.

A number of works integrate the experience of Dominion and Colonial powers in the military conflict. Keith Jeffery in The British army and the crisis of the Empire 1918-1922<sup>23</sup> strongly argues that the paternalism of the British military and the subservience of the Colonial and Dominion governments prompted the latter nations to question their political, economic and social relationship to the British Empire.

G. W. L. Nicholson further supports this argument in Canadian Expeditionary Force, 1914-1919.<sup>24</sup> He asserts that Canada came of age politically because of its role in the military conflict. The examination of Canada's rise to political maturity is further supported in Canadian brass: the growth of the Canadian military profession, 1860-1919<sup>25</sup> by John Harris. A specialized study of the Dominion military is William Beahen's A citizen's army: the growth of the Canadian Militia, 1904 to 1914,<sup>26</sup> but he does little to analyse the role of the Canadian military and its relationship with the achievement of political autonomy.

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<sup>22</sup>Sir Charles Lucas, The Empire at war. vol. II. Canada, Newfoundland and the West Indies. (Oxford: Oxford University Press, 1923).

<sup>23</sup>Keith Jeffery, The British army and the crisis of Empire, 1918-1922. (Manchester: Manchester University Press, 1984).

<sup>24</sup>G. W. L. Nicholson, Canadian Expeditionary Force, 1914-1919. (Ottawa: Queen's Press, 1964).

<sup>25</sup>John Harris, Canadian brass: the growth of the Canadian military profession, 1860-1919. (Ph.D. thesis, Duke University, 1979).

<sup>26</sup>William Beahen, "A citizen's army: the growth of the Canadian Militia, 1904 to 1914." (Ph.D thesis, University of Ottawa, 1974).

The major work which has studied the role of the Canadian office of the Prime Minister during World War I is Robert Laird Borden<sup>27</sup>, by Robert Craig Brown. As a biographical study it narrates the political and private life of Prime Minister Borden, but it also analyses the relationship of the Office of Prime Minister with the Canadian Government, including the Cabinet and the Privy Council. Further analysis includes Borden's and Canada's role vis-a-vis Great Britain. Great emphasis is placed on Borden's war-time political activities. Further study of Borden is provided in his memoirs entitled Robert Laird Borden: his memoirs.<sup>28</sup> This primary source does not attempt to analyze record-keeping practices, but it does provide evidence that Borden was aware of current inadequacies in communicating information. The organization and mechanics of the Canadian Cabinet is aptly analysed in The Prime Minister and the Cabinet,<sup>29</sup> by W. A. Matheson. Emphasis is placed on the continuing and evolutionary role of the offices of Prime Minister and of the Cabinet, reflecting changing social roles in Canada. The work lacks any analysis of record-keeping practices.

The relationship between Canada and Great Britain, as Canada undertook to modify its status under British rule to gain greater political autonomy, is investigated in Philip G. Wigley's Canada and the transition to Commonwealth: British-Canadian relations, 1917-1926.<sup>30</sup> Wigley studies the emergence of Canadian national and

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<sup>27</sup>Robert Craig Brown, Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980).

<sup>28</sup>Henry Borden, ed. Robert Laird Borden: his memoirs. 2 vols. (Toronto: Macmillan, 1938).

<sup>29</sup>W. A. Matheson, The Prime Minister and the Cabinet. (Toronto: Methuen, 1976).

<sup>30</sup>Philip G. Wigley, Canada and the transition to Commonwealth: British-Canadian relations, 1917-1926. (Cambridge: Cambridge University Press, 1977).

diplomatic aspirations during the concluding part of the War and in the post-war period, focusing upon Canada's assertive diplomatic relationship with Great Britain and the Imperial War Councils. Background to the Imperial War Councils for the period before the War is outlined in John Edward Kendle's The Colonial and Imperial Conferences 1887-1911: a study in imperial organization,<sup>31</sup> but he has not attempted to examine the Dominions which were beginning to challenge their subservient roles.

Study has been undertaken on the Canadian civil service by J.E. Hodgetts, William McCloskey, Reginald Whitaker and V. Seymour Wilson in The biography of an institution: the Civil Service Commission of Canada, 1908-1967,<sup>32</sup> which describes and explains the creation, development and adaptation of the Civil Service Commission of Canada. These authors provide a framework of inquiry and analysis, based on a theory that a bureaucratic body is greatly influenced by external factors as foreign relations, trade and industrialisation.

A number of studies have examined Canada's military role in World War I. These include Canada's soldiers: the military history of an unmilitary people,<sup>33</sup> by George F. G. Stanley; Broken promises,<sup>34</sup> by J. L. Granatstein and J. M. Hitsman; and

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<sup>31</sup>John Edward Kendle, The Colonial and Imperial Conferences 1887-1911: a study in imperial organization. (London: Longmans, 1967).

<sup>32</sup>J. E. Hodgetts, William McCloskey, Reginald Whitaker and V. Seymour Wilson, The biography of an institution: the Civil Service Commission of Canada. (Montreal: McGill-Queen's Press, 1972).

<sup>33</sup>George F. G. Stanley, Canada's Soldiers: the military history of an unmilitary people. 3rd ed. (Toronto: Macmillan, 1974).

<sup>34</sup>J. L. Granatstein and J. M. Hitsman, Broken promises. A history of conscription in Canada. (Toronto: Oxford University Press, 1977).

Canada and war: a military and political history<sup>35</sup> by Desmond Morton. These works examine military strategy and tactics, and relationships between the Canadian and British Governments, but they fail to address the issues of record-keeping. This study compensates for this deficiency.

### 3. Published works on social issues

Social historians have pursued an active investigation of the social changes created by World War I. They have focused on the role of the clerical worker, the emancipation of women, scientific advancement, and medical issues ranging, from civilian and military health care to standards of living, to the development of the national health systems.

War and its subsequent effects upon scientific and technological change have also been the focus of study. A. G. Kenwood presents evidence in Technological diffusion and industrialisation before 1914<sup>36</sup> to indicate that the advancement of technology was based upon economic need in the pre-war period. Guy Hartcup furthers this analysis by examining scientific and technological development during the war in The war of invention: scientific developments, 1914-1918.<sup>37</sup> Hartcup states that changes were due to military need. He focuses upon developments in military armaments, transportation,

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<sup>35</sup>Desmond Morton, Canada and war: a military and political history. (Toronto: Hakkert, 1972).

<sup>36</sup>A. G. Kenwood, Technological diffusion and industrialisation before 1914. (London: Croom Helm, 1982).

<sup>37</sup>Guy Hartcup, The war of invention: scientific developments, 1914-18. (London: Brassey's Defence Publications, 1988).



communication and medicine.

The general impact of the War upon society has been a major focus of recent historical investigation. The foremost investigator is J. M. Winter. In his work The Great War and the British people,<sup>38</sup> he uses contemporary ideas and the imagination of writers of the War with statistics. His work is a marriage of quantitative and analytical historiography. He focuses upon general health, the sociological response to the great mortality rates of the social elites, demographic social change in the post-war period, and the cultural ethos of the War through a study of contemporary literature.

Social change is further dissected in The upheaval of war. Family, work and welfare in Europe, 1914-1918,<sup>39</sup> edited by Richard Wall and Jay Winter. The contributors to this work study demographic issues and conclude that internal social issues had a greater impact upon the individual than did the effects of the military conflict.

World War I is further analysed through the contemporary literature of the War. P. Fussell in The Great War and modern memory<sup>40</sup> draws from the published and unpublished literature and concludes that the war effort was not just one of patriotism and jingoism, but was one of collective social anguish composed of individuals who were drawn into an horrendous debacle with little free choice in the matter.

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<sup>38</sup>J. M. Winter, The Great War and the British people. (Houndsmills: Macmillan, 1985).

<sup>39</sup>Richard Wall and Jay Winter, eds., The upheaval of war. Family, work and welfare in Europe, 1914-1918. (Cambridge: Cambridge University Press, 1988).

<sup>40</sup>P. Fussell, The Great War and modern memory. (Oxford: Oxford University Press, 1975).

#### 4. Published works on medicine

The study of the medical field in World War I has been broad in perspective. Historical investigation has been in the areas of social history, clinical care, civilian health, military health and the administration of health issues.

The effects of medicine on the social fabric have been the subject of study. Frederick Fox Cartwright's A social history of medicine<sup>41</sup> examines this issue in broad terms. The scope of social history has been enhanced by recent examination. Roy Macleod and Milton Lewis in Disease, medicine and empire. Perspectives on western medicine and the experience of European expansion,<sup>42</sup> focus upon clinical and acute care in the former colonial nations. They argue that expertise from Europe could have been of prime importance in enhancing medical care in undeveloped nations, but was limited because of an ignorance of local conditions.

There has been a recent trend to investigate the social aspects of medical history within Canada. Medicine in Canadian society: historical perspectives,<sup>43</sup> edited by S. E. D. Shortt, develops the historiography of Canadian medical issues, focusing upon clinical care and the administration of a limited number of medical institutions. Issues regarding World War I have been ignored and require examination.

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<sup>41</sup>Frederick Fox Cartwright, A social history of medicine. (London: Longman, 1977).

<sup>42</sup>Roy Macleod and Milton Lewis, Disease, medicine and empire. Perspectives on western medicine and the experience of European expansion. (London: Routledge, 1988).

<sup>43</sup>S. E. D. Shortt, ed., Medicine in Canadian society: historical perspectives. (Montreal: McGill-Queen's Press, 1981).

"Body history" is an important new area of historical medicine. David Armstrong's Political anatomy of the body<sup>44</sup> furthers this social investigation. Basing his argument on the philosophical foundation of Michel Foucault, he stresses that the mid-twentieth century witnessed a re-formulation of the nature and identity of the human body and that this new insight resulted in new means of prognosis and diagnosis, as well as in the perceived need to provide health care to the general population. His study is restricted to British sources, but nevertheless offers a model for the study of medicine in other nations. The study is also restricted to the periods between the wars and after World War II. Analysis has not been conducted on the effects of World War I and the changing view of the human body. Likewise, there has been no study to investigate whether medical record-keeping practices might shed light on this topic. This work will do so.

A study that was undertaken during the War investigated the relationship between the great influenza epidemic and social factors which contributed towards the conclusion of the War. A. W. Crosby in Epidemics and peace, 1918<sup>45</sup> contends that the high mortality rate brought about by the influenza epidemic contributed to a social weakening and a consequent need to terminate the military hostility. The study was not complete for Crosby was denied access to a majority of government and military records.

The medical record is examined in Stanley Reiser's "Creating form out of mass:

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<sup>44</sup>David Armstrong, Political anatomy of the body. Medical knowledge in Britain in the twentieth century. (Cambridge: Cambridge University Press, 1983).

<sup>45</sup>A. W. Crosby, Epidemics and peace, 1918. (Westport, Conn.: Greenwood, 1918).

the development of the medical record."<sup>46</sup> This analyses the response of the medical community to the problems of organizing massive amounts of information. Leonard T. Kurland and Craig A. Molgaard discuss in "The patient record in epidemiology"<sup>47</sup> how one institution, the Mayo Clinic, dealt with this particular problem in the first decade of the twentieth century, by inventing and utilising a file folder for each patient file. The authors further show how the changes in record-keeping practices subsequently assisted in the development of more accurate prognosis and diagnosis. Barbara Craig's "A survey of hospital records and record keeping in London (England) and Ontario (Canada) c. 1850-c. 1950 with special reference to eight institutions"<sup>48</sup> argues that the dynamism in record-keeping development was due to significant changes in administrative and medical practice and that the records defined the function served, the techniques used and the services provided by hospitals. The study is limited to civilian hospitals. These works are directly related to this thesis. they do not focus directly upon the effects of World War I upon record-keeping practices, but deal directly with the important issues of the medical record and its impact upon medical care.

Numerous studies have documented the activities of individual medical institutions during the War. The majority tend to be chronologies of or testimonies to heroic action which was performed by these institutions. Almost all are devoid of

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<sup>46</sup>Stanley Joel Reiser, "Creating form out of mass: the development of the medical record." Transformation and tradition in the sciences, essays in honour of I. Bernard Cohen. (Cambridge: Cambridge University Press, 1985).

<sup>47</sup>Leonard T. Kurland and Craig A. Molgaard, "The patient record in epidemiology." Scientific American 245: 4 (October 1981), pp. 46 to 55.

<sup>48</sup>Barbara Helen Craig, "A study of hospital records and record-keeping in London (England) and Ontario (Canada) c. 1850 -c. 1950 with special reference to eight institutions." (Ph.D. thesis, University of London, 1988).

historical analysis, but are nevertheless important for they provide not only data on day-to-day activities, but also limited insight into medical practices, clinical care and administrative procedures. These studies include military hospitals,<sup>49</sup> civilian hospitals<sup>50</sup> and battle-front medical units.<sup>51</sup> They provide contemporary views of the record-keeping and war events as they were being observed.

In addition there are published general reminiscences<sup>52</sup> of individuals who served in a wide range of medical capacities. These primary works include daily correspondence, diary entries and narrative accounts. They served as a means of enlightening the general public about activities in the War and may have been cathartic releases for the authors. The works were both contemporary and retrospective. These works offer little historical analysis, but provide insight into those individuals who were

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<sup>49</sup>M. Eydoux-Demains, In a French hospital. (London: Faber, 1915).

T. Gray, Hospital days in Rouen. (London: Gowans & Gray, 1919).

John Robert Lord, The story of the Horton War Hospital, Epsom; its inception and work and some reflections. (London, 1958).

E. R. P. Moon, Four weeks as acting commandant at the Belgian Field Hospital. (London: Humphreys, 1915).

H. J. Rackitt, V.R. 76: a French military hospital. (London: Heinemann, 1921).

<sup>50</sup>E. C. Davies, Ward tales. (London: Lane, 1920).

Sir A. Lawson, War blindness at St. Dunstan's. (London: Oxford University Press, 1922).

<sup>51</sup>F. A. Pootle, Stretchers: the story of a hospital unit on the western front. (London: Oxford University Press, 1930).

<sup>52</sup>H. Cushing, From a surgeon's journal, 1915-1918. (London: Constable, 1936).

H. Dearden, Medicine and duty: a war diary. (London: Heinemann, 1928).

H. Gervis, Arms and the doctor: being the military experiences of a middle-aged medical man. (London: Daniel, 1920).

Sir W. P. Herringham, A physician in France. (London: Arnold, 1919).

A. A. Martin, A surgeon in khaki. (London: Arnold, 1915).

W. Muir, Observations of an orderly in an English war hospital. (London: Simpkin Marshall, 1917).

responsible for clinical care and administrative procedures.

Many publications<sup>53</sup> were produced during the course of the War which were for use by medical care-givers. Their use is limited in terms of offering any synthesis of historical activity. However, these are useful as a means of understanding contemporary medical care.

Those studies which examine medical practices during the War are for the greater part limited in analytical scope. Major-General Sir W. G. Macpherson's History of the Great War. Medical services general history<sup>54</sup> lays out a chronology of the administration of the Royal Army Medical Corps with narrative on individual medical institutions and medical responses to the majority of military offensives. Although the three volume work is massive, it offers little historiographic analysis. Its prime purpose is to present an account of medical activities during World War I.

Canada's medical role in World War I has been examined in John Heagerty's general survey, Four centuries of medical history in Canada.<sup>55</sup> The war story of the Canadian Army Medical Corps,<sup>56</sup> by J. G. Adami is a more specialized study of the

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<sup>53</sup>J. Camus, Physical and occupational re-education of the maimed. (London: Bailliere-Tindall, 1918).

N. Fenton, Shell shock and its aftermath. (St. Louis: Mosby, 1926).

Sir H. M. W. Gray, Early treatment of war wounds. (Oxford: Oxford University Press, 1919).

L. A. Lagarde, Gunshot injuries. (London: Bale, 1914).

P. Stewart and A. Evans, Nerve injuries and their treatment. (London: Frowde & Hodder, 1916).

<sup>54</sup>Major-General Sir W. G. MacPherson, History of the Great War. Medical services general history. 3 vols. (London: H.M.S.O., 1923).

<sup>55</sup>John Heagerty, Four centuries of medical history in Canada. 2 vols. (Bristol: J. L. W. Wright, 1928).

<sup>56</sup>J. G. Adami, The war story of the Canadian Army Medical Corps. 2 vols. (Toronto: The Canadian War Records Office by Musson Book Company, [1918]).

Royal Canadian Army Medical Corps. Its content is narrower than Macpherson's text which dealt with the equivalent British body. A history of the Army Medical Department,<sup>57</sup> by Sir Neil Cantlie, provides an administrative history of the Army Medical Department and the Royal Army Medical Corps for the pre-War period. The medical services. Official history of the Canadian forces in the Great War. 1914-1919<sup>58</sup> by Sir Andrew MacPhail is narrow in scope, focusing specifically on the administration of the Royal Canadian Army Medical Corps and discussing individual medical institutions and medical response to the results of military offensives. It provides little more than a chronology and fails to analyse the medical community's contribution to the health of the military. No linkage has been made between record-keeping practices and the study of the medical field.

Col. A. E. Snell has investigated one period of administrative crisis in the Canadian Army Medical Corps. The Canadian Army Medical Corps with the Canadian Corps during the last hundred days of the Great War<sup>59</sup> analyses the administrative clash between Dominion and British medical units. The relationship between the government and the medical community has been examined in Herbert Alexander Bruce's Politics and the Canadian Army Medical Corps.<sup>60</sup> Within this work, Bruce has dealt with matters that incorporate concerns of government policy and medical issues.

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<sup>57</sup>Lieutenant General Sir Neil Cantlie, A history of the Army Medical Department. 2 vols. (Edinburgh: Churchill Livingstone, 1974).

<sup>58</sup>Sir Andrew MacPhail, The medical services. Official history of the Canadian forces in the Great War. 1914-1919. (Ottawa: The King's Printer, 1925).

<sup>59</sup>Col. A. E. Snell, The Canadian Army Medical Corps with the Canadian Corps during the last hundred days of the Great War. (Ottawa: The King's Printer, 1924).

<sup>60</sup>Herbert Alexander Bruce, Politics and the Canadian Army Medical Corps. (Toronto: William Briggs, 1919).

## 5. Administrative publications

The investigation of administrative practices has been limited and has focused upon the mechanical aspects of organizing information and the technological means to record, organize and use this information.

J. Armstrong and S. Jones, in Business documents. Their origins, sources and uses in historical research,<sup>61</sup> analyse the development and evolutionary change in the methods which have been used to document information within the business community. The study is important for it isolates one administrative body and studies that body in relation to its record-keeping practices. This process has not been adequately undertaken for government and medical bodies. Alison Turton's Managing business archives<sup>62</sup> offers a concise outline of business technological history, providing a chronology of the development of record-keeping practices.

Investigation of business and management practices developed in the early twentieth century. The resulting innovative changes in record-keeping practices in business resulted in change in other bodies, including government and medicine. The initial stages of this transition have been traced by Daniel Nelson in Frederick W. Taylor and the rise of scientific management.<sup>63</sup> The study limits itself to the business community. It is incomplete, failing to examine government and medical bodies and

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<sup>61</sup>J. Armstrong and S. Jones, Business documents. Their origins, sources and uses in historical research. (London: Mansell, 1987).

<sup>62</sup>Alison Turton, Managing business archives. (London: Butterworth-Heinemann, 1991. Published in association with the British Archives Council).

<sup>63</sup>Daniel Nelson, Frederick W. Taylor and the rise of scientific management. (Madison: University of Wisconsin Press, 1980).



their record-keeping practices. E. J. Rotella has also conducted a similar study in "The transformation of the American office: changes in employment and technology."<sup>64</sup> Both works stress that the fragmentation and specialization of bureaucratic tasks was a means to rationalise management activities and these new forms of management required a means of recording activities in order to lower costs and raise output.

## 6. Conclusion

There is a deficiency in the published literature. It deals adequately with the interpretation of the content of the record, but it does not deal with record-keeping practices. The function of bureaucracy is to provide essential information in a speedy fashion for important decision-making processes. As stated above, the investigation will focus upon the records of the selected government institutions of the offices of the Prime Minister and Cabinet in Great Britain and Canada and selected records of the Royal Army Medical Corps and the Canadian Army Medical Corps. The thesis will serve to fill the gap in the published literature and to expand the body of knowledge available to research. It will also provide new theoretical frameworks for the study of social history and address major questions raised by some of the other studies.

The treatments of medical, political, social and administrative histories serve as models for the methodology of this thesis. In general, the majority of the works ignore the history of the record itself. However, these works provide a context upon which the investigation is conducted.

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<sup>64</sup>E. J. Rotella, "The transformation of the American office: changes in employment and technology," Journal of Economic History 41:1 (1981), p. 52.

## Chapter Two

### **Analysis of Government Records in Great Britain**

#### 1. Introduction

Chapter Two analyses government record-keeping practices in Great Britain during World War I. The object is to investigate record-keeping practices within the upper administrative levels of the national government of Great Britain, namely the offices of the Prime Minister and of the Cabinet, demonstrating that the events of World War I resulted in changes in the recording and use of information. The purpose of the analysis is to explore the administrative history and the transformation of record-keeping which resulted in the creation of a more efficient information system and in turn a more organised government.

#### 2. The offices of the Prime Minister and of the Cabinet

The office of the Prime Minister makes up part of the Privy Council which is the executive branch of the national government. In essence the Prime Minister is the First Minister of the state and leader of the government administration. The Prime Minister normally enjoys the confidence of the House of Commons. When no one political party

maintains a majority or when a political party has in no way acknowledged a single person as Prime Minister, the Sovereign may exercise the right to appoint a Prime Minister.

This office is analysed because it is the most influential office in the British political structure. Decisions made by the Prime Minister directly affect the administrative operations of all ministries within the national government. The individual serving in this office is the representative of the political party in power, controlling government policy, directing the introduction of bills, leading the House of Commons, advising the Sovereign and representing Great Britain in international affairs. The Prime Minister directs and controls the running of the British government. Because of the importance of the office it will be studied in terms of the factors which influenced adaptation, change and continuity in administrative and record-keeping practices during World War I.

Two individuals served as Prime Minister during World War I. Herbert Henry Asquith served as Prime Minister in the Liberal government from 1908 until he resigned on 7 December 1916. David Lloyd George served as Prime Minister in a coalition government from the latter date until 1922.

The British Cabinet is composed of a committee of privy councillors who have seats within Parliament. Members of the Cabinet acknowledge the Prime Minister as the head of this body. The members are appointed by the Sovereign and are responsible to the Sovereign, the Prime Minister, Parliament and the people of Great Britain. The Cabinet functions and responsibilities have evolved and have transformed according to need.

### 3. The Cabinet before World War I

The evolution of the administrative structure of the Cabinet, as well as the record systems of each successive executive committee and sub-committee make up the focus of this chapter. (An outline of the evolutionary structure of the British Cabinet is laid out in Table One. Administrative Structure of the British Cabinet. See page 250). The records of the offices of the Prime Minister and of the Cabinet were interspersed, and little distinction can be made regarding where the records may have originated. This was due to the nature of the offices, with individuals serving in both offices and not always differentiating the responsibilities of one office from those of the other. It was also due to civil servants who shared responsibilities in both the offices of the Prime Minister and of the Cabinet, making little distinction between the records of each office.

#### 3.1. The Committee of Imperial Defence

Asquith's Liberal government was formed in 1908. The Cabinet was one of the most controversial in Britain's history, facing some of the most bitter political conflicts the country had yet experienced. Domestic policy monopolized the attention of the Cabinet. The most dramatic issues were the Chancellor of the Exchequer's budget in 1909, the introduction of social insurance in 1911 and the support of Home Rule for Ireland in 1914.<sup>1</sup> The administrative structure of the Cabinet had changed on several occasions in the

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<sup>1</sup>Hans Daalder, Cabinet reform in Britain, 1914-1963. (Stanford, California: Stanford University Press, 1963), p. 29.

generation before the War. In 1895 a Defence Committee of the Cabinet had been formed. Re-organization took place in 1902 when the Committee of Imperial Defence was created, taking into the Cabinet representatives of the British Army and of the Royal Navy. In December 1902 the Defence Committee of the Cabinet, which had been in existence since 1895, but which had never been a particularly active body, was reconstituted as the Committee of Imperial Defence; initially it did not have any permanent staff organization.<sup>2</sup> Re-organization took place in 1904. As a result of the Report of the Esher Committee on the Reconstruction of the War Office, the Committee of Imperial Defence was completely reconstituted. It was re-structured to include ministers of the Cabinet and the heads of the Army and of the Navy. The Committee of Imperial Defence was founded as an advisory and consultative body;<sup>3</sup> it became the organ by which the Supreme Command co-ordinated the defence preparations for the contingency of war.<sup>4</sup> The Committee had no executive functions. It forwarded to the Cabinet items of defence policies for consideration. But the increase in numbers made the Committee rather unwieldy, and overcrowded meeting rooms led more and more to the delegation of business to sub-committees. This top-heaviness was one of the principal causes of the ineffectiveness of the Committee of Imperial Defence at the beginning of the War. The Prime Minister was appointed chairman and was the only permanent member of this body, with absolute discretion in the selection of other members. The structure of this body was authoritative and flexible. It was able to deal adequately and

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<sup>2</sup>Maurice Hankey, The supreme command, 1914-1918. vol. 1. (London : George Allen and Unwin, 1961), p. 45.

<sup>3</sup>Ibid., p. 48.

<sup>4</sup>Ibid., p. 57.

continuously with the problems of defence during the pre-War period,<sup>5</sup> but proved unable to administer effectively during World War I.

Before the outbreak of the War, the Committee of Imperial Defence created four permanent sub-committees to deal with specific matters. These were the Home Ports Defence Committee, created in 1909; the Overseas Defence Committee, created in 1911; the Committee on the Co-ordination of Departmental Action, created in 1911; and the Air Committee, created in 1912. The activities of the Committee of Imperial Defence were suspended from 1915 to 1919. After the armistice the Committee met twice in 1920 and then not again until 1922.<sup>6</sup>

The first permanent Secretariat had been appointed in 1904 when the Committee of Imperial Defence was restructured. The Secretariat was made up of a secretary and two assistant secretaries. The first secretary was Sir George Clarke, who held office until he was replaced by Sir Charles Ottley in 1907. Maurice Hankey, who had been an assistant secretary of the Committee since 1908, was appointed secretary in 1912.<sup>7</sup> The duties of the Secretariat were to preserve a record of the deliberations and decisions of the Committee. These were supplemented by the preparation of memoranda and other documents which were essential for the administration of the office. The collection and co-ordination of

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<sup>5</sup>Great Britain. Public Record Office. List of papers of the Committee of Imperial Defence to 1914. Public Record Office Handbook. 6. (London: HMSO, 1964), p. v.

<sup>6</sup>Great Britain. Public Record Office. The records of the Cabinet office to 1922. Public Record Office Handbook No. 11. (London: HMSO, 1966), pp.18 to 19.

<sup>7</sup>Great Britain. Public Record Office. List of papers of the Committee of Imperial Defence to 1914. Public Record Office Handbook No. 6. (London: HMSO, 1964), p. vi.

information on worldwide defence, which might be of use to the Committee, was also a responsibility of the Secretariat.<sup>8</sup>

The keeping of the records of the Committee of Imperial Defence began in 1902 when it was created. The records of the Committee consisted of five main series: minutes, 1902 to 1922; memoranda, 1901 to 1922; correspondence and miscellaneous papers, 1902 to 1918; miscellaneous volumes, 1875 to 1915; and sub-committees, 1878 to 1924. In addition there were four minor series of memoranda; these were titled Home Defence, Miscellaneous, Colonial Defence and Indian Defence. The memoranda contain reports of sub-committees of the Committee of Imperial Defence. These records form the basis of the documentation of activities of the British Cabinet for the period from 1902 until 1916 when the Cabinet Secretariat was created. Those records which deal with the Defence Committee of the Cabinet, which preceded the Committee on Imperial Defence, are to be found in the private collections of papers of individuals who served on the Defence Committee.<sup>9</sup> The records of the Committee of Imperial Defence were arranged in series and sub-series. The series of sub-committees were organized into sub-series. Within each sub-series records were organized in a systematic fashion according to class. The printed minutes of the Committee of Imperial Defence which were circulated to committee members<sup>10</sup> make up the majority of the records.<sup>11</sup>

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<sup>8</sup>PRO Cab. 4/5/161B. Committee of Imperial Defence. Paper no. 161B, 27 August 1912.

<sup>9</sup>Great Britain. Public Record Office. List of papers of the Committee of Imperial Defence to 1914. Public Record Office Handbook No. 6. (London: HMSO, 1964), pp. ix to x.

<sup>10</sup>PRO Cab 2/1 to 2. Minutes, 1902 to 1912.  
PRO Cab 3/2 to 3. Minutes, 1906 to 1922.  
PRO Cab 4/3. Minutes, 1912 to 1914.

There was a quantitative increase in the minutes in the years before the outbreak of the War. This was due to the appointment of a Secretariat and a full-time staff whose goals were to create minutes and also to Hankey's near-verbatim recording of proceedings.<sup>12</sup>

One of the most important documents created by the Committee of Imperial Defence was "A War Book For The War Office."<sup>13</sup> Issued to only a select number of high-ranking personnel within the War Office, this book provided an account of the special duties to be undertaken and the arrangements to be made by branches of the War Office if war were to be threatened or declared. The War Book was revised annually and in April of every year a report as to the condition of preparedness of the War Office was made to a standing sub-committee of the Committee of Imperial Defence, which had been appointed to deal with the co-ordination of departmental action during an outbreak of war. The book listed the responsibilities to be undertaken in each of the following stages: action to be taken to initiate the precautionary stage; action to be taken to give effect to a general mobilization; and action to be taken on the outbreak or declaration of war. The War Book listed staff and detailed duties of each of the departments of the War Office during military hostilities. It was one of the first attempts to create a record with the goal of revising it on a regular basis.

Hankey reported in retrospect that no reports were created for either the Committee or for the Cabinet, for the period before his appointment as secretary 1912, and that this

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<sup>11</sup>Great Britain. Public Record Office. The records of the Cabinet office to 1922. Public Record Office Handbook No. 11. (London: HMSO, 1966), p. 20.

<sup>12</sup>PRO Cab 2/2/117 4 July 1912.

<sup>13</sup>PRO WO 33/642 Post War and Demobilisation Committees. O and A Papers. Reports and Miscellaneous Papers. Special Duties and Arrangements in War Office in the Event of Threatened or Declared War, 1913.



illustrated the unmethodical procedure of pre-War Cabinets. Because of the absence of any minutes it proved difficult to bring order into the business and to ensure that the work of the Committee of Imperial Defence was brought to the notice of the Cabinet.<sup>14</sup>

The Committee of Imperial Defence was given a part-time clerk from the Foreign Office staff to keep a record of its proceedings, but his activities were limited to simple clerical activities. Pressures for a more formalised structure for the Committee of Imperial Defence activities came from the report on military re-organization returned by the Esher Committee in December of that year; it recommended the appointment of a civilian secretary and a full-time staff to consider all aspects of national and imperial defence on a continuing basis.<sup>15</sup>

The re-organization of 1902 and the strengthening of the Committee of Imperial Defence in 1904 established the importance of record-keeping techniques and permanent staffing in defence planning for the United Kingdom and its Empire. A similar administrative structure was not established in the Cabinet until 1916.<sup>16</sup>

The technical information from the Committee of Imperial Defence contributed to Britain's war readiness; paramount among the Committee's contributions was the

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<sup>14</sup>Maurice Hankey, The supreme command; 1914-1918. vol. 1. (London: George Allen and Unwin, 1961), pp. 62 to 63.

<sup>15</sup>Nicholas d'Ombrain, War machinery and high policy. Defence administration in peacetime Britain, 1902-1914. (London: Oxford University Press, 1973), p. 40.

<sup>16</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), pp. 22 to 23.

assembling of the War Book, prepared in the period from 1911 to 1913.<sup>17</sup> So important was it that Hankey viewed the preparation of the War Book as his greatest achievement.<sup>18</sup>

#### 4. The Cabinet during World War I

Disagreement and dissension marked the meetings of the Cabinet in the first few months of the War. The Cabinet structure was made up of more than twenty members and the fact that there were neither agenda nor minutes provoked uncertainties about the precise nature of Cabinet decisions. Urgent matters were sometimes decided by small groups of ministers who happened to be together or who could be reached at short notice.<sup>19</sup> Two or more ministers were known to initiate the same plans, because of a misunderstanding of who had been assigned the specific responsibility. Numerous sub-committees were formed and these began to meet more often, precipitated by almost daily crises. The Committee of Imperial Defence was a body which had been primarily concerned with the control of defence and of military operations. The efficient conduct of the War by the British government required a different form of Cabinet administrative machinery. Therefore, attempts were made to change the structure of the Cabinet to deal with the problems caused by the intricate relationships among government ministries. Three bodies were created in the next two years in an attempt to assist the Cabinet in the running of an efficient

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<sup>17</sup>Ibid., p. 24.

<sup>18</sup>Maurice Hankey, The supreme command; 1914-1918. vol. 1. (London: George Allen and Unwin, 1961), pp. 118 to 123, pp. 155 to 157.

<sup>19</sup>Hans Daalder, Cabinet reform in Britain, 1914-1963. (Stanford, California: Stanford University Press, 1963), p. 30.

government in time of war. These successive bodies were the War Council, the Dardenelles Committee and the War Committee.

During the first four and a half months of the War, most of the policy decisions were taken either at the Cabinet or at meetings of small groups of ministers.<sup>20</sup> Hankey was appointed Secretary of the War Council at the end of November 1914 and retained that position with successive Cabinet bodies. Though the system of a War Cabinet was brought to an end in 1919 and the government reverted to the traditional system of a large Cabinet, he retained the new post of Secretary to the Cabinet until July 1938.<sup>21</sup>

When he joined Asquith's Cabinet Hankey was astonished at the lack of method, the absence of any agenda or minutes. Bringing this to Asquith's attention, he was informed that everyone who joined the Cabinet made the same observation, but speedily adapted to this method of doing business and saw its advantage for special purposes.<sup>22</sup> Asquith refused to acknowledge the benefits of an official record of Cabinet proceedings which would be accessible to Cabinet members. This reflected an anachronistic view of maintaining solidarity and security and did not address the increasing complexity of war-time government.<sup>23</sup> The Cabinet spent most of its time either duplicating the work of its War

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<sup>20</sup>Maurice Hankey, The supreme command, 1914-1918. vol. 1. (London : George Allen and Unwin, 1961), p. 9.

<sup>21</sup>*Ibid.*, p. 4.

<sup>22</sup>George Allardice Riddell, Lord Riddell's war diary, 1914-1918. (London: Nicholson and Watson, 1933), p. 234.

<sup>23</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984) p. 11.

Committee or engaged in arguments based upon inconclusive military information.<sup>24</sup> Curzon commented in 1918 that there was no agenda and no order of business. No record whatever was kept of proceedings, except the private and personal letter written by the Prime Minister to the Sovereign, the contents of which were never seen by anyone else. Cabinet Ministers were often unsure of what their decisions had been.<sup>25</sup> The statesmen were handicapped by the weakness of the old Cabinet system under which the affairs of the nation had been conducted for more than a century.<sup>26</sup> New methods of documenting information and structuring government had to be created in order to deal with the immediacy of the War and related crises.

#### 4.1 The War Council

The War Council was created in November 1914, combining the activities of the Cabinet and the Committee of Imperial Defence. Its membership was seven, a reduction from the number in the Committee of Imperial Defence which had been over twenty. In attendance were the Prime Minister, Herbert Henry Asquith; the Chancellor of the Exchequer, David Lloyd George; the Foreign Secretary, Sir Edward Grey; the First Lord of the Admiralty, Winston Churchill; the Secretary of State for War, Lord Kitchener; the First Sea Lord, Admiral Sir John Fisher; and the Chief of Imperial General Staff, General

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<sup>24</sup>Ernest Llewellyn Woodward, Great Britain and the War of 1914-1918. (London: Methuen, 1967), p. 49.

<sup>25</sup>30 House of Lords Debates. 19 June 1918, col 253.

<sup>26</sup>Maurice Hankey, The supreme command, 1914-1918. vol. 1. (London: George Allen and Unwin, 1961), p. 209.

Wolfe Murray.<sup>27</sup> The Council dealt with general matters and policies concerning the War. These included defence positions, home defence, enlistment, co-ordination of war-arrangements for trade and the general conduct of the War.

The proceedings were kept in manuscript. Few memoranda were circulated. This proved a serious disadvantage for the members of the Council, because the full and lucid explanations given orally by the political heads of the Admiralty and the War Office were not a completely satisfactory substitute for written recordings.<sup>28</sup>

Prime Minister Asquith was acutely aware of the need to record accurately the proceedings of each meeting of the Council. He instructed that when a conclusion had been reached, it was to be formulated in writing and read aloud by the chairman, either at once or at the conclusion of the meeting. The conclusions were circulated in writing to the concerned departments immediately after the meetings, to inform personnel of the tasks that they were to implement. In cases of extreme urgency the circulation took place on the same day.<sup>29</sup> The War Council existed from November 1914 to May 1915. The Cabinet was not prepared to delegate its authority to so small a body as the War Council, least of all when the Council wanted to depart from established policy. There was a clash of personalities, particularly involving Lord Kitchener who attempted to dictate policy.<sup>30</sup> Kitchener, who was First Lord of the Admiralty, as well as a member of the War Council, is reported to

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<sup>27</sup>PRO Cab 42/1 The War Council. Minutes, 1914 to 1915.

<sup>28</sup>Maurice Hankey, The supreme command; 1914-1918. vol. 1. (London: George Allen and Unwin, 1961), p. 238.

<sup>29</sup>Herbert Henry Asquith. Memoirs and reflections, 1852-1927. vol. 2 (Boston, Mass.: Little Brown and Co., 1928), pp. 87 to 88.

<sup>30</sup>Hans Daalder, Cabinet reform in Britain. (Stanford, California: Stanford University Press, 1963), pp. 31 to 32.

have said that it was repugnant to him to have to reveal military secrets to people with whom he was barely acquainted. But the members of the Council were charged with great responsibilities, and could not reasonably be asked to accept a plea of military necessity as a reason for keeping them ignorant of any facts.<sup>31</sup>

By May 1915, the machinery of the Cabinet fell into a state of disarray. One reason was a lack of accurate information. There was little documentary reporting from the War Council and oral discussions were not a satisfactory substitute.<sup>32</sup> The War Council had been established as a supplement to the Cabinet to undertake some of the larger questions of policy rather than just acting as an instrument for the day-to-day conduct of the War.<sup>33</sup>

The Secretariat of the Committee of Imperial Defence was placed at the disposal of the War Council and Hankey brought to that body an established secretarial apparatus.<sup>34</sup> The Committee of Imperial Defence had not functioned as the centre of strategic planning prior to the Great War, but it did provide an important precedent for the updating of Cabinet government in the midst of war.<sup>35</sup>

The absence of Cabinet records made it difficult to determine the decisions of previous meetings. By the end of November 1914 Hankey was instrumental in the

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<sup>31</sup>J. A. Spender and Cyril Asquith. Life of Herbert Henry Asquith, Lord Oxford and Asquith, vol. ii. (London: Hutchinson, 1932.), p. 124.

<sup>32</sup>Hans Daalder, Cabinet reform in Britain, 1914-1963. (Stanford, California: Stanford University Press, 1963), pp. 31 to 32.

<sup>33</sup>Maurice Hankey, The supreme command; 1914-1918. vol. 1. (London: George Allen and Unwin, 1961), pp. 238-239.

<sup>34</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984) p. 25.

<sup>35</sup>*Ibid.*, p. 25.

development of an office of the Committee of Imperial Defence, which served as the central organization for the co-ordination of the government's war effort.<sup>36</sup> The last meeting of the War Council was on 14 May 1915 and three days later on 17 May Asquith was engaged in the formation of the first Coalition Cabinet.<sup>37</sup>

One deficiency of the War Council was that it did not use a regular agenda. Hankey believed that the War Council confined itself to the discussion of major policy, which was not the best form it could have taken in the interest of the Supreme Command.<sup>38</sup> Asquith dealt with a Cabinet which included a number of members of marked individuality, who worked together for many years and had become accustomed to certain ways of doing business. It was impossible for him, to induce his colleagues to adopt a War Cabinet like that subsequently developed by Lloyd George, which involved the surrender of the authority of the Cabinet into the hands of a small group of ministers.<sup>39</sup> The crisis of the War Council and its antiquated record-keeping mechanism failed to meet the demands of government and wartime action. New bureaucratic structures were required.

#### 4.2 The Dardanelles Committee

The Dardanelles Committee replaced the War Council. The creation of the Committee coincided with the creation of a coalition government with Asquith still as Prime

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<sup>36</sup>Maurice Hankey, The supreme command; 1914-1918. vol. 1. (London: George Allen and Unwin, 1961), pp. 232 to 233.

<sup>37</sup>Ibid., p. 307.

<sup>38</sup>Ibid., p. 328.

<sup>39</sup>Ibid., p. 323.

Minister. The Dardanelles Committee met for the first time on 7 June 1915 with nine members.<sup>40</sup> The members in attendance were the Prime Minister, Asquith; the First Lord of the Admiralty, Balfour; the Secretary of State for War, Kitchener; the Foreign Secretary, Grey; the President of the Board of Agriculture, Selborne; the Lord Privy Seal, Curzon; the Secretary of State for the Colonies, Bonar Law; the Chancellor of the Duchy of Lancaster, Churchill; and a Minister without Portfolio, Lord Landsdowne. The composition of the Dardanelles Committee was not static. Within a few months the First Sea Lord and the Chief of Imperial General Staff were in attendance. From its creation in June 1915, the Committee dealt mainly with the issue of Turkish offence. By September 1915 the Committee was dealing with operations in France.<sup>41</sup> Significantly no formal minutes were taken.<sup>42</sup> Those minutes which were created by Hankey are contained within the Secretary's notes.<sup>43</sup> But the Dardanelles Committee was short-lived. Its composition and the information services available made it inadequate for the conduct of efficient government. The last meeting of the Dardanelles Committee took place on 30 September, 1915.

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<sup>40</sup>PRO Cab 42/3 Dardanelles Committee. Minutes, 7 June 1915, p. 1.

<sup>41</sup>PRO Cab 42/3. Dardanelles Committee. Minutes, 28 September 1918, pp. 1 to 12.

<sup>42</sup>Maurice Hankey, The supreme command, 1914-1918. vol. 1. (London: George Allen and Unwin, 1961), p. 348.

<sup>43</sup>PRO Cab 42/2 Dardanelles Committee. Minutes, 1915.



### 4.3 The War Committee

The War Committee replaced the Dardanelles Committee. It met for the first time on 3 November 1915. Initially the membership consisted of the Prime Minister, Asquith; the First Lord of the Admiralty, Balfour; the Secretary of State for War, Kitchener; the Secretary of State for the Colonies, Bonar Law; the Foreign Secretary, Grey; the Chancellor of the Exchequer, McKenna; the Minister of Munitions, Lloyd George; the Chief of Imperial General Staff, Robertson; and the First Sea Lord, Jackson.<sup>44</sup> The War Committee proved more effective than the Dardanelles Committee. It met more frequently and with the removal of Kitchener and the appointment of Robertson as the Chief of the Imperial General Staff, there were greater opportunities for ministers to have direct access to expert advice.<sup>45</sup> The War Committee dealt with more items than had the Dardanelles Committee. In addition to matters of defence and offence the War Committee engaged in discussion of shipping and transport,<sup>46</sup> food supplies and rationing and the internal administrative structure of the government.<sup>47</sup>

The War Committee remained subject to the ultimate authority of the Cabinet, which modified the decisions of the Committee and on many occasions delayed the implementation of decisions by further discussion. The defects of the system of dual responsibility of the War Committee and the Cabinet became apparent. The solution to the

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<sup>44</sup>PRO Cab 42/5 War Committee. Minutes, 3 November 1915, p. 1.

<sup>45</sup>Hans Daalder, Cabinet reform in Britain, 1914-1963. (Stanford, California: Stanford University Press, 1963), pp. 35 to 36.

<sup>46</sup>PRO Cab 42/25 War Council. Minutes, 23 November 1915, pp. 1 to 48.

<sup>47</sup>PRO Cab 42/26 War Council. List of Committees appointed to consider questions arising during the present war. 5 November 1915, pp. 1 to 56.

problem was addressed by Lloyd George. On his becoming Prime Minister on 7 December 1916 the concentration of authority was placed under the control of the War Cabinet.<sup>48</sup> This will be discussed further in the next section.

The lack of direction and vigour of Britain's war effort reflected in part the inadequacies of the governmental and institutional framework within which Asquith's regime operated.<sup>49</sup> Added to this was the fact that there was at this time and for long afterwards, no organized system for the distribution of information on what was happening and a good deal of time was wasted in receiving reports from the ministers concerning the military events of the War.<sup>50</sup>

Hankey believed that the new War Committee was a marked improvement upon its predecessors. It was at the outset much smaller than the Dardanelles Committee or the earlier War Council.<sup>51</sup> Military and diplomatic information was somewhat improved.<sup>52</sup> The War Committee provided a greatly improved organization for exercise of the Supreme Command. Nevertheless, the greatest weakness of the new system was that the War Committee functioned with no agenda and it kept no records. Decisions were not on record for the secretary to produce when needed.<sup>53</sup>

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<sup>48</sup>Great Britain. Public Record Office. List of Cabinet papers: 1915 and 1916. Public Record Office Handbook No. 9. (London: HMSO, 1966), p. ix.

<sup>49</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), p. 9.

<sup>50</sup>Maurice Hankey, The supreme command: 1914-1918. vol. 1. (London: George Allen and Unwin, 1961), p. 177.

<sup>51</sup>Ibid., p. 439.

<sup>52</sup>Ibid., p. 442.

<sup>53</sup>Ibid., p. 443.

The frequent meetings of the Committee and the Cabinet took up so much of the time of the ministers, that they found it difficult to devote sufficient time and attention to their departmental and parliamentary work. This caused increased anxiety among the members and was an important contributory cause of the eventual breakdown of the system.<sup>54</sup>

The records of the War Committee were more numerous than the records created by the antecedent cabinet committees. Minutes were kept, as had been the case of the previous committees. In addition to the minutes, a short summary of the conclusions of each meeting was printed for circulation to the Cabinet. This was a departure from the earlier practice whereby decisions were communicated orally by the Prime Minister.<sup>55</sup> In addition to minutes, the War Committee created memoranda and reports and was also in possession of reports<sup>56</sup> and information<sup>57</sup> which were sent from government ministries and boards. The War Committee made an attempt to expand its record-keeping practices and improve the efficiency of government administration, but Asquith's inability to direct the government resulted in the collapse of Asquith's government and the War Committee.

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<sup>54</sup>Ibid., p. 444.

<sup>55</sup>Great Britain. Public Record Office. List of Cabinet papers: 1915 and 1916. Public Record Office Handbook No. 9. (London: HMSO, 1966), p. ix.

<sup>56</sup>PRO Cab 42/6 War Committee. Fifth report of the Man-Power Distribution Board to the War Committee. 3 November 1915, p. 1.

<sup>57</sup>PRO Cab 42/23 War Committee. Note by the Quartermaster-General on transport requirements in event of increase of force at Salonica. 9 November 1915, p. 1.

#### 4.4 The War Cabinet

Mismanagement of military affairs and Asquith's inability to administer his government efficiently resulted in a political crisis in December 1916 and the subsequent resignation of Asquith on 7 December 1916. David Lloyd George was appointed Prime Minister and charged to form a government. On 9 December the first War Cabinet met. It consisted of five members. They were the Prime Minister, Lloyd George; the Conservative Party leader, Bonar Law; the Conservative minister, Lord Curzon; the leader of the pro-war section of the Labour party, Lord Milner; and Henderson,<sup>58</sup> a member of a ginger group of Members of Parliament, who had met regularly to plot the downfall of the Asquith government.<sup>59</sup>

With the creation of a small Cabinet, the direction of policy was limited to a few individuals. They could manage the running of the government if they were equipped with proper advice and information. Departmental ministers were summoned to discuss any item on an agenda which concerned the work of their departments. Chiefs of staff regularly attended meetings to report on military matters. Other experts were asked to be present to report on matters of importance.<sup>60</sup> The status of individual ministers was lowered by these changes. They were invited to attend meetings of the War Cabinet only when they were required. They were bound by the Cabinet's decision and even if they disagreed with

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<sup>58</sup>PRO Cab 23/1 The War Cabinet. Minutes, 9 December 1916, p.1.

<sup>59</sup>John Turner, Lloyd George's secretariat. (Cambridge: Cambridge University Press, 1980), p. 14.

<sup>60</sup>Great Britain. Public Record Office. The records of the Cabinet office to 1922. Public Record Office Handbook No. 11. (London: HMSO, 1966), p. 3.

any decision, they were forced to defend it. A separation between the Cabinet and the departments was created.<sup>61</sup>

To secure a more efficient and proficient organization of Cabinet business, systematic records of Cabinet proceedings were officially maintained for the first time in British history: not only were the decisions recorded, but often the process whereby those war-time decisions were reached became a matter of record.<sup>62</sup> Hankey initiated a new system of recording which he hoped would reduce duplication.<sup>63</sup> But the pressure of events and the need for secrecy limited the effective use of this system. Cabinet members were unwilling to part with their share of influence and control, and the information coming from departments was inadequate.<sup>64</sup>

Maurice Hankey had been educated at Rugby School and at the Royal Naval College. In 1902 he began at the Naval Intelligence Department in the Admiralty, where he served on committees on the defenses of the principal naval bases in the United Kingdom and abroad. In 1907 he served as an intelligence officer in the Mediterranean<sup>65</sup> Hankey reported that his work in the Naval Intelligence Department was one of dealing with policies, the provision of the Navy and in organising paper work. When he transferred to

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<sup>61</sup>Hans Daalder, Cabinet reform in Britain, 1914-1963. (Stanford, California: Stanford University Press, 1963), p. 46.

<sup>62</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984) p. 17.

<sup>63</sup>Maurice Hankey, The supreme command; 1914-1918. vol. 1. (London: George Allen and Unwin, 1961), pp. 439 to 443.

<sup>64</sup>Hans Daalder, Cabinet reform in Britain, 1914-1963. (Stanford, California: Stanford University Press, 1963), p. 36.

<sup>65</sup>E. T. Williams and C.S. Nicholls, eds., The dictionary of national biography, 1961-1970. (Oxford: Oxford University Press, 1981), pp. 484 to 486.

the Committee of Imperial Defence, his duties were similar, but broader.<sup>66</sup> His earlier professional experiences prepared him for the more important tasks of administering the Cabinet.

The Cabinet committees before the creation of the War Cabinet had been negligent in recording major decisions. The war-time administration had been hindered by this lack of essential information. The exclusion of departmental ministers from the Cabinet made it essential for the War Cabinet to have a regular and systematic method of all matters on which it was to make decisions. Also it was essential that these decisions be properly recorded and sent to the departments which were responsible for their implementation.<sup>67</sup> Appointed as the Secretary of the War Cabinet, Maurice Hankey's tasks included recording the proceedings of the War Cabinet, transmitting relevant extracts from the minutes to departments charged with implementing them, preparing agendas, arranging for the attendance of ministers not in the War Cabinet and other experts, receiving information from departments, circulating papers to the War Cabinet and managing the general secretarial work of the Cabinet Office.<sup>68</sup>

Maurice Hankey was instrumental in the creation of different series of records. To realize the goals of the rules of procedure of the War Cabinet he established a complex system of record-keeping. New record series were created to accommodate the exchange of information between the War Cabinet and the ministries.

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<sup>66</sup>Hankey, Maurice, The supreme command, 1914-1918. vol. 1. (London: George Allen and Unwin, 1961), p. 22.

<sup>67</sup>Great Britain. Public Record Office. The records of the Cabinet office to 1922. Public Record Office Handbook No. 11. (London: HMSO, 1966), pp. 3 to 4.

<sup>68</sup>PRO Cab 21/101. Registered Files. Rules of Procedure, 24 January 1917.

Beginning in December 1916, Hankey attended the meetings of the Cabinet. He circulated agendas and papers, kept a record of proceedings and communicated decisions to relevant departments. The records consisted of a series of files with minutes, agendas, and circulated papers and miscellaneous notes. Also there were short summaries of the conclusions which were circulated to the Cabinet.<sup>69</sup>

Hankey established a systematic method of organizing the records of the War Cabinet. Its minutes<sup>70</sup> provided a formal record of the proceedings of each meeting. The most significant change in the minutes of the War Cabinet was in respect to the amount of detail about the reasons on which discussions were based and the conclusions reached. The minutes were printed and circulated one or two days after each meeting and were maintained in numbered and sequential order. Individual items within each meeting were also numbered. A subject index was created for each of the separate volumes of the minutes.<sup>71</sup>

The records titled "memoranda"<sup>72</sup> were given subject headings. There were two types: information and policy. Information papers predominated during the War. Information records reported on the varying conditions of the military and civilian aspects of the War. Policy records formed the basis of Cabinet discussion and were created in even

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<sup>69</sup>Great Britain. Public Record Office. List of Cabinet papers 1915 and 1916. Public Record Office Handbook No. 9. (London: HMSO, 1966), p. vi.

<sup>70</sup>PRO Cab 23/1 to 44. The War Cabinet. Minutes, 1916 to 1922.

<sup>71</sup>Great Britain. Public Record Office. The records of the Cabinet office. Public Record Office Handbook No. 11. (London: HMSO, 1966), pp. 11 to 14.

<sup>72</sup>PRO Cab. 24/1 to 157. The War Cabinet. Memoranda, 1915 to 1922.

greater number after the War. Copies of these records were distributed to members of the Cabinet and to the King.<sup>73</sup>

Further series were created to deal with the expansion of military and civilian responsibilities and subsequently of record control. The series included Registered Files<sup>74</sup> and a general series on Cabinet Committees.<sup>75</sup> The latter series was expanded as new committees of the Cabinet were created. These included the War Trade Advisory Committee<sup>76</sup>, the War Priorities Committee<sup>77</sup>, the Post-War Priority and Demobilisation Committee<sup>78</sup>, and the Home Affairs Committee<sup>79</sup>. The expansion of the records system and its content enhanced the efficiency of the way in which the government conducted business. The new system provided the Cabinet with documented expert knowledge which also enabled it to understand the differing needs and bargaining positions of the various government departments.<sup>80</sup>

The specific needs of the Prime Minister were also served, not by a comprehensive and regular gathering of intelligence as was at first envisaged, but by a concentration on

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<sup>73</sup>Great Britain. Public Record Office. The records of the Cabinet office. Public Record Office Handbook No. 11. (London: HMSO, 1966), pp. 6 to 8.

<sup>74</sup>PRO Cab. 21/1 to 259. The War Cabinet. Registered Files, 1916 to 1922.

<sup>75</sup>PRO Cab. 27/1 to 189. The War Cabinet. Committees: General Series, 1915 to 1922.

<sup>76</sup>PRO Cab. 39/1 to 114. The War Cabinet. War Trade Advisory Committee, 1915 to 1918.

<sup>77</sup>PRO Cab. 40/1 to 171. The War Cabinet. War Priorities Committee, 1917, 1918.

<sup>78</sup>PRO Cab 26/1 to 24. The War Cabinet. Post-War Priority and Demobilisation Committee, 1918, 1919.

<sup>79</sup>PRO Cab 26/1 to 4. The War Cabinet. Home Affairs Committee, 1918 to 1922.

<sup>80</sup>John Turner, Lloyd George's secretariat. (Cambridge: Cambridge University Press, 1980), p. 44.



problems as they appeared.<sup>81</sup> The growing complexity of government in undertaking military decisions created demands on the Prime Minister which could only be met by optimizing the quantity of information available to him.<sup>82</sup> Also, additional secretaries were added to the Prime Minister's entourage, marking a departure in the make up of the Prime Minister's staff.<sup>83</sup> At Lloyd George's instruction and in co-operation with Hankey, a memorandum on the organization of the new Secretariat was created.<sup>84</sup>

The Cabinet minutes provide an estimable record of decisions and at times they reveal surprising details concerning policy or individual ministerial attitudes on leading concerns, such as appropriation of funds and aircraft manufacturing. In addition, there developed a vast range of other government records which contributed to a historical evaluation both of Cabinet proceedings and of the Secretariat's role. Hankey's office began to maintain a collection of files which improved the organization of Cabinet business, as well as its role as the custodian of Cabinet secrecy.<sup>85</sup>

In December 1916 Hankey believed that the newly formed War Cabinet with its more universal system of documenting information, would be in a position to challenge each question from a broader perspective. He also hoped that the War Cabinet would be able to

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<sup>81</sup>Ibid., p. 3.

<sup>82</sup>Ibid., pp. 4 to 5.

<sup>83</sup>Ibid., p. 7.

<sup>84</sup>Ibid., p. 19.

<sup>85</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984) p. 4.

formulate ideas far beyond the probable scope of any one minister, who was engaged in the task of administering a large government department.<sup>86</sup>

In August 1917 a heated protest from Curzon concerning the establishment of an Imperial War Museum resulted in the use of the Cabinet Minutes. The irascible peer expressed concern bordering on outrage that his views on the proposed establishment of the museum were not being implemented; the minutes indicated that he had never spoken on the subject.<sup>87</sup> The Cabinet Minutes were used to resolve the matter. Before the creation of the Cabinet Minutes system, such an outburst might have resulted in a great deal of embarrassment and mismanaged bureaucratic implementation, because of the absence of recorded minutes.

Hankey acted as custodian of the records of past Cabinets as well as the keeper of the new and more comprehensive records. He was intent upon preserving the collective responsibility of the Cabinet and its committees through the administration of Cabinet secrecy.<sup>88</sup> Under the new regime, the War Cabinet required much departmental information, which had to flow in the reverse direction as well; hence the provision of relevant extracts to the departments which were responsible for taking action or were otherwise concerned.<sup>89</sup> Hankey and his staff bridged the information gap which threatened to divide the War Cabinet from the departments.<sup>90</sup>

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<sup>86</sup>PRO Cab 21/101 Note on the composition of the Secretariat of the War Cabinet. 13 December 1916.

<sup>87</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge University Press, 1984) pp. 35 to 36.

<sup>88</sup>Ibid., p. 43.

<sup>89</sup>Ibid., p. 37.

<sup>90</sup>Ibid., p. 40.

In embracing the alternative of Lloyd George's leadership, Hankey proved an indispensable asset to the new regime.<sup>91</sup> The Cabinet was able to rely upon Hankey's decade of experience. The Secretariat served as the link between the War Cabinet which took the decisions and the departments which were responsible for implementing decisions. The whole success of the government policy depended on the prompt transmission of these masses of orders.<sup>92</sup>

Much of the ordinary office work was allocated to assistants, with Hankey maintaining firm control of the War Cabinet agenda, papers and minutes. Members of the War Cabinet and other ministers offered him information on policy. In addition, he kept up-to-date with telegrams, memoranda and letters to and from representatives of different armies, military attachés and diplomats. The flow of information increased and became more efficient under Hankey's direction. Not only was he able to direct the operations of the Secretariat in an expedient fashion, but he won a position of influence because of his close and newly formed professional relationship with Lloyd George.<sup>93</sup>

The system of recording Cabinet Minutes was a matter of great difficulty to Hankey from the very first day that the War Cabinet was inaugurated. Some ministers were in favour of only recording the conclusions of discussions. They believed the decisions of the Cabinet had to be regarded as the collective decision of its members, even if some expressed contrary opinions in the discussion, and that it was undesirable to record these individual

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<sup>91</sup>Ibid., p. 47.

<sup>92</sup>PRO Cab 21/128 Hankey's speech of 19 November 1918.

<sup>93</sup>Kathleen Burk. War and the state: the transformation of British government, 1914-1919. (London: George Allen and Unwin, 1982), pp. 75 to 76.

views of members.<sup>94</sup> When Lloyd George asked Hankey to prepare Cabinet Minutes for the new government, it was initially in order to record decisions to be sent to government departments. But as time passed the contents became broader, because the Prime Minister protested on several occasions about incomplete or misleading minutes.<sup>95</sup>

The system had previously been tested, first on a small scale for the Committee of Imperial Defence and later on a larger scale for the War Committee. When the War Committee was created the system was extended to enable all the affairs of the nation to be dealt with using the same method. Gone was the scramble of ministers to get their pet subjects discussed at chaotic Cabinet meetings. Gone were the endless rambling discussions with no decision. Gone was the exasperating waste of time while the affairs of a department were discussed by people who knew little of the matter and had received no memoranda on the subject. Gone were the humiliating and dangerous doubts of what the decision was, or whether there had been a decision at all. Although it was not realized at the time, the former Cabinet system had crashed.<sup>96</sup>

The first formalized attempt to keep records of Cabinet committees was undertaken by the War Cabinet Secretariat. Although there had been earlier committees, no proper management of the records had existed. After the creation of the War Cabinet there was an increase in the number of committees formed. Between December 1916 and June 1918 the Cabinet appointed ninety-two committees. The committees were charged with such diverse responsibilities as defence, finances, industrial unrest and the transportation of

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<sup>94</sup>PRO Cab 21/18 Hankey to Curzon, 4 September 1917.

<sup>95</sup>PRO Cab 21/3/12, 13 and 19. 28 January, 1 and 23 February, 1916.

<sup>96</sup>Maurice Hankey, The supreme command, 1914-1918. vol. 2. (London: George Allen and Unwin, 1961), p. 580.

goods. The machinery for the organization of the files was similar to that of the Cabinet. Agendas, papers, minutes and reports of each committee were usually organized in separate series.<sup>97</sup> Many committees took on new titles and expanded their responsibilities to meet the diversified and changing needs of the time.

## 5. The Cabinet in the post-War period

Maurice Hankey's methods of administrative record-keeping survived and flourished during the post-War period. The War Cabinet continued until the end of 1919. With the Armistice of 1918 the War Cabinet system of government was questioned because its purpose had been realized.<sup>98</sup> Hankey's methods of recording minutes, circulating papers and dealing with other procedural and secretarial matters were adapted by the international secretaries after exposure at the Conference of Versailles.<sup>99</sup> Hankey's impact upon the conference mechanism and the quality of his advice was recognized with the unusual accolade conferred by Lloyd George, who rarely took the time to write to those with whom he was in daily contact: "Your work has been beyond the praise of words."<sup>100</sup>

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<sup>97</sup>Great Britain. Public Record Office. The records of the Cabinet office. Public Record Office Handbook No. 11. (London: HMSO, 1966), pp. 14 to 18.

<sup>98</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), p. 59.

<sup>99</sup>Great Britain. Public Record Office. The records of the Cabinet Office. Public Record Office Handbook No. 11. (London: HMSO, 1966), p. 22.

<sup>100</sup>Stephen Roskill, Hankey, man of secrets, 1919-1931. vol. ii. (London: Collins, 1972), p. 92.

In 1919, after the cessation of the War, a regular Cabinet replaced the War Cabinet. The Cabinet focused on issues related to the peace negotiations, civilian re-adjustment, trade, imperial defence and international co-operation. Cabinet members were active participants in international conferences. The Cabinet Secretariat continued, even after the government re-organization of 1919. Hankey had prevailed upon the Prime Minister to allow him to continue providing the same assistance to Cabinet.<sup>101</sup>

The Commons reconvened in October 1919. The Machinery of Government Committee, chaired by the Viscount Haldane of Cloan and also known as the Haldane Committee, recommended that the post-War Cabinet be composed of ten to twelve members. Hankey believed that increasing the number of departmental ministers within the post-War Cabinet gravely increased the risk of inefficient and discursive government, reducing that body to a rag-tag assembly.<sup>102</sup> However, the Haldane Committee added a cautionary note concerning the role of the Cabinet Secretary as an adviser to the Cabinet, suggesting that the Secretary should not take part actively in the proceedings of executive action. Lloyd George honoured no such distinction during the whole of his premiership. All memoranda and other documents prepared for the Cabinet were to be circulated to the Cabinet, unless the Prime Minister ruled to the contrary. Hankey had sought such a wider circulation in the last months of the War and he was given discretion to circulate some documents to ministers outside the Cabinet and to Permanent Secretaries.<sup>103</sup>

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<sup>101</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), p. 66.

<sup>102</sup>Ibid., p. 61.

<sup>103</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), p. 66.

The report of the Machinery of Government Committee was commissioned to enquire into the responsibilities of the various departments of the central executive government and to advise as to how the functions of government could be improved.<sup>104</sup> The report observed that there was much overlapping and consequent obscurity and confusion in the functions of the departments of the government. Recommendations were made that the Cabinet should be supplied with all information necessary to enable it to arrive at expeditious decisions. The introduction of the War Cabinet system was recognized as an important constitutional development in the United Kingdom and this change was the direct outcome of the War itself.

The report concluded that as the magnitude of the War increased, it became evident that the pre-War Cabinet system was inadequate to cope with the novel conditions. The enlarged scope of government activity and the consequent creation of several new departments made a Cabinet, consisting of all the departmental ministers, meeting under the chairmanship of the Prime Minister, far too unwieldy for the practical conduct of the War. The Haldane Committee recognized that it was extremely difficult for so large a body to give that resolute central direction which became more imperative as the population and resources of the nation had to be organized.<sup>105</sup>

The report acknowledged that inadequate provision had been made in the past for the organized acquisition of facts and information and for the systematic application of thoughts, preliminary to the settlement of policy and its subsequent administration. It strongly urged that better provision should be made for research and reflection before

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<sup>104</sup>United Kingdom. Ministry of Reconstruction. Report of the Machinery of Government Committee. (London: HMSO, 1918), p. 4.

<sup>105</sup>Ibid., p. 5.

policy was defined and put into action, and that such research and enquiry should be carried out by a department charged with those duties.<sup>106</sup>

The report concluded that there was a need for the continuous acquisition of knowledge in order to furnish a proper basis for policy. The distribution of business between administrative departments was to be governed by the nature of the service which was assigned to each department, but the report cautioned that there was also the necessity for co-operation between departments in dealing with business of common interest. Within the organization of government departments, special importance was to be placed upon improving areas of expenditure, unimpaired ministerial responsibility, co-operation with advisory bodies in matters which brought departments into contact with the public and the extended employment of women. The final recommendation advised that a more efficient public service would provide accountability of government bureaucracy to the public.<sup>107</sup>

The Cabinet Office successfully made the transition to the post-War situation. In structural terms, the post-War Cabinet Office incorporated the Cabinet Secretariat, a much smaller Secretariat for the Committee of Imperial Defence, a small branch charged with the publication of Official War Histories and another responsible for all communications dealing with the League of Nations. The Committee of Imperial Defence was revived in June 1920, after more than five years of dormancy. Functionally, however, Cabinet Office responsibilities were divided into two main branches: home and external affairs.<sup>108</sup> In 1920

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<sup>106</sup>Ibid., p. 6.

<sup>107</sup>Ibid., p. 16.

<sup>108</sup>Great Britain. Public Record Office. The records of the Cabinet Office. Public Record Office Handbook No. 11. (London: HMSO, 1966), p. 24.



the Cabinet decided that the Cabinet Office should also serve as the distributing office for the League of Nations branch.<sup>109</sup>

The development of the Cabinet Secretariat was affected by a comprehensive framework of foreign and imperial policies, including co-operation by the Dominion governments, as well as by Hankey's style and personal influence.<sup>110</sup> Initially the minutes mentioned only the points actually discussed with summaries of the conclusions.<sup>111</sup>

The system of government which had replaced the old departmental order was sustained and reaffirmed in 1922.<sup>112</sup> On 27 November 1922, Prime Minister Bonar Law announced that his government would retain the Cabinet Secretariat to provide such secretarial service as the Cabinet required to facilitate the transaction of its business.<sup>113</sup> Hankey affirmed that the Cabinet Secretariat had nothing to do with any question of policy, but was purely a recording machine.<sup>114</sup> Hankey sought to conserve the mechanism which he and Lloyd George had forged together to create order and efficiency in the increasingly complex business of government.<sup>115</sup> Hankey drew up 'Draft Instructions to the Secretary

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<sup>109</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), p. 74.

<sup>110</sup>*Ibid.*, p. 5.

<sup>111</sup>PRO Cab 2/1/13 May 1903.

<sup>112</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), p. 84.

<sup>113</sup>159 House of Commons Debates, col. 281. 27 November 1922.

<sup>114</sup>155 House of Commons Debates, cols. 263-276, 13 June, 1922.

<sup>115</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), p. 107.

of Cabinet' which, slightly revised and provisionally approved, became the guidelines for the new and continuing administration.<sup>116</sup>

Hankey continued to attend all meetings of the Cabinet and to keep the minutes exactly as he had done before.<sup>117</sup> He soon came to his new masters' service in a fashion which demonstrated unequivocally the value of scrupulous record-keeping; full and detailed agendas and minutes being examples.<sup>118</sup> In the post-War period Hankey continued to serve in his capacity as Secretary to the British ministers who participated in the international peace conferences.

With Lloyd George's resignation on 19 October 1922, Andrew Bonar Law became Prime Minister. He served in this position until May 1923; on May 22, 1923 Stanley Baldwin formed a Conservative government which lasted until 22 January, 1924, when he was defeated at the polls. James Ramsay MacDonald was then Prime Minister in a minority Labour government, until his resignation on 4 November 1924, when Baldwin once again returned to the office where he served until 1929. Through the post-War period of political crises Hankey continued to serve as the Cabinet Secretary and was to do so until 1938. He served successive Cabinets. His ability to co-ordinate the secretarial and record-keeping functions is a testimony to his political, organizational, secretarial and record-keeping skills.

The first Labour government undertook another step in regularizing Cabinet procedure. In April 1924 the Cabinet ruled that, with only the most pressing exceptions,

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<sup>116</sup>PRO Cab 21/223 Draft Instructions to the Secretary of the Cabinet. 31 October 1922.

<sup>117</sup>Hankey. Diary, 26 November 1922.

<sup>118</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), p. 115.

a question which a minister wished to be placed on the Cabinet Agenda was to be circulated by memorandum at least five days prior to the meeting of the Cabinet.<sup>119</sup> This provided for a recording in advance of discussion and furnished as well a basis for thought, research and evaluation before the issue was even discussed.

The Cabinet Secretariat remained after the War and Hankey continued to have a profound influence, because he provided an important link between the leaders and the civilian chiefs in the Cabinet and his long experience in civil-military relations represented a positive asset.<sup>120</sup> Successive governments experienced his utility and became convinced of his necessity in the ever-expanding complexity of the work of government administration. In 1925 Hankey commented that the Secretary of the Cabinet was recognized by all departments as a friend who helped to get their business properly considered and promptly decided, and by the Prime Minister as an agency without whose help it would be impossible for him to maintain general right of supervision and control over all aspects of government policy. He further stated that the secret of this success was in the fact that 'the Secretary was never in the way and never out of the way!' He never obtruded an unasked opinion and was always helpful when consulted.<sup>121</sup> The Cabinet Secretariat had maintained its function as the primary agent of the Cabinet.<sup>122</sup>

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<sup>119</sup>PRO Cab 21/294 Cabinet Procedure. April 1924.

<sup>120</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), p. 131.

<sup>121</sup>PRO Cab 21/298 Cabinet Secretariat: Information given to the French government. Organization of the Cabinet Office: Memorandum on the British Cabinet Office, 17 July 1925; Chamberlain's minute, 20 July.

<sup>122</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press,

## 6. Conclusion

There were changes in the record-keeping practices of the upper levels of the British national government during the period from 1914 to 1919. The alteration was due to several factors. The most marked factor was the change of the government machinery. The succession of attempts to reform the Cabinet committees was instrumental. The formation of the War Council, the Dardanelles Committee and the War Committee within a two year period resulted in the creation of new series of records for each committee. The proliferation of sub-committees reporting to the War Council and the many other committees required a standardized means to record the decisions of the deliberations of these bodies.

The formation of the Cabinet Secretariat in December 1916 revolutionized the record-keeping practices of the British government. Never before had there been a systematic recording of the proceedings of the Cabinet. For the first time agendas and minutes were written and distributed to the members of the Cabinet. Maurice Hankey, the Secretary of the Cabinet, was instrumental in the introduction of these procedures. He was also responsible for the creation of the series and sub-series of records, as he incorporated the records of antecedent committees. The incorporation of the records of many committees into one body required a standard form of content and of classification. The standardization of content and of classification is revealed in the listings of the records. The marked increase in the record out-put between the pre-War period and the post-War period required new methods of organization. The change of record-keeping practices also caused

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1984), p. 164.

change in the civil service. Employees had to be better trained, and more of them were needed to allow the government machinery to work efficiently.

The Prime Minister's Secretariat represented an attempt by the radical innovator, David Lloyd George, to create a means to circumvent the departmentalism and traditions of the old order.<sup>123</sup> The lack of any official record had often resulted in either ignorance or confusion, giving rise to a wide variety of ministerial frustrations.<sup>124</sup>

The career of Sir Maurice Hankey served as connective tissue, linking his role as first Cabinet Secretary to the development of Cabinet government, and relating the systematized procedure for the maintenance of its records to the question of the right of public access to those materials.<sup>125</sup> Improvisation had traditionally been at the core of the Cabinet system and the method had carried Britain far, but it could not sustain the demands of the First World War.<sup>126</sup> There was a need for secrecy in the highest levels of government, yet the right of the citizenry to be informed had to be honoured. Great Britain attempted to attain both desirable ends by creating an appropriate measure of confidentiality for the business of government and a public accountability of Cabinet proceedings.<sup>127</sup>

The Cabinet Secretariat, an institutional product of the crisis of government during the First World War, also proved more adaptable to peace-time than many of the innovations associated with the war leadership of David Lloyd George. The Secretariat

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<sup>123</sup>John F. Naylor, A man and an institution: Sir Maurice Hankey, the Cabinet Secretariat and the custody of Cabinet secrecy. (Cambridge: Cambridge University Press, 1984), p. 32.

<sup>124</sup>*Ibid.*, p. 19.

<sup>125</sup>*Ibid.*, p. 316.

<sup>126</sup>*Ibid.*, p. 24.

<sup>127</sup>*Ibid.*, p. 1.

emerged as the central agency for the preparation and disposition of Cabinet business.<sup>128</sup>

It was moulded by the vicissitudes of the War. It also developed an efficient record-keeping bureaucracy to control the efficiency of the government administration, based upon an efficient system of gathering, using and disseminating information. Yet the new Cabinet system was not restricted to war-time government, for it proved in the peace-time period to be an instrument of qualitative and administrative efficiency. As the government bureaucracy and complexity expanded, so did the Secretariat system, founded on an elaborate and efficient system of record-keeping. The transition of the information system and of the Cabinet Secretariat cannot be dissociated from the role played by Maurice Hankey. He supervised the evolution of a government institution and bureaucracy which not only met the needs of war-time, but also of peace-time.

The creation of a broad, comprehensive and complex record-keeping system resulted in a more efficient government operation. The standardized record could be referred to and such an act reduced the misunderstanding of the participants who had made the decisions. The record established a basis for defining policy from which senior civil servants could initiate and carry out appropriate action. The documenting of decisions reduced the likelihood that more than one ministry might engage in the same function. The standardized and sophisticated record-keeping system of the War Cabinet and the post-War Cabinet served as the foundation of government action. The crises of World War I generated a need and a desire for the British government to experiment with and create new forms of Cabinet structure and recording systems.

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<sup>128</sup>Ibid., pp. 2 to 3.

## **Chapter Three**

### **Analysis of Medical Records in Great Britain**

#### **1. Introduction**

Chapter Three is a study of medical record-keeping practices in Great Britain during World War I. The narrative focuses upon the chronology of the evolution of record-keeping operations of the Royal Army Medical Corps, the changes in format and output of records and the standardization of records. The most notable transformation was the change from the bound volume to single sheets and forms which allowed information to be copied and stored in more than one location.

The purpose of the study is to explore the evolution of systems of categorizing information and the ensuing contribution of the development of medical administrative practices and clinical medicine.

## 2. Sources for the study of medical record-keeping practices

The evidence used in this chapter is drawn from material in a number of sources. These sources include the RAMC Muniment Collection which is housed with the Contemporary Medical Archives Centre in the Library of the Wellcome Institute for the History of Medicine. Personnel records of soldiers serving in the RAMC are kept at the Medical Services Record Office in Chester and are sent on discharge to the Army Record Centre, Bourne Avenue, Hayes, Middlesex. Officers' records are kept at the Regimental Headquarters at Keogh Barracks, Ash Vale, Hampshire, and are transferred when no longer current to the Army Officer Documentation Office, Government Buildings, Stanmore, Middlesex. Many personnel records created during World War I were destroyed during World War II and access to those which survive is still restricted.<sup>1</sup>

In addition, records of the Canadian Army Corps, R.G. 9 Department of Militia and Defence, housed at the National Archives of Canada were used for study. Because the personnel records of the enlisted soldiers in the R.A.M.C. are closed for research, it proved necessary to compensate for this restriction. The records of the Canadian Army Medical Corps contain correspondence which was exchanged and received from the Royal Army Medical Corps. It was possible to reconstruct the patient file forms from this correspondence.<sup>2</sup> As the two Army Medical Corps were attempting to standardize their

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<sup>1</sup>Dixon, Shirley. RAMC Muniments Collection. List of papers in the Contemporary Medical Archives Centre at the Wellcome Institute for the History of Medicine, London, n.d.



respective medical patient forms, a lengthy correspondence was maintained. Thus it is possible to construct the patient files which still remain restricted. The reconstruction of the restricted British records is useful, as it provides a means to study the Medical History Sheet, which is available in no other location.

### 3. Record-keeping Organisation. Pre-war

The recording of the patient's condition was and continues to be an essential part of the conscientious physician's activities. The object during the pre-War period was to document diagnosis, prognosis and treatment. Standardization of such reports became the norm in the nineteenth century when physicians and nursing staff moved towards

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<sup>2</sup>Those records which proved valuable in this study were those created by the Director of Medical Services of the Canadian Ministry of Militia and Defence. The specific series of records which shed light on the forms and methods of the Royal Army Medical Corps include:

R.G. 9 vol. 3505 Army forms and Books, 1914-1917.

R.G. 9 vol. 3507 Tech. Equipment, Books, Stationery, etc. Purchase of., 1914-1919.

R.G. 9 vol. 3530 Patients. Patients: Procedure, 1915-1916.

R.G. 9 vol. 3555 Patients. Documentation of - Policy and Procedure re., 1915-1919.

R.G. 9 vol. 3602 C.A.M.C. Journal. Report on the War Activities and the Development of the C.A.M.C., 1916-1919.

R.G. 9 vol. 3746 Adami Papers. Canadian General Hospital No. 3 Extracts, Reports, 1915.

R.G. 9 vol. 3755 Canadian Record Office. Memorandum relating to Organization & Administration of Office Work, C.E.F., 1916.

R.G. 9 vol. 4571 No. 3 Canadian General Hospital. Senior Works Officer to O.C. No. 3 Canadian General Hospital, 1915-1919.

R.G. 9 vol. 5035 File 853. Canadian General Hospital No. 3 Diary, 1915-1919.

R.G. 9 vol. 3555. Dept. of Militia & Defence. Dir. of Medical Services. Documentation of Policy and Procedure re. 1915-1919.

professionalism. With the creation of the medical and nursing professions, standardization of recording practices was required.

In 1859 standards were established for the keeping of records by the medical personnel within the British Army. The Royal Army Medical Corps was founded on 23 June 1898 and took on the administrative and clinical responsibilities of medical treatment within the British Army. No major changes took place until the conclusion of the Boer War. The Report of the Committee on the Reconstitution of the War Office, chaired by Lord Esher in 1904, observed that there was a great deal of information on technical military progress in many other countries and recommended that an officer of the Royal Army Medical Corps be attached to the section of the Directorate of Military Operations which dealt with intelligence<sup>3</sup>. A medical section of the directorate of military operations was consequently formed at the end of 1905, after the Manchurian Campaign.

In the period between the Boer War and the outbreak of the War in 1914, there were few important changes which affected the administrative machinery of the medical service. In 1904, on the recommendation of Lord Esher's Committee, the posts of Commander-in-Chief of the War Office Council and the Army Board were abolished and the administration of the Royal Army Medical Corps was placed in the hands of an Army Council. The Army Medical Service consequently became responsible for the administrative work of the Adjutant-General's branch, not only in the War Office but also

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<sup>3</sup>United Kingdom. Report of the Committee on the Reconstitution of the War Office, Part II, Sect. IV, para. 26, 1904.

in subordinate commands.<sup>4</sup> The administrative changes resulted in a change in documenting activities.

On 4 April 1907 Sir Alfred Keogh, Director of the Royal Army Medical Corps, wrote to D. M. Russell, Deputy Medical Officer and asked whether the Medical Service was prepared for war. He believed that the British Medical Service lacked expertise. He wished that staff might have time to study the organizations of foreign powers and to compare the efficiency of their medical services with that of Great Britain.<sup>5</sup> Three points were emphasised. These were the organization for evacuation of sick and wounded from the field army; the participation of Red Cross societies in the work of the Army Medical Service; and the training of Royal Army Medical Corps officers in field administration. It was reported that the Russians regarded the work of the Army Medical Department to be of marked military importance and suggested that military personnel who were not medical people should be chosen as directors. It was recommended that British military physicians be trained as administrators and that the importance of their work should be recognized by all military personnel and regarded as essential military duty.<sup>6</sup>

Sir Alfred Keogh co-ordinated the organisation of the services of the Dominions and Colonies. At his invitation officers from the Medical Corps of Canada, Australia, New

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<sup>4</sup>Major-General Sir W. G. MacPherson, History of the Great War. Medical services general history. vol. 1. (London: HMSO, 1921), pp. 5 to 6.

<sup>5</sup>PRO WO 32/7078 Imperial Conference. Re-consideration of the organization for evacuation of sick and wounded in light of a report of medical observers at the Russian-Japanese War, 4 April, 1907. p. 2.

<sup>6</sup>*Ibid.*, p. 4.

Zealand, and South Africa met in Great Britain to study the training of the RAMC and to develop a system similar to that existing in the United Kingdom<sup>7</sup>.

#### 4. Record-Keeping Organisation. World War I

Before and at the beginning of World War I there existed within the Royal Army Medical Corps a series of regulations governing record-keeping practices. These had been in place since 1859 and only minor changes had taken place between their inception and the outbreak of the War in 1914. Regulations for the Duties of Inspectors-General and Deputy Inspectors-General of Hospitals...<sup>8</sup> were presented by Lord Panmure, former Secretary of State for War, to the Right Honourable Major General J. Peel, Secretary of State for War, on 13 November 1859. Recommendations were made for the creation of three distinct branches: medical, sanitary and statistical. Each branch had a separate head who would manage the routine details of his own department. The three heads constituted a consultative Council to assist the Director-General with subjects coming within their respective branches.<sup>9</sup>

The Panmure Report set out the following regulations. It defined the constitution and function of the Army Medical Department, placing emphasis on the statistical head,

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<sup>7</sup>Brereton, F. S. Lt-Col. The Great War and the R.A.M.C. London: Constable, 1919. p. 8.

<sup>8</sup>United Kingdom Regulations for the duties of Inspectors-General and Deputy Inspectors-General of Hospitals; for the duties of Staff and Regimental Medical Officers; for the Organization of General Regimental, and field Hospitals; and for the duties of Officers, Attendants and Nurses; for Sanitary Measures, and precautions for Preserving the Health of the Troops; for duties of Sanitary Officers attached to Armies; and for drawing up Sanitary and Medical Statistics and reports. (London: HMSO, 1859).

<sup>9</sup>Ibid., p. 6.

who was to keep the medical statistics, case-books, meteorological registers, and all other statistical documents.<sup>10</sup> The inspecting medical officer was responsible for all regulations that dealt with protecting the health of troops in barracks, garrisons, stations or camps; for securing the sanitary condition of hospitals; and for the careful treatment of, and attendance on the sick. This officer was responsible for ensuring that the medical, sanitary and statistical records were properly maintained.<sup>11</sup> Additional regulations were laid out for statistical and sanitary reports and returns. The report stated that medical officers engaged in the recruiting service were required to fill in the particulars in the register of recruits.<sup>12</sup> At the end of every year each medical officer engaged in the Recruiting Service, be the location in London or elsewhere in the British Empire, and was to record the diseases which had been found in examining recruits, ultimately deciding whether these individuals were fit or unfit for service.

The following were also maintained and formed the record-keeping operations:

1. A medical histories book, in which the medical history of every individual joining the regiment was kept; it listed diseases, wounds and the date of death, discharge or transfer to another corps or to a dépôt.
2. An admission and discharge book, in which every case was entered.
3. A medical case book, in which the history, etiology, diagnosis, treatment and results, and in case of death, the post-mortem results, of every important case were entered in detail.

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<sup>10</sup>Ibid., pp. 27 to 28.

<sup>11</sup>Ibid., p. 28.

<sup>12</sup>Ibid., p. 90.

4. A letter book, which contained all the official letters written by the medical officer in charge. The replies were entered for the inspection of the Military Inspecting General, the Director-General or any inspecting medical officer.

5. A diary, in which the medical officer entered all medical occurrences and the notes of the sanitary inspections and inquiries.

6. A register book, for cases of vaccination and small-pox.

7. A register of recruits.

8. A medical certificate accompanied each patient whenever the patient was placed under the charge of a different surgeon or transferred to a general hospital. The certificate was completed and transmitted by the medical officer with whom the patient was placed, according to the memorandum printed on it.

A standardised nosology was used for all statistical and medical forms in all regimental and general hospitals. Nosology is the classification of diseases.

The regulations also stated that in every general hospital the following books were to be kept:

1. An admission and discharge book, which was kept in the same manner as the regimental and discharge book.

2. A medical case book, containing the details of every acute and important case admitted into a hospital.

3. A ward book.

4. A letter book.

5. A necrological register.

In addition to all these collective records, the medical history of each recruit was documented on the Medical Histories Sheet which was drawn up by the dépôt surgeon. When a soldier joined a regiment this sheet was sent with the soldier to be inserted in the medical histories book of the regiment.

The following statistical returns and reports were also created, by the surgeon or medical officer in charge, using the information from the regimental hospital books. These were transmitted to the Director-General in the manner outlined below:

1. A weekly regimental return of the sick was completed and sent at the end of every week by each surgeon or medical officer in charge within the United Kingdom, to the principal medical officer of the station, district, or garrison.

2. In all stations, the surgeon or medical officer in charge transmitted to the principal medical officer of the station a report on the health of the troops. It documented the sanitary condition of the barracks, quarters and hospitals. The report was sufficiently detailed to enable the principal medical officer and the Director-General to ascertain that every necessary precaution for protecting the health of the troops had been implemented.

3. An annual sanitary and statistical report, using a printed form, was created by every surgeon or medical officer in charge of any regiment or detachment. It was transmitted to the Director-General on or before 31 January of every year.

4. A weekly and annual medical return with appended sanitary notes, memoranda and reports was created by the staff surgeon or medical officer in charge of every dépôt hospital.

5. A 'weekly hospital state' was created by the registrar of every general hospital. It was a listing of patients and the regiment to which each case was affiliated; it was created on a weekly basis by the principal medical officer of each hospital for the Director-General.

6. reports of epidemic disease in a garrison.
7. epidemic diseases among troops.
8. reports including strength, service and ages of troops.
9.     (1.) medical statistics of an army in the field.  
          (2.) returns of wounds.  
          (3.) wounds in a hospital.
10. classified return of operations.
11. quarterly register of deaths.
12. admission and discharge book and medical case book for officers.<sup>13</sup>

An annual report of the diseases within the district was compiled from the regimental reports by the principal medical officer. This report was a compilation of data, drawn from the above records.

The system was not efficient. There was difficulty in accessing information; numerous bound volumes had to be consulted to construct a full medical history of a patient. There was no collective gathering of information of an individual in one location. Not only was the system cumbersome and time-consuming, but during a time of national emergency it failed to meet the needs of those who were creating and utilizing the records.

The system laid out in detail above was inflexible. Separate bound ledgers provided access to only one body of information. Details on an individual patient were documented in an admission and discharge book; a medical histories book; a medical case book; a register book for vaccinations; as well as a medical certificate, which was created for each patient. It was difficult to collect all the relevant facts for each patient. Numerous heavy

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<sup>13</sup>Ibid., pp. 90 to 96.



volumes had to be consulted and not all were indexed. Medical personnel spent long periods of time searching through many thousands of entries to find the appropriate entries. The whole process was aggravated in that not all the volumes were held in the same location. For example, medical case books were housed in the hospital/medical centre, where a patient was treated; the register books of vaccinations were maintained in a medical centre where an individual was inoculated; and the medical case books would be kept where the patient was hospitalised. These were in separate geographical locations. There was no centralised location for the full medical history of individual patients and no machinery existed to compile this data in a speedy and efficient manner. Millions of soldiers were being transported by sea and by rail. A patient might have been injured in France and the next week the patient would have been transferred to four individual hospitals. Although a medical certificate accompanied each patient, the lack of a comprehensive medical history, either accompanying the patient or in one centralised location, precluded an efficient and organized system of medical record-keeping. The mass movement, of millions of individual soldiers and hundreds of thousands of injured and ill, required a flexible and comprehensible method of information recording and access. The system in use at the beginning of the War did not meet the demands of modern and industrialized warfare. A new method of medical record-keeping was essential. Without an improved organisation, the task of providing even minimal medical care was severely hampered. The design of patient record-keeping failed to meet the demands of World War I.

#### 4.1 Development and modification

Expanded and innovative methods of medical record-keeping were an absolute requirement. Medical personnel within the RAMC realized the inadequacies of the record-keeping system; many in fact lamented its failures. Attempts were made to expand and better the situation; these attempts were enacted by Parliamentary Committees, by the higher levels of the RAMC hierarchy and also by medical personnel, conducting their own record-keeping experiments within their own medical centres. The common goal was to simplify the record-keeping processes of documenting and retrieving the medical information of an individual, so that prompt treatment could be undertaken. Some attempts were successful and were adopted throughout the Western Front; other attempts were unsuccessful.

The following is a chronological narrative of attempts of the transformation of medical record-keeping within the British Army medical community. The evolution of the systems of medical record-keeping did not progress in a smooth fashion. Adjustments were erratic. Some attempts failed. Other attempts had wide ranging repercussions, affecting the dissemination of medical information of the whole of the Royal Army Medical Corps.

The study focuses upon the format and type of medical records. It examines the maturation of bureaucratic procedures. The examination determines if the records served any purpose, other than that for which they had been created. Civilian medical record-keeping practices are also assessed. The majority of the hospitals studied are military. Civilian hospitals are included in the study and are identified as being so. Further exploration focuses upon the Medical History Sheet, as it represents the most important shift in the method of patient record-keeping. Also, the Medical Research Committee is

examined because it played a vital role in the organization and use of patient files. The study determines if there was a shift or modification in the record-keeping system of the military medical community during World War I. A comparison is made between methods employed at the outbreak of the War and the post-War era.

The medical profession within the Royal Army Medical Corps continued to run its administrative machinery under the regulations and guidelines which had been in place for almost fifty years. There were only minor amendments which had occurred as a result of the South African War.

From the beginning of the War medical personnel were frustrated with the current methods of medical documentation. Dr. Basil Hood, Medical Superintendent of St Marylebone Infirmary, reported on the record-keeping operations of this civilian medical institution in 1914. He lamented in his diary that useful information which had been acquired laboriously lay buried in the office. The medical officers were too busy to make routine enquiries in every case. He began to arrange loose files for all casepapers to make sure they were always immediately available day or night. He believed that this act would prevent information from being buried at the printers for several weeks whilst being bound. As a result of his experimentation, Hood recommended that the case papers be filed according to a numbering system, each patient being allotted a number at the time of admission and retaining the same number until death. After death, all case files were taken out of the general filing system and the numbers allotted to a new patient. Hood's proposed system was approved by a Hospital Committee in May 1914 and was in operation a few months later.<sup>14</sup> Hood's system was innovative; it was a transformation of a bound system

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<sup>14</sup>WIHM. GC/21. Notes on St. Marylebone Infirmary. vol 1. compiled by Dr. Basil Hood, MRCS LRCP Medical Superintendent. pp. 22-24.

to a system of collective loose forms and reports. It became possible to organize the information of a single patient in one location. This simplified the process of the health care giver in researching the health history of an individual, for it was collectively in one location and not scattered in many bound volumes. There is no direct evidence that Hood's system was influenced by the development of the case file at the Mayo Clinic. However, Hood proposed his system of individual case files only three years after the Mayo Clinic introduced its novel system in 1911. Hood may have had knowledge of this means of recording patient information.

The exigencies of World War I resulted in the creation of a large number of hospitals in which there were clerical staff who had no previous acquaintance with the army method of keeping medical statistical records. The magnitude of the numbers of sick and wounded necessitated some change in the method of record-keeping. On 15 September 1914, Major R. M. West, Commanding Officer of the 138th Infantry Brigade, 46th Division, reported in his hospital diary on inoculation methods. He observed that the Medical Officer gave the injection; and that a clerk at a table at the exit took down the patient's name, etc<sup>15</sup>. The procedure was uncomplicated and a limited period of time was spent in the recording of information.

Records took on uses, other than those for which they had been created. Evidence of such future need was reported by R. M. West. On 5 August 1915 the Office of the Actingg Director of Medical Services issued instructions that cases of patients suffering

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<sup>15</sup>WIHM. RAMC 1402. War diary of 1st 32nd North Midland Field Ambulance. RAMC, 138th Infantry Brigade, 46th Division, on the Western Front, Aug 1914-1917. Kept by R. M. West, Officer Commanding. vol. 1. Hospital Diary, Prescription Book or Art Book and Daily Record of Extras and medical comforts issued to patients in Field Ambulances. August 2, 1914 to 16 April, 1915. pp. 15-16.

from shock were only to be admitted to rest camps with a medical certificate which documented that physical shock had actually occurred.<sup>16</sup> These records were to be used in a court of enquiry, when cases of inquiry or illness applied to active service.

The process of record-keeping was still a method of unstandardized procedures and methods. Patient records were maintained in many differing series of bound volumes and loose sheets. Those engaged in the activity were not pleased with the process. Captain Henry Wynyard Kaye noted on 1 July 1915, while serving in the war with the 43rd Field Ambulance 14th division, that the record-keeping system had faults and that all his accounts, returns, etc. were on loose sheets of paper and it was in an awful state<sup>17</sup>. Clearly the process of record-keeping was burdensome for the staff.

Attempts were made at individual hospitals to create and standardize record systems. At times innovative techniques were employed. On 3 November 1915 Captain Kaye, who had been transferred to Casualty Clearing Station No. 8, recorded the use of a large blackboard in the front hall on which were listed the numbers of cases in the Casualty Clearing Station. Kaye commented that this system documented the progress of events in the cases of patients being treated<sup>18</sup>. The system was unique to that hospital. It was not accepted as a universal practice, but it demonstrates that medical staff were engaged in innovative and experimental methods of documentation.

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<sup>16</sup>WIHM. RAMC 1402. War diary of 1st 32nd North Midland Field Ambulance. RAMC, 138th Infantry Brigade, 46th Division, on the Western Front. Kept by R. M. West, Officer Commanding. vol. ii. Hospital diary, prescription book or art book and daily record of extras and medical comforts issued to patients in field ambulances. April 16, 1915 to October 13, 1915., p. 53.

<sup>17</sup>WIHM RAMC 739/5 Diaries and papers of Captain Henry Wynard Kaye, 1 July, 1915. unpaginated.

<sup>18</sup>WIHM RAMC 739/6 Diaries and papers of Captain Henry Wynard Kaye, 3 November, 1915. unpaginated.

As the War progressed Kaye commented upon the creation and maintenance of records. On 16 November 1915 he noted that his working time in the morning was chiefly occupied with collecting data on patients. He questioned the significance of this activity and he hoped that the Commanding Officer might provide an answer<sup>19</sup>. By 21 November 1915 his attachment to the process of documenting had not improved; he stated in his diary that he had been engaged in various office jobs and that his love for army forms and returns was not increasing<sup>20</sup>. On 1 December of the same year Kaye documented that he was in his office most of the morning and that a considerable number of problems emerged, including a demand from the Deputy Medical Sergeant for figures showing incidence of slight and severe wounds, chest and abdominal wounds, and opinions as to the desirability and practicability of any protective armour. He was unable to provide any answer to the latter inquiry, except that everyone had widely diverging views. In the afternoon of the same day, he continued to work in the office grappling with the correspondence and figures to return to the Deputy Medical Sergeant<sup>21</sup>. Clearly a large part of his professional time was being devoted to documentation. Kaye's diary also demonstrates that data compiled by the physicians were being used for purposes other than those for which it was being created. Data collected on the health of patients was being recorded for future use in the diagnosis of the individual soldier, in case it were ever required. This was a monumental transformation; medical data was recognized as having a future use and was indeed created

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<sup>19</sup>WIHM RAMC 739/6 Diaries and papers of Captain Henry Wynard Kaye, 16 November, 1915. unpaginated.

<sup>20</sup>WIHM RAMC 739/6 Diaries and papers of Captain Henry Wynard Kaye, 21 November, 1915. unpaginated.

<sup>21</sup>WIHM RAMC 739/6 Diaries and papers of Captain Henry Wynard Kaye, 1 December, 1916. unpaginated.

and subsequently utilized for that purpose.

There was a realisation that detailed and full records were of vital importance. Captain F. L. A. Greaves of General Hospital No. 26 recorded that no notes were at first received with patients from Casualty Clearing Stations, but this was unimportant because only dressings had been applied to the patients. However, when operations of ever increasing numbers and importance were performed there, the absence of the notes from the cases was a very serious defect<sup>22</sup>. As the complexity and importance of medical treatment changed and advanced, so did the need to record what had happened.

The duties of medical personnel continued to expand. In addition to clinical duties, the Orderly Medical Officers were given the task of record-keeping operations. In 1916 F. M. Clark, the Registrar of General Hospital No. 26, instructed the Orderly Medical Officers to carry out a number of record-keeping duties. These included attending to all admissions to Hospital and being satisfied that the information was accurately recorded by the Wardmaster on Duty and also having the Convoy Officer record a preliminary diagnosis on an index card, before the patient was transferred to a ward. The Orderly Medical Officer verified that the names of all the patient on the Nominal Roll, the labels, field medical cards, and any other documents accompanying the patient were to be complete in all details. The personnel were authorised to make any minor addition which might be necessary, but if the documents lacked any information, the Officer of the case was called, regardless of the time, and the latter Officer was then to complete the documents in question. Under no

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<sup>22</sup>WIHM RAMC 728/2/2 War Diary. Remarks on the work of the Surgical Division by Capt. F.L.A. Greaves, July 1915 to May 1916, unpaginated.

circumstance was the patient allowed to leave the Hospital with incomplete documents<sup>23</sup>. The role of record-keeping had become a prominent and important aspect of the responsibilities of the Orderly Medical Officer. The cautionary note, that regardless of the time the documentation was to be completed, demonstrates that the record-keeping operation deserved the same attention as did the actual treating of wounds, nursing and surgery. Also, the fact that the patient was not to be discharged without the documentation process being completed demonstrates the importance which was being placed upon record-keeping.

There was a need for standardization. An example of poor or unstandardized labelling emerged on 29 January 1916, when it was reported that a man arrived at General Hospital No. 26, with a label marked with only the word "Insanity". The patient remarked pathetically that he had no knowledge of any illness, but that he had been labelled "Insane" and sent to the hospital, although he had only complained of being unable to carry his pack and felt quite sane. The soldier's self-diagnosis was confirmed by the registrar<sup>24</sup>. This mislabelling occurred because of poor standardization. Rectification of such gross incongruence was necessary.

Official systems of documentation did not necessarily mean immediate and efficient implementation. On 5 February 1916 the Orderly Medical Officer noted that they had been striving to contact Base personnel in England. He was using cards which were officially printed and a system for enabling those further up the medical line to obtain information

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<sup>23</sup>WIHM RAMC 728/2/16. No. 26 General Hospital. Duties of the Orderly Medical Officer, undated, unpaginated.

<sup>24</sup>WIHM RAMC 728/2/16. No. 26 General Hospital. Duties of the Orderly Medical Officer, 5 February, 1916, unpaginated.



from those further back. He added that not all had been informed of this system. He anticipated a superior system of documentation, but he cautioned that most of his notes, so carefully written and sent with the patients, failed to reach the Medical Officer in charge at the Base. He felt that this breakdown was due to the individuals transporting the information, whom he felt must be better trained<sup>25</sup>.

Newly developed record-keeping systems began to deliver information in a speedy and an efficient manner. A testimonial to this fact was recorded by Major F. M. Clark of No. 26 General Hospital, on 5 February 1916. He reported that a telegram was received from Ascot asking for information about a patient named Jim Hichens, who was reported as being wounded. Clark undertook an investigation. Within one and one-half hours he received a telephone message informing him that the patient had been discharged to duty on 3 February, after he had been treated in a Field Ambulance. Clark lauded the newly developed information system, stating that "this seems to me a wonderful testimonial to our organisation, if you reflect what it means to get such information about a single individual in less than two hours in an Army of we will say a million in the Field with only his name and battalion to go upon. Well done G.H.Q"<sup>26</sup>.

Clark referred to an index card system on 10 February 1916. He noted that he had been engaged with seeing his patients in the wards, sending four of these to the base with adequate notes, one with the new card requesting information as to progress from the

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<sup>25</sup>WIHM RAMC 728/2/16. No. 26 General Hospital. Duties of the Orderly Medical Officer, 5 February, 1916, unpaginated.

<sup>26</sup>WIHM RAMC 728/2/16. No. 26 General Hospital. Duties of the Orderly Medical Officer, 5 February, 1916, unpaginated.

Medical Officer at the Base.<sup>27</sup> The index card system had only recently been introduced, but was important for the registrar to notate.

The filling of forms was demanding greater and greater amounts of time. This was indicative of the importance of the form itself. The Orderly Medical Officer of General Hospital No. 6 reported on 22 March 1916 that he was creating notes prior to the evacuation of patients, notes before tea and notes after dinner. The following day on 28 March, he reported that he "had a scrappy sort of morning, filling up endless odds and ends of jobs inside the office and out". The following day on 29 March, he further noted that he had a strenuous hour and a half seeing to patients and writing notes. He also reported that he had seen some special cases and that their reports were properly made<sup>28</sup>. The Orderly Medical Officer was engaged in a day-to-day process of record-keeping. His frustration represents the process of learning a new and complex procedure.

Incorporating change in record-keeping practices was not simple. The complexities were immense. On 3 May 1916 the Army issued instructions which marked a major change in record-keeping practices.<sup>29</sup> All physicians and Empire Hospitals actively began a new course of record-keeping. The new system ensured a uniform system of documentation and reduced to a minimum the margin of error in the statistical tables. There had been errors in the reporting of the numbers of wounded which had resulted in shortages of medical supplies. The new system addressed this deficiency.

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<sup>27</sup>WIHM RAMC 728/2/16. No. 26 General Hospital. Duties of the Orderly Medical Officer, 10 February, 1916, unpaginated.

<sup>28</sup>WIHM RAMC 728/2/16. No. 26 General Hospital. Duties of the Orderly Medical Officer, March, 1916, unpaginated.

<sup>29</sup>WIHM GC/42/2/1 Professor Thomas Renton Elliott. Council Instruction No. 923 of 1916, May 3, 1916. pp. 1 to 4.

The Royal Army Medical Corps had a more advanced system of record-keeping than British civilian hospitals. Evidence presented by Sir Henry Burdett indicates that civilian hospitals maintained statistics of numbers of patients admitted into hospitals, but there is no evidence to support the fact that the civilian hospitals in 1916 were maintaining any comprehensive medical patient records.<sup>30</sup>

The mislabelling and inadequate documenting of information created severe problems. On 16 June, 1916 it was reported that a luckless boy was brought to General Hospital No. 26 in a car. The registrar saw him at the door and observed that he was dying, or rather that his only chance lay in being at once warmed and kept quiet. The patient died about three quarters of an hour later. It transpired that the Field Ambulance had labelled him wrongly. The diagnosis was wound of the thigh, whereas he had wound of the lower leg. The registrar lamented the error of the document<sup>31</sup>. The Medical Officers were becoming much more dependent upon accurate information and had developed expectations that the data would be concise and accurate, for purposes of diagnosis.

By 1916 there was an awareness among those serving in the hospitals in France, as well as those in the administrative offices of the Royal Army Medical Corps, that the method of recording, using and disseminating the needed information was antiquated and insufficient to serve the needs of the crisis of the War. Ways of dealing with this problem were introduced which involved adequately analysing the problem, discussing the

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<sup>30</sup>Sir Henry Charles Burdett. The uniform system of accounts for hospitals and public institutions, orphanages, missionary societies, homes, co-operations, and all classes of institutions with special forms of account, complete set of books, certain suggested checks upon expenditure, forms of tenure, and other aids to economy together with an index of classification. 4th ed. (London: Scientific Press, [1916]), p. v.

<sup>31</sup>WIHM RAMC 728/2/16. No. 26 General Hospital. Duties of the Orderly Medical Officer, 16 June, 1916, unpaginated.

complexities of the possible solutions and devising a particular solution which would meet the needs of all concerned.

A greater and greater percentage of the duties of the personnel was allotted to the recording of the health of the patient. Writing on 27 January 1916 Clark complained that having attained a position of administrative importance, he thereupon ceased to do any actual medical work; he was becoming more and more out of touch with medicine and surgery, both clinical and theoretical, and was dealing instead with names of men labelled with sundry diseases and injuries. He further noted that the Commanding Officer at his hospital sat in the office from nine to one o'clock and from two to four o'clock, engaged in general supervision and in settling trifling points which might arise.<sup>32</sup> Clarke was engaged in a full regime of record-keeping and his contact with patients became non-existent.

Incorporating change in record-keeping practices was not simple. The complexities were immense. On 3 May 1916, the Army Council issued instructions<sup>33</sup> which marked a major change in record-keeping practices. The Army Council desired a uniform system of documentation, which would also reduce to a minimum the margin of error in the statistical tables. There had been errors in the reporting of the numbers of wounded, and this resulted in shortages of medical supplies.

It was stressed that great care was necessary to distinguish clearly between admissions and transfers. The serial numbers of admissions were entered in black ink and those of transfers in red ink. All central, military and convalescent hospitals maintained a

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<sup>32</sup>WIHM RAMC 728/2/16. No. 26 General Hospital. Duties of the Orderly Medical Officer, 27 January, 1916, unpaginated.

<sup>33</sup>WIHM GC/42/2/1 Professor Thomas Renton Elliott. Council Instruction No. 923 of 1916, May 3, 1916. pp. 1 to 4.

card index. These cards were first used on 1 May 1916 for all patients received into a hospital. The cards were required for statistical purposes.

Separate returns were required for each Expeditionary Force. Cases re-admitted to hospital were included with transfers from other hospitals.

The changes were introduced to provide a standard for all hospitals to follow. The immense number of diseased and wounded personnel necessitated a simplified and universally applicable method of listing the activities of medical staff. The regulations provided a method whereby novice clerks could easily and efficiently undertake the administrative tasks at hand. The resulting changes also regulated statistical data which were submitted to the War Office for analysis, which in turn affected further policy regarding the Royal Army Medical Corps.

The regulations stipulated that specific new record groups were to be created. Separate admission and discharge books for British and Colonial forces, officers and pensioners and others reflected the need to categorize statistics and to divide the care of patients according to the hierarchical order of the Army. There was a need for a standard system of recording information for all British and Colonial hospitals.

The urgent need to record information resulted in regulations which required staff to complete record-keeping operations as soon as possible. This arose from the need to undertake immediate diagnosis, prognosis and care, prescribe medication and perform surgery. It was also due to the complexity of transferring patients from one medical institution to another and requiring information about the patient, immediately upon arrival at a new medical centre .

The data which were being collected for purposes of documenting the health and treatment of individual patients proved valuable for other uses. Captain Kaye made use of Post Mortems. Full notes on all the performed autopsies and a considerable mass of related data were collated to study the problems of the work of a Casualty Clearing Station. An analysis was conducted, analysing shock, haemorrhage and disturbance of the cardio-respiratory apparatus, quantity of blood in the pleura, placement of bullets, description of empyema, condition of a missile when entering the chest and abdomen, fracture of ribs, the condition of organs and the nature and extent of injuries and the rapidity with which an infection with gas-forming organisms might spread and cause disease. Based on his study, Kaye concluded that soldiers on Active Service, especially those who were working in, or, in the immediate vicinity of the fighting area, were the healthiest collective group of individuals<sup>34</sup>. The conclusion did not concur with his initial hypothesis; the study was possible because of the newly introduced systems of record-keeping.

Similar data were used to carry out a major study upon asphyxia. Three hundred and twenty one gassed patients were studied by Kaye. The study was based upon patient records, which listed the medication and care which had been administered. An ordering and classifying of cases based upon severity enabled Kaye to introduce order and system into the general management and treatment of the patients. The study compared varying methods for treating gassed patients. A comparison of treatments between 1915 and 1916 led Kaye to conclude that the results obtained in 1915 were superior to those of 1916. The

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<sup>34</sup>WIHM RAMC 739/11/2. Notes from the P. M. Room of a Casualty Clearing Station, by H. W. Kaye, Captain, RAMC, 1916. pp. 1-10.

personnel at the hospital were prepared to readopt the 1916 treatments, based upon the conclusion of the study.<sup>35</sup>

Record-keeping operations were in use and had become an accepted practice by 1916. Captain Harold Upcott, Surgical Specialist at Casualty Clearing Station No. 37 reported on 25 October 1916 that all cases which were brought in by the field ambulances went directly to ambulance trains without being dressed. Other patients were either dressed and labelled for evacuation or sent to the preparation tent. Urgent cases were marked with a U. Other cases, such as patients with chest wounds, were sent directly to the wards. An orderly was there to take notes, as dictated by the surgeon. These were put in the patient's envelope which were routinely issued to each patient and affixed to the patient's clothing, before leaving the operating theatre. Cases for evacuation after operation were labelled in the theatre and returned to the wards to be evacuated by the next train<sup>36</sup>.

It was recognized that the record served a future use and must be preserved for that purpose. Thomas Renton Elliott reported a situation on 3 January 1917 in which he informed Sir Alfred Keogh that the F.M. Card was being destroyed in the hospitals in England. Keogh promised to send out an order at once for the preservation of the cards. He was anxious that the new form be stored in hospital records<sup>37</sup>.

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<sup>35</sup>WIHM RAMC 739/11 Notes and observations on 321 cases of asphyxia caused by an enemy gas attack on April 30th, 1916. by Elliott T. Glenny, Capt. RAMC and H. W. Kaye, Capt., RAMC, 30 April, 1916. pp. 1 to 7.

<sup>36</sup>WIHM RAMC 801/11/5 The Mytchett Collection. Typescript diary of Captain Harold Upcott, Surgical Specialist with 37th Casualty Clearing Station, Nov 1915-Dec, 1917 and May 1918. pp. 72 to 73.

<sup>37</sup>WIHM RAMC 739/11/6 An investigation of the cause of death in certain cases of early fatality seen at a Casualty Clearing Station. 3 January, 1917. unpaginated.

The Committee on Medical Establishments in France<sup>38</sup> was a committee of enquiry which was appointed by the Secretary of State for War on 22 August 1917. The head of the Committee was Major-General Sir Francis Howard. Under the terms of reference of the Report, the Committee was to enquire into various matters connected with the personnel and administration of the Army Medical Services in France. The Committee was formed to recommend improvements in administrative structure, one important goal being an attempt to reduce the time physicians spent completing forms.

The report laid out the organization of the medical establishments in France. There was an outline of the responsibilities and the reporting structures of casualty clearing stations, motor ambulance convoys, field ambulances, regimental medical officers and other scattered units. The committee investigated sanitation, instruction of medical officers, leave, employment of women, dentists and accommodation for nurses. The report questioned administrative procedures concerning medical personnel, as well as other general issues concerning the medical profession.

The Committee reported upon the complete organization and smooth operation of the Royal Army Medical Corps in France. It further reported on the success with which the Corps, designed for a small army, had been rapidly expanded to meet the requirements of an army of millions. The Committee concluded that the Royal Army Medical Corps had proven itself adaptable to trench warfare.

The Committee enquired into the duties of individual medical officers. Attention was directed to the nature and amount of the clerical work which was necessary in relation

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<sup>38</sup>PRO WO 32/4752. Registered Papers: General Series. Subject: Medical Committees. Committee on Medical Establishments in France. Health Conditions, 1916 to 1917. pp. 1 to 132.



to the patient. The work of the registrar was examined. The registrar was normally attached to each general hospital and was a qualified medical person. The duties of the registrar were:

- to collate and keep all professional and scientific records of patients, to check diagnoses, to have custody of case sheets, to ensure the accuracy of information and to furnish the commanding officer each morning with the condition of the sick and information as to vacant beds;

- to convene invaliding and other medical boards and do all secretarial work in connection with them;

- to command the company or companies of the Royal Army Medical Corps and to be responsible to the commanding officer for everything connected with that command;

- to allot the patients on the arrival of a convoy to the appropriate wards or divisions and to undertake such professional work as might be delegated to him by the commanding officer.

The commanding officers and the registrars strongly believed that the clerical work could not be properly done by an officer who did not have medical training, without which he would be unable to deal in a responsible way with the numerous technical points involved in the records and reports.

Many medical officers in charge of wards complained that a large amount of their time was occupied in clerical work. Part of this, they said, could be done sufficiently well by a non-medical clerk, but they allowed that a considerable part did require medical training. This point was generally emphasized by the registrars and by the commanding officers. The Committee did not find the amount of note-taking and official records to be excessive, but it appeared probable to them that if a greater number of competent clerks

were provided to assist with the clerical work of the registrar and the other medical officers, at least one medical officer could be spared in some hospitals with large staffs.

The duties of the commanding officer were purely administrative. In a few cases, commanding officers stated that they had been of some help to the other medical officers, but this was exceptional. The Committee agreed that it should be possible for a commanding officer to command two contiguous hospitals if they had few beds and a small staff.<sup>39</sup>

The Committee recommended that a distributing board for medical officers, consisting chiefly, but not entirely, of medical officers should be drawn from civilian practice, and that this board should supervise the classification of medical officers, their distribution to medical posts and their responsibilities. The committee also recommended increasing the number of competent clerks and dispensing with the services of at least one medical officer in each hospital.<sup>40</sup>

It further recommended that military authorities in both England and France should keep accurate records of the medical officers under their control, showing their qualifications, previous experience and the posts that they occupied. These records were to be placed at the disposal of Medical Officers for the Army.<sup>41</sup>

Independent systems of record-keeping were devised to supplement those required by the Army. Staff obviously felt that such innovative activity would assist them with their own work. Such a case occurred at No. 14 Stationary Hospital, Wimereux, where Commanding Officer Lieut. Col. H. C. Sidgwick wrote in the minutes of the

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<sup>39</sup>Ibid., pp. 21 to 22.

<sup>40</sup>Ibid., p. 117.

<sup>41</sup>Ibid., pp. 123 to 124.

Commissioner's minutes on 2 September 1917 that the Commanding Officer had created a record list of all the cases of typhoid in that hospital. These records were kept by a member of the Voluntary Aid Detachment, who copied them from the Case Sheets under the Commanding Officer's supervision. These books were not official Army Books or Forms, but had been invented independently. The work was voluntary and was not part of his official duties<sup>42</sup>.

Regulations were more specific by 1918. Instructions were issued on 25 September 1918, that all hospitals were to send reports of seriously and dangerously ill patients to the Statistical Office immediately. All cases of jaundice, nephritis, arsenical poisoning and trench foot, were to be sent to the Statistical Office immediately upon admission or diagnosis, on forms which were obtainable from the Statistical Office. All diagnoses were to be recorded in the terms of the established medical nomenclature. The terms "Debility", "Trench Foot", and "Trench Fever" became officially recognised diagnoses. No alteration of "Sick" to "Battle Casualty" or vice versa was to be made without reference to the Statistical Office. The condition of patients, capable of walking and transferred to convalescent hospitals in the United Kingdom, was entered in the bottom left hand corner of the Index Card. Names of patients slated for evacuation, with the time of evacuation, were transferred to the wards, so that transport could be made available. The Field Medical Card was completed and accompanied the patient with all other documents, enclosed in the Field Medical Card waterproof envelope. Medical Case Sheets were made out for all fatal cases. Post-mortems were reported to the Medical Statistical Office. Index cards contained

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<sup>42</sup>WIHM RAMC 1165/2 Minutes of Commissioner's Meetings. 13 General Hospital, Casion, Boulogne, 2 September, 1917, p. 32.

brief notes on the case, in accordance with the attached instructions. Instructions were provided for the completion of lesser forms, including those for infectious diseases<sup>43</sup>.

In January 1918 the Director-General, Army Medical Service, with the concurrence of the Controller of the Chemical Warfare Department, Ministry of Munitions, appointed a special Committee to prepare reports, based upon information received from all sources at the Chemical Warfare Department. The goal of the report was to recommend medical investigations that might be conducted, based upon data collected on the scientific and medical aspect of chemical warfare.<sup>44</sup>

The report was based upon the examination of 4,575 case cards. These cards documented gas casualties who were discharged from Primary Hospitals in the United Kingdom during the approximate period from 1 May to 1 August 1918. The information obtained from the cards was mainly of a statistical nature. The data from the cards were used to obtain and create tables of the time that the patient was in hospital; cases transferred to auxiliary hospitals; symptoms prolonging stay in hospital over nine weeks; causes of discharge from the Army as permanently unfit; and causes of death<sup>45</sup>. Hence, more expansive and analytical research could be undertaken, making use of medical records. The record was utilized for purposes which had previously been unrecognized.

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<sup>43</sup>WIHM RAMC 728/2/15 No. 26 General Hospital. Instructions for Medical Officers i/c Wards. 25 September, 1918, unpaginated.

<sup>44</sup>WIHM RAMC 2045 20 reports re Warfare from the Medical Research Committee. Chemical Warfare Committee, Reports of the Chemical Warfare Medical Committee, 1918, unpaginated.

<sup>45</sup>WIHM RAMC 2045 20 reports re Warfare from the Medical Research Committee. Chemical Warfare Committee, No. 16 Report on the length of stay in Hospital in the United Kingdom and the disposal of gas casualties. 1918, p. 3.

## 4.2 The Medical History Sheet/Medical Case Sheet

The documenting of a patient's well-being, health, illness, wounds and anthropomorphic data was one of the most important acts in the compilation of medical data. Its use was essential not only in tracking the long term medical health of a patient, but also as a tool to be used by government administrators in the granting of pensions. During the course of the War, changes were brought about in the kind, quantity and standard means of data that were required. The patient file changed and evolved and was designated by a variety of formal titles.

By 1915 the Medical History Sheet was in use among the Royal Army Medical Corps. Although all examples of this file remain restricted, evidence is found in the records of the Canadian Army Medical Corps. On 28 September 1915 Surgeon-General Russell, Director of the Army Medical Service, advised in a directive to the Canadian Army Medical Corps that all colonial governments were to make use of the Medical History Sheet, Form B178, which was then in use by the Royal Army Medical Corps<sup>46</sup>. (See Appendix Two on pages 242 to 243). He further instructed that the Medical History Sheet was to document the history of all military personnel who had received treatment in a hospital. The sheet was to accompany the patient, if transferred to another hospital.

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<sup>46</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Series 22. Patients. Documentation of-Policy and Procedures re. File 22-1-7. vol. 1. May 18, 1915 to April 10, 1916. Suggested outline of W. O. letter re Medical History Sheets, 28 September, 1915, p. 139.

Although all copies of the Medical History Sheet created in Great Britain still remain restricted from public research, the analysis above was conducted on a copy of the Medical History Sheet which is held at the National Archives of Canada. The form was sent to the Canadian Army Medical Corps, and this body was instructed to make use of the form, conforming to standards developed by the British.

At the onset of the War, a Canadian medical history form was used as a patient file to document the health of a patient. (See Appendix One on pages 240 to 241). On 6 August 1915, a cable was sent to the Director-General of Medical Services in Ottawa, asking that in future the British forms of the Medical History Sheet be used for all members of the Canadian Expeditionary Force, instead of the Canadian form as had previously been in use and also requesting that the same be forwarded in duplicate to every member proceeding overseas.<sup>47</sup>

The prime goal of the Medical History sheet was to provide an account of the physical condition of each individual. Each form recorded the name, history of enlistment, transfers and medical examinations. Each time the patient was examined or treated, the place and dates of treatment were noted, as well as remarks on the nature of the disease or wound, the details of treatment, notes on recovery and the signature of the medical officer responsible for each treatment. The final examination and discharge of the individual by a Medical Board was also recorded. One of the purposes of the Medical History Sheet was for claiming pensions. The Medical History Sheets were stored at the Medical Research Committee and formed the basis of the expansive database located there. This will be discussed in further detail in Section (4.3).

Problems were encountered with the adaptation of a standardized form. An alternative scheme was proposed which was that the proper completion of Medical History Sheets would be under the authority of an officer detailed for that special purpose. This officer would instruct medical officers regarding the proper filling-out of the Medical

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<sup>47</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation of - Policy and Procedure re., 1915 to 1919, p. 84 to 85.

History Sheets and would make sure that the mistakes in the completion of these Medical History Sheets, which had occurred in the past, would not be repeated<sup>48</sup>

From 10 December, 1915, the Record Office, London, became the repository for Medical History Sheets. All Medical History Sheets were completed and forwarded to the officer in charge of records. The only exception to this rule was the case of patients in a hospital. Their Medical History Sheets were placed in the custody of the officer in charge of the hospital. When the patients were discharged from a hospital, their Medical History Sheets were forwarded to the Record Office.

The transfer of recorded information to the Record Office in London was undertaken utilising a number of techniques. The telegraph played a great role. Telegraphers were engaged at general hospitals in France and in the United Kingdom, as well as at the Record Office. Information concerning a patient was sent by wire from hospitals to the Record office. In turn, the Record Office confirmed receipt and if necessary made further enquiries. Forms which had been filled in at the hospitals were subsequently sent to the Record Office. This was accomplished through the use of dispatch bags, which were sent via lorry, ship and rail. Upon receipt at the Records Office, clerks verified the record of each patient and filed the handwritten form in the appropriate patient file. If there were errors or uncertainties, the appropriate hospital was contacted, either by telegraph or by written memorandum, requesting verification of the information.

When a patient returned to Great Britain from active service, a casualty sheet accompanied the patient and was sent to the officer in charge of records. While the casualty sheet was in the hands of the officer in charge of records, any information of importance

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<sup>48</sup>Ibid., pp.286 to 287.

to the medical service was extracted from the casualty sheet and entered upon the Medical History Sheet.<sup>49</sup>

It was envisaged that should it be necessary to enquire into the hospitalization of any individual, the military authorities of Great Britain, the Dominions or other possessions would have in their custody no official and legal documents detailing the medical history of the soldier when on active service. A delay of weeks and months would result before copies of the official documents could be made in London and before a man in Melbourne or Vancouver could establish his claims for a pension. In the absence of easily accessible admission and discharge books and other hospital records, the Medical History Sheet became an essential document for every individual belonging to these contingents.

#### 4.3 Medical Research Committee

Before the outbreak of the War, the British government had been engaged in the creation of national health insurance. In 1913 two committees were established under the National Insurance Joint Committee. These were the Advisory Council for Research and the Medical Research Committee. Members of the Medical Research Committee, under the chairmanship of Lord Moulton, were appointed on 20 August 1913. They began to study the organization of state resources for the implementation of national health insurance and the advancement of medical knowledge. The main goals were to preserve the health of the British population and to combat disease. The administrative structure of the

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<sup>49</sup>NAC RG 9 vol. 3746 Department of Militia and Defence. Adami Papers. Canadian General Hospital No. 3. Extracts, Reports, 1915, Appendix pp. 1 to 3.



Medical Research Committee was created, employing individuals who were competent scientists and able to carry out independent medical investigations. A Statistical Department was also created. The goal of this department was the compilation and interpretation of statistics concerning diet, occupation and matters dealing with the incidence of disease. These included vital statistics, the distribution of disease and the relative frequency of special lesions in diseases such as tuberculosis. All statistical investigations which would be useful either as preliminary to research or as confirmatory of its results were also to be conducted.<sup>50</sup>

The outbreak of the War interrupted the proposed schemes of research and new research was therefore required. Changing circumstances and the sudden call for medical and pathological assistance to the military forces altered the plans of the Committee. The Medical Research Committee placed their resources at the disposal of the War Office. Their offer was accepted and the department began the compilation of statistics concerning the number of sick and wounded from the Home and Expeditionary Forces. The Statistical Branch of the Medical Research Committee was immediately established at 34 Guildford Street in London, with the necessary staff and furnishings. Card indices were immediately created, transferring information from the forms provided by the military hospitals. Clerical staff were engaged in the hospitals to collect and transmit the required information to the Statistical Branch. In addition to the collection of statistics, the Branch was also engaged in the sorting and classification of the medical and surgical case sheets from the military hospitals. This activity provided the medical officers of the forces with information

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<sup>50</sup>United Kingdom. Parliament. "First annual report of the Medical Research Committee." Sessional Papers. (Commons and House of Lords), 1914-1915, National Health Insurance, 18 October 1915, vol. 31, pp. 4 to 5.

regarding the medical history of patients, which they used in developing plans for future medical care.<sup>51</sup>

Specialized problems were addressed. The formation of large new armies required information relating to the general health of the military personnel. It was realized that the circumstances of the War provided unequalled opportunities for study and research which might bring lasting benefits to the entire future population of Britain.<sup>52</sup> The Statistical Branch was able to undertake studies and compile statistics on gunshot wounds, the classification of anaerobic organisms, measles, skin grafting and x-ray work. The information so gained from all of the activities of the Statistical Branch was also intended for the publication of an official medical history of the War.<sup>53</sup> Major-General Sir W. G. MacPherson made extensive use of this data in his published work, History of the Great War. Medical services general history.<sup>54</sup>

As the War continued, new clinical and pathological problems in the hospitals, both on the front and in Britain, resulted in further specialized studies at the Statistical Branch. In 1915 studies began on cholera, typhoid bacilli, paratyphoid bacilli, antiseptics, cerebrospinal meningitis, neurological cases and the results of Wassermann tests.<sup>55</sup> By 1918 the specialized studies included the physiology of wounds, wound gangrene, the treatment

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<sup>51</sup>Ibid., pp. 12 to 21.

<sup>52</sup>Ibid., p. 31.

<sup>53</sup>Ibid., pp. 45 to 47.

<sup>54</sup>Major General Sir W. G. MacPherson, History of the Great War. Medical services general history. 3 vols. (London: HMSO, 1921).

<sup>55</sup>United Kingdom. Parliament. "First annual report of the Medical Research Committee." Sessional Papers. (Commons and House of Lords), National Health Insurance, 12 May 1915, vol. 31, pp. 4 to 5.

of wounds, the chemistry of bacterial growth, nephritis, heart disorders, surgical shock, problems related to gassed cases, problems of flying, neurological cases and industrial fatigue.<sup>56</sup>

In 1917 the War Office required greater accuracy in the records that were being produced and maintained by the hospitals at the front and in Britain. The Committee emphasized that accurate records were essential because they would form the basis for adjudication upon future pension claims. It stressed that the records would be indispensable for the future work of the Ministry of Pensions at the conclusion of the War; without them, future claims for pensions could not be easily verified as valid or condemned as false. The Committee began a programme of notifying medical officers in charge of hospitals of the importance of maintaining accurate and extensive records.<sup>57</sup>

The admission and discharge books from the many hospitals were used for statistical purposes. The information contained within these books was used to answer questions submitted to the Committee from medical boards, regimental paymasters and hospital personnel. Assistance was given to the Ministry of Pensions in verifying the grounds for pension claims and also to the Belgian Central Service of Recruiting and Statistics in tracing and verifying the diseases and wounds of many Belgian soldiers treated in British and Colonial hospitals. Statistical reports were compiled and printed for distribution, based on the work conducted by the Committee. Examples included reports of gunshot wounds to the head, fractured femurs, cases of nephritis and of gas poisoning.<sup>58</sup>

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<sup>56</sup>United Kingdom. Parliament. "First annual report of the Medical Research Committee." Sessional Papers. (Commons and House of Lords), 1917-1918, National Health Insurance, 18 October 1918, vol. 17, pp. 35 to 68.

<sup>57</sup>*Ibid.*, p. 24.

<sup>58</sup>*Ibid.*, pp. 24 to 25.

The Statistical Committee was responsible for the creation of forms for the interchange of information between medical officers at the front and the Committee itself. This was important, for the Statistical Committee was creating a standard which all medical officers could follow. Specialized note-taking forms, books and diagrams were supplied continuously and were used by medical personnel to conduct studies of some unique group or groups of cases and of treatment. Examples of these specialized studies include statistics giving the results of treatment of head wounds, chest wounds and fractures. A system was initiated to follow up medical cases and the progress of former patients. This was accomplished through the use of information cards, nominal rolls of cases and medical case sheets.<sup>59</sup>

After the Armistice the Statistical Branch closed its records. Index cards for the earlier period of the War were coded and the information contained on them was transferred to the statistical cards by punching machines, in preparation for the final statistical analysis by a mechanical method of sorting and counting. The medical case sheets and the cards for special groups and diseases, other than index cards, were arranged to make them readily available for reference. The case sheets relating to members of the Canadian, Australian and New Zealand Forces were removed, arranged and handed over to the respective Dominion authorities. During the last year of the War the Committee had made it possible to supply information about the later history of special classes of injury and disease to medical officers responsible for the original early treatment, be it operative or medical, to assist them in the completion of reports upon treatment and its results in these

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<sup>59</sup>Ibid., p. 29.

kinds of cases. Cases included gunshot wounds to the head, gunshot wounds to the chest, gunshot wounds to the abdomen and trench fever.<sup>60</sup>

The Medical Research Committee concluded its activities in June 1920. The duties of the chairman were transferred to the Medical Research Council.<sup>61</sup> The Medical Research Committee had been engaged in the application of scientific work to practical problems. It provided direct aid in the practical conduct of medical research and it led to gains in scientific knowledge.<sup>62</sup> This was achieved not only due to the skill of medical and scientific individuals, but also to the use of records which were altered or created for the purposes of the Committee.

A transformation took place. The record was no longer a static and bound volume. It now was physically different in format and was being used for a multitude of purposes. Pension claims were based on the record; analytical, medical and social research was based on these records and many medical care personnel compiled a continuing medical history of each patient.

## 5. Record-keeping Organisation. Post-War

In the post-War period the data that had been collected for the individual patient files were used as the basis for the Physical Examination of Men of Military Age by

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<sup>60</sup>United Kingdom. Parliament. "First annual report of the Medical Research Committee." Sessional Papers. (Commons and House of Lords), 1918-1919, National Health Insurance, 18 October 1919, vol. xxvi, pp. 80 to 82.

<sup>61</sup>Ibid., p. 16.

<sup>62</sup>Ibid., pp. 5 to 8.

National Service Medical Boards, which was presented to the House of Commons by Command of His Majesty in 1920. The data was obtained from the war records of the recruiting Medical Boards, with the intention of making these data readily available for the use of the officials of the Ministry and of placing the information so obtained as to the physical fitness of the nation on record for future use and reference. This Committee held five formal meetings during 1918 and 1919, and laid down the lines along which the medical records of the Ministry of National Service should be investigated and analysed. The Committee acted under the Minister of National Service with Dr. H. W. Kaye, the personal assistant of the Chief Commissioner of Medical Services, as Secretary. When the Medical Department of the Ministry of National Service finished its work, the responsibility of carrying on the investigations devolved entirely onto the Secretary. The Report represented the only survey of the physical fitness of the male population of military age in the history of the United Kingdom<sup>63</sup>.

A report entitled "Army Medical Service with the different formations," written in the 1920s by F. M. Richardson emphasized that there were three important duties to be carried out: classification of illness, medical and surgical work and evacuation of patients. The report emphasized that the classification system at the regimental aid posts and divisional dressing stations during the War had been hopelessly inadequate. This was due to the great number of wounded, the lack of protection of the patients and the possible advance upon them of German troops. The Army Corps Medical units played a highly important part in the development of the first real technical classification system. It was

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<sup>63</sup>WIHM. RAMC 739/18 Ministry of National Service. 1917-1919. Report upon the Physical Examination of Men of Military Age by National Service Medical Boards from November 1st, 1917- October 31st, 1918, Presented to the House of Commons by Command of His Majesty: HMSO, 1920. p.iii.

acknowledged that classification should be entrusted to a first class expert, who was able to decide rapidly as to the gravity of a wound and to take all necessary action without delay, depending on the conditions of evacuation and the number of the wounded. Classification at the Front was recognized to be of the greatest technical importance. The treatment for extremely urgent cases was advocated as a necessity.

Particular emphasis was placed on the necessity of dealing with admissions, transfers and readmissions in a standardized way. This arose from the need to trace the movements of patients as they passed from institution to institution and to keep accurate and specific data which could be used for statistical purposes.

The nomenclature of diseases and wounds was expanded as a result of the greater incidence and identification of varying diseases and wounds. Those diseases included in the expanded nomenclature were specific to the War. The frequency of wounds and the new methods of treating the wounds required more specific methods of classifying them.

Standardized forms were issued. These included a card index for all hospitals, medical case sheets, nominal rolls and monthly returns of sick and wounded. Emphasis was placed on the accuracy needed in filling these in and on the urgency of submitting these on prescribed dates to the Statistical Section of the Medical Research Committee. This was done at the direction of the Statistical Branch which required such information for its on-going analytical work which influenced War Office and government decisions and policy.

Statistical analysis, urgency in treating patients and the complexity in patient transfer led to changes in the documentation of patient admission, discharge and transfer. Statistical analysis of these procedures was necessary for the War Office and the government in their decision-making operations. As the government became more involved in the decisions

which affected its citizens, more accurate and standardized information was required to assist in these decision-making processes.

The Ministry of Health was created in 1919 for the purpose of supervising the health of the people of Great Britain and for unifying and simplifying the central medical agencies working on their behalf. It took over the existing medical powers and functions of the local government boards, of the English and Welsh Insurance Commissions and of the Registrar-General. The creation of a national insurance scheme was intended to provide medical treatment for individuals, to protect them from disability due to illness. If an individual was incapable of working due to illness, the person was provided with a monetary allowance during the period of incapacity.<sup>64</sup> The inter-war social welfare policy was able to make use of the military medical record methods which were developed during the War. Indirectly this system helped launch and support the bureaucracy of the medical insurance scheme.

In 1920 a regular exchange of health information was established between the British, Dominion and Colonial governments. A series of forms were created for the exchange of medical information within Great Britain. Weekly returns of notifiable infectious diseases from all the sanitary districts of England and Wales were collated and published by the Ministry. Medical officers of health were responsible for sending immediate notification of every case of certain specified diseases to the Ministry. These included smallpox, plague, cholera, typhus and relapsing fever.<sup>65</sup> Insurance records were not as developed as they might have been, because of the exigencies of the War. A revised

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<sup>64</sup>United Kingdom. Parliament. "Annual report of the Chief Medical Officer." Sessional Papers. (Commons and House of Lords), 1919-1921, Ministry of Health, 4 August 1920, vol. xvii, pp. 7 to 8.

<sup>65</sup>Ibid., p. 13.



form of the medical records was recommended for insured persons.<sup>66</sup> In order to carry out the goals and objectives of the Ministry of Health effectively, a comprehensive corps of detailed medical records of the British population was essential. The alteration and expansion of records during the War provided an effective tool for the implementation of a national health programme. The system of record-keeping which had been proposed before the War was criticized. It was recognized that the system, which required the surrender of the medical card at the end of each year, deprived medical practitioners of much needed information. The value of the information was impaired by the impossibility of obtaining a continuous medical history of each person whose illness was recorded. The necessity of beginning a new card each year for each patient created unnecessary clerical labour for physicians.<sup>67</sup>

It was recognized that precedence had to be given to the ways in which the keeping of records might contribute to the more efficient treatment of patients, both by the physician who made the record and also by other physicians who might care for the same patients. Thus a standardized system of record-keeping was proposed for maintaining a continuous record of a patient's illnesses.<sup>68</sup> Forms were proposed which would provide a standardized method to be used by physicians. It was to remain in the possession of the physician and in a case where a patient was incapacitated for work, a part of the record would be

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<sup>66</sup>United Kingdom. Parliament. "Report of the inter-departmental committee appointed to consider and report upon the form of medical record to be prescribed under the terms of service of insurance practitioners contained in the medical benefit regulations, 1920." Sessional Papers. (Commons and House of Lords), 1920, National Health Insurance, June 1920, vol. xxii, pp. 1 to 29.

<sup>67</sup>Ibid., p. 6.

<sup>68</sup>Ibid., pp. 6 to 7.

detached and forwarded to the Ministry. The forms were of standard size and colour coded to distinguish between female and male patients. The forms allowed for the reporting of the continuous illness of any single patient and allowed the physician to make recommendations as to illnesses causing incapacity.<sup>69</sup>

Further evidence that data collected in the patient record could be used for other purposes is provided by the Medical Research Committee. In January 1918 the Director-General of the Army Medical Service, with the concurrence of the Controller of the Chemical Warfare Department, Ministry of Munitions, appointed a special Committee to undertake research. The studies were based upon information received from at the Chemical Warfare Department. The study made recommendations for further co-ordinated medical investigations that seemed desirable on the scientific medical aspect of Chemical Warfare<sup>70</sup>

By the conclusion of the War a conversion had been made in the method of record-keeping of patient records. The record sets used at the beginning of the War had been replaced. Most notable was the introduction and use of the Medical History Sheet, which provided a comprehensive medical history of each individual. No longer did medical personnel have to search amongst many recorded types, in a number of geographical locations to access the full record of a single or collective group of patients. The medical history of an individual was now centralized in one record form: the Medical History Sheet and these sheets were consolidated within one bureaucratic organisation in central London.

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<sup>69</sup>Ibid., p. 13.

<sup>70</sup>WIHM RAMC 2045 20 reports re Warfare from the Medical Research Committee. Chemical Warfare Committee, Reports of the Chemical Warfare Medical Committee, 1918, unpaginated.

## 6. Conclusion

A reorganisation and transformation in record-keeping practices took place within the Royal Army Medical Corps during World War I. The urgency in procuring patient information in a speedy and efficient manner was the precursor for the development of innovative recording procedures. British Army medical staff faced the task of providing care for six million soldiers and in doing so, altered the machinery of keeping records and in the process mitigated the inadequacies of the system.

The change that resulted was not immediate. It took place over a period of four years and was gradual, being the result of numerous forms of experimentation. The evolution of the Medical History Sheet/Medical Case Sheet is such an example.

The Army Medical Service took on a new lease on life in the course of World War I and became a well-organised and a distinctly scientific body<sup>71</sup>. It was a body directly engaged in the vicissitudes of warfare, unlike the government in Whitehall.

Adaptation in the categorization and standardization of records took place. Most notable was the creation and use of Medical History Sheets and index cards within hospitals. The format of records changed. The increased use of the form, separate sheets in files and the decline in the use of bound books revolutionized record-keeping practices. The introduction of punching machines for statistics and the use of colour-coded cards are further examples of this adaptation. Administrative responsibilities changed because of the increased pressures of creating and maintaining accurate records.

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<sup>71</sup>Brereton, F.S. Lt.-Col. The Great War and the R.A.M.C. London: Constable, 1919. p. 6.

Printed forms and the introduction of prescribed regulations contributed to the standardization of records. The process which had begun in the nineteenth century continued unabated. Duplicating processes and printing by the Stationery Office were part of this continuing process. The practice of binding records decreased. The changes in the structure of the records were particularly significant. The bound books of the beginning of the War gradually gave way to single sheets and printed forms. These single sheets and printed forms could be duplicated and re-arranged in various files.

The Medical Research Committee was influential in the conduct of scientific and medical research, its most significant contribution being the development of a statistical data-base which was used for the adjudication of pension claims for veterans. The Committee laid the groundwork for the introduction of the national health programme immediately after the War.

Increased statistical information provided a foundation for the study of epidemiology. The admission and discharge books and the medical case sheets formed the basis of the new bodies of statistical information. There was an increased emphasis on clinical medicine, based on research which made use of these records. The organization of new bodies of information was used by the developing welfare state for administering pensions and health insurance. The alteration and expansion of record-keeping practices during World War I provided an efficient and effective tool for documenting the continuous health of a patient and for carrying out day-to-day medical administration.

The efficient management of medical and nursing care in hospitals came to depend upon well-organized record-keeping systems. Alteration in record-keeping practices transformed hospital management and made possible advances in the development of national health care systems and in scientific research.

## Chapter Four

### **Analysis of Government Records in Canada**

#### 1. Introduction

Chapter Four is a further analysis of government record-keeping during World War I. The study addresses the adjustment of information recording within the upper levels of the national government of Canada: the Office of the Prime Minister and the Office of the Privy Council and the Cabinet. The investigation concentrates upon the alteration, redesign and consistency of the administrative structures, as well as the categorization of the chronicling of information and modification in the format of the record. An analysis of shifts in these structures is presented. The role of the Canadian government and its relationship with the Imperial Council and the Imperial War Council is examined, because this participation in international bodies affected record-keeping and information management. World War I was important to the development of Canadian national identity and is also examined. Traditional record-keeping practices were in place at the beginning of the War. However, redesign of the categorization of information and format did not occur to the same extent as observed in British government records in Chapter Two. The reasons for this will be investigated in this chapter.

## 2. The office of the Prime Minister

The office of the Prime Minister, the head of the Canadian national government, is the most influential office in the Canadian political structure. Decisions made by the Prime Minister affect directly the administrative operations of all national departments in Canada. Analysis of this office will include an historical chronology of its operations during World War I. Factors which influenced the continuity, adaptation and change in administrative and record-keeping practices in this office will then be studied.

The Canadian political structure was modelled on that of Great Britain. When political autonomy was granted on 1 July 1867 by an act of Westminster, the act provided for a Parliament which consisted of an elected lower body, the House of Commons, and an appointed upper body, the Senate. The Prime Minister is the first or chief minister of the national government of Canada and is normally the leader of the majority party in the House of Commons. If there is no majority party in the House of Commons, the leader of a party who is most likely to receive the support of other parties is usually named as Prime Minister. The Prime Minister is the most powerful figure in the Canadian political arena. Although the position and its responsibilities are not defined constitutionally, the Prime Minister controls the Cabinet, acts as representative of the political party in power, controls government policy, directs the introduction of bills, commands direction in the House of Commons, advises the Governor General and represents the nation in international discussion. The Governor General is the head of state of Canada and represents the Crown. Because of this administrative structure the Prime Minister directs and controls, either directly or indirectly, the running of the Canadian government. The dominant figure in the period under study was Sir Robert Laird Borden. Elected Prime Minister in 1911, he was

to serve as Canada's head of government until 1920, covering the whole period of World War I and the peace negotiations. He was one of the few national leaders of the Allied Forces to remain in power for the duration of the conflict.

Immediately after the declaration of war on 4 August 1914, the Prime Minister and the Cabinet approved dozens of Orders-in-Council, dispatching militiamen to guard bridges, factories and cable stations, and making other necessary preparations for war. In the days that followed, the flow of Orders-in-Council continued as the Cabinet combined executive action with the drafting of war legislation to present to Parliament. The members of Borden's Cabinet were amateurs at the business of war. With the exception of Sam Hughes, a militia colonel, their acquaintance with military affairs and procedures was, at best, rudimentary.<sup>1</sup> Despite much confusion, conflicting reports and an unprepared government machinery, mobilization and military activities took place under the existing state of affairs.<sup>2</sup>

This lack of experience was not the only problem for the Prime Minister and the Cabinet. The machinery of government was inadequate for the administration of a war. The civil service was small, insular and largely made up of clerks with varying degrees of education who had little responsibility for policy initiation or implementation, which were the responsibility of the Prime Minister and the Cabinet. In January 1914 the civil service numbered 25,107 persons. The numbers rose through the war years and continued to increase, numbering 47,133 in January 1920. The numbers were reduced to 41,957 in 1921

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<sup>1</sup>Robert Craig Brown. Robert Laird Borden: 1914--1937. vol. 2. (Toronto: Macmillan, 1980), pp. 5 to 6.

<sup>2</sup>G. W. L. Nicholson. Canadian Expeditionary Force, 1914-1919. (Ottawa: Queen's Printer, 1964), pp. 18 to 19.

and were to remain at this approximate level until World War II, when a dramatic increase occurred.<sup>3</sup> The rise and fall of the numbers of personnel represent record-keeping responsibilities. Ministers were responsible for nearly every decision. Cabinet approval was required for all decisions from the highest level of policy to the smallest appropriation of expenditure. It was true that Canada's soldiers would be under British command and that Canada would not be involved in strategic planning of the War. But that left literally thousands of decisions about procurement of manpower and supplies, allocation of resources, regulation of industrial and agricultural production, and dozens of other matters to Borden and his colleagues.<sup>4</sup> The Prime Minister noted, "the most desirable action from the military viewpoint had to be tempered by political reality and administrative capacity."<sup>5</sup> The administering of a war required a bureaucratic machinery, with efficient record-keeping procedures.

The Ministry of Justice was asked by Borden to draft a bill to free the government to act quickly by Order-in-Council in an emergency and to give the government almost unlimited power to pursue the war effort.<sup>6</sup> Parliament approved the bill and sanctioned the extraordinary measures taken, and authorized other bills which were essential for the public safety.<sup>7</sup> This act shows that two themes of wartime government were already apparent: the

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<sup>3</sup>M. C. Urquhart, ed. Historical statistics of Canada. (Cambridge: Cambridge University Press, 1965), p. 621.

<sup>4</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 6.

<sup>5</sup>Borden Private Papers. Diary, July 31-August 2, 1914. Cited in Robert Craig Brown, Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 7.

<sup>6</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), pp. 6-7.

<sup>7</sup>Canada. House of Commons Debates. 18 August 1914.



demands of war were unpredictable and disorderly, and traditional administrative and legislative procedures would soon become hopelessly congested and confused. Some method had to be found to free the government's administration of the War from the customary restraints of parliamentary responsibility and democracy and poor information management.

The protracted negotiations and deliberations which had marked Borden's pre-war administration were set aside. Orders-in-Council were passed, without legislative sanction, to impose censorship and amend fiscal and monetary policy. British models and instructions were adjusted, without hesitation, to Canadian conditions. More revealing than Borden's response to the challenge of war was his realization that his government would need extraordinary powers to operate the war effort with even a modicum of efficiency. He would have to maintain a delicate balance between the exercise of these powers and the preservation of Parliament's rights and responsibilities.<sup>8</sup>

Emphasizing the promptness of his government's response, Borden revealed that instructions outlined in a war book which had been prepared by Sir Joseph Pope, Under-Secretary of State for External Affairs and a committee of deputy ministers, had all been implemented.<sup>9</sup> The war book was an organized list of activities which were to be implemented, and information which was to be gathered at the outbreak or at the threat of outbreak of war. It included the procedures and responsibilities, the names of individuals who were responsible for implementing these activities, and the addresses, telephone and telegraph addresses of these individuals. These step-by-step responsibilities or procedures

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<sup>8</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 8.

<sup>9</sup>*Ibid.*, p. 10.

assisted the government in responding smoothly and efficiently when the War was declared. The war book had been created in response to an agreement of the Imperial War Conference of 1911 and was similar in nature to the British war book, discussed in Chapter Two.

Borden's wartime leadership required him to call daily meetings and extra Cabinet meetings to approve a constant flow of Orders-in-Council. He was also drafting dispatches to the British government asking for a fair share for Canada of Britain's North American war orders and supervising the activities of his ministers. Some of his routine work had to be reorganized or delegated to others. In late August he set up Cabinet sub-committees to handle part of the extra workload, and he asked Loring Cheney Christie, Legal Advisor in the Department of External Affairs, to look after much of the correspondence which had previously been brought to his attention.<sup>10</sup>

In June 1915 Borden was invited to England to consult with the new coalition government. Communication between London and Ottawa had been strictly confined to immediate issues in the relations between the two governments. For larger developments in the War, including the disposition and fighting of the Canadian Expeditionary Force at the front, Borden had to rely on the censored press. Even within the limits of official dispatches, the British were singularly reticent about keeping Borden informed. This lack of consultation left vital aspects of the British and Canadian war efforts at cross-purposes.<sup>11</sup> The Prime Minister was left in isolation by his British government colleagues because

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<sup>10</sup>Borden Private Papers. Diary, August 21 and 24, 1914. Cited in Robert Craig Brown, Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 20.

<sup>11</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), pp. 28-9.

Canada was still perceived as a colony and not as an autonomous state. Borden was not consulted about battles, even though the resulting casualties led to criticism of his manpower policy. Nor was he informed about the strategy or tactics adopted by the British High Command, or about any significant aspect of the Imperial government's war policy.<sup>12</sup>

At the invitation of the British Prime Minister Asquith, Borden attended a meeting of the British Cabinet on 15 July 1915.<sup>13</sup> "This is the first occasion on which anyone not being a British Minister has taken part in a meeting of the Cabinet on the same footing as one of its members," Asquith reported to King George V.<sup>14</sup>

Borden used the London visit to put forward his case for a voice in the formation of imperial foreign policy.<sup>15</sup> He arranged with a reluctant Bonar Law to give Sir George Perley, Canadian High Commissioner to Great Britain, copies of all correspondence between the Governor General and the Colonial Office.<sup>16</sup> Perley received from Bonar Law a letter dated 3 November 1915, indicating a willingness to provide information, but claiming that there was no government machinery to do so.<sup>17</sup> Borden wrote to his cousin Frederick Borden commenting on the situation. "It seems most difficult for British

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<sup>12</sup>Ibid., pp. 68-69.

<sup>13</sup>Ibid., p. 29.

<sup>14</sup>PRO CAB 41/36/33 Cabinet decisions submitted to the Sovereign. Agreement for Sir John French to take over the French lines. July 15, 1915.

<sup>15</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 30.

<sup>16</sup>NAC Borden Papers vol. 337. Memoir Notes, no. 1097, 1915.

<sup>17</sup>Henry Borden, ed., Robert Laird Borden: his memoirs. vol. II. (Toronto: Macmillan, 1938), p. 621.

officialdom to get out of the rut of routine and to deal effectively with conditions such as those which have confronted the Empire during the past twelve months."<sup>18</sup>

Borden was frustrated by the inability of the British government to respond to his request to provide him with accurate information when required. This frustration is succinctly expressed in a letter to Sir George Perley on 4 January 1916.

During the past four months since my return from Great Britain, the Canadian government (except for an occasional telegram from you or Sir Max Aitken) have had just what information could be gleaned from the daily Press and no more. As to consultation, plans of campaign have been made and unmade, measures adopted and apparently abandoned and generally speaking, steps of the most important and even vital character have been taken, postponed or rejected without the slightest consultation with the authorities of this Dominion.

It can hardly be expected that we shall put 400,000 or 500,000 men in the field and willingly accept the position of having no more voice and receiving no more consideration than if we were toy automata. Any person cherishing such an expectation harbours an unfortunate and even dangerous delusion. Is this war being waged by the United Kingdom alone, or is it a war waged by the whole Empire? If I am correct in supposing that the second hypothesis must be accepted, then why do the statesmen of the British Isles arrogate to themselves solely the methods by which it shall be carried on in the various spheres of warlike activity and the steps which shall be taken to assure victory and a lasting peace?

It is for them to suggest the method and not for us. If there is no available method and if we are expected to continue in the role of automata the whole situation must be reconsidered.

Procrastination, indecision, inertia, doubt, hesitation and many other undesirable qualities have made themselves entirely too conspicuous in this War. During my recent visit to England a very prominent Cabinet Minister in speaking of the officers of another department said that he did not call them traitors but he asserted that they could not have acted differently if they had been traitors. They are still doing duty and five months have elapsed. Another very able Cabinet Minister spoke of the shortage of guns, rifles, munitions, etc., but declared that the chief shortage was of brains.<sup>19</sup>

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<sup>18</sup>NAC Borden Papers. vol. 206. Borden to Sir Frederick Borden, 15 September 1915, nos. 115686-87.

<sup>19</sup>Henry Borden, ed., Robert Laird Borden: his memoirs. vol. II. (Toronto: Macmillan, 1938), pp. 621 to 622.

Bonar Law responded to this correspondence by writing to Borden, on 11 February 1916, indicating that the Imperial War Council felt that Borden should be kept in touch with what had been going on and a number of the most important documents which had been circulated to the War Council had been approved by the British Prime Minister and would be sent to Borden.<sup>20</sup>

The first of the documents from the British Cabinet was received in Ottawa on 7 March 1916. The Imperial War Council was concerned expressly with the safe transfer of these documents to Canada and the danger of their falling into enemy hands. The documents were carried in a strong canvas bag loaded heavily with lead. On the voyage this bag was kept on the bridge under direction to throw it overboard in case the ship should have been subject to capture.<sup>21</sup> Reliance on the press for information was replaced by accurate and regular information from London.

In December 1916 further co-operation with the British government was extended to Canada. Prime Minister Borden was informed that fuller information would be given on the progress of the War and war policy than had formerly been provided. A weekly letter for the personal and confidential information of the Governor General and the Prime Minister was provided to summarize the main points of interest.<sup>22</sup>

Throughout 1915 and 1916 Borden was aware of the poor administrative machinery under his direction. The procurement of equipment and arms by the Canadian government was hampered by the system. One way in which he undertook to deal with this was in the direct purchase of war material by the Canadian government. This responsibility

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<sup>20</sup>Ibid., pp. 623 to 624.

<sup>21</sup>Ibid., p. 624.

<sup>22</sup>Ibid., p. 625.

was taken out of the hands of the various departments and Cabinet committees that had been established in the autumn of 1914 and given to a War Purchasing Commission. The Commission was charged with the execution of all purchases under the War Appropriations Act and all future purchases by or for the British and Allied governments, except for munitions for the British government.<sup>23</sup> Further change took place in 1916. All connections with the Ministry of Militia and Defence were to be severed and the new Imperial Munitions Board became directly responsible to Lloyd George's Ministry of Munitions in Britain. Though the Imperial Munitions Board was to be a British agency, its work was to be done in Canada.<sup>24</sup>

By mid-1916 Prime Minister Borden was faced with administrative ineptitudes of Sir Samuel Hughes, Minister of Militia and Defence. In Europe the Canadian Corps was under the military control of Sir Douglas Haig, Commander-in-Chief of the British Expeditionary Force. Hughes freely criticized the strategy and the tactics of the British Expeditionary Force and Lord Beaverbrook did his best to interfere with the orderly administration and command of the Canadian Corps. But the Canadian troops in training and reserve in England were the personal empire of Hughes.

Samuel Hughes had caused repeated problems. Appointed Minister of Militia and Defence in Borden's government in 1911, Hughes advocated national military preparedness. His strengths included the rallying of the nation to the War. However, his brilliance was shortlived. He failed to comprehend that the Canadian Army Corps had become a professional army. This failure of vision resulted in an inability to organise an effective

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<sup>23</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 38.

<sup>24</sup>*Ibid.*, p. 45.

administrative machinery. As a result Canadian soldiers were not provided with effective weapons and supplies. The ensuing Commons scandals addressing the issues of incompetency, coupled with great public unpopularity resulted in his dismissal. Early in the War he had discarded the Department of Militia's plan for mobilization, causing a continuous flow of conflicting and contradictory instructions from Ottawa.<sup>25</sup> He had also interfered in the affairs of the British Expeditionary Force, which had thoroughly confused the War Office about the chain of command for the Canadians.<sup>26</sup> By mid-1916 lines of command of the Canadian troops were so tangled and so complicated by rivalry and personal jealousy of the senior officers, that no one but Hughes had the authority to deal with the problem. Hughes was on his way to England to apply his administrative talents to reform the ramshackle command structure he himself had created.<sup>27</sup>

Without waiting for any explanation from Hughes, Borden decided that a new portfolio of Minister of Overseas Service should be created under the War Measures Act to administer the Canadian Forces in England. Hughes was summoned home.<sup>28</sup> Edward Kemp, Chairman of the War Purchasing Commission, was then appointed Minister of Militia and Defence. Kemp was an experienced businessman with proven administrative talent. In London and Ottawa, Hughes's successor symbolized the transition of the

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<sup>25</sup>G. W. L. Nicholson. Canadian Expeditionary Force, 1914-1919. (Ottawa: Queen's Printer, 1964), pp. 18 to 19.

<sup>26</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2 (Toronto: Macmillan, 1980), p. 16.

<sup>27</sup>Henry Borden, ed. Robert Laird Borden: his memoirs. vol. II. (Toronto: Macmillan, 1938), p. 566.

<sup>28</sup>Borden Private Papers. Diary, September 6-8, 1916. Cited in Robert Craig Brown, Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 57.

Canadian war effort in 1916 from ostentatious amateurism to the prosaic management of the business of war.<sup>29</sup>

Borden believed that it was necessary to distribute the responsibility and authority for the war effort throughout all levels of government. One reason was constitutional: the federal nature of Canada. Another was a practical calculation that the dispersal of responsibility, especially under the Emergency War Measures Act, would bring the impact of the War more directly home to all Canadians and engage them more actively in the war effort. Consequently, execution of many of the War Orders-in-Council was delegated to the provinces or the municipalities. The purpose of the policy was to nurture patriotism. In practice, because of inconsistent and sometimes inefficient execution of policy at the lower levels of government, the decision created an impression of confusion and inertia.

Borden set up a War Committee and a Reconstruction and Development Committee of Cabinet. He realized that additional government machinery would be necessary for the transition of Canada from a wartime to a peacetime society at the conclusion of the War. The committees were asked to co-ordinate the work of several departments for war and reconstruction policy. Neither met frequently. By January 1918, however, the War Committee had met on several occasions and Borden decided to schedule regular Tuesday and Thursday meetings, with full Cabinet meetings on the other days of the week.<sup>30</sup> During the spring of 1918 the War Committee met more frequently and dealt with growing labour shortages in Canada, the employment of alien labour, prohibition, food production, the allocation of raw materials to the munitions industry, Canadian representation in

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<sup>29</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 58.

<sup>30</sup>NAC RG2 Privy Council Order 3006, 23 October 1917.



Washington, and fuel and power shortages occasioned by a prolonged coal-mining strike in the United States.<sup>31</sup>

Borden foresaw the need for differing administrative processes. Even in terms of Canada's representation at the Peace Conference, he said, a month in advance of the Armistice: "If these differences are not overcome by some solution which will meet the national spirit of the Canadian people, then new conditions must be met by new precedents."<sup>32</sup> These new precedents were administrative.

By 1919 his government was exercising an unprecedented interventionary and regulatory role in the national economy. The government's coercive powers over individuals ranged from income taxes to regulation of their work days, their wages, what they read, and with whom they might meet<sup>33</sup> and the implementation of these tasks required an efficient information management policy.

In retrospect Borden was to state in 1932 that officials in London, particularly at the Colonial Office, who were sometimes supercilious and often ill-informed, tended to rely upon their own expertise and delayed the development of experience and a sense of responsibility in foreign affairs in Canada. "Canadians were ill-instructed in the art and,

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<sup>31</sup>Almost no records of the War Committee have survived. Copies of the minutes of two meetings in early January and of a report to the Committee on Wartime Organization of the United States Government may be found in the Crear's papers, NAC. Regular reference to Committee meetings is made in Borden's diary for January-March 1918. Cited in Robert Craig Brown. Robert Laird Borden. vol. 2. (Toronto: Macmillan, 1980), footnote p. 235.

<sup>32</sup>Borden Private Papers. Diary, 29 October, 1918. Cited in Robert Craig Brown, Robert Laird Borden: 1914-1937. vol. II. (Toronto: Macmillan, 1980), pp. 145 to 146.

<sup>33</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 176.

indeed, in the principles of self-government, but they had a right to learn."<sup>34</sup> A similar records-keeping programme of both Canada and Great Britain assisted in co-ordinating relations between the two nations.

### 3. The office of the Privy Council and of the Cabinet

The Cabinet and the Privy Council are one body and for this reason the administrative and record-keeping practices will be analysed as one operation. The Cabinet, dominated by the Prime Minister, stands at the apex of the parliamentary system of the government in Canada. It usually controls Parliament and thus the law-making process; it determines policy, initiates the legislation giving effect to policy, and supervises the carrying out of these policies.<sup>35</sup> The Cabinet is the political administrative body which issues decisions, policies and pronouncements at a national level. This important office will be analysed, because it is the most influential in the Canadian political structure. Decisions made by this body affect the administrative operation of all national government departments and provincial and municipal governments.

Analysis of the office will include an historical chronology of this body during World War I. Factors which influenced the continuity and change in administrative and record-keeping practices will be studied. "The Cabinet has a dual role; it exercises the functions of executive leadership and it provides an arena in which the elites may counter the

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<sup>34</sup>NAC Borden Papers. vol. 266. Borden to William Smith, 6 March, 1932.

<sup>35</sup>W. A. Matheson. The Prime Minister and the Cabinet. (Toronto: Methuen, 1976), pp. ix to x.

dysfunctional and destabilizing effects of cultural, regional, and religious fragmentation."<sup>36</sup>

The Cabinet has evolved, adjusting itself as time and circumstance have demanded. It has always retained a degree of flexibility and has remained an institution almost wholly unknown to the laws of Canada.<sup>37</sup> Membership of the Cabinet is composed of all ministers of the Crown.

The Cabinet acts as the Privy Council, deriving its legal powers to advise and act in the name of the Crown from its ability to secure and maintain majority support in the House of Commons. Membership of the Privy Council is composed of present and former federal Cabinet members, provincial Premiers, the Chief Justice of the Supreme Court and the Speakers of the Senate and the House of Commons. All ministers of the Crown in Canada are members of the Privy Council, of the Committee of the Privy Council, and, with few exceptions in Canadian history, of the Cabinet.<sup>38</sup> The members of the Cabinet are the most active members of the Privy Council and for this reason the responsibilities and actions taken by one body are often blurred with the actions taken by the other body. This is reflected in the record-keeping operations of the two bodies, where it is at times difficult to discern any line of demarcation between the actions of either body, because of the uncertainty as to which body the participants may be taking part in at any given time.

The Privy Council Office, since its establishment in 1867, is under the direction of the clerk of the Privy Council, whose job it is to assist the President of the Privy Council in council business. The work involved the co-ordination of recommendations of the

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<sup>36</sup>Ibid., p. ix.

<sup>37</sup>Ibid., p. x.

<sup>38</sup>A. D. P. Heeney, "Cabinet Government in Canada. Some recent developments in the machinery of the central executive." Canadian Journal of Economics and Political Science 12: 3 (August, 1946), p. 282.

Ministers in matters where action was required by the Governor in Council and the systematic handling of dispatches to and from the Colonial Office that required ministerial attention. The clerk also retained custody of the Executive Council records which were ordered and thoroughly indexed for reference purposes.<sup>39</sup>

Since its formation, the responsibilities of the Privy Council Office have evolved. The President of the Privy Council has a Cabinet portfolio without specific duties. From 1867 to 1962 the President was the minister responsible for the Privy Council Office. The position was often filled by the Prime Minister, although in 1917 the position took on increased political significance with the appointment of Newton W. Rowell, leader of the Opposition in the Unionist coalition government. From this time, when the Prime Minister was not also the President, the office was held by some politically, regionally, or ethnically important minister. From time to time specific responsibilities were assigned to the President, which often required involvement by the Privy Council Office.<sup>40</sup>

Unlike the administrative structure in Britain, records of the Canadian Cabinet and Privy Council were kept of those matters which were referred by the Council to departments for response.<sup>41</sup> This was done in order to facilitate the expedition of an increasing amount of business. This record was placed at regular intervals before the Privy Council for consideration. All matters not strictly of a departmental nature, which were required to be dealt with by the ministers, were seen first by the Privy Council. With the creation of the Canadian state in 1867 departmental business was then brought forward to the Privy Council by the appropriate minister and the practice of departmental officers

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<sup>39</sup>NAC. Records of the Privy Council Office. (Ottawa: NAC, n.d.), p. 2.

<sup>40</sup>Ibid., p. 3.

<sup>41</sup>NAC RG2 Privy Council Order 1630, 27 July 1887.

communicating directly with the Governor in Council or the Clerk of the Privy Council was discontinued.

To maintain uniformity of procedure and reduce the workload of the Privy Council all recommendations related to the appointment, employment, or continuation of employment, promotion, increase or reduction of salary or pay, granting or extension of leave of absence or payment of travelling or removal expenses of any employee, or proposed employee of the government, either permanent or temporary were referred to the Treasury Board before being dealt with by the Privy Council.<sup>42</sup> The Treasury Board, a statutory committee of the Cabinet which was responsible for recommending to the Cabinet the selection of programmes and allocation of funds, was in essence handling the responsibilities of the keeping of records. This resulted in control of monies, as well as control of the responsibilities of employees.

In 1908 William Mackenzie, former President of the Parliamentary Press Gallery, was appointed clerk to keep, classify, and supervise all correspondence coming from Imperial authorities, self-governing Dominions, colonies and foreign countries under the orders and direction of the head of the office of the Privy Council.<sup>43</sup> The government perceived the need to organize and make readily available all transactions between Canada and foreign powers. Although these responsibilities were initiated and placed in the hands of the Privy Council, the duties involved in the transmission of despatches from the Colonial Office through the Governor General to departments of the government were transferred to the newly created Department of External Affairs in 1909.

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<sup>42</sup>NAC RG2 Privy Council Order 8/3164, 14 September 1896.

<sup>43</sup>NAC RG2 Privy Council Order 912, 21 April 1908.

A secretary to the Clerk of the Privy Council was designated the "Chief of Records", to have full charge of the care and preservation of the records of the Privy Council. At the same time an officer was appointed to prepare a decennial index to the records of the Privy Council from Confederation to the date of appointment.<sup>44</sup>

A report on the civil service, by Sir George Murray, dated 30 November 1912, made extensive comment on the workload forced upon the members of Cabinet. It suggested that Orders-in-Council of a routine nature could be considered by a committee or by individual ministers in order to help reduce the workload on the Governor in Council.<sup>45</sup> As was suggested in Sir George Murray's report concerning the volume of business handled by the Privy Council, the Treasury Board was authorized to take under review the methods of business and duties undertaken by the Governor in Council with a view to reducing the workload of the Council to make it more effective.<sup>46</sup>

Prior to 1914, *ad hoc* committees were used to consider particular short-term problems, then dissolved when the problem was solved. The make-up of these committees changed frequently, particularly with each change of government. During the period of the First World War permanent committees were established to deal with problems of long-term concern such as grain marketing, price controls and extension of the franchise.<sup>47</sup> After the conclusion of the War the use of permanent Cabinet committees again lapsed in favour of *ad hoc* committees.

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<sup>44</sup>NAC RG2 Privy Council Order 1001, 30 April 1913.

<sup>45</sup>Canada. Sessional Papers. 57a, 1912-1913.

<sup>46</sup>NAC RG2 Privy Council Order 2364, 24 September 1913.

<sup>47</sup>W. A. Matheson. The Prime Minister and the Cabinet. (Toronto: Methuen, 1976), p. 83.

In order to co-ordinate the war effort for maximum effect and to distribute more evenly the burden on ministers, the Cabinet was divided into two committees: the War Committee and the Reconstruction and Development Committee. The only common members were the Prime Minister and the Minister of Finance. With the ending of the War, the committees were dissolved and the Cabinet once again became one body.

The War Committee consisted of the Prime Minister, the President of the Privy Council, the ministers of Militia and Defence, Finance, Marine and Fisheries, Naval Service, Justice, Public Works, Customs, Overseas Military Forces and the Postmaster General. Its role was to co-ordinate the efforts of all departments in the prosecution of the War. The Prime Minister recommended that the committee should hold periodic meetings at such intervals as it might determine. It was further recommended that the Committee appoint a Secretary who would perform such duties as the Committee might determine.<sup>48</sup>

The Reconstruction and Development Committee consisted of the Prime Minister, the Ministers of Trade and Commerce, Finance, Railways and Canals, Immigration and Colonization, Interior, Agriculture and the Chairman of the Military Hospitals Committee. The Chairman of the Military Hospitals Committee, Samuel Allan Armstrong, former Assistant Provincial Secretary of the Province of Ontario, was included as a member, because one of the objectives of the Committee was to deal with the demobilization of the Armed Services and this included the ill and the wounded. The Committee was to prepare a scheme of immigration and colonization, to study land development and soldier re-settlement, peacetime labour and industrial conditions, the operation and expansion of national railroads, questions of water transportation and marketing, the development of

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<sup>48</sup>NAC RG2 Privy Council Order 3005, 23 October 1917.

further highways and expanded air service, and finally, revenue sources, labour conditions and opportunities for women.<sup>49</sup>

Despite the significant increase in the workload, there were only four permanent employees in the Privy Council Office by the conclusion of the First World War. The majority of employees working in the Privy Council Office were seconded from various departments for specific short-term appointments, including the provision of clerical and secretarial services for the numerous sub-committees. The only records of Cabinet meetings kept during this period consisted of orders or minutes of Council which required government action; no minutes of meetings or records of decisions were kept if no formal action was taken.<sup>50</sup> To eliminate civil servant patronage and to free ministerial time, the responsibility for the consideration of public appointments was transferred from the Cabinet to the Civil Service Commission.<sup>51</sup>

In 1919 a Senate Committee on the Machinery of Government, using criteria established by the Haldane Committee in the United Kingdom, recommended the establishment of a Privy Council Secretariat, which could keep notes of Cabinet meetings as seemed desirable, prepare the agenda for the Prime Minister, prepare and submit information to Cabinet members, communicate decisions of Cabinet to Ministers, act as a liaison between Cabinet and ministerial committees of the Privy Council and arrange and be present at interdepartmental conferences.<sup>52</sup> The Committee felt that the Cabinet was

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<sup>49</sup>NAC RG2 Privy Council Order 3006, 23 October 1917.

<sup>50</sup>W. A. Matheson. The Prime Minister and the Cabinet. (Toronto: Methuen, 1976), p. 91.

<sup>51</sup>NAC RG2 Privy Council Order 358, 13 February 1918.

<sup>52</sup>Norman McL. Rogers. "Evolution and reform of the Canadian Cabinet." Canadian Bar Review 11:2 (April 1933), p. 229.



overburdened with routine administration and was too large to meet and function as a unit for the purposes of deliberation and supervision. The Committee also suggested that deputy ministers should be given the responsibility of dealing with the majority of routine departmental responsibilities previously handled directly by ministers. But this recommendation was not undertaken until 1940. It was then during World War II that A. D. P. Heeney was appointed as the first Secretary to the Cabinet and Clerk of the Privy Council,<sup>53</sup> serving as Principal Secretary in the office of Prime Minister.

The investigation of the office of the Privy Council and the Cabinet has defined factors which directly influenced record-keeping procedures. The office of the Privy Council and the Cabinet were composed of members who lacked experience in matters of war-time administration.

To meet the needs of war administration there was an increase in the numbers of *ad hoc* committees to deal with immediate crises. After the War this practice was discontinued, the work being undertaken by Cabinet committees. New committees were created to deal effectively with the war effort and to distribute the responsibilities. Examples of new committees include the War Committee and the Reconstruction and Development Committee.

#### 4. Imperial organization

Canada's role in the Imperial War Conference was part of a process of recognition of the autonomy of the Canadian nation by other nations, including Great Britain. The

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<sup>53</sup>NAC RG2 Privy Council Order 1121, 25 March 1940.

participation resulted in standard administrative procedures, as a result of joint agreement by the nations. This international co-operation affected record-keeping operations. This will be investigated below.

Borden used Lloyd George's inspired invention, the Imperial War Cabinet, to transform Canada from colony to nation. At the same time, Borden became a valuable ally to Lloyd George in the Imperial War Cabinet.<sup>54</sup> In the late 1870s and the early 1880s, forces within Britain and the colonies had pushed the British Empire toward a formal process of consultation on matters which affected both Great Britain and the colonies. Support for a more strategically minded defence to replace local defence was one such force. The idea of a colonial council was given additional impetus by the Imperial Federation League. Initiated by and composed mainly of British colonialists, the League called for a unified Empire defence and foreign policy with London at the centre. The result of these converging forces was the calling of the first Colonial Conference in 1887.

Thereafter, conferences were called at various intervals to address various needs, some specific and some general. Defence and foreign policy were at or near the centre of all Colonial and Imperial Conferences; however, other concerns, such as trade, finance, and communications were widely discussed. At the informal meeting held in 1894 and at the conferences in 1897 and 1902, imperial defence was the primary concern. The Colonial Conference of 1907 was something of a turning point, as it marked the first time the self-governing colonies were referred to as 'Dominions', and the decision was also made to refer to future conferences as 'Imperial Conferences'. Defence was again at the centre of attention at this conference and at the Imperial Conferences in 1909 and 1911. Ostensibly,

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<sup>54</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 77.

a consensus was reached with the formation of the Committee on Imperial Defence, which met from 1912 to 1918.

The leaders of the major combatant nations had intelligence services and large groups of advisers, political and military, to give them detailed daily information of the political and military war effort. Borden, however, did not have this service. His soldiers in the field were under British control. If Borden's assessment in January 1917 that the war would soon conclude, was shortsighted and hopeful, it was also a reflection of the disgracefully inadequate information available to him. He expected a dramatic improvement in the immediate future. He assumed that the forthcoming meetings of the Imperial War Cabinet would provide the information he had so long demanded, thereby putting an end to the baffling exercise of formulating war policy on the basis of speculation, gossip and good intentions.<sup>55</sup>

The decision to summon an Imperial War Cabinet was made by Lloyd George for March 1917. This decision to meet at such an early date caught Prime Minister Lloyd George's colleagues off guard and ill-prepared. Maurice Hankey of the War Cabinet Secretariat admitted that the members of the Cabinet "have not a notion what they are to discuss," and as Bonar Law said, "When they are here, you will wish to goodness you could get rid of them."<sup>56</sup> Arrangements were haphazard. The arrivals of the Dominion representatives were uncoordinated, and a political crisis in Australia prevented Prime Minister Hughes from attending at all. It was nearly a month after Borden's arrival before

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<sup>55</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 73.

<sup>56</sup>Cited in Stephen Roskill, Hankey, man of secrets, 1877-1918. vol. i, 1877-1918. (London: Collins, 1970), p. 348.

the first meeting of the Imperial War Cabinet took place. Borden put the time to good use. For the first time he was given a room adjacent to the War Cabinet offices and access to their papers and reports. Being privy to the innermost secrets of imperial war policy was an overwhelming experience, revealing the many sides, complexities and contradictions of foreign and war policy which had seemed so simple and straightforward from Ottawa.<sup>57</sup>

Dominion Prime Ministers visiting London for the War Cabinet deliberations became aware of Hankey's method of the keeping of records and were duly influenced to initiate similar systems. Hankey's method of operation was also examined by the French and American governments which demonstrated that there was interest in this system.<sup>58</sup>

On the whole Borden was very pleased with the results of the Imperial War Cabinet meetings in 1917. He told the Empire Parliamentary Association in early April that an innovative instrument in imperial co-operation had been established. It heralded "the birth of a new and greater Imperial Commonwealth".<sup>59</sup> Knowing how quickly both ideas and institutions were created and then discarded in war-time, Borden sought affirmation from Lloyd George that the Imperial War Cabinet would not die. An exchange of self-congratulatory letters at the conclusion of the meetings included the desired assurance. "I believe," wrote the British Prime Minister, "that this new experiment will prove, as you suggest, a permanent convention of our constitution."<sup>60</sup>

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<sup>57</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. vol. 2. (Toronto: Macmillan, 1980), p. 75.

<sup>58</sup>PRO Cab 21/128 Hankey's speech of 19 November 1918.

<sup>59</sup>NAC Borden Papers. Vol. 300, Speech to the Empire Parliamentary Association, 2 April 1917.

<sup>60</sup>NAC Borden Papers. Lloyd George to Borden, 2 May 1917, nos. 88300-1.

Participation in the Imperial War Cabinet was impressive evidence of the development of Canada's status and stature in imperial relations. Borden was anxious to gain formal acknowledgement of the new relationship. A parallel Imperial War Conference, demanded by Colonial Secretary Walter Long to balance with Lloyd George's Imperial War Cabinet, provided the ideal forum. A long list of general questions on imperial relations occupied the attention of Borden at the Conference, including, after prior approval by the War Cabinet, a resolution on imperial preference. But the single greatest accomplishment of the Imperial War Conference was Resolution IX, redefining the status of the Dominions within the Empire.<sup>61</sup>

Resolution IX stated that there should be full recognition of the Dominions as autonomous nations of an Imperial Commonwealth and that these Dominions should have an adequate voice in foreign policy and in foreign relations. It further stated that effective arrangements should be provided for continuous consultation in all important matters of common Imperial concern, and that there should be concerted action, founded on consultation, as the several governments might determine.<sup>62</sup>

Resolution IX crystallized Borden's concept of the imperial relationship in constitutional language. During the War, the Dominions had acquired a maturity and a sense of responsibility which necessitated a redefinition of imperial relations at a postwar constitutional conference.<sup>63</sup>

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<sup>61</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. (Toronto: Macmillan, 1980), p. 80.

<sup>62</sup>NAC RG25 vol 2279. Embarkation Returns, 1917.

<sup>63</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. (Toronto: Macmillan, 1980), p. 81.

In addition, the Imperial War Cabinet concluded that there should be direct communication among the prime ministers on questions of Cabinet importance through the Colonial Office. The Dominion Prime Ministers could nominate one of their cabinet ministers to represent them on the Imperial War Cabinet when they were not in London.<sup>64</sup> The importance of the Prime Ministers' Committee for the Dominion leaders, and especially for Borden, cannot be over-emphasized. His challenge initiated it. He and other Dominion leaders were made privy, for the first time, to the minute details and grand schemes, the hopes and the hesitations, of Britain's most senior military authorities.<sup>65</sup>

Instead of being thought of as expensive and dangerous holdings, the colonies were suddenly considered valuable prestige assets, possessed of resources, people and skills that could prove of inestimable worth to the mother country. Closer union of the Empire was soon widely advocated, initially by individuals through such media as newspapers and periodicals and later by specially created organizations.<sup>66</sup>

Because of this change in perception of the colonies, new responsibilities were granted to them and with these responsibilities came the need to initiate new administrative machinery to cope with the newly gained responsibilities. As a result the offices of the Prime Minister, the Cabinet and the Privy Council took on these international responsibilities. The responsibilities required record-keeping practices. The practices required expansion of the established record groupings. New sub-series were required. As

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<sup>64</sup>NAC Borden Papers. Vol. 341. Imperial War Conference. 27 and 28. 25 and 30 July 1918.

<sup>65</sup>Robert Craig Brown. Robert Laird Borden: 1914-1937. (Toronto: Macmillan, 1980), p. 141.

<sup>66</sup>John Edward Kendle. The Colonial and Imperial Conferences 1887-1911. A study in imperial organization. (London: Longmans, 1967), p 2.

was discussed in parts 2 and 3 (above) there was little change in the use, organization and dispersal of information, but the change that did take place was significant.

## 5. The records

The records of the offices of the Prime Minister and the Privy Council and the Cabinet are often interspersed and little distinction can be made as to where the records may have originated. This was due to the nature of the offices, with individuals serving in all capacities and at times not distinguishing the responsibilities of one office from those of another. It was also due to civil servants who shared responsibilities in these three offices making little distinction between the records of each office.

Below are a series of record groups created by the offices of the Prime Minister and Privy Council and Cabinet. These series are representative of the major administrative responsibilities of these three offices. These are presented to show what information was created, organized and disseminated by these offices.

### 5.1 Minutes and orders-in-council

Minutes and orders-in-council<sup>67</sup> are reports submitted to the Committee of the Privy Council and are approved by the Governor General. There is little difference between an order and a minute of council; that difference is one of form rather than substance and is not clearly or consistently maintained. Normally the order is employed for the exercise of

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<sup>67</sup>NAC RG2 vols. 254 to 1899. Office of the Clerk of the Privy Council and Secretary of State to the Cabinet. Minutes and Orders in Council.

explicit statutory authority for the making of orders or regulations; the minute gives approval to ministerial action. It is accepted that the term "orders-in-council" refers to all reports of the Committee of the Privy Council receiving the Governor General's approval regardless of form.

Minutes and orders-in-council, submitted as such, were recorded in the registry system. Although registered by consecutive number within each year according to their order of presentation, the orders are filed in a chronological arrangement according to the date of approval. Some minutes of council between 1867 and 1909 were not registered with the orders-in-council. A separate registry system was used to record the receipt of despatches. Despatches considered by the Privy Council, and approved as a minute or an order-in-council, were registered and indexed with the despatches, but physically filed with the orders-in-council according to the date of approval. As with the orders-in-council, the register and index for despatches indicate the approval dates for those despatches converted to orders-in-council.<sup>68</sup> The method of categorizing information and the format remained constant throughout the War. The extent increased as responsibilities increased.

## 5.2 Records for orders-in-council

The term 'records' was used by the Privy Council Office to describe documents submitted to the Privy Council which formed the basis for orders or minutes of council. Records<sup>69</sup> comprise memoranda, correspondence, petitions, reports and some maps,

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<sup>68</sup>NAC Records of the Privy Council. (Ottawa: National Archives of Canada, n.d.) p. TR.1.

<sup>69</sup>NAC RG2 vols. 2935 to 5110. Office of the Clerk of the Privy Council and Secretary of State to the Cabinet. Records for Orders in Council.



arranged according to the date of approval of the orders or minutes of council to which they relate. The record consists of the official submission made to the Privy Council by the Minister.<sup>70</sup> The method of categorizing information and the format remained constant throughout the War. The quantity increased as the responsibilities of war increased.

### 5.3 Dormant orders-in-council

Dormant orders-in-council<sup>71</sup> refers to memoranda, correspondence, petitions and reports submitted to the Privy Council which did not result in the production of a minute or an order-in-council.<sup>72</sup> The method of categorizing information and the format remained constant throughout the War. The quantity generated remained the same in comparison with the post-War period. The numbers of items which did not require an order-in-council remained almost consistent.

### 5.4 Despatches

Despatches<sup>73</sup> directed to the government of Canada were handled by the Privy Council Office. Most of the despatches were addressed to the Governor General and originated with the Colonial Office, the British Minister at Washington, Governors of

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<sup>70</sup>NAC Records of the Privy Council. (Ottawa: National Archives of Canada, n.d.) p. TR.2.

<sup>71</sup>NAC RG2 vols. 5111 to 5153. Office of the Clerk of the Privy Council and Secretary of State to the Cabinet. Dormant Orders in Council.

<sup>72</sup>NAC Records of the Privy Council. (Ottawa: National Archives of Canada, n.d.) p. TR.3.

<sup>73</sup>NAC RG2 vols. 5354 to 5638. Office of the Clerk of the Privy Council and Secretary of State to the Cabinet. Despatches.

British colonies, or the Canadian High Commissioner in London. There is, in addition, correspondence addressed to the government of Canada and forwarded through the Governor General's Office.

Diplomatic despatches requiring the consideration, response or approval of the Privy Council were answered by means of orders-in-council and, although registered and indexed with the despatches, these items are filed with orders-in-council. Those despatches requiring the consideration or action of a government department were registered with despatches and then forwarded to the responsible department. Consequently, many of these items are no longer found in this sub-series and must be sought in the records of the relevant department.<sup>74</sup>

## 5.5 Records of the Imperial War Conference

The records of the Imperial War Conference were created, used and maintained by a number of offices, including the offices of the Prime Minister and the Privy Council and the Cabinet and later the Department of External Affairs. The records were preserved in these various offices, so that they might be used when needed by the appropriate office in which the individual record was housed. As a result there is no one body or record group of the Imperial War Conference.

In 1909 Sir Joseph Pope was appointed Canada's first Under-Secretary of State for External Affairs. Following his appointment, Pope and his staff of eight dealt with the issue of passports, prepared documents for the use of the Prime Minister and the Cabinet for

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<sup>74</sup>NAC Records of the Privy Council. (Ottawa: National Archives of Canada, n.d.) pp. TR.4 to TR.5.

Imperial Conferences, dealt with the accreditation of foreign consuls, and conducted research into the production of confidential despatches on imperial defence matters, along with any other matters which were requested by the Prime Minister.<sup>75</sup>

The record series examined here follow a general pattern. The organization of the records changed very little during World War I. The categorization remained consistent. The format remained constant, each issue being placed in a file folder. Only the quantity changed, with an increase in numbers of files and the size of individual files. The increase is indicative of the increase in the government's responsibility and administration.

## 6. Conclusion

Among the record-keeping practices of the upper echelons of the Canadian national government there was a uniformity which continued through the War. An examination of the records of the offices of the Prime Minister, and the Privy Council and the Cabinet reveals that there remained a common method of standardization of the records. The filing systems remained constant in structure. The only change was in the size and in the number of individual files or dockets. Information continued to be categorized in the same manner. The format remained consistent. Record-keeping practices remained almost permanent in their format and in their organization. One way to deal with the administrative machinery was to create new committees of which the War Committee and the Reconstruction and Development Committee are examples. The responsibilities, in essence, became decentralized as their burden was removed from the Prime Minister and Cabinet and placed

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<sup>75</sup>NAC Records of the Privy Council. (Ottawa: National Archives of Canada, n.d.) p. TR.2.

in the hands of these newly created bodies.

Although the record-keeping methods of the offices of Prime Minister and the Cabinet remained consistent, new files were created under the auspices of the newly created committees and boards, but were maintained within the former filing structure. The ordering and use of information was transferred to lesser bodies. The administrative machinery was altered. Although the change of record-keeping practice in Canada was not as marked in nature as were the changes in the higher levels of the British political administration, they were significant. The significance lies in the fact that the data or recording of all political events could not be contained within the filing system of one or two offices. As the complexity of the War evolved, so did the need to record, order and make use of this data. Not only was Canada becoming an independent and internationally recognized nation, Canada was entering a more complex situation, in which it had to develop more sophisticated and complex means to record its political decisions and policies and in their implementation. Independent status meant not only political and national responsibility, but also a data and record-keeping responsibility, which could only be realized within the internal framework of the Canadian national civil service. This was not to be realized until Heeney was appointed to the Prime Minister's Office in 1938 and as Secretary to the Cabinet in 1940.

## Chapter Five

### **Analysis of Medical Records in Canada**

#### 1. Introduction

Chapter Five evaluates Canadian medical record-keeping practices during World War I. The object is to outline the chronology of medical record-keeping practices within the Canadian Army Medical Corps. The study will focus upon modifications in the acquisition and categorization of information, the creation of a uniformity of classes of data and the restructuring of the record format. General patterns which are observed in the extension and redesign of the record are enumerated with accompanying explanations.

The Canadian Army Medical Corps followed traditional record-keeping practices prior to the War. During the War, the categorization of information and the format in which it was recorded changed. New categories of information evolved from traditional forms and the format changed, notably from bound books to single sheets and printed forms, which could be copied and arranged in a number of individual files and could therefore serve a multitude of purposes. The evolution of more complex systems of categorizing information contributed to the further development of clinical and operational medicine.

## 2. Development of medical record-keeping practices

### 2.1 Pre-War

Before Confederation on 1 July 1867 the medical organization of the military forces within Canada was essentially British, following the guidelines of the British Army and the Royal Army Medical Corps. Even after the Dominion of Canada was granted autonomous government, the Canadian Army and its Medical Corps operated under the framework which had been established under colonial rule. The Medical Corps was largely inactive until the Boer War, with only minor involvement in the North-West Rebellion of 1885. During the Boer War, the Canadian Army bestowed upon Lieutenant-Colonel Darby Bergin, M.D., the status of Surgeon-General so that he could create the medical service.<sup>1</sup>

The first director was Colonel Hubert Neilson,<sup>2</sup> who served until 1903. His successor was Sir Joseph Eugène Fiset, who filled the post from 1903 to 1906 and was Surgeon-General with the rank of Major-General after 1914. His successor was Colonel Guy Carleton Jones<sup>3</sup>. The three directors received their military and medical education in Great Britain. Neilson was trained at Netley, Fiset was trained at Aldershot and Jones was trained at King's College, London and at Aldershot. The initial British training and experiences of the first three directors had a direct influence on the Canadian Army Medical Corps.

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<sup>1</sup>J. George Adami, War story of the Canadian Army Medical Corps. vol. II (Toronto: The Canadian War Records Office by Musson Book Company, [1918]), p. 19.

<sup>2</sup>Ibid., p. 17.

<sup>3</sup>Ibid., p. 26.

Other developments further unified the two nations. Sir Alfred Keogh, Director of the Royal Army Medical Corps, formulated a plan whereby the medical services of Australia, South Africa and Canada would organize and equip their respective army medical services along the same lines as those in Great Britain. To the territorial force was assigned the duty of organizing general hospitals where medical schools already existed and ensuring staff were available for duty in the emergency of war.

As militia regiments were raised in each Canadian province, each had its own Surgeon-General chosen from among the local practitioners. However, there was no army medical service proper; nor was any course of preliminary instruction required for those who became regimental medical officers.<sup>4</sup> With the appointment of Sir Frederick Borden as Minister of Militia in 1896, a definite medical sub-department of the Militia was created, led by a director-general.

The Canadian Army Medical Corps consistently organized itself along the lines of its British counterpart. There were small permanent corps, with district or divisional centres in the various provinces. Attached to this permanent framework was a large body of officers from among local practitioners, who would have undergone training and public examination. Upon mobilization they were trained to fulfil their duties as regimental officers, or to be attached to field ambulances, hospitals and other units. The number of other ranks in peacetime was kept low as a matter of economy; it was assumed that, should war be declared, abundant individuals of first-class quality would volunteer for service with the Corps.<sup>5</sup> In 1911 a full list of war establishments and equipment was prepared and

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<sup>4</sup>Ibid., p. 14.

<sup>5</sup>NAC RG 9 vol. 3602. Department of Militia and Defence. Director Medical Services. C.A.M.C. Journal. Report on the "War Activities and Development of the C.A.M.C.",

printed, the first so published for any branch of the Canadian Militia.<sup>6</sup> A complete scheme of mobilization was prepared in the event of any declaration of war.

## 2.2 World War I

The Canadian Overseas Expeditionary Force was created on 10 August 1914.<sup>7</sup> Colonel John Wallace Carson was appointed in January of 1915 to act as the agent of the Minister of Militia in the United Kingdom.<sup>8</sup> This arrangement proved to be both inadequate and inefficient. In October 1916 the Ministry of Overseas Military Forces was created to relieve the Department of Militia and Defence of the administration of the Forces overseas and to establish a ministry in London. In this way the ministry would be immediately in touch with the British War Office and would be conveniently situated with relation to the theatre of effective operations.<sup>9</sup> Sir George Perley was appointed Minister of the Overseas Military Forces on 31 October and Carson was relieved of his responsibilities on 7 December 1916.<sup>10</sup> Sir Edward Kemp replaced Perley on 12 October 1917.

The declaration of war triggered the development and organization of a Canadian contingent for overseas service, which included medical units for casualty clearing stations,

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1919, p. 341.

<sup>6</sup>J. George Adami, War story of the Canadian Army Medical Corps. vol. II (Toronto: The Canadian War Records Office by Musson Book Company, [1918]), p. 30.

<sup>7</sup>NAC RG 2 Privy Council Order 2080, 10 August 1914.

<sup>8</sup>NAC RG 2 Privy Council Order 107, 15 January, 1915.

<sup>9</sup>NAC Privy Council Order 2651, 28 October, 1916.

<sup>10</sup>NAC RG 2 Privy Council Order 3034, 31 October, 1916.



general hospitals and stationary hospitals. It was necessary for a medical administrative staff to accompany the contingents. Colonel G. Carleton Jones, who had been Director of Medical Services at Ottawa since December 1906, accompanied the first contingent as Acting Director of Medical Services, with another acting director of medical services being left in charge at Ottawa. In December 1914, Colonel Jones became Director of Medical Services of the Canadian Expeditionary Force, and was promoted to Surgeon-General. In London there gradually developed a full medical headquarters staff, with acting directors of medical service in charge of the various departments. In France, with the formation of new Canadian divisions and the establishment of the Canadian Army Corps, each division had on its headquarters staff an acting director of medical services.<sup>11</sup>

The Canadian Expeditionary Force was an integral part of the British Expeditionary Force. British sick and wounded were admitted into Canadian field ambulances, casualty clearing stations and hospitals. The Canadian sick and wounded were admitted into British army medical institutions, both on the front and in the British Isles.<sup>12</sup> During the War approximately 90 per cent of patients admitted into Canadian hospitals were not Canadians but were from British and other Dominion troops.<sup>13</sup>

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<sup>11</sup>NAC RG 9 vol. 3602 Department of Militia and Defence. Director Medical Services. C.A.M.C. Journal. Report on the "War Activities and Development of the C.A.M.C.", 1919, p. 339 to 340.

<sup>12</sup>Ibid., p. 324.

<sup>13</sup>Ibid., p. 323.

### 3. Administration of medical records

#### 3.1 Office of the Director of Medical Services

The records which have been selected for analysis are those of the Canadian Army Medical Corps which pertain to record-keeping practices. These records are those contained within RG 9 The Department of Militia and Defence, held at the National Archives of Canada. No specific series of records exists which is titled the Canadian Army Medical Corps. As a result, those series of records which have been chosen for research purposes are titled the Adami Papers, Army Forms and Books, Canadian Record Office and Director of Medical Services.

During World War I the administration of medical care and of medical records in the Canadian Army Medical Corps was the responsibility of two bodies: the Office of the Director of Medical Services and the Canadian Record Office. At the beginning of the War the Office of the Director of Medical Services was responsible for all medical care and for record-keeping. A change was made in 1916 with the creation of the Canadian Record Office, which was responsible for collecting and compiling the records of the Canadian Expeditionary Force. This will be discussed later in this chapter. (See Section 3.2 Canadian Record Office.)

The Department of the Office of the Director of Medical Services Canadian Contingents was created in October 1914, when Professor J. George Adami of McGill University wrote to The Lancet and called attention to the fact that no adequate official medical history of the campaigns had yet been published. He urged that this omission be

remedied and that preparation be made immediately to collect data for the purpose of a medical history.<sup>14</sup>

Initially the Office of the Director of Medical Services was responsible for the care of patients and for the keeping of medical records. The administrative structure that was in place did not remain unchanged for long. As early as 1915, the Army Council found that there had been great misunderstanding on the subject of how to deal with the reporting of admissions and discharges of the sick and wounded, who had been transferred to the hospitals in Great Britain from the Expeditionary Forces. It was decided to cancel all previous orders and to issue new ones.<sup>15</sup>

The British War Office issued "Notes for the guidance of officers in charge of military, territorial and auxiliary hospitals" in the spring of 1915. These notes were general instructions which were intended for use by the British and Dominion hospitals. The notes were extensive and covered administrative procedures, including the creation and keeping of records. All records, movements and other military medical administrative details of military patients in affiliated public hospitals were placed under the control of the central military or territorial hospitals to which such public hospitals were affiliated. Patients transferred to convalescent homes were considered as still "in hospital," and were retained on the books of the hospital from which they were transferred until final discharge. Those patients were also accounted for in the monthly return of sick form.<sup>16</sup> The data collected

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<sup>14</sup>NAC RG 9 vol. 3602. Department of Militia and Defence. Director Medical Services. C.A.M.C. Journal. Report on the War Activities and Development of the C.A.M.C.", 1919, p. 322.

<sup>15</sup>NAC RG 9 vol. 3530 Department of Militia and Defence. Director of Medical Services. Patients. Patients: Procedure, 1915 to 1916, p. 85.

<sup>16</sup>Ibid., p. 20.

from the forms outlined in the Notes would eventually be used in the compilation of the Medical History Sheet.

"Notes for the guidance of officers in charge of military, territorial and auxiliary hospitals" included a specific section for the creation and maintenance of Canadian medical records. There was a specific section for Canadian records because the Canadian Army Medical Corps had created its own independent system of medical record-keeping and this independent act was recognised by the British War Office. The Notes did not have a specific section of rulings for any other Dominion countries. These were in addition to the rulings set out by the British War Office. The specific section included these records:

#### Nominal rolls.

The nominal roll listed all officers, non-commissioned officers and men of the Canadian Contingent who had been in Canadian hospitals during the preceding week and provided a full account regarding disease, disposal of patients and other details. Officers in charge of hospitals were responsible for the completion of the nominal rolls, which were sent to the Director of Medical Services in London on a weekly basis.

#### Unfit Patients.

This record was a nominal listing of soldiers who had been found medically unfit for further service. In the case of individuals who were classified as unfit and were discharged from a hospital for return to Canada, a full account of each person was forwarded to the

officer of the commanding dépôt, who would make the necessary arrangements for the patient's passage to Canada.<sup>17</sup>

Other specific data were to be supplied to the War Office. These included:

Nominal roll of admissions.

The nominal roll of admissions listed patients admitted to a hospital. The officer in charge of the hospital forwarded this nominal roll as quickly as possible after admission and in no case was it delayed beyond the day after such admission.

Daily state.

The daily state was a list of the sick and wounded officers and other ranks of the Expeditionary Forces in the central hospital and in each of the military, public and private hospitals affiliated with the Canadian Expeditionary Force. The officers in charge of central hospitals furnished this listing to the War Office on a daily basis. Separate returns were sent for prisoners of war.

Weekly state.

The weekly state listed the number of vacant beds, the number of soldiers sent to their homes on furlough, the number of soldiers sent to convalescent homes, the number of soldiers discharged permanently because they were unfit, and the number of discharged soldiers who were sent directly to duty and the number of soldiers who had died. This

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<sup>17</sup>Ibid., p. 18.

listing was prepared by all military and territorial hospitals and was telegraphed to the War Office every Friday by 8:00 a.m.<sup>18</sup>

#### Medical transfer certificate.

The medical transfer certificate was a numerical listing of individuals who had been transferred to a Canadian convalescent hospital or other Canadian hospital. The name and medical details of each patient were set out upon a separate certificate.

#### Canadian medical form 2.

Canadian medical form 2 was a nominal roll of Canadian patients admitted to a hospital during the previous twenty-four hours. This roll was prepared by the officer in charge of a hospital and sent to the officer in charge of records of the Canadian Contingents in London. Officers in charge of Canadian hospitals and convalescent hospitals sent a duplicate of this return to their Acting Director of Medical Services.

#### Canadian medical form 3.

Canadian medical form 3 listed the number of admissions, discharges, transfers, deaths and venereal cases among Canadian patients for the previous twenty-four hours. The form was sent to the Director of Canadian Medical Services. Officers in charge of Canadian hospitals and convalescent hospitals sent a duplicate of this return to their Acting Director of Canadian Medical Services.<sup>19</sup>

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<sup>18</sup>Ibid., pp. 16 to 17.

<sup>19</sup>Ibid., pp. 256 to 264.

Canadian medical form 4.

Canadian medical form 4 was used when a patient other than an officer was to be discharged from hospital to his unit. It was made out in quadruplicate. One copy was retained for the patient's records by the officer in charge of the hospital and the other three copies were forwarded to each of the following officers forty-eight hours before the proposed discharge: the officer in charge of records of the Canadian Contingents, the chief paymaster of the Canadian Contingents and the commanding officer of the unit or reserve unit in which the patient served. This was one of the few cases where distinctions in record-keeping were made between officers and men. In December 1915 the office of the Director of Medical Services informed its medical officers that new procedures were to be adopted in the British Isles in connection with the treatment of sick and wounded warrant officers, non-commissioned officers and men of the Canadian Expeditionary Force. These procedures replaced the rulings which had been issued in September 1915. The new regulations provided forms to be employed in reporting Canadian patients. All troops of the Canadian Expeditionary Force, for purposes of returns or reports made to the Canadian authorities, were regarded as overseas troops or troops from the front. No distinction was made as to whether they were admitted to hospital by transfer from the seat of war or directly from army troops stationed in the British Isles.

The forms were created to facilitate the provision of an adequate number of beds for active treatment of the Canadian Expeditionary Force. Invalid Canadians from the front were admitted to Canadian active treatment hospitals. During periods of emergency, patients were assigned to both British and Canadian hospitals throughout England in

accordance with the distribution of the ambulance trains. In the same way the British sick and wounded were admitted to Canadian General Hospitals in England.<sup>20</sup>

In October 1916 Inspector Colonel Bruce extensively reorganized the staff of the Director of Medical Services. Lieutenant-Colonel Adami was placed in charge of the department concerned with medical history and medical research. The work consisted of the collection and analysis of official data bearing upon the activities of the Canadian Army Medical Corps, as well as the supervision of research, publication of medical papers by officers of the Canadian Army Medical Corps, the supervision of vivisection licences, and the supervision and collection of pathological specimens from Canadian hospitals. The documents collected in the department included abstracts of medical war diaries, card indexes, publications by members of the Canadian Army Medical Corps, drawings of Canadian medical units and institutions and maps of operations.<sup>21</sup>

Specialized record-keeping methods were employed as a result of the advent of new diagnostic techniques. With a large number of Canadian laboratory units in England and the establishment of new hospitals requiring different classes of laboratory examinations, it was decided in 1917 to establish the Canadian General Laboratory No. 1 as a centre for training and as a place to deal with clinical pathology and public health work.<sup>22</sup> The creation of such a facility required the introduction of record-keeping practices which included a laboratory ledger of all reports, monthly laboratory reports, numerous details of

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<sup>20</sup>NAC RG 9 vol. 3602. Department of Militia and Defence. Director Medical Services. C.A.M.C. Journal. Report on the War Activities and Development of the C.A.M.C., 1919, p. 322.

<sup>21</sup>Ibid., pp. 63 to 66.

<sup>22</sup>NAC RG 9 vol 3602. Department of Militia and Defence. Director Medical Services. Series 24. File 24-3-1 (vol. 1) C.A.M.C. Journal, 1917, p. 136.



examinations, concise descriptions of special work and reports concerning adequacy of equipment and personnel.<sup>23</sup>

The Canadian Expeditionary Force comprised all the troops serving outside Canada; unlike the British Expeditionary Forces, it included troops stationed in the United Kingdom as well as those serving overseas. Hence in the returns rendered to the Canadian authorities, it was necessary to include Canadian patients from local units as well as from overseas units. Officers in charge of hospitals made a return on a Canadian form of all Canadian patients received into their hospitals. This was a daily return and included all patients received during the previous twenty-four hours. The return included patients from units stationed in the United Kingdom as well as patients from units serving overseas and it included admissions on transfer from other hospitals, as well as fresh admissions and re-admissions. This return was made to the officer in charge of records. The Canadian Records Office prepared a daily casualty list which incorporated information obtained from this form. This daily nominal roll of Canadian patients replaced the weekly nominal roll. It was returned to the War Office and included Canadian patients admitted to hospitals as transfers from the Expeditionary Forces overseas.<sup>24</sup>

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<sup>23</sup>NAC RG 9 vol. 3602 Department of Militia and Defence. Director Medical Services. Series 24. File 24-3-1 (vol. 1) C.A.M.C. Journal, 1917, p. 133.

<sup>24</sup>NAC RG 9 vol. 3530 Department of Militia and Defence. Director of Medical Services. Patients. Patients: Procedures and General. pp. 321 to 323.

### 3.2 Canadian Record Office

In February 1916, the Canadian Record Office commenced operations and received the records of all overseas casualties who were hospitalized. On the same date, they commenced receipt of all records of all first admissions to hospitals in England of those who had been evacuated from the front. The number of patients increased rapidly. On 1 March over 3,300 individual records had been received and by the end of March that number had risen to 5,400.

Formed under the direction of Lord Beaverbrook, the Canadian Record Office was responsible for collecting and compiling historical records of the Canadian Expeditionary Force. Officers in England and France collected the records of Canadian units and formations, as well as the unit war diaries. In addition, they collected data on the exploits of individuals and units in the field which were incorporated into office files. They also published and collected photographs and films produced by staff photographers.<sup>25</sup> The Canadian Record Office compiled statistics of strength and casualties, maintained custody of soldiers' documents and war diaries, kept records of honours and awards and was responsible for reporting casualties sustained by the Canadian Expeditionary Force.<sup>26</sup>

A Central Record Office for all units of the Canadian Expeditionary Force was established in London dealing with the military records of all soldiers of all ranks who

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<sup>25</sup>NAC RG 9 Records of the Department of Militia and Defence. (Ottawa: National Archives of Canada, n.d.), p. TR 78.

<sup>26</sup>Ibid., p. TR 67.

became members of the Canadian Expeditionary Force and who embarked from Canada during the War. Military personnel who did not leave Canada were not included. The duties laid down for an officer in charge of records as amended in August 1914 were carried out by this office, and such additional matters as might be duly authorised from time to time.

The Record Office was administered by an officer in charge of records, assisted by two staff officers and other officers allotted to the several branches as indicated below. The Record Office was divided into the following branches and sections, each being administered by an officer in charge.

Central Section was divided into five sub-sections as follows:

Sub-Section A, under an officer in charge, dealt with the checking of all new and incoming regimental documents and their disposition, preparation of new record sheets, compilation of returns as required when received from the several branches, allocation of regimental numbers and control of representatives of the officer in charge of records in the several commands in the United Kingdom.

Sub-Section B, under a deputy superintending clerk in charge, dealt with movement of troops, organization, establishments, warrant ranks, location lists, and the register of rulings and instructions.

Sub-Section C, under an officer in charge, dealt with medals, decorations, honours and awards and war badges granted to personnel.

Sub-Section D, under an officer in charge, dealt with the compilation of certain materials for historical records of units for transmission to the office of the Historical Section of Canadian War Records, war diaries, custody of regimental property and returns by units of regimental funds.

Sub-Section E, under an officer in charge, dealt with registry of files and correspondence.

Branch "A" (Records 1), under an officer in charge, dealt with all matters relating to officers' records.

Branch "B" (Records 2), under an officer in charge, dealt with all matters relating to records of warrant officers, non-commissioned officers and men. This branch was divided into Section A-Troops in France and the Near East; Section B-Troops in England; and Section C-Casualties. Each of these sections was further divided into sub-sections.

Branch "C" (Casualties), under an officer in charge, was divided into sections and groups to deal with records of all casualties under their several categories; preparation and issue of casualty lists and notifications to next-of-kin and all concerned; and war service messages from militia headquarters.

Branch "D" (Records 3), under an officer in charge, dealt with custody and maintenance of duplicate Medical History Sheets and the issue to hospitals of Medical History Sheets of wounded personnel evacuated from France; and custody of medical board proceedings.

Branch "E", under an officer in charge, contained the following sub-branches: enquiries, control card index, officers' kits, register of graves and register of the post.

Enquiries, under an officer in charge, dealt with all official and unofficial enquiries of a miscellaneous nature relating to individuals of the Canadian Expeditionary Force, other than those official enquiries which related to records of the individuals dealt with by Branch "A" or "B" respectively.

The Central Card Index, under a branch officer, maintained an alphabetical card index denoting rank and unit for each individual in the Canadian Expeditionary Force.

The Graves Register, under an officer in charge, dealt with registration of graves for all soldiers in France and in the United Kingdom, in co-operation with the Director of Graves Registration and Enquiries under the War Office.

Postal, under an officer in charge of Canadian Postal Service, dealt with postal correspondence returned by the General Post Office, for Troops of the Canadian Expeditionary Force.

Branch "F" (Administration), under an officer in charge, dealt with all matters pertaining to discipline, duties, interior economy and administration of personnel of the Record Office; administrative arrangements of the Record Office; extension of leave and of absence of soldiers on leave from France in conjunction with the War Office; and Office Supply and Stationery.

Office instructions and procedures for office routines and duties were issued to each branch head. The head of each branch was responsible for all that branch's routine office work. In all cases, matters affecting policy or change of procedure were referred by the branch officer concerned to the officer in charge of records for action or decision.<sup>27</sup>

The recording of the hospitalization of the soldiers on the strength of the Canadian Record Office was rendered difficult, since the daily casualty lists, from which the information was received, were published independently by original service units for overseas casualties. This made it necessary for the casualty lists of each unit to pass through each of the different record clerks in the Canadian Record Office. The filing and transmission of the documents of the personnel, conducted by the Canadian Record Office,

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<sup>27</sup>NAC RG 9 vol. 3755 Department of Militia and Defence. Director of Militia and Defence. Canadian Record Office. Memorandum relating to Organization & Administration of Office Work in the Record Office, C.E.F., 1916, pp. 2 to 7.

was a large task, when centralized for approximately 20,000 men into one alphabetical set of files.

Initially the size of the Canadian Record Office, which comprised over 20,000 active record sheets and over 4,000 non-active record sheets, resulted in practically every operation requiring the adoption of special measures to overcome the difficulties which arose. In keeping the records of the Canadian Record Office, the work was usually carried out by a unit clerk for an ordinary unit and was divided into the following specialized operations: posting entries of orders and casualty lists on the record sheets, transmitting and filing documents, maintaining the monthly returns, maintaining non-effective records and checking, filing and despatching documents of soldiers discharged in England. Special internal systems had to be devised to correlate the work of those clerks employed on these special duties.

The vast amount of work which fell to the clerks of the Canadian Record Office was due principally to the enormous number of records which were transferred to and from the Canadian Record Office. The number of clerks allotted to cope with the work at this time included Deputy Superintending Clerk, nine group clerks and forty-six other clerks, making a total of fifty-six employees.<sup>28</sup>

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<sup>28</sup>Ibid., pp. 56 to 58.

#### 4. Specific information needs

##### 4.1 Collection of data

The gathering of medical documentation and the motives for such an activity were described by the Office of the Director of Medical Services on 25 August 1915 in the following correspondence:

"Since you request [it], here follows an outline of what I have done so far in endeavouring to ascertain what will constitute a theoretically and practically perfect system of documentation, to be employed in the work of the Canadian Medical Service.

The first step was to realise the relation which an Army bears to the State, and then the position which the Medical Service occupies in the conduct of an army.

When British nations are forced to attempt the realisation of their policies by War, the whole strength of the nation is, both by written law and by custom, thrown into the scale. No man therefore should be permitted to suffer a detriment of the position which he bears in relation to his fellows by reason of his having served and, possibly, having become disabled by reason of service, in British Armed Forces.

In the direction of an army, the Commander-in-Chief is supreme; the proper conduct of the Forces under his control is secured by various administrative services. For example, the Quarter-Master-General secures supplies. Among other things, it is the duty of the Adjutant-General to inform the Commander-in-Chief of the number of forces at his disposal. The Medical Service, therefore, comes under the Department of the Adjutant-General. The reason is evident; since it is a prime function of the Medical Service to ensure efficient soldiers. It is therefore the duty of the Medical Service to watch over the health and physical efficiency of soldiers when they enter the Service, while they are in the Service, and when they leave it; also, - since the State is responsible for seeing that a soldier suffers no detriment in comparison with his fellows by reason of his service, - the Medical Service must keep records by which the physical condition and proper treatment of soldiers can be equitably established.

Since a knowledge of the state of a soldier's efficiency is of importance to, for example, the Paymaster, the officer in charge of records, the commanding officer of the unit of the man concerned, it is necessary that any system of documentation established for the Medical Service must be designed with intimate knowledge of the co-relations between the medical

and other administrative services. It consequently only becomes possible to make useful suggestions concerning the keeping of Medical Records by:

1. Appreciating the position which the Medical Service occupies in relation, first to an army, and then to the state;
2. By an accurate knowledge of methods at present employed; and,
3. By a careful examination of the ultimate effect and furthest influence of any amendment or addition suggested for methods in actual use.

It has been possible to make a fairly complete study of the documentation of the Medical Service in Great Britain, and consequent recommendations have, to a large extent, been acted upon. It is certain that improvements can still be made. A complete knowledge of these studies, recommendations, and actions can be gained from the files and correspondence on medical boards and on medical history sheets in the Office of the D.M.S.

It has been otherwise with the Medical Service overseas. Although regulations exist, it appears that they are not strictly followed, even in Great Britain, and that customs often grow up outside of the regulations which, when found to be reasonable, subsequently find their way into the regulations. Possibly in this way, it has become evident that forms are being currently used overseas which are not named in any of the regulations obtainable in Great Britain, and it was evident that it would become necessary to make a very careful study of the documentation of the Medical Service in France before it would be possible to make any recommendation concerning Medical documentation in Great Britain, in France or as a whole. It is for this reason that I supplied Captain Shaw with all the information at my disposal and made him suggestions (in letters of which copies have not been kept) concerning the points which especially demanded attention."<sup>29</sup>

#### 4.2 Imperial Conformity

Attempts were made to standardize the record-keeping operations of the medical administrations of the varying Dominion governments and of Great Britain. On 28 September 1915 the War Office issued directives which recognized that it was essential for

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<sup>29</sup>NAC RG 9 vol. 3746 Department of Militia and Defence. Adami Papers. Canadian General Hospital No. 3. Extracts, Reports, 1915, pp. 1 to 4.



the various colonial governments to be in possession of the medical histories of all soldiers of their contingents who had been under treatment in hospital, in order to deal with claims for pensions which might thereafter arise. Instructions were issued that particulars regarding the hospital treatment of all men of the colonial forces should be entered on a Medical History Sheet.

On the admission to hospital of a soldier of the colonial forces, the officer in charge of the hospital would at once apply to the officer in charge of appropriate records for the soldier's medical history sheet. In the event of the sheet not being available, a temporary Medical History Sheet was used. The Medical History Sheet would invariably accompany the patient on transfer to another hospital. Whenever a soldier belonging to the colonial forces was discharged from hospital, the Medical History Sheet would at once be forwarded to the officer in charge of records concerned.<sup>30</sup>

The authorities required that official cards be kept in the wards, and for this reason Canadian general hospitals found it necessary to establish a duplicate system of cards to provide for filing purposes in the Registrar's Office,<sup>31</sup> as well as in the Medical Statistics Office in London.

Stationery and forms used by the Canadian hospitals in France were the same as those used by the corresponding units in the British Service. In December 1916 it was reported that Canadian hospital units had been using forms which were different from those of the other imperial units. Concern was expressed that to change the system at that late

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<sup>30</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation of - Policy and Procedure re., 1915 to 1919, p. 139.

<sup>31</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Director of Medical Services. Army Forms and Books, 1914 to 1917, p. 715.

date would very seriously interfere with the records of these units and their future use at the Militia Headquarters, Canada.<sup>32</sup>

#### 4.3 The Medical History Sheet/Medical Case Sheet

The documenting of a patient's well-being, health, illness, wounds and anthropomorphic data is one of the most important acts in the compilation of medical data. Its use was essential not only in tracking the long term medical health of a patient, but also as a tool to be used by government administrators in the granting of pensions. During the course of the War, changes were brought about in the kind, quantity and standard means of data that were required. The patient file changed and evolved and was designated by a variety of formal titles. Below is a study of the development of the patient file, as used by the Canadian Expeditionary Force.

At the onset of the War, a Canadian medical history form was used as a patient file to document the health of a patient. (See Appendix One. Canadian Medical History Form on pages 240 to 241). On 6 August 1915, however, a cable was sent to the Director-General of Medical Services in Ottawa, asking that in future the British forms of the Medical History Sheet be used for all members of the Canadian Expeditionary Force, instead of the Canadian form which had been in use. It also requested that the same be forwarded in duplicate to every member proceeding overseas.<sup>33</sup>

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<sup>32</sup>Ibid., p.789.

<sup>33</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation of - Policy and Procedure re., 1915 to 1919, pp. 84 to 85.

A Medical History Sheet was created for each member of the Canadian Expeditionary Force. The prime object of the medical history sheet was to provide a synopsis of the physical condition of each individual. The form provided for the documentation of all wounds, illnesses, treatment, general health, dates and place of enlistment and transfer, dates of arrival or departure and embarkations or disembarkations. It recorded the proceedings of any court of enquiry held on injuries and also documented the findings of boards of medical officers.

Problems were encountered with the use of the medical history form. An alternative scheme was proposed. A Medical History Sheet would replace the Medical History Form. Assigned officers would be responsible for the content, instructing medical officers in the proper completion of the medical history sheets and ensuring that the mistakes of the past would not be repeated.<sup>34</sup>

The plan was adopted. On 20 November 1915 the Acting Director of the Canadian Medical Services stated that medical officers should see that every Medical History Sheet in every unit was completed and sent to the officer in charge of records in London. (See Appendix Two, Medical History Sheet on pages 242 to 243). When medical officers were preparing board papers they were to write to the Records Office, requesting the original Medical History Sheet, which was to accompany the board papers to the Medical Board. A routine order, dated 10 December 1915, stated that the Record Office, London, was to be the repository for Medical History Sheets. One week after arrival in England, by which time all inoculation entries were to be listed, all Medical History Sheets were to be completed and forwarded to the officer in charge of records. The only exception to this

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<sup>34</sup>Ibid., pp. 286 to 287.

rule was the case of patients in a hospital. Their Medical History Sheets were to be placed in the custody of the officer in charge of the hospital. When the patients were discharged from a hospital, the same office dealt with their sheets as the occasion demanded.

The changes in record-keeping procedures affected the operations of all who were engaged in providing medical care. A Canadian stretcher bearer on the Western Front noted in his diary, on 22 February 1916, that clerks had become much more involved in the process of recording data on the medical state of patients than they had been previously. He also recorded that one of his new responsibilities included the gathering of information concerning each wounded individual which was entered on a card and then attached to the uniform of the soldier.<sup>35</sup>

Because many Medical History Sheets were missing for patients who were not in a hospital, commanding officers initiated a search of the records of their respective units. They directed that all Medical History Sheets were to be completed properly and then forwarded to the Record Office. The only exception to these instructions was that commanding officers of hospitals were to retain the medical sheets of patients in their care. When considerable delay was experienced in obtaining the Medical History Sheet from the Record Office, a temporary sheet was used so that the case would not be delayed.<sup>36</sup>

It was intended that all Medical History Sheets were to be transferred from the Canadian Record Officer to units in England at an early date. Upon receipt of notification, commanding officers of units sent a representative, with a correct nominal roll of their

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<sup>35</sup>R. A. L., Letters of a Canadian stretcher bearer. edited by Anna Chapin Ray. (Boston: Little, Brown, 1918), pp. 42 to 43.

<sup>36</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation of Policy and Procedure re., Routine Order, 3 February 1916, pp. 286 to 287.

respective units, to receive Medical History Sheets from an officer in charge of records. They corrected any discrepancies which might have occurred in the interim and rendered the necessary receipt. Commanding officers were notified when the Canadian Record Office was ready to hand over the Medical History Sheets.

After 29 April 1916 Medical History Sheets of units in England were no longer to be forwarded to the officer in charge of records. All Medical History Sheets of personnel belonging to units in England, then in the custody of an officer in charge of records, were returned to their units for custody. Upon receipt of notification from an officer in charge of records, unit commanders sent a representative, with two copies of the carefully checked nominal roll of men on its strength, to the Record Office in London and personally delivered the corresponding Medical History Sheets. One nominal roll was left with the officer in charge of records and the other was retained by the unit.<sup>37</sup>

On 8 May 1916 commanding officers of units were ordered to make a thorough search of their orderly rooms in order to locate any original Medical History Sheets which should have been returned with medical boards and to provide a list of the same on the following day, to the officer in charge of records in London and this was undertaken.<sup>38</sup> A further routine order on 13 May 1916 stated that commanding officers should take steps to ensure that every non-commissioned officer or soldier who was admitted to a hospital was accompanied by an original personal Medical History Sheet.<sup>39</sup>

When a patient returned to Great Britain from active service, a casualty sheet came with the patient and was sent to the officer in charge of records. While the casualty sheet

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<sup>37</sup>Ibid., Routine Order 979, 29 April, 1916.

<sup>38</sup>Ibid., Routine Order 1089, 8 May, 1916. p. 577.

<sup>39</sup>Ibid., Routine Order 1151, 13 May 1916. pp. 577 to 578.

was in the hands of the officer in charge of records, any information of importance to the medical service was extracted from the casualty sheet and entered upon the Medical History Sheet. At this time the British form of the Medical History Sheet was substituted for the Canadian form, because the British form was more detailed and more complete.<sup>40</sup>

The Medical History Sheet was perceived as an essential document because, at the conclusion of the War, the admission and discharge books of the British hospitals and of Canadian hospitals in the United Kingdom would not be readily available to the Canadian authorities, because they were to remain in Great Britain. The Medical History Sheets of Canadians serving on the front were kept on file in the Canadian Record Office in London. When a Canadian patient was transferred from one hospital to another, his Medical History Sheet, duly filled in and signed by the officer in charge of the hospital, was to be attached to the medical transfer certificate and passed on to the receiving hospital. When a Canadian patient was discharged from a hospital, the Medical History Sheet was forwarded at once to the commanding officer of the unit from which the discharge was made. In cases of death in any hospital, the Medical History Sheet was forwarded to the officer in charge of records in London.<sup>41</sup>

On 13 March 1917 the question of a more uniform system of documentation for all Canadian hospitals came under consideration. Officers were instructed to commence a card index system for Medical History Sheets and other documents of patients who were in a

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<sup>40</sup>NAC RG 9 vol. 3746 Department of Militia and Defence. Adami Papers. Canadian General Hospital No. 3. Extracts, Reports, 1915, Appendix pp. 1 to 3.

<sup>41</sup>NAC RG 9 vol. 3755 Department of Militia and Defence. Canadian Record Office. Memorandum relating to Organization & Administration of Office Work in the Record Office, C.E.F., 1916, pp. 129 to 130.

hospital. It was believed that this would result in providing more efficient and accurate access to these records.<sup>42</sup>

All military hospitals in the seat of war and all military hospitals in Great Britain were under the control of the War Office. Eventually the admission and discharge books, Medical History Sheets and other documents bearing upon or belonging to the individual patient were to pass into the possession of the Adjutant General and the Director General of Medical Services. Steps were taken to index, classify and store the same. It was believed that at the conclusion of the War there might be difficulty in obtaining the official documents bearing upon the hospitalization of any Canadian soldier, should these be needed in connection with pension or other claims. Realizing this, the Medical History Sheet was replaced by the Medical Case Sheet<sup>43</sup>. (See Appendix Three. Medical Case Sheet on pages 244 to 247). The Medical Case Sheet was an adaptation of the Medical History Sheet, but was more extensive, so that it could be used as an information tool for Canadian claims.

It was envisaged that should it be necessary to enquire into the hospitalization of any individual, the military authorities of the Dominions or other possessions would have in their custody no official and legal documents detailing the medical history of the soldier when on active service. A delay of weeks and months would result before copies of the official documents could be made in London and before a man in Melbourne or Vancouver could establish his claims for a pension. In the absence of easily accessible admission and

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<sup>42</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Director of Medical Services. Army Forms and Books, 1914 to 1917, p. 1624.

<sup>43</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation of - Policy and Procedure re., 1915 to 1919. Directive. [February, 1916], pp. 27 to 29.

discharge books and other hospital records, the Medical Case Sheet became an essential document for every individual belonging to these contingents.

Officers in charge of every hospital were advised that Medical Case Sheets were to be employed in the case of every non-commissioned officer and soldier belonging to the Canadian, Australian, New Zealand, South African, Indian and other contingents from overseas. These sheets were to indicate entries, giving the date of admission, diagnosis, operation, date of discharge, disposal, and date and findings of any medical board held while the individual soldier was a patient of a hospital in their charge or command.<sup>44</sup> The Medical Case Sheet was thus used for all members of the Canadian Expeditionary Force replacing the Canadian form which had been used previously.<sup>45</sup> The consequences of utilising the Medical Case Sheet was an expansion and standardisation of the recorded medical data of each soldier.

All entries were accurately made and certified. The entire procedure for dealing with Medical Case Sheets of Canadians was based on the rule that all original medical sheets of Canadians in a hospital should be with them at the hospital and all original Medical History Sheets or Medical Case Sheets of Canadians not in a hospital would be on file at the Record Office in London, where they might be requisitioned as needed. If the original Medical History Sheet or Medical Case Sheet of a Canadian patient was not received by a hospital within six days of admission, application was to be made to the officer in charge of records in London, during the period antecedent to the receipt of the original Medical

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<sup>44</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation of - Policy and Procedure re., 1915 to 1919, pp. 79 to 80.

<sup>45</sup>Ibid., p. 85.



History Sheet. The officer in charge of hospitals was requested not to make a new Medical History Sheet, but to await the arrival of the original and then to make the necessary entries thereon.

The development of the Medical History Sheet proved beneficial in the recording of the health and of injuries of the individual patient, as well as in the recording of the general health and of injuries of the whole of those in the military. The individual received improved medical treatment because of the availability of information on the form and the collective group benefited because the forms were used for studying the health of the military population.

#### 4.4 The sick and wounded

During the course of the War new means were developed to treat patients, which required novel procedures to document the results of these new techniques. New and specific strategies were developed to record testings which were used in diagnosis. One such system was the combined chart in two colours, to record the microbic content and temperature as part of the Carrell Dakin method of treating wounds. To carry out this treatment antiseptic was applied to a wound and a microbic count was made each day. This was recorded on a chart and was of no value without an associated chart. A drop in the number of microbes, associated with a rising temperature, meant the danger that a pocket had formed which was not discharging. A drop in the microbic count, associated with a normal temperature, indicated that the wound might be closed by a secondary suture, and in some instances operations were undertaken for the repair of fractures. This combined

chart, recording these two facts, was filed away as a reference for boards and more particularly for a Pension Board adjusting the claims for pensions.<sup>46</sup>

Routines were developed in documenting individuals who needed to be notified of a particular case, be they medical people or next-of-kin. On 31 January 1916 medical officers were informed that should the condition of an officer who was a patient in a hospital become serious or dangerous, the officer in charge of a hospital was to notify the officer in charge of records in London. If the next-of-kin of this officer was resident in Britain, the officer in charge of the hospital was to advise the next-of-kin that they could visit the patient at the hospital. When notifying the officer in charge of records that an officer was seriously or dangerously ill, the officer in charge of the hospital was to state whether any notification had been sent to the next-of-kin and also list the name and address of the next-of-kin. As long as the condition of an officer in a hospital remained serious, the officer in charge of records in London was to report twice weekly on the progress that the patient was making. Cases which were taken off the serious or dangerous lists would be reported by telegram.

The Medical Case Sheets provided statistical information which was used in the study of epidemiology, as in the example of the Surgeon-General, Assistant Director of Medical Services, who made use of the data concerning venereal diseased patients.<sup>47</sup> On 1 February 1918 the Surgeon-General gathered data from the medical sheets in determining individual patients, the extent of illness, treatment received and where these individuals

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<sup>46</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Director of Medical Services. Army Forms and Books, 1914 to 1917, p. 2527.

<sup>47</sup>NAC RG 9 vol. 3530 Director of Medical Services. Series 22. Patients: Procedures and General. pp. 932 to 933.

were stationed. These data were subsequently used in the analytical planning and establishment of venereal disease hospitals and for specialized medical care.

When a patient who was an officer died in a hospital, the officer in charge of that hospital reported the death by telegram to the Headquarters of the Canadian Training Division and simultaneously to the officer in charge of records. The latter notified the next-of-kin by telegram, if they were known, giving them the address where the death occurred and referring them to the officer in charge of a hospital for information regarding the funeral. The officer in charge of a hospital was responsible for making all arrangements for funerals in conjunction with the local military authorities, unless the relatives desired otherwise. A letter confirming the report of death was sent, without delay, by the officer in charge of hospitals to the officer in charge of records.<sup>48</sup>

#### 4.5 Statistics

The need to keep medical statistics increased substantially during the War. It was necessary for medical personnel to provide medical care to millions of patients; to document numbers of patients; to arrange for their care and transfer; to provide clinical equipment, drugs and nutrition; to provide medical personnel; and to determine and provide pension benefits. For statistical purposes, the sick and wounded treated in the hospitals of the United Kingdom were divided into two categories: transfers from the Expeditionary Force, and sick and wounded troops in the United Kingdom. The records and returns of patients

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<sup>48</sup>NAC RG 9 vol. 3530 Department of Militia and Defence. Director of Medical Services. Patients. Patients: Procedure, 1915 to 1916, p. 291.

treated in public or private hospitals were also maintained in, and included in the statistics of the military or territorial general hospitals from which the patients were transferred.<sup>49</sup>

The War brought into existence a large number of clerical staff who had no previous acquaintance with the army method of keeping statistical records. The magnitude of the numbers of sick and wounded who were dealt with necessitated some amplification of the regulations on the subject. New hospitals opened in which the clerical staff were not acquainted with the instructions which were issued. The general result was a wide diversity of method and a mass of errors, both of omission and commission, which unless they were corrected would detract very considerably from the value of the compiled statistics.

Instructions were issued to ensure a uniform system and reduce to a minimum the margin of error in the ultimate statistical tables. Admission and discharge books were to be created for British and Colonial Expeditionary Forces. Separate statistics were also to be kept on officers.<sup>50</sup> These revisions met the majority of all the requirements and suggestions made by the Board of Pension Commissioners for Canada.<sup>51</sup>

Near the conclusion of the War it was decided that, on the day following the official declaration of peace, documents entitled "peace admission and discharge books" would be put into use for all the Expeditionary Forces, replacing the former admission and discharge books which would be closed. One exception was made. Admissions to hospitals and re-admissions for recurrences of diseases or injuries attributable to or aggravated by military service in the War were to be entered in the former admission and discharge books. When

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<sup>49</sup>Ibid., p. 16.

<sup>50</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation of - Policy and Procedure re., 1915 to 1919, p. 391.

<sup>51</sup>Ibid., pp. 1333 to 1334.

any reasonable doubt existed as to whether the disability from which a patient was suffering was attributable to or aggravated by military service in the War, the matter was to be referred to a medical board and the opinion of the board was recorded on the patient's Medical History Sheet, such record being signed by the president of the board. Medical History Sheets were made out for all admissions and re-admissions to hospitals in overseas forces after the declaration of peace.<sup>52</sup>

#### 4.6 Pension needs

The Canadian national government implemented legislation to provide pensions to those who had served in the armed forces and had been injured. Varying amounts of financial remuneration were available, depending on the individual's disability. The degree of disability was determined by physicians and required an exacting means to document the health of a patient which, ultimately determined the amount of compensation. Great Britain had pension needs as well. However, the goals and objectives differed from those of Canada. Canadian pensions were awarded on a percentage basis, based upon the seriousness of the injury and the projected inability or ability of the soldier to earn an income in the post-War period. Hence, unique record systems were maintained by the Canadians.

A medical report was designed to deal with making decisions concerning the granting of government pensions to veterans. (See Appendix Four. Proceedings of the

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<sup>52</sup>Ibid., p. 1379.

Pensions and Claims Board on pages 248 to 249). The answers to the questions laid out in the medical report were to be filled in by the officer in charge of the medical case. The physician was to discriminate carefully between the soldier's statements and the evidence as recorded in the medical or other military documents bearing on the case. The physician was to state plainly the existence of any disability prior to the soldier joining the Army. The physician was to state the actual disabling conditions, as distinguished from the diseases or injuries from which they resulted. The official nomenclature was to be used. Clear and decisive answers were to be given to all questions. Such terms as "may", "perhaps", "probably" and "possibly," were not to be employed. Disability due to a cause arising on active service was to be shown clearly in order that the pension authorities might deal properly with the case. No account was taken of his regular occupation. The patient's lessened capacity for earning a full livelihood in the general market for untrained labour was listed as a percentage.<sup>53</sup>

The Canadian government wished to provide for those who had been injured while in service. However, there was a need to justify the claims of each individual who was seeking compensation. Also, there were concerns that some individuals would claim unjustified compensation and thus the need was created for medical examination without prejudice.

#### 4.7 Closure and disposition

The end of the War in 1918 and the subsequent discharge of military personnel resulted in a need to close records formally, to assign disposition schedules, to institute

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<sup>53</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Director of Medical Services. Army Forms and Books, 1914 to 1917, p. 1999 and Appendix.

policies concerning access and to transfer records to appropriate repositories. Some of the records of the units of the Canadian Medical Service, which had operated during the winter of 1914, had been lost. It was realized in 1915 that unless safeguards were adopted, other records would be lost because of the increased strain imposed during active service. For that reason, it was suggested that units of the Canadian Army Medical Corps, then in the field, return their records at short intervals to a central office which would be responsible for preserving all records of the Medical Service.<sup>54</sup>

It was for the purpose of collecting in one location all information of historical interest to the Dominion of Canada that these records were collected by the Canadian War Record Office. Material was at all times available to any authorized person or persons. Procedures were issued by the Canadian Record Office in order that commanding officers might understand the necessity of maintaining records.<sup>55</sup>

The disposal of medical documents and records was carefully laid out. They were to be carefully packed. Each group of records was arranged in series of numerical order and clearly labelled, showing to which unit it was related, both for admissions and transfers. Admission and discharge books were completed and forwarded to the staff officer of the Medical Research Committee. Case sheets were also sent to the Medical Research Committee.<sup>56</sup> By 1920 the majority of the Medical Case Sheets for Canadians had been sent

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<sup>54</sup>NAC RG 9 vol. 3746 Department of Militia and Defence. Adami Papers. Canadian General Hospital No. 3. Extracts, Reports, 1915, Appendix p. 6.

<sup>55</sup>NAC RG 9 vol. 3602 Department of the Militia. Director Medical Services. C.A.M.C. Journal. Report on the War Activities and Development of the C.A.M.C., 1916 to 1919, p. 76.

<sup>56</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation, 1915 to 1919, pp. 8953 to 8955.

to Canada by the Medical Research Committee.<sup>57</sup> The records were deposited in the Public Archives of Canada, later renamed the National Archives of Canada.

#### 4.8 Changes in organization of information

Changes occurred in the method of organizing medical data during World War I. There was a need for precise detail. This was achieved through the expansion of records and by utilising different standardized format. On 31 July 1916, the Statistical Branch of the British Medical Research Committee wrote to Canadian officials calling attention to certain aspects of the record-keeping at Canadian military hospitals. It was stated that, with the exception of only six hospitals of a total of twenty-eight, the record-keeping at Canadian hospitals had not been satisfactory. Little regard had been shown in following the official system of disease nomenclature and some of the admission and discharge books at a hospital in Shorncliffe had been allowed to fall into a very dilapidated condition. It was pointed out that these admission and discharge books were the sole source from which the records of the sickness of the army were compiled. Thus from any point of view including scientific and statistical, if these records were not properly maintained, it would be impossible in the course of a few years to state with any certainty either the number of men that had passed through the hospitals, or to the diseases or injuries which they had suffered. The accuracy of these records depended, to a very large extent, on the correctness of the statistical medical history of the War.<sup>58</sup>

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<sup>57</sup>Ibid., p. 9228.

<sup>58</sup>Ibid., pp. 479 to 482.



Standardized means were established for the ordering of army books and army forms. Specific forms were designed for the ordering or the indenting of these required forms, listing the specific form or book, number in stock, rate of annual consumption and number required.<sup>59</sup>

One function of the Scientific Committee of the Advisory Board of the Military of National Service was to enquire into the scope of the physical examination as it was conducted, along with its merits and its defects. This was undertaken in March 1919, when a census was conducted of all males of the United Kingdom who were above eighteen years of age. The census was undertaken because of public concern over the poor medical state of the men of the British Armed Forces. It was felt that knowing the health of the males of the state would identify any general deficiencies which then might be addressed while Great Britain was preparing for its next war. The physical examinations conducted for purposes of the War, since 1914, were regarded as preparatory to this project. The Medical History Sheet was arranged in a convenient form for subsequent analysis. A relatively large proportion of the data recorded in the present Medical History Sheet included the name, birthplace, age, height, weight, chest measurement, physical development, colour of hair, complexion, and colour of eyes. The Committee recommended for inclusion, as essential entries in the Medical History Sheet, whatever data were calculated to throw light upon the efficiency of the individual, not only as a potential soldier, but also as a potential citizen.<sup>60</sup>

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<sup>59</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Director of Medical Services. Army Forms and Books, 1914, p. 63.

<sup>60</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation of - Policy and Procedure re., 1915 to 1919, pp. 1300 to 1302.

## 5. Changes in record-keeping practices

### 5.1 Standardization of records

The Office of the Director of Medical Services stated that precautions must be taken to ensure that the official documents of every officer and soldier be preserved from loss and that they be produced at any time. All such official documents were cared for by the Record Office, whose duty it was to file them away safely and in proper order. These principles were fully carried out in connection with the attestation papers. Two copies were made, one of which was in the possession of the authorities at Ottawa. The other copy was kept and filed away by the Canadian Record Office in London.

Numbers of medical sheets were lost at Valcartier in Canada. Great numbers disappeared on the military bases on the Salisbury Plain because of a wind storm which blew down the tent in which they were housed. Also, large numbers were lost from day-to-day due to general neglect. The situation was very serious. Regulations were expanded so that duly attested copies of the Medical History Sheet might be given the same value as were copies of the attestation sheet. The Record Office, or the medical officer in charge of these particular records, was also instructed to enter upon the originals any additions made while the patient was in a hospital and any data from the casualty sheets.<sup>61</sup>

The Director of Medical Services issued orders on 20 February 1917 that a complete inventory be made on Thursday, 1 March 1917, of all army forms, army books, paper, inks, pens, pencils, and all small stationery stores held on charge. An inventory of

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<sup>61</sup>Ibid., p. 3555.

all supplies on hand was to be made monthly, from then on, and this return would show issues for the month and present stock on hand. No further requisitions were to be supplied until a receipt of the previous month's return had been made.<sup>62</sup> These cards were then used for the purpose of introducing a standardized system of registration of office supplies within all Canadian hospitals.<sup>63</sup>

## 5.2 Changes in format

The format of the documentation underwent transition. This was done for a variety of reasons, including cost, efficiency in the use of information and standardization. On 7 June 1915 it was stated that there was a need for forms to be printed upon paper of full foolscap size, the thickness and quality of the paper being immaterial. As long as the signature could be signed in ink without blurring, the paper could be of any thickness and cheapness. It was essential, for convenience of filing, that the size of the form be foolscap. Promptness in supplying these forms was required.<sup>64</sup> To avoid using expensive notepaper for this purpose, the form was reproduced on an Elham duplicating machine.<sup>65</sup> Use of the duplicating machine provided a quick and inexpensive means of creating standardised forms. It had the additional advantage of being portable and inexpensive, making it utilitarian in all military hospitals.

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<sup>62</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Director of Medical Services. Army Forms and Books, 1914 to 1917, p.1409.

<sup>63</sup>Ibid., p. 1603.

<sup>64</sup>Ibid., p. 117.

<sup>65</sup>Ibid., p. 116.

Another format change was the institution of index cards of different colours. On 19 February 1917 the Adjutant of the Duchess of Connaught Red Cross Hospital reported the use of six various kinds of coloured admission and discharge cards. Each colour denoting different categories in Expeditionary Forces, and were as follows:

Pink, Australian;

Blue, Persian Gulf;

Salmon, Canadians;

White, British France;

Green, Egyptian; and

Yellow, United Kingdom.<sup>66</sup>

Emphasis was placed on the means of reproduction of documentation. Copies of the casualty cards deposited with the British Medical Research Committee were essential for a permanent record in Canada. There was little space available for copyists in the offices of the British Medical Research Committee and it was realized that it was a tedious task to copy them in the ordinary way. The duplicating machine was employed and by this means 15 or 20 could be copied at a time in a few minutes.<sup>67</sup>

### 5.3 Changes in categorization

Various means were employed to categorize information. On 15 February 1916 No. 3 Canadian General Hospital was using the uniform index card system supplied to all

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<sup>66</sup>Ibid., p. 1476.

<sup>67</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation of - Policy and Procedure re., 1915 to 1919, p. 981.

hospitals. A better method was proposed. Instead of entering data into an admission and discharge book when a patient was admitted to a hospital, two copies of a form were completed. One was kept for the hospital register and the other was forwarded the same day to headquarters. In this way the statistical centre obtained immediate notice of every casualty. Similarly, when a patient was discharged or transferred from hospital, the same form was completed and sent to headquarters. There, these forms could be arranged either by units or alphabetically.<sup>68</sup>

#### 5.4 Distribution

Information had to be sent to a variety of centres, be it the originating hospital, or the Canadian War Record Office. In the ordering of printed forms, filing cabinets and cards, there seemed to be confusion, because there was no officer in charge of stationery for the whole of the contingents. Requisitions were created for the ordering of filing cabinets, typewriters, index cards and other record supplies both for offices and for various convalescent hospitals. The officer in charge of stationery in London was responsible only for supplying the offices of the contingents and such medical units as might be in London. Anything outside London had to be ordered through the Acting Director of Medical Services and if approved was forwarded to the Chief Paymaster.

A communication from the officer in charge of stationery drew attention to the fact that there was a general order that requisitions for the purchase of all filing cabinets, typewriters and expensive articles of that sort, had to be approved by General Carson on

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<sup>68</sup>Ibid., p. 339.

behalf of the Canadian government before ordering. A request was made for an officer in charge of stationery, who simplified matters by taking advantage of the favourable prices obtained by the British War Office, resulting in great financial savings.<sup>69</sup>

## 6. Conclusion

An extensive machinery existed for all medical divisions to participate in the recording of medical information. The procedure was not unlike that of any modern bureaucracy. Requisitions for forms and stationery were continually forwarded to the Director of Medical Services. This office provided the desired items and maintained control of their creation and distribution. The office kept an inventory of the numbers of all forms and stationery. If one hospital desired the creation of a new form this was approved, provided that there existed no other form to deal with the same problem. If such a form existed the hospital was advised to make use of it. The format of the record and its means of mass production were controlled by this central unit. At times, each hospital arranged for printing when necessary and also suggested production through use of a duplicating machine when appropriate.

At the beginning of World War I the Canadian hospitals were making use of British army medical forms. In 1915 and 1916 the Canadians developed and standardized some forms for Canadian use. However, because of the inter-relationship of all British and Canadian hospitals these forms were abolished and British forms were substituted. By early

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<sup>69</sup>NAC RG 9 vol. 3507 Department of Militia and Defence. Director Medical Services. Tech: Equipment, Books, Stationery, etc. Purchase of. pp. 244 to 246.

1917 there was a standardization of record-keeping practices in Canadian and British hospitals.

The Medical History Sheets/Medical Case Sheets formed a large data-base. They brought together the information on the health of a single individual. For the first time it was possible to study the health of a person over a long period of time. A physician was not limited to making a diagnosis based on information obtained in one examination. The Medical Case Sheets provided the basis for the adjudication of pensions claims for veterans. Unlike the situation in Great Britain there was no immediate development of a national health programme. The Medical Case Sheets provided statistical information which was used in the study of epidemiology.

The crises of World War I resulted in the alteration and expansion of record-keeping practices. The transition of these practices provided a more effective tool for the conduct of health care and the administration of medical facilities.

## **Chapter Six**

### **Analysis of Record-Keeping Practices of the Government Institutions and of the Army Medical Corps of Great Britain and Canada**

#### **1. Introduction**

Chapter Six analyses and synthesizes the evidence which has been discussed in previous chapters. The examination focuses on the similarities and dissimilarities of the record-keeping practices of the government institutions and of the Army Medical Corps of Great Britain and Canada. Government institutions will be examined separately from the Army Medical Corps. The transition and adjustment in record-keeping practices resulting from the activities of World War I is investigated, focusing upon the format of the record, technology, content of the record, organization of information, value of information, and administrative practices within the British and Canadian bodies which have been studied.

#### **2. Government records. Great Britain and Canada**

Adaptation took place in administrative practice within the government institutions which have been studied in Great Britain and Canada. At the beginning of the War the Canadian administrative structure was based on a pre-existing order which had been in place since the pre-confederation colonial administration. The structure had been adequate



to deal with the simplicity of a colonial and infant post-colonial national government. However, the machinery of government proved inadequate to deal with the increased responsibilities of dealing with a war-time crisis. Decisions from all levels of the government bureaucracy were the responsibility of the Cabinet. The Cabinet found the demands of war to be unpredictable, disorderly and far too extensive for this small body of individuals. Traditional administrative and legislative procedures became congested and confused. Unprecedented procedures were essential for the continuation of effective government.

Despite these demands, the War did relatively little to alter record-keeping practices within the Canadian government institutions which have been studied. Any adaptation that did occur was due to the influence of Canada's changing imperial and colonial relationships. Adaptation and change of the same scale which occurred in Great Britain was not to occur until the inter-war years. The record-keeping system of the Canadian national government which had been created in the late nineteenth century was more advanced because its formation had been free of antecedent precedence.

The higher levels of Canadian government did respond to the immediate crisis. Bodies at all levels met on a more frequent basis and the agendas were longer. Distribution of responsibility and authority through all levels of government changed. Individuals lower in the administrative hierarchy were given greater responsibilities. The civil service expanded in order to take on these responsibilities and this increase was most prominent at the lowest levels of administration.

Adaptation was slow because of a crisis management approach, attempting to deal with each problem on an *ad hoc* basis. The government recognized that it was using an inadequate system of information control and it initiated new ways to deal with these

inadequacies and to become more effective. One method of coping was to develop a more competent record-keeping system.

The responsibilities of the government institutions expanded. They began to move toward an interventionary and regulatory role in the national economy, health care and in other areas, previously not deemed to be within the jurisdiction of national governments. Additional autonomous boards and committees were created. As administrative function matured, there developed a sense that government must be able to deal with future tasks rather than just immediate tasks. One such example was the creation in Great Britain of the Statutory Professional Committee, established under the Military Service Acts. The Committee was able to create and implement a plan in which authentic and valuable information was supplied to the War Office about men with specialized skills.<sup>1</sup>

To deal with the wide range of responsibilities, the numbers of meetings of individual bodies increased. There was a change from monthly meetings to weekly or semi-weekly meetings. The agenda for each meeting expanded and although times of commencement and closure are rarely recorded, it can be presumed that because of the increase in items on agendas the time allotted to each meeting increased as well.

The increase in bodies and committees, meetings and the time of each meeting led to proliferation in the amount of recorded documentation. It might have been expected that new record groups would be established to cope with expanded responsibilities, but this was not the case within the Canadian government. The system of organization of documentation remained almost unchanged throughout the War, with the same record

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<sup>1</sup>PRO WO 32/4752. Registered Papers: General Series. Subject: Medical Committees. Committees on Medical Establishments in France. Health Conditions, 1916 to 1917, p. 153.

group system remaining in use. This was due to a recording system which had been created at a later period than that of Great Britain and was more efficient. The increase in the size of individual files was the single difference between the pre-War and the post-War periods. The contents expanded, representing the expansion of decision-making processes. Additional record groups were not created because the system of record organization implemented before the War was adequate to meet the expanded needs during the War.

The civil service expanded to reduce the work of the Privy Council. Many *ad hoc* committees were introduced to co-ordinate the war-effort to maximum effect. For example, the Senate Committee on Machinery of Government was created in 1919.

The system of record-keeping was adequate for the needs of the Canadian government. The erratic nature of the increases and the decreases in expenditure during the War reflects the start-and-stop, start-and-stop crisis management approach of the Canadian bureaucracy. The government had come to rely upon the increased detail of information which had become a feature of record-keeping during the War and desired to maintain this method of recording information.

### 3. Medical records. Great Britain and Canada

Record-keeping practices within the Royal Army Medical Corps and the Canadian Army Medical Corps were changed during World War I. During the pre-War period, record-keeping and administrative practices had been standardized among the Army Medical Corps of Great Britain, Canada, Australia and South Africa. During the War, the Canadian Expeditionary Force was an integral part of the British Expeditionary Force and as a result, approximately ninety per cent of patients admitted into Canadian hospitals were

non-Canadian troops. As a result, the Canadian medical administration had to be similar to the medical administrations of the other Medical Corps, some of whose troops were being treated by the Canadian Army Medical Corps.

In addition, to meet the specific needs of Canadian legislation, specific records were introduced. Canadian medical form 3 and Canadian medical form 4 were introduced to address and record the general health, illnesses and wounds which a soldier might experience from the time of entry into the Armed Forces, until the time of discharge. The data collected in these forms were to be used by physicians for the purposes of diagnosis and prognosis, and also in determining the general health of a patient at the time of discharge in order to decide pension allotments.

Medical records grew in quantity because of the growth in the ranks of the Armed Forces. A medical record for each individual was required. As the numbers of soldiers enrolled in the British and Canadian Armed Forces reached a total of eight million, a corresponding number of individual medical files had to be created. This was an enormous data-base. Such a body of records required efficient management for use by its creator, the Medical Statistics Branch, and by other agencies.

Individual medical files increased in size. As the patient file began to be used for the purposes of more than a single diagnosis or prognosis, more information was required and the file itself was transformed. When the British and Canadian governments introduced sliding pensions, based upon the degree of disability, forms for use in the patient file were created to establish a standard and systematic means by which physicians could evaluate the disability of a patient and make recommendations as to the degree of disability.

The traditional means of documenting a patient's health in bound volumes was not adequate, because the patient was transferred from the trenches to field ambulances, then

to field hospitals, to general hospitals, to hospital ships, to convalescent hospitals and the intervening means of transportation. A single patient would be examined by several physicians at several locations; there had to be a means to transfer the individual's medical record. To deal with this imperfection in the bureaucratic system of record-keeping, it was decided to make copies of each record. Thus, in addition to an individual record accompanying the patient, a copy was kept at the place of diagnosis and another was sent to the Statistical Branch of the Medical Research Committee in London. Here copies could be consulted or further copied, if it proved necessary.

This agency within the military jurisdiction of both Great Britain and Canada had been established in 1914 to compile, order and interpret the statistics.<sup>2</sup> The statistics were used for a multitude of purposes. The mass of records which were assembled provided for the first time an enormous source from which researchers could study the general health of the population, although this was limited to the young adult male population. The records were used as a primary source for epidemiologists and were eventually to be used as a prototype of record-keeping in national health care systems.

Another body which made extensive use of the medical data was the Scientific Committee of the Advisory Board of the Military of National Service.<sup>3</sup> Its goals and objectives were to investigate the physical well-being of the British male population. Making use of data from the Medical History Sheet, the Committee examined the physical

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<sup>2</sup>NAC RG 9 vol. 3602 Department of Militia and Defence. Director Medical Services. Series 24 File 24-3-1 (vol. 1) C.A.M.C. Journal. Memo to the Director Medical Services, O.M.F.C. from Medical Research Committee, Statistical Branch, 19 November 1914, p. 373.

<sup>3</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director Medical Services. Series 22 File 22-1-5 Patients. Documentation vol. 26. On the functions of the Scientific Committee of the Advisory Board of the Military of National Service., pp. 1300 to 1303.

condition of the British male population in order to determine the fitness of males for military service. These included disease, scars from wounds, and anthropometric data, including birthplace, age, height, weight and growth. Without the development of the Medical History Sheet such an examination would have been impossible to undertake.

Thus was created an expanded record-keeping practice and an ever-expanding bureaucracy. The storage and retrieval of data were placed within the administration of specific record centres. In addition, there was an increase of staff in order to deal with the expansion of record or data centres. Furthermore, the need was met to create a means of linkage of the data or information. No longer would it be necessary to inquire at several locations for information on a patient. All of the components of the full medical record of an individual who had been treated in numerous places had been brought together in one location.

It was also possible with the creation of one large registry office to compile sizeable bodies of statistics. Statisticians were employed to make use of the raw data in other ways. The statistics became the basis of reports for the Army Medical Corps and also of the national governments. The data were used to determine pension allotments.

It became ever more essential, both for the care-givers and for the resource allocators, to know the condition of the individual patient as well as the general condition of the troops as a whole. The physician required as full a medical record of each patient as was possible in order to provide adequate and immediate short-term care and to administer appropriate long-term care. The resource allocators had to be able to determine where the ill and wounded were centred, what illnesses and particular wounds were prominent, where the care-givers were located, where supplies were located and where there were deficiencies in supplies and all other matters pertaining to the organization of health care in time of war.

This information led to the allocation of adequate funding, appropriate purchases, movement and settlement of health care-givers and movement of patients. In essence the operation of a medical programme in time of war required vast amounts of information and this information had to be updated on a regular basis. War can create dramatic and immediate needs which have to be addressed at once. Record-keeping was one means to provide the required data. The hierarchical creation of individual forms, files and central registries created a unified body of data which was used by resource allocators in making decisions. The result was an efficient and quick system which worked well.

Up-to-date data were necessary to assist in the mobilizing, arming, transporting, feeding and clothing of troops, the producing of goods in factories and the finding of funding in order to conduct a war. All these acts required a plan and such a plan could only be realized if there existed an extensive data bank of relevant and current information. Whitehall, the War Office and other ministries and corresponding offices in Ottawa housed these central registries of information which were then at the disposal of government officials.

World War I began with Britain making all the major military decisions, not only for herself, but also for the Dominions. The Canadian Expeditionary Force was an integral part of the British Expeditionary Force. Canada was in a difficult position. It was mobilizing and training troops and changing from domestic industrialization to military industrialization. Its government enacted and carried out legislation to deal with the crisis of war and then sent its troops to another continent to be controlled by a foreign government and a foreign administration. The senior members of the Canadian government were denied access to military information and to the decision making processes. In fact, as was described in Chapter Four, government leaders had to make use of a censored news media. As a result,

the Canadian government began to act as an autonomous state. It requested access to data and information on military matters, so that it might be able to make objective decisions and determine the fate of its own troops. Developing and utilising an independent record-keeping system was one of the ways of creating sovereignty. Nationhood required its own autonomous system of gathering, using and disseminating information.

The Canadian Prime Minister, Sir Robert Borden, used the Imperial War Council as his vehicle for resolving the problem of isolation, the obtaining of information and the position of decision-making. He lobbied for greater Canadian participation in military decisions, access to military and British government information to make these decisions, and an expanded and recognized role for Canada as an autonomous state.

The use and control of information requires a record-keeping system in which the state controls the gathering, use and dissemination of the information. Canada had to gather its own independent information. Canadian soldiers were for the greater part voluntary participants in the War and generally exhibited Canadian patriotism; this forced the Canadian government to take seriously the keeping of its own records. The use and ordering of that information might have continued in the former colonial record-keeping processes had it not been for the War.

#### 4. Record-keeping adaptation and change

The governments and the medical communities of Great Britain and Canada were faced with the overwhelming task of devising better means to document information. Start-and-stop attempts were made to deal with this crisis. There was no long-range planning; instead, attempts were made to deal with immediate problems. Despite the shortcomings



of this process, the ultimate concern of all those involved was to develop better means to document information and to provide access to that information. There was a realization that the existing methodology of information control was not adequate to deal with the increasing complexities which a war involved.

The ever-expanding process of record-keeping, as a complex and sophisticated system, was a consequence of developing and adapting better systems to deal with the organization of information. The change in record-keeping practices gave birth to the modern system of bureaucracy. The expanded systems of record series required a larger civil service. Newly introduced legislation required extensive and sophisticated systems of data management to enact the legislation in an efficient manner.

The physical formats of record-keeping were adapted during World War I. At the beginning of the War information was still largely entered in bound volumes by hand with ink pens, although typescript entries did exist. As the War progressed, typescript was used more frequently. As the file folder gained prominence over the bound volume, the loose sheets which filled the folders had even more data entered on them with a typewriter. The sheets of paper were of a standard size and could be easily placed in a typewriter, whether that typewriter was in an office in Whitehall or in Ottawa, in a field hospital in France or in a convalescent hospital in Great Britain. Standard-sized paper ensured convenience of filing<sup>4</sup> and the ability to reproduce on duplicating equipment.<sup>5</sup>

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<sup>4</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Series 17 File 17-7-1 vol. 1. Army Forms and Books. Sept 12 1914 to Feb 25 1916. Letter from Major, C.A.M.C. for D.M.S., Canadian Contingent to the Chief Paymaster, Canadian Expeditionary Force, 7 June 1915, p. 117.

<sup>5</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Series 17 File 17-7-1 vol. 1. Army Forms and Books. Sept 12 1914 to Feb 25 1916. Letter from the Chief Paymaster, Canadian Expeditionary Force to the Deputy Director of Medical Services, 3

In addition, a system of filing was developed in which loose sheets of paper were placed in cardboard folders and these containers arranged in some systematic and intelligent order. The patient file had only recently been adapted to this form of technology and this usage was not universal. The inspiration for this adaptation of technology was provided by the Mayo Clinic in the U.S.A. Even though neither the British nor the Canadians invented this technological system, their embracing of it is significant.

The use of index card systems gained greater prominence as the War continued. The quantitative increases in the data collected, as well as the diversification in data collection, required means of access other than the traditional method of sequential entry, which in some cases was complemented by partially indexed volumes. The solution to this problem was the use of the index card. The index card permitted multiple uses with access to particular files or data bases, through many types of alphabetical, numerical and subject headings. Cards were even further differentiated by using various colours to denote different categories of filing, as in the example of the coloured admission and discharge cards of patients where a separate colour was used to designate a category within the Expeditionary Forces.<sup>6</sup> Duplicate copies of each series of index cards could be then reproduced and used in more than one location.

As early as 1915, concern was expressed that record-keeping be uniform and that the physical format of records be standardized; by the end of the War, documents could be

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June 1915, p. 116.

<sup>6</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Series 17 File 17-7-1 vol 4. Army Forms and Books. Jan 20 to Feb 25 1917. Letter from O. C. Duchess of Connaught, Canadian Red Cross Hospital to A.D.M.S., Canadians, 19 February 1917, p. 1476.

of the same order and of the same size and general character. At that time, there was the realization that file headings should be standardized.<sup>7</sup>

The medical military staff recognized that there were advantages to standardized card indexes. The cards could constitute a record of the medical and surgical transactions of any unit and could be of subsequent use in the future. Ease of access to statistical information was provided by replacing an alphabetical index book with index cards.<sup>8</sup> In addition, the alphabetical filing of such records was believed to maintain an accurate record which was as detailed as was possible under the current conditions. The flexibility of the index card allowed the rearrangement of information in a multitude of ways, and the written entries were no longer restricted to their original arrangement. Copies could be made and stored in more than one location. The full system of index cards could be updated or changed with the addition, deletion or rearrangement of the cards.

By 1916 attempts were being made by the Canadian Army Medical Corps to standardize all hospital forms.<sup>9</sup> The standardization did not take place immediately. It progressed step-by-step and experiments were attempted in specific hospitals to analyse the

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<sup>7</sup>NAC RG 9 vol. 3507 Department of Militia and Defence. Director Medical Series. Series 17 File 17-7-7 Tech: Equipment, Books, Stationery, etc., Purchase of Nov 17, 1914 to Nov 29, 1915. Letter from Lt. Col. C.A.M.C. for D.D.M.S. Canadian Continents to Lt. Col. W.A. Scott, Canadian Military Hospital, Shorncliffe, 21 May 1915, p. 66.

<sup>8</sup>NAC RG 9 vol. 3507 Department of Militia and Defence. Director Medical Series. Series 17 File 17-7-7 Tech: Equipment, Books, Stationery, etc., Purchase of Nov 17, 1914 to Nov 29, 1915. Letter from unidentified person to D.M.S., L. of C., M.1560/15 S.M.O., n.d, p. 214.

<sup>9</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Series 17 File 17-7-1 vol 2. Army Forms and Books. Feb 26 to Dec 14 1916. Letter from Major A.D.M.S. for D.M.S., Canadian Contingents to the Registrar, Canadian Military Hospital, Shorncliffe, 11 February 1916, p. 516.

success or failure of such attempts. This was done in order to increase the efficiency and handling of records.<sup>10</sup>

Improved technology made it possible to print and rearrange information in a multitude of ways. At the beginning of World War I, the technology was based on paper and ink and the knowledge and skills acquired over a millennium of European civilization. The bound volume, with entries entered in pen and ink, was still in use. The technique was simple: entries were made in a chronological and sequential order. Reference required either continuous reading or the use of an index. The technology had evolved in the Victorian office. The book-keeper's job was to record all the transactions, but this became more difficult as organizational requirements grew more complex. Over time the book-keepers' managerial functions were taken over by accountants with responsibilities for financial planning and administration. Below the level of the accountants, large numbers of routine book-keeping jobs proliferated. These were increasingly mechanized by the introduction of calculating and adding machines and were increasingly filled by women.<sup>11</sup>

New forms of technology were adapted and used for record-keeping practices during World War I. The implementation of these simple but sophisticated forms of technology contributed to improved means of using recorded information. Gathering and documenting information was made easier by the expanded use of loose sheets, file folders, the typewriter and index cards. The dissemination of information was made easier by these technologies. The modern office and bureaucracy had been born. Half a century later the

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<sup>10</sup>NAC RG 9 vol. 3505 Department of Militia and Defence. Series 17 File 17-7-1 vol. 5. Army Forms and Books. Feb 26 to April 10, 1917. Letter from Major, C.A.M.C., for Director Medical Services to A.D.M.S., Shorncliffe, 13 March 1917, p. 1624.

<sup>11</sup>Gregory Anderson, ed. The white-blouse revolution: female office workers since 1870. (Manchester: Manchester University Press, 1988), p. 17.

computer was to speed up functions, but the concepts and organisation of information used within the computer were conceived and organized during World War I.

The content of records underwent a form of evolutionary change. Because of changes in legislation and changes in medical procedures, the qualitative content of records increased, reflecting the need for broader and more sophisticated bodies of data. Medical records expanded because of the need for more expanded and more accurate diagnosis and prognosis. The same evaluation is true of the upper levels of government. As the need arose to make more decisions of increasing importance at greater speed, records were required to contain more information.

The creation of many hospitals, combined with large and untrained staff necessitated the introduction of new means of recording information. In 1916 the British War Office issued an Army Council instruction.<sup>12</sup> It stated that the War had brought into existence a large number of hospitals in which the clerical staff had no previous acquaintance with the army method of keeping medical statistical records. The general result was a wide diversity of method and a mass of errors. The magnitude of the numbers of sick and wounded being dealt with necessitated amplification of the regulations. Instructions were compiled and it was hoped these would ensure a uniform system and reduce to a minimum the margin of error in the final statistical tables. The instructions outlined the record file headings to be used, the prescribed nomenclature to be introduced, and the method to be employed.

Specialized record-keeping methods were employed as a result of new diagnostic technologies. Because of the large number of Canadian laboratory units in England, and the formation of new hospitals requiring different classes of laboratory examinations, it was

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<sup>12</sup>WIHM GC/42 Professor Thomas Renton Elliott. Army Council Instruction No. 923 of 1916. Medical Statistical Records, n.d. pp. 1-4.

decided in 1917 to establish Canadian General Laboratory No. 1 as a centre for training and as a place to deal with clinical pathology and public health work.<sup>13</sup> The creation of such a facility required the installation of record-keeping practices, including a laboratory ledger of all reports, monthly laboratory reports, numbers of examinations, concise descriptions of special work, and reports concerning adequacy of equipment and personnel.<sup>14</sup>

A uniform nomenclature was needed. Lieutenant Colonel Adami praised the British official nomenclature that was published by the Royal College of Physicians in 1917.<sup>15</sup> He indicated that attempts had been made to standardize nomenclature through a War Office publication, List of Diseases, but this had not been widely distributed. He realized that new types of wounds and diseases of the War had to be studied before being included in any official nomenclature.

A highly sophisticated means to transfer documents, both with the patient and to other hospitals and record registries was developed. A method was organized to transfer the documents of hospital patients down the lines of communication in France.<sup>16</sup>

Interruptions and delays did occur. A medical officer might wait half a day or more for information which might be absolutely essential before proceeding with treatment. There were times when during rapid evacuation, a patient had actually been transferred to

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<sup>13</sup>NAC RG 9 vol. 3602 Department of Militia and Defence. Director Medical Services. Series 24. File 24-3-1 (vol 1) C.A.M.C. Journal, 1916, p. 136.

<sup>14</sup>Ibid., p. 133.

<sup>15</sup>NAC RG 9 vol. 3602 Department of Militia and Defence. Director Medical Services. Series 24 File 24-3-1 (vol 1) C.A.M.C. Journal. Letter from Lt.-Col. Adami, A.D.M.S., Medical Historical Recorder, C.E.F. to Lt.-Col. C.C. McCullough, Librarian, S.G.O., Army Medical Museum, 26 July 1917, p. 146.

<sup>16</sup>WIHM Professor Thomas Renton Elliott 42/2 Army Council Instructions No. 462 of 1917, pp. 1 to 7.

England before his notes reached the hospital in which he had been temporarily lodged at the base. To avoid such loss of time, it was essential that the record accompany the patient. These difficulties were overcome with an orderly plan in which a Field Medical Card and clinical notes were attached to the patient during transit from one hospital to another.

One of the problems faced by military hospital personnel was the evacuation of patients. Not only were the personnel responsible for safely evacuating patients from the immediate premises, but they were also responsible for the prompt evacuation of medical records. Anticipating action of this kind, Commanding Officer H. S. Birkett of Canadian General Hospital No. 3 issued orders on 23 July 1917 that field medical cards of any patient likely to be evacuated were to be filled in and signed in readiness for such an action.<sup>17</sup>

The purpose fulfilled by medical documentation was articulated by Canadian Lieutenant-Colonel Drum in a memorandum to the office of the Director of Medical Services in 1915. He believed it was the duty of the medical service to watch over the health and physical condition of soldiers, not only when they entered and were in the service, but also when they left it. He further argued that the state was responsible for seeing that in comparison with his civilian colleagues, a soldier suffered no detriment by reason of service and that the medical service must keep records by which the physical condition and proper treatment of soldiers could be equitably established. It was necessary that any system of documentation established for the medical service be designed with an intimate knowledge of the relationship between the medical and other administrative services. He believed the best way of attaining this knowledge was for medical administrators to study each document used by the medical services on the front, to acquire

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<sup>17</sup>NAC RG 9 vol. 5035 Department of Militia and Defence. File 853. Canadian General Hospital No. 3. Diary, 23 July 1917, unpaginated.

a full comprehension of its uses and an accurate knowledge of the channels it followed from the time it was created, until it became dormant.<sup>18</sup>

The conviction that information was an important commodity was impressed upon hospital workers. In 1917, during a tour of Canadian war administrative sites, the Canadian Dominion Archivist, Lieutenant Colonel Arthur Doughty, visited hospitals to inform them of the value of the records to the Canadian government.<sup>19</sup> He further emphasized to the ranks that the medical data was of high military value and therefore cautioned them not to reveal any of it to unwarranted strangers.

Within the Royal Army Medical Corps and the Canadian Army Medical Corps there existed a machinery for all medical divisions to participate in the recording of medical information. The procedure was the forerunner of contemporary bureaucracy. Requisitions for forms and stationery were continually forwarded to the Director of Medical Services. This office provided the desired items and maintained control of their creation and distribution. The office kept an inventory of numbers of all forms and stationery. If one hospital desired the creation of a new form this was approved, provided that there existed no other form to deal with the same problem. If such a form existed this hospital was advised to make use of it. The format of the record and its means of mass production were

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<sup>18</sup>NAC RG 9 vol. 3746 Department of Militia and Defence. Adami Papers. 3 Extracts, Reports, etc., 1915 to 1917. Memorandum from Lieut.-Col. Drum, D.D.M.S. Canadian Contingents to Office of the Director of Medical Services, Canadian Continents, unpaginated.

<sup>19</sup>NAC RG 9 vol. 5035 Department of Militia and Defence. File 853. Canadian General Hospital No. 3. Diary, 19 July 1917, unpaginated.



controlled by this central unit. It arranged for printing when necessary and also made use of a duplicating machine when this was appropriate.<sup>20</sup>

The bureaucracy required an organised system to function efficiently. The day-to-day administration of record-keeping required an underlying bureaucracy of well-organized administrative machinery and record-keeping practices. Tables of regulations for the use of army books, forms and stationery were printed and used by all army medical units. These tables not only laid out rules of record-keeping, but also indicated what stationery, forms and machinery were available and how these items might be obtained. The officer in charge of stationery in London was responsible for supplying the desired supplies only to offices of the contingents and such medical units that might be in London. Any unit external to London ordered supplies from the Acting Director of Medical Services. The British War Office provided typewriters and duplicators.<sup>21</sup>

The administrative structure of each hospital was complex, contributing to the extensive administrative structure of record-keeping. This is displayed in the physical requirements which Canadian General Hospital No. 3 in Camiers, France had to meet when it opened in 1915. In addition to the requirements of space for surgery, wards, sanitation and food preparation, the hospital provided accommodation for record-keeping functions. These included dispensary, dispensary stores, registrar, registrar clerks, letter store,

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<sup>20</sup>NAC RG 9 vol. 3507 Director Medical Services. Series 17. File 17-7-7 Tech: Equipment, Books, Stationery, etc. Purchase of. Nov 17, 1914 to Nov 29, 1915. Letter From O. C. No. 2 Stationery Hospital, 1st C.E.F. to Assistant Director of Medical Services, 23 November 1914, pp. 5 to 7.

<sup>21</sup>NAC RG 9 vol. 3507 Director Medical Services. Series 17. File 17-7-7 Tech: Equipment, Books, Stationery, etc. Purchase of. Nov 17, 1914 to Nov 29, 1915. Letter From Captain R. Wilson to Office of Director of Medical Service. Canadian Contingents, 18 October 1915, pp. 244 to 246.

consulting room and the Quarter Master's Office.<sup>22</sup> Record-keeping required not only a diversified and trained personnel, but also physical facilities in which to undertake the prescribed activities.

The introduction of changing record-keeping practices caused change within general administrative practices. Staff numbers increased, as did the quantity of stationery and folders. Accompanying this increase in the physical growth of records and the manipulation of increased amounts of data was an adaptation of administrative practice.

Both the new sophisticated systems and the new legislation required an increased number of educated employees to run the bureaucratic systems of government and the medical corps in a more efficient manner. There was a need not only for clerical staff with skills in reading, writing and filing, but also for educated civil servants and medical registrars, whose training included university degrees in administration and in medicine. The first British specialized degree programme of this type was the Bachelor of Commerce, which was first offered at the London School of Economics in 1920.<sup>23</sup> No longer could record-keeping practices be delegated only to those at a clerical level. The establishment of new record-keeping systems required educated and competent personnel. The updating and daily entries of individual records might be left to clerical staff, but the creation and management of information systems had to be placed in the hands of middle and upper

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<sup>22</sup>NAC RG 9 vol. 4571 Department of Militia and Defence. No. 3 Canadian General Hospital. Folder 3, File 1. Senior Works Officer to O. C. No. 3 Canadian General Hospital, 22 July 1915, unpaginated.

<sup>23</sup>S. P. Keeble. The ability to manage: a study of British management, 1890-1990. (Manchester: Manchester University Press, 1992), p. 93.

management personnel. There was a need for competent clerks,<sup>24</sup> but there was an even greater need for administrators competent in the process of record-keeping.

There were problems in providing adequate training of personnel before they were sent to hospitals. Clerical staff had been perceived as individuals with only basic writing skills, at best, and not as individuals who required training and who were charged with responsibility. Colonel H. S. Birkett, Commanding Officer of Canadian General Hospital No. 3, commented in 1917 that files were lost due to the arrival of officers who had been ill-prepared for their duties and who had to be trained *in situ*.<sup>25</sup>

Attempts were made to change record-keeping systems. These were not always successful and some systems were short-lived. At times these were *ad hoc* procedures which were initiated to deal with a problem which had been recognized locally by a person who took the initiative to deal with the problem at that level before a more universal means was established. One such local person was Colonel H. S. Birkett of Canadian General Hospital No. 3, who wrote in 1915 that the official methods of record-keeping required the filling in of seven cards for each patient and three additional cards for each x-ray plate.<sup>26</sup> He found the system to be inadequate, and although he continued to use the prescribed and official system, he also used his own system in order to have useable and accurate records close at hand. He stated that the official system required a nomenclature which would make

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<sup>24</sup>PRO WO/32/4752 Registered Papers: General Series. Subject: Medical Committees. Committees on Medical Establishments in France. Health Conditions, 1916 to 1917, p.123.

<sup>25</sup>NAC RG 9 vol. 5035 Department of Militia and Defence. File 853. Canadian General Hospital No. 3. Diary, 15 February 1917, unpaginated.

<sup>26</sup>Ibid., 30 November 1915, unpaginated.

a distinction between such diseases as aneurysm, Pott's Disease or wounds such as a bullet in the chest or a fractured rib. Birkett requested modification of the system.

## 5. Consequences of adaptation in record-keeping practices

British and Canadian civil services were small homogenous bodies at the beginning of the War. Between 1914 and 1918 the numbers within the British civil service grew from 282,420 to 420,510, an increase of forty-nine per cent.<sup>27</sup> Throughout the War, both civil services grew dramatically and although numbers decreased slightly in the few years of the post-war period, the numbers in the 1920s were higher than at the outbreak of War in 1914.

Staff size within the civil services was increased to implement legislation and to make efficient use of the increased amount of data. Individual responsibilities became narrower in scope as more personnel were hired. Staff adapted to changes in technology which were available to them. World War I brought an end to the administrative practice of entering data in bound volumes. The use of loose sheets, with typewritten data entered thereon, or of standardized printed forms on which entries could be made with a typewriter or by hand, became the norm. These were then fitted into cardboard folders and rearranged in a multitude of ways. The organization of manpower for the War had begun in confusion

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<sup>27</sup>Meta Zimmeck, "Strategies and strategems for the employment of women in the British civil service, 1919-1939." The Historical Journal 27:4 (1984), p. 912.

and chaos. But by 1918 the governors had become regulators and controllers and the governed had become regulated and controlled.<sup>28</sup>

The changes brought about by Maurice Hankey, as secretary to the Imperial War Cabinet, were far-reaching. In addition to creating the first organized agendas and minutes of the Cabinet, he had a profound influence on the British civil service. A new rationalization of the roles, goals and objectives of civil servants resulted in the expansion of duties and subsequently of record-keeping practices.

The Canadian civil service also expanded as a result of World War I. The numbers rose significantly during the War, a similar pattern to that which took place in Great Britain. The numbers of Canadian civil servants fell somewhat in the post-War period, but were still significantly higher than at the outbreak of the War. The Canadian civil service did not change as radically as its British counter-part. It was not until a generation later when another crisis of war presented itself, that the Canadian civil service was to be changed. This occurred with the appointment of Heeney as Secretary to the Cabinet in 1940. But although these effects were similar to those which had taken place in Great Britain twenty years before, Heeney's impact is beyond the scope of this work.

Great Britain was more immediately involved in the War than Canada. This partially explains why changes in the British civil service were more far-reaching. In addition, Great Britain had a long-entrenched civil service which required immediate change, whereas Canada was a newly created nation-state. Although it had a civil service modelled on that of Great Britain, it did not have to deal with an outdated and fixed system.

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<sup>28</sup>Robert Craig Brown and Ramsay Cook, Canada: 1896-1921: a nation transformed. (Toronto: McClelland and Stewart, 1974), pp. 226 to 227.

Records are more than a vehicle for documenting data; they can be used to gain a more comprehensive and intellectual understanding of society. They also influence the society or body which created them and contribute to the intellectual framework of the society or body by providing a structure within which the activities are conducted.

Modern war is a process through which societies re-order themselves, both externally, in opposition to an outside enemy, and internally, in accordance with the needs of the society unified for the duration of hostilities.<sup>29</sup> Record-keeping practices were altered and re-ordered to deal with the increased crises of the War.

At the outbreak of the War, the medical community viewed each incident of illness or wound as an isolated occurrence involving a separate individual, requiring treatment based on that one prognosis and diagnosis. Any information regarding examination, prognosis, diagnosis, medication and treatment was recorded as a one-time event. The record-keeping system which was maintained within bound volumes forced the physician and other health care-givers to view each medical incidence as an isolated occurrence, because there were no means of linking one medical occurrence in a patient with another medical examination. Because medical occurrence in one individual might appear in separate volumes and because of poor and inadequate indexing systems, the individual physician or health care-giver was hampered in using data from a former examination. Thus record-keeping practices of this period enforced the intellectual concept of illness as a separate and one-time manifestation.

The development and use of the individual patient file, which consisted of a folded cardboard container filled with loose sheets of printed forms and other loose sheets, was

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<sup>29</sup>John Modell and Timothy Haggerty. "The social impact of war." Annual Review of Sociology vol. 17, 1991, p. 206.

an innovative creation which gained widespread use during World War I. The use of such a patient file provided a continuing history of any individual patient. For the first time it was possible to study the health of a patient over a long period, perhaps even a lifetime. The patient and health care-giver could and did begin to view illness as a continuing process and perhaps related to a previous or concurrent illness or injury. The change and use of a different form of record-keeping practice contributed to a change in the intellectual perception of illness.

Within a short period of time, the view of illness progressed from that of an isolated occurrence, to part of a continuing process, and finally to that of being viewed as part of the body politic. This process began because of a number of social changes, including alterations in record-keeping practices arising from World War I.

Both Great Britain and Canada recognized the plight of wounded and ill veterans, and as a result these governments instituted national pension plans. The programmes were established to provide remunerative compensation to those who had been wounded or ill while in the service of their country. Remuneration was implemented on a sliding scale, providing small compensations to those with lesser injuries and larger compensation to those with greater injuries. Means had to be established to determine what degree of compensation, if any, was to be granted to an individual. This task fell to the physician, who determined where on the sliding scale of compensation a patient was to be placed. The process required a standardized means whereby each physician, no matter where located, would be able to undertake a similar and standardized evaluation. A form was designed which permitted a reasonable and fair means of evaluation of the disability of an individual. The Canadians created Form (D.M.S. 1312) A.F.B. 179 Canada in response to this need. The form laid out a systematic and objective means by which an individual could be

assessed. The physician was given the power of determining the percentage of compensation that was to be awarded.

The creation of such a record-keeping device resulted in the amalgamation of the records of all those who were evaluated for national pensions. This centralized body of data was held in either London or Ottawa. In addition to providing a centralized record of the disabled and those without disability, the body of data proved to be a means to implement national pension plans and was to serve later as a vehicle for implementing national health care schemes. Without such a comprehensive body of data, pension allocation would have been difficult, if not impossible to administer. The creation of these extensive pools of medical information in turn served as a model for the creation and organization of personal health files on which the national health care systems were predicated.

Pension recommendations were made for all veterans and these were reviewed by a Medical Board. The disability of each veteran was examined to determine whether it lessened the patient's capacity for earning a full livelihood in the general market for untrained labour. The ability to earn an income was estimated as a percentage at increments of ten, ranging from zero per cent to one hundred per cent. A recommendation was then made. British and Canadian societies felt a need to care for those injured while in service. However, there was a need to justify the claims of each individual who was seeking compensation. There were also concerns that some individuals could claim for unjustified compensation, thus the need for medical examination without prejudice.

Epidemiology is a branch of medical science which is concerned with the occurrence, transmission and control of epidemic disease. This discipline is based upon research which makes use of statistical data. The greater the amount of available qualitative



and quantitative data, the greater the ability of statisticians and epidemiologists to carry out extensive, innovative and varied programmes of research and study. With a greater body of data, more professionals could take on more sophisticated and complex research. The qualitative and quantitative increase of data meant diversification of research and data.

The housing in one location of the medical data of millions of individuals, as in the example of the Medical Case Sheets, with subsequent referral to and use of the information contained therein, provided a foundation upon which a broader and more complete study of disease could be conducted. Epidemiology began to play a more important role within the medical community. This can be attributed to the development and increase of records made during the War.

The development and use of large banks of medical data, such as the Statistical Branch of the Medical Research Committee, contributed to yet another evolutionary change in the view of illness and the individual. The gathering and collation of medical histories of millions of soldiers provided a basis for studying and viewing the general health of a nation. Epidemiology evolved as a more established discipline because there was now an extensive body of data which could be used for study and research. The creation of national pension programmes and national health care programmes became more feasible; it was now possible to monitor, with recently developed record-keeping practices, the medical history of all individuals and collectively those of the state.

## 6. Conclusion

Administrative function and record-keeping practices were affected by the activities of World War I. This examination has shown that alterations were made in: the physical

format of records, the content of records, the organization of information, administrative practices, personnel and the use and expansion of statistics. The investigation revealed that the civil service in Great Britain, though not in Canada, was transformed to deal with the expansion of administrative and record-keeping responsibilities. Information came to be perceived as an important asset and commodity. The medical view of the individual was altered from that of a single identity to that of the body politic. Advances were made in the discipline of epidemiology. The alterations can be attributed to the changes in record-keeping.

## Conclusion

This thesis has demonstrated that World War I transformed record-keeping practices and influenced twentieth-century bureaucracy. Both adaptation and change took place in record-keeping practices, but the extent of the transition and the restructuring varied. Greater alteration took place in Great Britain than in Canada. Among the government institutions of Great Britain, the activities of the War contributed to a profound change in record-keeping practices. There was a realization of the long-term responsibilities of the government. Agendas and minutes were prepared by the Cabinet and distributed to members of this body. It was possible to use this new form of record-keeping as a means of establishing a precedent for subsequent administrative activities. Initiated by Maurice Hankey, the method of recording events, as well as other innovative measures, led to a transformation of the British civil service.

In Canada such adaptation in record-keeping practices was not as marked. Some expansion of records took place, because of increases in the numbers of meetings and of established committees and the creation of *ad hoc* committees related to the War. Canada already employed a newer system of administrative procedures which was not as fixed as the British system and did not require the same alterations. In addition, Canada was not in close geographical proximity to the War and was not as pressed to make immediate administrative adaptations. For these reasons the system of record-keeping already existing within Canada was to prove adequate for another generation.

Medical record-keeping in the Army Medical Corps of both Great Britain and Canada experienced similar adaptation. The individual patient file gained prominence in

both countries. The amalgamation of the patient files in both Great Britain and Canada amounted to over eight million files. Never before had there been such a massive data-base. The organisation and maintenance of such a record-keeping facility required a well-organized and complex administrative structure. This administrative adaptation was not created by one well-founded decision, but developed by trial and error, as numerous individuals at varying administrative levels and in many physical locations responded to the immediate and specific requirements of the War. Because of the joint agreement between Great Britain and Canada, the overall alteration in record-keeping practices was similar, with only minor differences between the two nations.

Quantitative changes were the most noticeable adjustment to record-keeping practices. The creation of eight million patient files required standardized format, training in entering of data, training in interpreting the data and a large administrative structure of facilities and staff to house and maintain the data.

The content of the records in question underwent a form of evolutionary adaptation and change. Because of changes in legislation and changes in medical procedure the qualitative content of the records increased, reflecting the need for broader and more sophisticated bodies of data. Medical records expanded, reflecting the need for more extensive, detailed and accurate diagnoses and prognoses. The same expansion occurred in the upper levels of government. As the need arose to make more decisions of increasing importance and with increasing speed, it was necessary to have more detailed and informative records available.

Problems of the War necessitated the introduction of new means of recording information. The War had brought into existence a large number of new hospitals in which the clerical staff had no previous acquaintance with either the army method of keeping

medical statistical records or army medical regulations. The resulting diversity of methods and mass of errors caused the British War Office in 1916 to issue an Army Council instruction to create new regulations to deal with the mass of sick and wounded.<sup>1</sup> These regulations were intended to ensure a uniform system and reduce to a minimum the margin of error in the statistical tables. The instructions included the listing of record types in use, the need for a prescribed nomenclature and a defined method of documenting information.

Staff size increased to implement legislation and to make efficient use of the increased amount of data. There was adaptation of individual responsibilities. As the number of staff increased, the specific responsibilities of each person became narrower in scope. Staff adapted to the change in technologies which were available to them.

World War I ended the administrative practice of entering data in bound volumes. The use of loose sheets, with typewritten data entered thereon or standardized printed forms in which entries could be made with a typewriter or by hand, became the norm, as did the use of cardboard folders into which the loose sheets could be fitted and arranged in a multitude of ways. The contingencies of the War demanded new ways of recording information; hence the change from the bound format to the file system.

The thesis has shown the areas of continuity, as well as those of adaptation and change in the records, by examining the categories and format of the general administrative records of government institutions and of the Royal Army Medical Corps and the Canadian Army Medical Corps during World War I. Traditional record-keeping practices were in place at the beginning of the War, but the categorization of information and the standardization of format did not remain static. The evolution of more complex systems

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<sup>1</sup>WIHM GC/42/2/1 Professor Thomas Renton Elliott. Army Council Instruction No. 923 of 1916. Medical Statistical Records, 1916, pp. 1 to 4.

of categorizing information contributed to the further development of medical administrative practices and clinical medicine.

The development and use of the individual patient file, consisting of a folded cardboard container which was filled with loose sheets, was innovative. Such a patient file provided a continuing history of each individual patient. It was possible for the first time to study the health of a patient over a long period of time, perhaps even a lifetime, thus fulfilling the predictions of the panopticians. Both the patient and the medical staff could and did begin to view illness as a continuing process and perhaps related to other illnesses or injuries. The use of a differing form of record-keeping practice contributed to a change in the intellectual perception of illness.

The role of the Canadian government and its relationship with the Imperial Council and the Imperial War Council were also analysed. This participation in international bodies affected the role of the Canadian government. Traditional record-keeping practices were in place at the beginning of the War, but the change in format and the categorization of information were not as marked as those of the British government records.

Among the record-keeping practices in the upper echelons of the national Canadian government there was a continuity throughout the War. Examination of the records of the offices of the Prime Minister, the Cabinet and the Privy Council has shown a common method of standardization of the records. The filing systems remained constant in structure, changing only in the size and number of individual files or dockets. Thus, where the format remained consistent, information could be categorized in varying ways.

Although the record-keeping methods of the offices of Prime Minister and of the Cabinet remained consistent, new record groups were created under the auspices of the newly created committees and boards. The ordering and use of information were

transferred from the Cabinet to lesser bodies. The administrative machinery was being altered. Although the change of record-keeping practice in Canada was not as marked as were the changes in the higher levels of the British political administration, it was significant in that the data or recording of all political events could not be contained within the filing system of one or two offices. As the complexity of the War evolved, so did the need to record, order and make use of these data. As Canada's independence gained international recognition, it had to develop more sophisticated means to record both its political decisions and policies and their implementation.

The civil services at the beginning of the War were small homogeneous bodies in both Great Britain and Canada. Throughout the War, both civil services grew dramatically and although numbers decreased slightly in the first few years of the post-War period, the numbers in the 1920s were substantially higher than at the outbreak of the War in 1914.

The medical community had to cope with millions of injured and ill. As a result, the medical record evolved to maintain a full history of the health of each person serving in the armed forces. The record had to adapt in accordance with the movements of the individual, and was in turn used as an information tool by both governments when they initiated national pension plans for veterans.

The medical record was not a static tool. Medical records were varied and recorded a multiplicity of activities covering the patient, the hospital, supplies, drugs and even stationery for the recording of data. Each type of record grew, changed format, and was used for differing purposes. All the records were used as an aid to assist in providing care for the individual. Adaptation in record-keeping practices responded to specific needs and led to an expanded bureaucracy and changes in the civil service, epidemiology and in general health care. Thus it can be concluded that alteration in record-keeping practices can

result in adaptation and change within an organization and within a society. Record-keeping is not just a passive activity of ordering information, but can affect profoundly the intellectual and theoretical make-up of the bodies which document the information.

The development of large data-banks of medical information, such as the Statistical Branch of the Medical Research Committee, contributed to yet another evolutionary change in the view of illness and the individual. The forming and collation of medical histories of millions of soldiers provided a basis for studying and viewing the general health of a nation. Epidemiology evolved as an established discipline because there was now an extensive body of data which could be used for study and research. The creation of national pension programmes and national health care programmes became more feasible, for it was now possible to monitor, with recently developed record-keeping practices, the medical history of all individuals and the general population.

Efficient management of hospitals for medical and nursing care depends upon well organized record-keeping systems. Advances in record-keeping practices transformed hospital management and heralded advances in epidemiology and the development of national health care systems.

Medical records grew in quantity because of the great numbers of individuals who were expanding the ranks of the armed forces. A medical record of each individual was required. As the number of soldiers enrolled in the British and Canadian Armed Forces reached a total of eight million, a corresponding number of individual medical files had to be created. Individual medical files increased in size. As the patient file began to be used for purposes of more than a single diagnosis or prognosis, additional information was required and the file itself was transformed. When the British and Canadian governments introduced sliding pensions, based upon degree of disability, forms used in the patient file



provided a standard and systematic means by which physicians could make recommendations as to the degree of disability.

Such a record-keeping device enabled the amalgamation of the records of all those who were evaluated for national pensions. This centralized body of data was held in both London and Ottawa. In addition to providing a centralized record of the disabled and those without disability, the body of data proved to be a means of implementing national pension plans and was later used as a model for documenting the health of all individuals within a society.

Administrative functioning and record-keeping practices were affected by the events of World War I. This examination has shown that alterations were made in the physical format of records, in the content of records, in the organization of information, in administrative practices, in personnel, and in the compilation and use of statistics. The investigation revealed that the civil service in Great Britain, though not in Canada, was transformed to deal with the expansion of administrative and record-keeping responsibilities. Information came to be perceived as a more important asset and commodity. When there are a greater number of precise and detailed records they are used with greater security for making informed decisions.

This investigation confirms that there is a need for the archivist to understand the creation of a body of records. A series of records offers more than just bits of information; it provides evidence of the organization or the individual creating the records. Understanding the make-up of a full body of recorded information and its inter-relationships with the series contained within it, and also with other record groups provides both the archivist and the historian with an intellectual foundation with which they can retrieve and utilise data in an efficient manner.

The study also assists in overcoming the gap caused by the incomprehension of the researcher and public, who have little or no understanding of the process of record-keeping. Records have been used by the researcher, whether archivist, historian, or sociologist, to glean data on series of events. An understanding of record-keeping practices enhances the prospects of the researcher. By understanding more precisely how data are gathered, ordered and disseminated, the researcher acquires a broader idea of their scope and can therefore be more proficient in using them. Retrieval time is therefore speeded up. By examining the historical context of record-keeping practices during one of the major periods of political and social upheaval in the twentieth century, the archivist is also able to gain an understanding of the record-keeping practices of other jurisdictions.

The understanding of how an organization maintains its data is critical to the efficient research and use of that data. Every organization has its own needs and therefore its own means of organizing information. Thus over a period of time the same organization may or may not alter its record-keeping operations depending upon available technology, need, speed of dissemination and use of the information..

The archivist therefore must have an understanding of these influences on record-keeping practices to have a fuller comprehension of the record. Information can thus be obtained not just from the record itself but from its relationship to the sequence of other records in the series or group. The relationship between single pages, files, record groups, the creating body and other bodies, either internal or external to the creating body, must be understood by the archivist for a fuller and more professional interpretation of data. This understanding enhances the prospects of research. Data cannot be studied in isolation, but must be viewed as a part of the whole. The archivist has to be familiar with the whole series and understand the social, political, economic and technological factors under which

the documents were created. Adaptation and change in record-keeping practices can influence change in bureaucratic function and in the functioning of a society. Record-keeping adaptation brings about more than a new means to access data.

This thesis has focused on a number of complex issues. It has demonstrated that the crisis of World War I and the methods employed to deal with the exigencies of the War were responsible for change and adaptation in record-keeping practices of government institutions in Great Britain and Canada and in the Royal Army Medical Corps and the Canadian Army Medical Corps. The governments of the two nations were forced to monitor both civilian and military affairs. The army medical corps had to act immediately in providing care for an unprecedented number of ill and wounded patients.

The crisis of World War I and the need to make use of expanded and more complex bodies of information contributed to the evolution in the ways in which information was documented and used. The transformation of record-keeping practices altered the administrative structures of the British and Canadian governments and of the medical communities and vice versa. The marked evolution of these administrative structures altered bureaucratic procedures. New bodies of information were used in the implementation of national pension and health care programmes and in research.

This thesis has contributed to the understanding of this evolution of record-keeping practices. It is important for the archivist to be aware of the changing and expanding complexities of the record. By having this knowledge, the archivist will be able to make better use of the information contained within archival institutions. Although this investigation was limited to World War I, it is essential that further research be conducted among other organizations which create records and in other time periods. Only then will there be a fuller comprehension of the evolution of the record.

Record-keeping practices became increasingly more complex during World War I and the complexity required new methods of creation and arrangement that consequently provided the basic material and method of modern bureaucracy. The most dramatic transformation was that of the physical form of the record from the static form of the bound ledger to the dynamic form of the looseleaf file folder. The governments of Great Britain and Canada had very different war experiences and as a result a very large and complex government bureaucracy emerged in Great Britain, while in Canada, a smaller and primitive one developed. The significance of the former can be measured in terms of size and complexity and the latter in its relationship to the development of a mature national identity. Military medical care systems of both countries were closely integrated, for a combination of military, medical and political reasons; in both nations medical record-keeping became more complex. Indeed, administrative and medical records in the two countries were altered during World War I.

## Appendix One. Canadian Medical History Form

ORIGINAL		92	
Regional No.		MEDICAL HISTORY OF	
Regimental No. 2502905		A.F. B. 178.	
Surname Larsen		Christian Name Andrew Lewis	
TABLE I.—General Table.		TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service. Issue of Surgical Appliances, Particulars of Dental Treatment, etc.	
Birthplace { Parish Arendal County Norway		Date	
Examined { on 31 day of Aug. 1917 at Winnipeg		Brief details and Signature	
Declared Age 38 years			
Trade or Occupation Carpenter			
Height 5 feet 4 3/4 inches Weight lbs.			
Colour of Hair light brown Complexion dark			
Eyes grey			
Chest Measurement { Circumference 36 1/2 inches Range of expansion 3 inches			
Physical development			
Vaccination Marks { Arm, Right Left Number			
When Vaccinated			
Vision { R.E.—V— With Glasses { R. L.E.—V— L.			
Identification Marks, such as Tattoo, Moles, Scars, etc.:			
Defects or Ailments:			
Examined and found— I. Fit for Grade II. III. IV. (Strike out those which do not apply.)		Special Remarks: state if a discharged Soldier	
Signature Chairman of Medical Board.		TABLE IV.—Service Table.	
Re-examined for posting at		Station of Transferring	
On day of 191		Date of arrival or embarkation	
Excluded at Winnipeg		Date of Discharge or demobilization	
on 31 day of Aug. 1917			
Joined on enlistment Corps. Regt. No.			
Transferred to		Became non-effective by	
		on day of 191	
		(Signature)	
		(Rank)	



# Appendix Two. Medical History Sheet

/B

## MEDICAL HISTORY SHEET.

Surname PIRELL, Christian Name A.

Examined (on 12th day of JANUARY 1915) Approved by F.R. O'Sullivan,  
 (at Windsor,

Birthplace (City or Town WINS. Rank Lieut. Col. Sut. M.O.  
 (County England.

Apparent age 31 years,

Trade or occupation Baker.

Height 5 Feet 11 Inches

Weight                      Lbs.

Chest measurement { Minimum                      inches  
 Maximum expansion 42 inches

Physical development                     

Small-Pox Marks                     

Vaccination Marks { Arm Right Left  
 Number 2

When Vaccinated last Jan 10

(a) Marks indicating congenital peculiarities or previous disease                     

(b) Slight defects but not sufficient to cause rejection                     

Date	Result	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>Jan 10</u>		<u>G C Hale</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Apr 1/15</u>		<u>G C Hale</u> M.O.
<u>Apr 10/15</u>		<u>G C Hale</u> M.O.
		M.O.

Enlisted on 12th day of JANUARY, 1915 at Windsor,

COMP.	REG'T NUMBER	HABITS	DATE
Joined on enlistment	From 48th Bn. 54258,		
Transferred to	<u>18th Bn.</u> <u>W.O.R.D.</u>		<u>19/3/17</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE	DISEASE	RESULT.
	<u>May 12/16</u>		<u>2 mos leave</u> <u>A. H MacDermott</u>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



A. Christian Name

Surname Flett.

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In general cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
#2 Gen. Hosp. Harve.		25	3	16	9	4	16	Neurasthenia.	15	Dis. to Reinforcements Harve.	List No.A.180 -A.192
I.C.H. Epsom.								Do.		Westoliffe Eye report R. vision 6/6 Left Fingers at 2 feet. R. fundus normal. L. macular choroditis caused by concussion. Condition permanent. Patient appears to be very nervous, continually shakes, looks blotchy and unhealthy. Appetite poor. Suffers from headaches and poor memory. Has lost 30 lbs in weight since enlisting. Veins over calf of left leg are prominent and tortuous. Other systems normal.	Sgd-L. Matthews, Lieut. C.A.M.C.
CCH, Epsom.		11	12	18				Gastritis.		Transferred to Horton Hospital by Capt. Ireland.	Sgd- B.C. Hardiman, Capt. A.M.C.
Horton War Hosp. Epsom.		11	12	18	18	12	18	Gastritis.		Suffering from acute gastric pains and vomiting. Transfer to Horton. Now much improved. 1612-16.	Sgd- G.V. Ireland.



# Appendix Three. Medical Case Sheet

C.O.A.C.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178<sup>a</sup> to be used for Special Reserve recruits and  
Special Reservists enlisting into the Regular Army.

## MEDICAL HISTORY of

Surname WADDELL Christian Name F.

TABLE I.—GENERAL TABLE.

Birthplace ...	Parish .....	County .....						
Examined ...	...	on ... day of ... 191 . at .....						
Declared Age ...	...	years ... days.						
Trade or Occupation ...	.....							
Height ...	...	feet, ... inches.						
Weight ...	...	lbs.						
Chest Measurement	Girth when fully Expanded. .... inches. Range of Expansion ..... inches.							
Physical Development ...	.....							
Vaccination Marks	Right Left Arm ... Number .....							
When Vaccinated ...	.....							
Vision ...	R.E.—V= L.E.—V= (a) ..... (b) .....							
(a) Marks indicating congenital peculiarities or previous disease ...	.....							
(b) Slight defects but not sufficient to cause rejection ...	.....							
Approved by (Signature)	.....							
(Rank)	.....							
<i>Medical Officer.</i>								
Enlisted ...	...	at ... on ... day of ... 191 .						
Joined on Enlistment ...	<table border="1" style="width: 100%;"> <tr> <th>Corps.</th> <th>Regtl. No.</th> </tr> <tr> <td>1st Battalion.</td> <td>6963</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Corps.	Regtl. No.	1st Battalion.	6963		
Corps.	Regtl. No.							
1st Battalion.	6963							
Transferred to ...	.....							
Became non-effective by	.....							
	on ... day of ... 191 .							
(Signature)	.....							
(Rank)	.....							

**k List the Case of Warrant Officers treated in quarters.**

<p>marks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &amp;c., will be given in the special syphilis case sheet.</p>	<p>Signature of Medical Officer.</p>
<p>This man is transferred to Shorncliffe Military Hospital for treatment. Wasserman Pos.</p> <p>To C.C.A.C. for Medical Board.</p>	<p>W.G.Murray, Capt.</p> <p>T.B.Day, Capt.</p>

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Hos in Al	Remarks
	Day	Month	Year	Day	Month	Year			
Coore Barracks Hosp	28	8	16	15	9	16	Pleurisy.	16	
Military Hospital Shorncliffe.	15	9	16	25	9	16	do	17	

**Table III.—Boards ; Courts of Inquiry, Vaccination, Inoculations, etc. ;  
Examinations for Field or Foreign Service, Extension, Re-engage-  
ment, or Prolongation of Service ; Issue of Surgical Appliances ;  
Particulars of Dental Treatment, etc.**

Date	Brief details, and signature.
25-8-16	To Moore Barracks Hospital for Report. (SGD) R.M.Fergusson, Capt.
25-9-16	Discharge. W.MCKeown, Lieut Col. President. Standing Medical Board.
26-9-16	Approved:- S.L.Walker, Capt. for A.D.M.S. Canadians, Shorncliffe.  Approved. F.W.Blakeman. Captain C.A.M.C for D of R & O. for Brigadier General. Commanding. Canadian Training Division.

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

## Appendix Four. Proceedings of the Pensions and Claims Board

<b>Proceedings of a Medical Board on the Soldier mentioned in Part I.</b>							
<p><i>Answers and descriptive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly" are not to be used. The cause of the disability during Active Service is to be clearly shown in order that the Pensions authorities may deal with the case properly.</i></p>							
<p>11. Is the disability fully indicated in Part I (1)? If not, indicate it.</p>	<p><b>780</b></p>						
<p>12. Is the cause of the disability fully indicated in Part I (2)? If not, indicate it.</p>							
<p>13. Was the disability caused or aggravated by —</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>(a) Negligence of the Soldier</p> </td> <td style="width: 10%; border: none; text-align: center;"> <p>{</p> </td> <td style="width: 40%; border: none;"> <p>Caused? Aggravated?</p> </td> </tr> <tr> <td style="border: none;"> <p>(b) Misconduct of the Soldier</p> </td> <td style="border: none; text-align: center;"> <p>{</p> </td> <td style="border: none;"> <p>Caused? Aggravated?</p> </td> </tr> </table>		<p>(a) Negligence of the Soldier</p>	<p>{</p>	<p>Caused? Aggravated?</p>	<p>(b) Misconduct of the Soldier</p>	<p>{</p>	<p>Caused? Aggravated?</p>
<p>(a) Negligence of the Soldier</p>	<p>{</p>	<p>Caused? Aggravated?</p>					
<p>(b) Misconduct of the Soldier</p>	<p>{</p>	<p>Caused? Aggravated?</p>					
<p>14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90% or 100%)</p>							
<p>15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be in the estimate). What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)</p>							
<p>16. Permanency of the Pensionable Disability estimated next above in (15). (a) Is it permanent? (b) If not permanent, what is its probable minimum duration (in months)?</p>							
<p>17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?</p>							
<p>18. Remarks:</p>							
<p>19. Recommendation:—(a) Fit for duty? (b) Fit for limited duty? (c) Invalid to Canada? (d) Discharge from Service as permanently unfit?</p>							
<p>Date of Board: _____</p> <p style="text-align: center;">Signature of the Board</p>	<p>Classification for Military Hospital Commission</p>						
<p>Approved: _____ A.D.M.S.</p> <p>Discharged: _____ Station _____</p>							

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I

The Pensions and Claims Board assembled at

day of

191

of the Board

The Board having considered the evidence of the soldier hereinbefore named together with the documents submitted

and the Board being of the opinion that the soldier is entitled to the pension hereinbefore mentioned

It is the order of the Board that the pension hereinbefore mentioned be paid to the soldier hereinbefore named

Witness my hand and the seal of the Board this day of

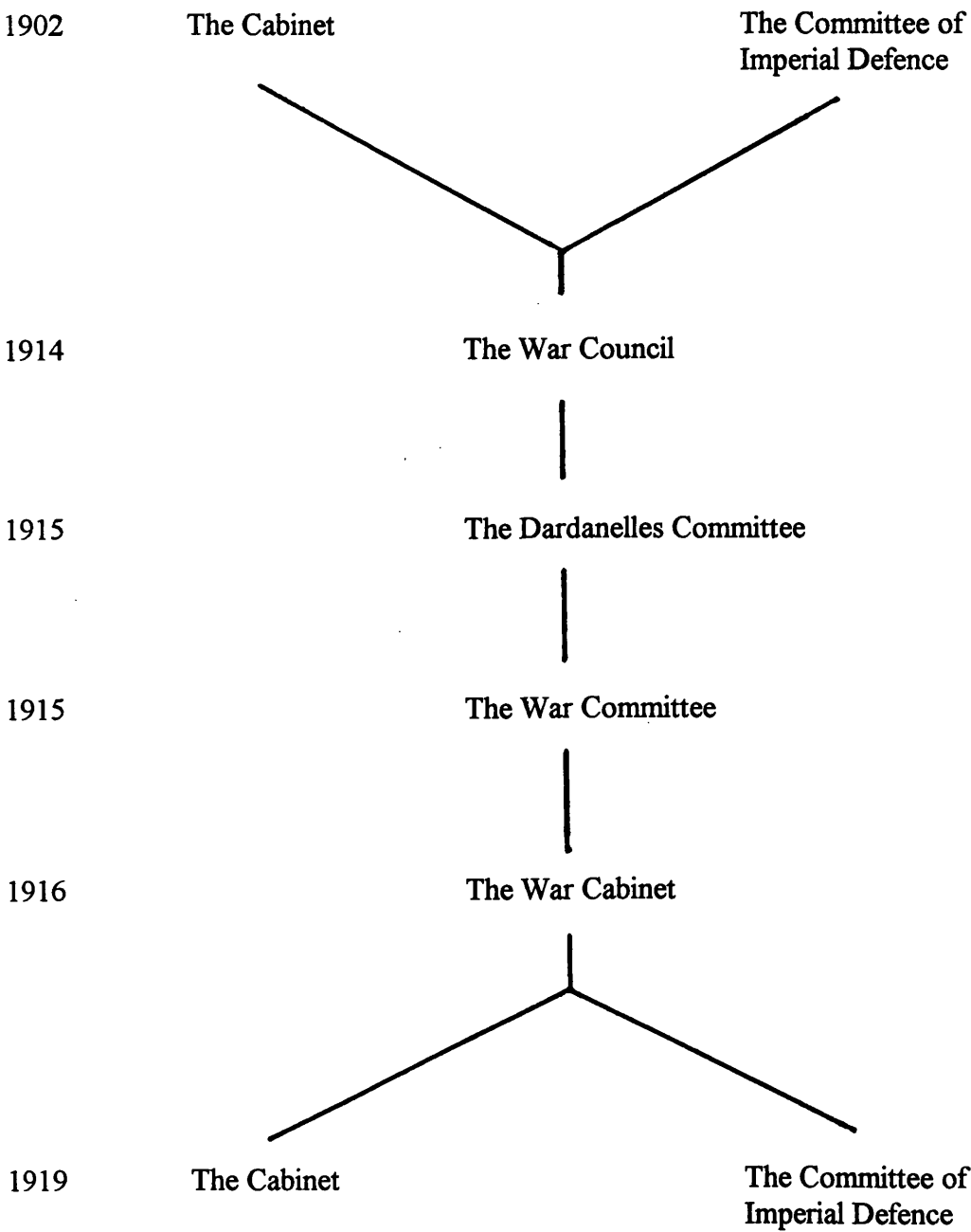
day of 191

Signature

of the Board

President

**Table One. Administrative Structure of the British Cabinet**



## List of Sources Examined

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## The Wellcome Institute for the History of Medicine

### Royal Army Medical Corps. Muniments Collection

RAMC 523/5 Report on the services connected with the disembarkation and distribution of sick and wounded during 1914-19, including Hospital ships and trains in the United Kingdom, 1919.

RAMC 728/1 War Diary. 2nd Home County Ambulance. Remarks on the work of the Surgical Division by Capt. F.L.A. Greaves, July 1915 to May 1916.

RAMC 728/2/1 War Diary or Intelligence Summary. No. 26 General Hospital, 1916.

RAMC 728/2/2 Summary. General Hospital No. 26, May 1916.

RAMC 728/2/15 No. 26 General Hospital. Instructions for Medical Officers i/c Wards. 25 September, 1918.

RAMC 728/2/8 The events during the Boche offensive commencing 21 March 1918. [March 1918].

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RAMC 739/5 Diaries and papers of Captain Henry Wynard Kaye, 1 July, 1915.

RAMC 739/11/2. Notes from the P. M. Room of a Casualty Clearing Station, by H. W. Kaye, Captain, RAMC, 1916.

RAMC 739/11/6 An investigation of the cause of death in certain cases of early fatality seen at a Casualty Clearing Station. 3 January, 1917.

RAMC 739/11 Notes and observations on 321 cases of asphyxia caused by an enemy gas attack on April 30th, 1916. by Elliott T. Glenny, Capt. RAMC and H. W. Kaye, Capt., RAMC.

RAMC 739/18 Ministry of National Service. 1917-1919. Report upon the Physical Examination of Men of Military Age by National Service Medical Boards from November 1st, 1917- October 31st, 1918, Presented to the House of Commons by Command of His Majesty: HMSO, 1920.

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RAMC 2045 20 reports re Warfare from the Medical Research Committee. Chemical Warfare Committee, Reports of the Chemical Warfare Medical Committee, 1918.

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GC/21. Notes on St. Marylebone Infirmary. vol 1. compiled by Dr. Basil Hood, MRCS LRCP Medical Superintendent.

Professor Thomas Renton Elliott GC/42/2/1 Army Council Instruction Nos. 462, 923, 1916, 1917.

## Canada

### The National Archives of Canada

#### The Cabinet

RG 1 The Cabinet. Minutes and Orders-in-Council, 1914 to 1919.

RG 1 The Cabinet. Records for Orders-in-Council, 1914 to 1919.

RG 1 The Cabinet. Dormant Orders-in-Council, 1914 to 1919.

RG 1 The Cabinet. Despatches, 1914 to 1919.

RG 1 The Cabinet. Records of the Imperial War Conference, 1914 to 1919.

#### The Privy Council

RG 2 Privy Council Order 1630, 27 July 1887.

RG 2 Privy Council Order 8/3164, 14 September 1896.

RG 2 Privy Council Order 912, 14 September 1896

RG 2 Privy Council Order 1001, 30 April 1913.

RG 2 Privy Council Order 2364, 24 September 1913.

RG 2 Privy Council Order 2080, 10 August 1914.

RG 2 Privy Council Order 107, 15 January, 1915.

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RG 2 Privy Council Order 3005, 23 October 1917.

RG 2 Privy Council Order 3006, 23 October 1917.

RG 2 Privy Council Order 358, 13 February 1918.

RG 2 Privy council Order 1121, 25 March 1940.

#### The Ministry of Militia and Defence

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discharge books and other hospital records, the Medical Case Sheet became an essential document for every individual belonging to these contingents.

Officers in charge of every hospital were advised that Medical Case Sheets were to be employed in the case of every non-commissioned officer and soldier belonging to the Canadian, Australian, New Zealand, South African, Indian and other contingents from overseas. These sheets were to indicate entries, giving the date of admission, diagnosis, operation, date of discharge, disposal, and date and findings of any medical board held while the individual soldier was a patient of a hospital in their charge or command.<sup>44</sup> The Medical Case Sheet was thus used for all members of the Canadian Expeditionary Force replacing the Canadian form which had been used previously.<sup>45</sup> Officers also had their own Medical Case Sheets. The consequences of utilising the Medical Case Sheet was an expansion and standardisation of the recorded medical data of each soldier.

All entries were accurately made and certified. The entire procedure for dealing with Medical Case Sheets of Canadians was based on the rule that all original medical sheets of Canadians in a hospital should be with them at hospital and all original Medical History Sheets or Medical Case Sheets of Canadians not in a hospital would be on file at the Record Office in London, where they might be requisitioned as needed. If the original Medical History Sheet or Medical Case Sheet of a Canadian patient was not received by a hospital within six days of admission, application was to be made to the officer in charge of records in London, during the period antecedent to the receipt of the original Medical

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<sup>44</sup>NAC RG 9 vol. 3555 Department of Militia and Defence. Director of Medical Services. Patients. Documentation of - Policy and Procedure re., 1915 to 1919, pp. 79 to 80.

<sup>45</sup>Ibid., p. 85.

inadequacies and to become more effective. One method of coping was to develop a more competent record-keeping system.

The responsibilities of the government institutions expanded. They began to move toward an interventionary and regulatory role in the national economy, health care and in other areas, previously not deemed to be within the jurisdiction of national governments. Additional autonomous boards and committees were created. As administrative function matured, there developed a sense that government must be able to deal with future tasks rather than just immediate tasks. One such example was the creation in Great Britain of the Statutory Professional Committee, established under the Military Service Acts. The Committee was able to create and implement a plan in which authentic and valuable information was supplied to the War Office about men with specialized skills.<sup>1</sup>

To deal with the wide range of responsibilities, the numbers of meetings of individual bodies increased. There was a change from monthly meetings to weekly or semi-weekly meetings. The agenda for each meeting expanded and although times of commencement and closure are rarely recorded, it can be presumed that because of the increase in items on agendas the time allotted to each meeting increased as well.

The increase in bodies and committees, meetings and the time of each meeting led to proliferation in the amount of recorded documentation. The civil service expanded to reduce the work of the Privy Council. Many *ad hoc* committees were introduced to coordinate the war effort to maximum effect. It might have been expected that new record groups would be established to cope with expanded responsibilities, but this was not the

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<sup>1</sup>PRO WO 32/4752. Registered Papers: General Series. Subject: Medical Committees. Committees on Medical Establishments in France. Health Conditions, 1916 to 1917, p. 153.

case within the Canadian government. The system of organization of documentation remained almost unchanged throughout the War, with the same record group system remaining in use. This was due to a recording system which had been created at a later period than that of Great Britain and was more efficient. The increase in the size of individual files was the single difference between the pre-War and the post-War periods. The contents expanded, representing the expansion of decision-making processes. Additional record groups were not created because the system of record organization implemented before the War was adequate to meet the expanded needs during the War.

The system of record-keeping was adequate for the needs of the Canadian government. The erratic nature of the increases and the decreases in expenditure during the War reflects the start-and-stop, start-and-stop crisis management approach of the Canadian bureaucracy. The government had come to rely upon the increased detail of information which had become a feature of record-keeping during the War and desired to maintain this method of recording information.

### 3. Medical records. Great Britain and Canada

Record-keeping practices within the Royal Army Medical Corps and the Canadian Army Medical Corps were changed during World War I. During the pre-War period, record-keeping and administrative practices had been standardized among the Army Medical Corps of Great Britain, Canada, Australia and South Africa. During the War, the Canadian Expeditionary Force was an integral part of the British Expeditionary Force and as a result, approximately ninety per cent of patients admitted into Canadian hospitals were