



MILITI SUCCURRIMUS

1885 1985

TRADITIONS
of the
MEDICAL BRANCH
Canadian Forces



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FOREWORD

Any World War II or Korean veteran, indeed any casual reader of military history can conjure up images of heroism simply by reading the names of some naval ships or army regiments. Names such as HMS Victory, the "Vandoos," or the Black Watch evoke images of famous battles or heroic actions.

The Medical Branch does not think of itself in heroic terms despite its more than one hundred years of devoted military medical service. Medical service members have been involved in every environmental service and in every theatre of war and peacekeeping activity for more than one hundred years of Canada's history. They have suffered all the hardships, injuries and diseases, and made all the sacrifices that such activities entail. Groups of these medical service members, as well as individuals, have distinguished themselves by acts of bravery that brought glory to the Branch. Today's members of the Branch can justifiably bask in that glory as they continue to devote their energies "to aid the soldiers" of the Canadian Forces wherever their duties take them.

Lest we forget what our past and our traditions mean to us, the Colonel Commandant, Major-General J.W.B. Barr, has assembled in this booklet the more important traditions of the Medical Branch. Knowledge of the origins and purposes of these traditions help to keep them alive. Their practice and observance will, by example, further strengthen them. Make use of the past, embodied in our traditions, as a solid foundation on which to build the future as we continue to live our motto . . .

Militi Succurrimus

*W.A. Clay, CMM, CD, QHP,
Major-General
Chief of Health Services*

PREFACE

Organizations that have the opportunity to practise repeatedly their traditions and customs have little need to write them down. They are handed down and reinforced by frequent and continued use. This was the case in the Medical Branch when large medical units had greater opportunities for interpersonal duty relations, had their own Messes, held Medical Mess Dinners and paraded as a unit.

The dramatic changes that are taking place in the Canadian Forces and in the Canadian Forces Medical Services (CFMS) diminish the opportunities to practise some of our traditions and hence the ability to pass them on by example. This concern was expressed by Lieutenant-Colonel W. E. Dauphinee, a retired Regular Force officer, now Commanding Officer of 11 (Victoria) Medical Company, a Reserve Force medical unit.

This concern led to the preparation of this booklet. It attempts to expose the reader to some of the more important customs and practices that make up the traditions of the Medical Branch. It emphasizes the importance of traditions in maintaining the morale and high standards of performance of the CFMS and the role of traditions in the development of esprit de corps.

Officers and NCMs are urged to take every opportunity to expose junior members under their jurisdiction to these traditions and to show by example how traditions enhance performance and esprit de corps.

In the development of this booklet, I have been greatly assisted by CPO1 E. Cooper, Lieutenant-Colonel Dauphinee, the Commandant and staff of the CFMS School, by Major K.R. Killenbeck of The Canadian Forces Band and, above all, by Major A. Charles King, CStJ, CD, whose clarity of expression and skill as a practitioner of the electronic arts have been key elements. Major-General W.A. Clay, CMM, CD, QHP, Chief of Health Services Canadian Forces, and the senior members of her staff, have been supportive in its preparation and vital to its production.

To all of them, I express my indebtedness and gratitude.

John W.B. Barr, CMM, CD, QHP
Major-General
Colonel Commandant Medical Branch

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TRADITIONS OF THE MEDICAL BRANCH

INTRODUCTION

- 1. Tradition Defined.** By definition, a tradition is an "*opinion or belief or custom handed down, handing down of these, from ancestors to posterity, especially orally or by practice.*"¹ Within the Canadian Forces, each environmental service has traditions peculiar to it and, within the Land Force, many regiments have their own traditions.
- 2. Origins of Medical Branch Traditions.** The Medical Branch, which is synonymous with the Canadian Forces Medical Service (CFMS), adopted many of the traditions of the Navy, Army and Air Force when it was formed in 1959. Since then, some of these traditions have been dropped because they were not applicable to the roles of the CFMS, to avoid a multiplicity of procedures and to provide uniformity at military and social functions. A knowledge of the traditions followed by all members makes for confidence within and between those members, and assists in the furtherance of those traditions.
- 3. Esprit de Corps.** In addition to the mutual confidence engendered by our common traditions, they are an integral part of our esprit de corps. Evelyn Waugh, in the book *Men at Arms*, explains how esprit de corps evolves. The principal character, when discussing how a group of disparate recruits can be moulded into a tightly-bonded military unit, says: "*The discipline of the parade square, the traditions of the mess, would work their magic and esprit de corps would fall like a blessed unction from above.*" Many of us are not required to be on a parade square nor have much to do with a Mess, but the disciplines of the ward, the operating room and the laboratory are equally important and

equally binding. These disciplines, together with all our traditions, will have the same effect in the development of our esprit de corps.

4. **Scope.** The traditions are described under the headings **Medical Traditions** and **Military Traditions**. Together, they combine to produce the esprit de corps of the Medical Branch.

MEDICAL TRADITIONS

ORIGIN IN ANCIENT TIMES

5. **Hippocrates.** Certain traditions relating to medicine go back more than 2,000 years to the time of Hippocrates, his children and his followers. Then, it was taught that medical people should teach their skills freely to those who would follow them, should not disclose confidential information obtained from patients, should not assault their patients nor their families and should not assist their patients to harm themselves. Above all, they themselves should do no harm and, if they were not skilled enough nor qualified to treat their patients, they should refer them to someone who was qualified.

6. **Hippocratic Oath.** These teachings were enforced by the Hippocratic Oath, a form of which has been taken by physicians on graduation from many medical schools and the principles of which should be applied, to this day, in the activities of the Medical Branch.

7. **Historical Progression.** For many centuries, medical care at the first level was given to troops by the soldiers themselves, some of whom were detailed for this task. More complicated and prolonged treatment was provided by religious organizations, frequently in monasteries. The religious aspect of this tradition is reflected today in the close association that exists between the Chaplain and Medical Branches and, until recent years, by the term "nursing sister" given to military nurses.

8. **Ambulances.** Later, physicians, surgeons, surgeon's mates and apothecaries were assigned to military forces to provide

medical care and the medications and dressings for their use, a tradition which is followed today. Specially fitted wagons were used to evacuate patients. These "flying ambulances," were introduced by Larrey² during the Napoleonic wars to speed the process. Obviously, this was the origin of the practice of speedy evacuation by land, sea and air that we follow today.

9. **Regimental Medical Organizations.** Regiments had their own medical organizations where emergency care, crude though it was, was carried out. Later, they had their own regimental hospitals during prolonged campaigns. Two hundred years ago, there were field or "flying" hospitals established close to the field of battle. General hospitals of 500 to 600 beds were located farther back in the combat zone. These traditional levels of care, greatly improved, continue to be followed today.

10. **Other Current Applications of Traditions.** Tradition plays a part in the positioning of the regimental medical staff today. Years ago, the medical officer marched at the head of the column where he was close to the commander and where he was able to select a suitable location for the aid post or regimental hospital. The remainder of the medical staff followed the column with the wagons carrying the equipment and picking up the troops who had fallen out during the march. Today, the medical officer, or his/her representative, accompanies the advance party to ensure that there are suitable medical arrangements at hand when the troops arrive, while the remainder of the unit medical staff follows with the main body and the rear party to look after the troops in transit.

2 Dominique-Jean Larrey (1766-1842), a famous surgeon of Paris, who is even more famous for having introduced his system of transporting the wounded during the Napoleonic Wars and by using it at the start of a battle, resulting in a boost to the soldiers' morale and a greater opportunity for effective treatment. (Lyons, A.S. and Petrucelli, R.J., *Medicine, An Illustrated History*, published by Harry N. Abrams, Inc. New York, N.Y. 1987)

11. **Carrying of Arms.** Traditionally, medical personnel were employed for specific campaigns. Often these were civilians and sometimes they were the wives of the soldiers engaged in the battle. They did not carry arms. Later, by the terms of the Geneva Convention, medical staffs were protected from direct fire and prolonged captivity. Officers only were permitted to carry arms and then only for the protection of their patients. This tradition, still in being, has been eroded to some extent by the possibility of guerilla attacks on medical establishments. Now, medical personnel are armed to protect themselves and their patients if necessary. Still, in practice, the traditional protection by the Geneva Convention is necessary because it is almost physically impossible to carry out medical procedures safely while carrying a loaded weapon.

CFMS BADGE

12 **The Badge.** An identifying badge should signify the purposes of the service or unit. One such was found for the CFMS.

13. **Antecedents.** Prior to unification of the separate medical services of the Royal Canadian Navy, the Canadian Army and the Royal Canadian Air Force in 1959, each had its own identifying badge or insignia. To mark the combination of the resources into the common purpose of providing medical service to all the environmental elements, a new badge was designed.

14. **Description.** Within a wreath of stylized gold maple leaves, an oval annulus of dull cherry edged in gold, charged with a rod of Aesculapius in gold, the whole ensigned by the Royal Crown proper. The crown demonstrates our loyalty to the Sovereign. The Staff and Serpent of Aesculapius are symbols of the minor God of Medicine in ancient Greek mythology. The sanguine background indicates the association of Medicine



Fig. 1. CFMS Badge

with blood, the predominant Humour and the desired attitude of the Branch - "*habitually hopeful, confident and expecting things to go well*" in dictionary terms.

15. **Presentation.** When worn singly, as on a cap, the snake on the badge faces to the right of the wearer. It faces to the left of one who looks at it. When worn in pairs, as on the uniform lapels, they are placed so that the snakes face each other.



When displayed in a publication, the snake faces the left hand side. *Fig. 2. CFMS Badges Worn in Pairs*

MEDICAL BRANCH FLAG

16. **Design.** To mark the locations of groups and members of the Medical Branch, either at work or on parade, a flag was needed. Following the development of the design of the badge, a Branch flag was produced. It is officially described as, "*A flag divided diagonally from the lower hoist to the upper fly, dull cherry red above and dark green below. In the canton (upper corner) is the Medical Branch badge in full colour.*" This flag may be flown at all Medical Branch installations.

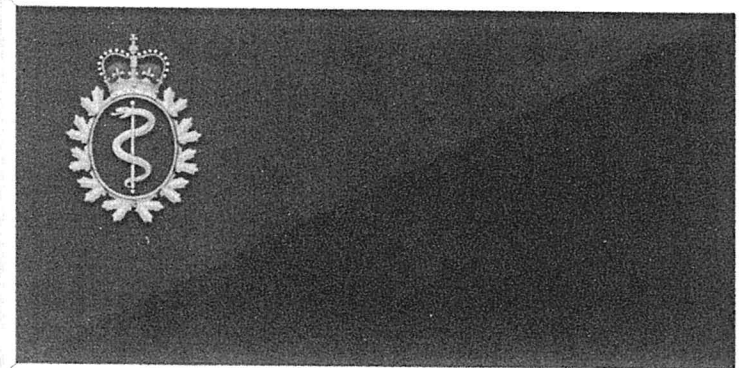


Fig 3. Medical Branch Flag

MEDICAL BRANCH MOTTO

17. **Purpose.** A motto is used to spell out, in a minimum of words, the ideals and purpose of a group of individuals united in a common purpose.

18. **Antecedents.** Prior to unification, the Royal Canadian Army Medical Corps made use of "In Arduis Fidelis," the motto of the Royal Army Medical Corps, which is translated as "faithful in adversity." The medical services of the Royal Canadian Navy and the Royal Canadian Air Force used the mottos of their parent services.

19. **Origin.** At approximately the same time of the development of the badge and the flag, a distinguished member of the Reserve medical service³ proposed that "Militi Succurrimus" would be an apt description of the function of the Medical Branch and it was adopted for that purpose.

QUEEN MOTHER'S BANNER.

20. The origin, presentation, custody and customs related to The Queen Mother's Banner combine to form a tradition of the Medical Branch.

21. **Origin.** In 1984, as part of the 25th Anniversary of the formation of the Branch, the Surgeon General requested that a banner be designed to signify the contribution of the military medical services. Following the approval of this request, a banner and its staff were produced with the following characteristics.

A banner of sanguine silk, fringed in gold and dull cherry with the Medical Branch Badge at its centre above a scroll displaying the Medical Branch motto Militi Succurrimus,

3 Lieutenant-Colonel A.V. Grasset, a former Commanding Officer of the Vancouver Reserve Medical Company and currently Honorary Lieutenant-Colonel of 12 (Vancouver) Medical Company, proposed the motto Militi Succurrimus, which translates "we hasten to aid the soldiers."

with the dates 1885 - 1985 embroidered below the scroll. In the canton, The Queen Mother's cypher, a stylized monogram in silver is embroidered below a coronet. The staff head is a crowned lion in gold. The motto is explained above. The embroidered dates celebrate the century of medical care provided to the Canadian Forces since the formation of the Medical and Surgical Department of the Canadian Government in 1885. At that time, two field hospitals were mobilized to provide medical support for the troops involved in the Northwest Rebellion.⁴ The banner is constructed of two layers of fabric so that the display is the same on both sides.

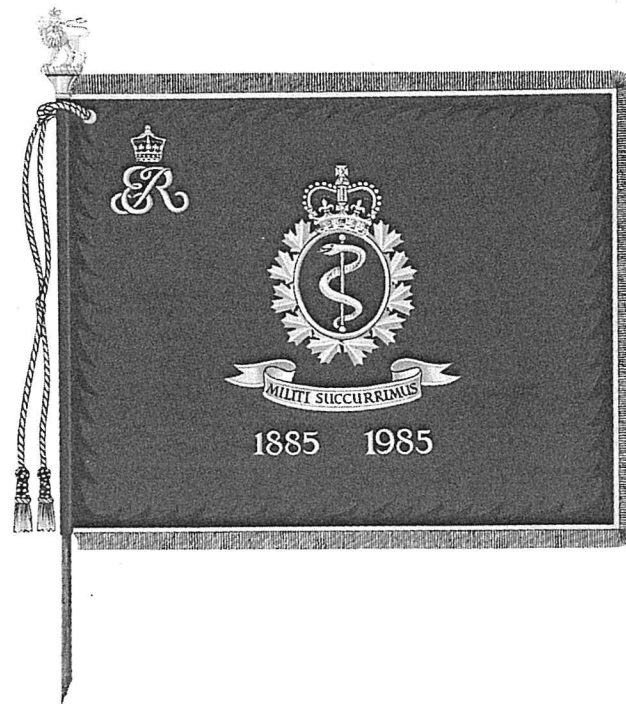


Fig. 4. The Queen Mother's Banner

4 Nicholson, G.W.L., *Seventy Years of Service*, Borealis Press 1977, pp 28-36.

22. Presentation. The following year, on 13 July 1985, Her Majesty Queen Elizabeth The Queen Mother, Colonel-in-Chief of the CFMS, presented the Banner to members of the Medical Branch who were represented by an honour guard from the CFMS School. The ceremony took place on the grounds of the Legislative Assembly of Ontario in the presence of a distinguished group of military and civilian guests. When presenting the Banner, Her Majesty drew attention to the origin of the medical service, its splendid record in the wars since that time and the value of its present role in peacekeeping operations.

23. Custody. The Banner is held at the CFMS School for local use and safe-keeping. It is available for display by medical units of the Regular and Reserve Forces provided adequate security can be assured while it is in transit to and from the place of display and while in the custody of the requesting unit. Normally, an officer escorts it while it is in transit.

24. Customs. When on parade, the Banner is borne immediately behind and to the right of the National Flag. The most notable occasion on which this tradition was exercised was in 1990 when the Banner as trooped in London by a detachment of CFMS personnel from the Canadian Forces units in Europe as part of the celebrations surrounding the 90th anniversary of the birth of our Colonel-in-Chief. Although it is not a regimental colour nor a guidon, traditionally all members of the CFMS salute the Banner when it is uncased.

HONORARY APPOINTMENTS

25. In the Medical Branch, as in many other branches and regiments, there is a system of honorary appointments in addition to that of command. This system has two functions; it enables the Branch and its units to show their respect to the holders of honorary ranks and it enables holders of those ranks, by any means available to them, to assist in the creation and maintenance of esprit de corps. Honorary appointments are of two types; royal and honorary.

Royal Appointment

26. The Colonel-in-Chief. The member of the Royal Family who is the Royal Appointment of the Medical Branch is Her Majesty Queen Elizabeth The Queen Mother. Queen Elizabeth, who was Colonel-in-Chief of the Royal Canadian Army Medical Corps from the early 1950s until the Corps was disbanded in 1974, graciously consented to act in the same capacity for the Branch in 1977. The Branch reports routinely and on special occasions to The Queen Mother through the Colonel Commandant. Reports are presented on operational matters and on matters considered to be of interest to Queen Elizabeth. The Colonel-in-Chief responds readily to subjects thus presented to Her Majesty and, in addition, sends messages of encouragement and approval to the Branch from time to time. In the past, when the Colonel-in-Chief has visited Canada, Queen Elizabeth has met with many members of the Branch and has expressed her interest in and knowledge of our tasks.

Honorary Appointments

27 Honorary colonels appointments include those of the Colonel Commandant at National Defence Headquarters and the Honorary Colonels and Honorary Lieutenant-Colonels at unit level.

28 Colonel Commandant. The Colonel Commandant is selected from retired officers of Colonel or higher rank for a term of three years, which may be extended. The Colonel Commandant provides a channel of communication between the Branch and the Colonel-in-Chief, and may act as a source of information to the staff of the Surgeon General on matters relating to past experience. Based on his or her experience, the Colonel Commandant is expected to take appropriate action to stimulate esprit de corps within the Branch.

29 Honorary Colonels. At unit level, appointments as Honorary Colonels and Honorary Lieutenant-Colonels are drawn

from distinguished military and civilian citizens, usually residents of the unit's home station. Their term of office is three years and this may be extended. The holders of honorary appointments at unit level are expected to be ready sources of advice on military medical traditions and other matters peculiar to the locale of the unit. At the same time, they are expected to be agents for creating and maintaining esprit de corps within the medical unit.

PATRON SAINT OF THE MEDICAL BRANCH

30. **Saint Luke.** Unlike many other military organizations, the Medical Branch had not sought association with the name of a Patron Saint until 1984. In that Anniversary year, the Surgeon General felt that this situation should be rectified and, after consultation, chose Saint Luke, an early Christian reputed to have been a physician, in whose Gospel appears the parable of the Good Samaritan. The Chaplains General agreed with this decision. Since then, in many medical units on Canadian Forces bases, this relationship is perpetuated by members of the Branch and their families at church services held on the Sunday nearest the Feast Day of Saint Luke, the 18th day of October.

MEDICAL BRANCH MARCH

31. **Antecedents.** Prior to unification of the medical services, those of the RCN and RCAF used the official march of their particular service. In the Army, where regimental marches were the norm, the RCAMC adopted "Here's A Health Unto Her Majesty," the official march of the Royal Army Medical Corps.

32. **CFMS March.** An official CFMS March was developed based on an old English regimental march entitled "The Farmer's Boy" and incorporating bars from "Here's A Health Unto Her Majesty." This music was arranged by the Central Band of the Canadian Forces and is known as the Canadian Forces Medical Branch March. The music of the CFMS March is at Annex B.

33. The authorized music is played during the march-past of a body of Medical Branch personnel as they pass the saluting-point on a ceremonial parade. It is also played at Mess Dinners.

MILITARY TRADITIONS

INTRODUCTION

34. In addition to the preceding traditions, which are peculiar to the Medical Branch alone, there are many traditions that are common to all branches of the Canadian Forces. These are deemed worthy of emphasis in the performance of our Branch. Among them are those dealing with dress, deportment, Officers, Warrant Officers/Sergeants' and Junior Ranks Messes and inter-personal relationships with other members of our Branch.

DRESS

35. **Wearing the Uniform.** It is traditional in all arms and services that all members will wear their uniforms, correct in every detail, depending on climatic conditions and current employment. In the CFMS, this extends to the types of clothing, including "clinical whites", "surgical greens" and operational clothing worn in the performance of our work involving care to our patients. All must be kept as clean as possible in order that patients may be assured of our intent to keep them free from contamination from external sources. Keeping your clothing as clean as your hands has been a medical military tradition.

36. **Civilian Dress.** Sometimes members of the CFMS are called, while dressed in civilian clothing, to deal with patients. The same standard of dress and cleanliness as in the wearing of uniform is a military tradition which is equally important in our Branch and which has a positive effect on the confidence engendered in our patients.

DEPARTMENT

37. **Paying of Compliments.** The military tradition of a high standard of conduct and respect for others is important to be followed in the Medical Branch.

38. **The Salute.** Saluting originated in ancient times and is a method of showing that the person is unarmed. Thus, the open-handed military salute employed for many years demonstrates trust and respect. The elements of the salute are an erect bearing, the eyes directed at those of the person being saluted and the correct movement of the hand.⁵ These are true whether the salute is given while standing or on the march. It is important that those receiving the salute return the salute promptly and correctly. Appropriate compliments shall be paid when recognizing an officer dressed in civilian clothing.

39. **Saluting While Bearing Arms.** Salutes while bearing arms are given when the medical members are on a ceremonial parade or are on guard of their unit. The official detail of the salute with a rifle or a sword is to be followed by the members when so ordered. The purpose and movements of the salute are indicative of the peaceful intent toward the person being saluted. Medical tradition, however, when a regiment is on parade, requires that the regimental medical officer, who marches at the rear of the unit with the second-in-command, does not draw his sword, but salutes with the open hand. The reason for this is that, as non-combatants, medical officers draw their personal weapon only in defence of their patients.

40. **Saluting Without Arms.** When not bearing arms, all members while in uniform and wearing head-gear, traditionally salute with the hand. When in uniform but not wearing a cap, it is the tradition that one stands, or walks, at attention looking the

superior in the eye. When in civilian clothes, one raises the hat or cap or, if not wearing either, looks the superior in the eye with head erect.

41. **Saluting Passengers in a Flag-Bearing Vehicles.** Give an appropriate salute when approached by a vehicle flying a general officer's pennant or bearing an uncovered plate of a general officer. Such plates display one or more maple leaves. The occupants of the vehicle will return the salute.

42. **Salutes To The Fallen.** It is a military and medical tradition of many years that cenotaphs, war memorials and commemorative plaques honouring our fallen military ancestors be accorded the same signs of respect as described for officers of senior rank. In addition, when a military or civilian funeral procession is passing, one should stop, face the cortege and salute the coffin as a sign of respect for the deceased person and of sympathy to the bereaved.

MESS DINNERS

43. **Introduction.** Attendance at a Mess Dinner is an invitation on the part of the members to share their facilities and, therefore, should be a reason to know and to comply with the procedures and traditions of the Mess. Messes have been provided for officers and warrant officers and sergeants for many years and, more recently, for junior ranks to provide amenities for the members and an opportunity for fellowship. Courtesy, respect for those whose home it is and hospitality for authorized visitors are the basis of the traditions of the Mess.

44. **Learn the Customs of the Mess.** The formal procedures of a Mess Dinner are an integral part of that tradition, although they differ from one unit to another. It is wise to find out the customs carried forward in the Mess to which you have been invited in order to comply with the traditions of that particular Mess and to increase your participation and enjoyment in the

function. The usual programme for a Mess Dinner will include the following:

- Pre-dinner Reception - Seating Plan and Receiving Line.
- Procession to dinner.
- Prayer of thanksgiving (Grace).
- Serving of dinner and dessert with wines.
- Clearing the tables.
- Serving the port (or non-alcoholic beverage) for the toasts.
- The toasts with appropriate music if a band is present;
 - The Loyal Toast.
 - Toast to the Colonel-in-Chief.
 - Toast(s) to Head(s) of State of countries represented at dinner.
- Recognition of branches and services represented at dinner -- optional if a band is present.
- Commanding officer's remarks and speeches.
- Adjournment and recession.
- Post-dinner socializing.

MEDICAL BRANCH MESS DINNER TRADITIONS

45. Formal Medical Branch dinners follow a similar program and include Medical Branch customs and practices as outlined below.

46. **R.S.V.P.** When invited to attend a Mess Dinner, you must accept, or send regrets in the same form as the invitation was couched and as promptly as possible. Plan to arrive at the Mess, in the prescribed dress, a few minutes before the time specified in the invitation.

47. **Seating Plan.** On arrival, determine from the seating plan displayed in the lobby where you are to sit. You may wish to note the names of the members seated on either side. This will help you to locate your place and facilitate conversation during dinner.

48. **Receiving Line.** If there is a receiving line, proceed through it without delay, returning easily the friendly greetings extended to you by the members who form the line.

49. **Pre-Dinner Social Time.** Proceed to the ante-room and enjoy the company with or without a pre-dinner drink. At 15 minutes and, again, at 5 minutes to the beginning of the dinner you will be reminded, by a bugle call or similar musical signal, that the meal is to begin. You should make personal arrangements so that you will not have to leave the dining-room for the duration of the meal and the programme that follows.

50. **Procession to Dinner.** When the procession to the dining room begins, join it promptly but not hurriedly, and proceed to your place at the table. Stand behind your chair.

51. **The Blessing.** As soon as all are at their places, the President (PMC) taps for order. Then the PMC or a chaplain, or a designated member will ask a blessing, following which you may take your seat.

52. **Dining.** Several courses with wines follow, during which you should engage your neighbours at the table in quiet, pleasant conversation on subjects of a general but interesting nature. Avoid loud talk, rowdiness and smoking. Smoking may be permitted during coffee, but NEVER during dinner. In fact, avoid any behaviour which is not in keeping with good manners. If you must leave the table for any reason, ask the PMC for permission to do so.

53. **Clearing the Table.** After the dessert course, the table is cleared of all dishes, cutlery, glasses and napkins, leaving only a port glass for use during the Loyal Toast and those that follow.

54. Serving the Port. A decanter of port will be presented to a member at the end of each table. This member fills the port glass and, without setting the decanter down, passes it immediately to the left. Each member fills the port glass and passes the decanter immediately to the left, never across the table. If desired, a non-alcoholic drink may be substituted for port. The contents of the glass, whether port or non-alcoholic drink, are left untouched until the Loyal Toast is proposed.

55. The Loyal Toast. When all the glasses have been filled, the PMC rises, taps for order and, in one of the official languages, asks the Vice President (VPMC) to propose the Loyal Toast. The VPMC rises and, in the other official language, says "Ladies and Gentlemen, the Queen of Canada." Then all rise, leaving their glasses on the table, and stand at attention. The band plays the first eight bars of the Royal Anthem (God Save The Queen) and all lift their glasses, saying "The Queen of Canada" and drink to the health of Her Majesty. Then all resume their seats and their quiet conversation. If there is no band in attendance, when the VPMC proposes the Loyal Toast, all rise and lift their glasses to toast the health of Her Majesty as above. Because of the toasts that follow, it is wise to only sip the port at each toast.

56. Toast to the Colonel-in-Chief. After a short pause, the PMC rises again, taps for order and, in one of the official languages, asks the VPMC to propose the toast to the Colonel-in-Chief. The VPMC rises and, in the other official language, says, "Ladies and Gentlemen, our Colonel-in-Chief, Her Majesty Queen Elizabeth The Queen Mother." Then all rise as before, leaving their glasses on the table and stand at attention while the band plays the first eight bars of The Queen Mother's official music "An Eriskay Love Lilt" - see Annex C. Then the diners toast the Colonel-in-Chief saying "The Colonel-in-Chief" or "The Queen Mother" adding "God bless her" if desired. All resume their seats. If a band is not present, the toast is drunk in the manner described above for the Loyal Toast.

57. Toasts to the Heads of Foreign Countries. If there are guests from foreign countries present at dinner, the Head of State of each country represented is honoured by a toast proposed by the PMC. All stand while the band plays the national anthem of that country, followed by a suitable phrase of good wishes from all members and a sip of port.

58. Recognition of Functional Commands, Branches and Units. After the official toasts, coffee is served and, if a band is present, the marches of the functional commands and branches are played in the order of their precedence - (see Annex A). The PMC must have discussed with the band director the music and marches required for the dinner. Medical members, even though affiliated with a functional command or regiment **do not stand** during the playing of that formation's march. The non-medical members of the formation being honoured stand at their place during the playing of their march. There is general applause when the march is finished. CFMS members should be aware of the precedence of the Medical Branch March (see Annex C) and be prepared to stand during the playing of their March. This is to emphasize the cohesion of members of the Branch even though they wear different environmental uniforms. Contrary to the custom in some Messes, at Medical Mess Dinners only Chaplains are expected to stand during the playing of the Chaplain Branch March "Onward Christian Soldiers." Members of the Medical Branch do not stand during the playing of this march.

59. Concluding Remarks and Adjournment. The Commanding Officer of the Mess may wish to make some remarks or may invite guests to do so. All should be brief, because the conclusion of the meal and its programme is at hand. The PMC signals, by tapping a gavel and announcing the adjournment, that the Dinner is over. All rise and stand at their places while the Commanding Officer or the senior non-commissioned officer and head table guests depart. All other diners follow. The PMC or the VPMC remain until all have left the dining room.

60. **Post-Dinner Social Time.** General conversation resumes in the ante-room and continues until the senior officer of the Mess departs. Members and guests should remain until the senior officer departs. If, for good reason, this is not possible, good manners require that the member or guest makes proper apologies for departing early.

61. **Summary.** Following these rules of behaviour may seem to be bothersome. This is not so. They ensure that all have a pleasant and rewarding experience. They are a recognition of the traditions of the Mess and they are a means of acknowledging the honour paid to the visitor by the members of the Mess.

CONCLUSION

62. **General Aspects.** The overall conduct of members of the Medical Branch, including punctuality in attending to duty, excellence of performance of those duties and respect for other members of the CFMS are all parts of the military traditions that are a continuing element of the traditions of the Canadian Forces Medical Service. These features are present in all good members at all levels in the hierarchy of command and of professional control.

63. **Remember the Golden Rule.** Respect for those who fill positions of authority is a prerequisite for good performance in the Branch. Respect by those in authority for those in junior ranks is an equally important prerequisite for achieving our aim of providing first-class medical care in all military settings. A good principle is to be "fair, firm and friendly" in the performance of the daily tasks of supervision and is a principle of leadership that has been a tradition of the military medical service for more than a century.

64. **Follow the Traditions.** If these military and medical traditions continue to be observed by the present and future members of the Medical Branch, there is every reason to believe that the CFMS will be able to continue the good work in the Canadian Forces which has been its reputation in the past.

65. The end result of that good work will be, in the words of General C. Foulkes, "*There is no greater boost to a soldier's morale in battle than the certain knowledge that should he be wounded he will receive quick and adequate medical attention and early evacuation from the battlefield.*"⁶

66. **The Motto Re-Visited.** When we provide that boost in morale to which General Foulkes referred, by the means which he outlined and, in so doing, follow the traditions established by our ancestors, we will truly fulfil our motto:



6 General C. Foulkes, CB, CBE, DSO, CD, Chairman, Chiefs of Staff. Messages Received on the Occasion of the 50th Anniversary, Royal Canadian Army Medical Corps. *Canadian Army Journal*, Vol VIII, No. 3, July 1954, pp 136-137

**ORDER OF PRECEDENCE
MEDICAL BRANCH MARCH**

CFAO 32-3 Band Marches and Calls lists the official marches of the Branches and formations of the Canadian Forces. CFAO 61-1 Precedence, details the usual order in which they should be played. There may be extenuating circumstances in which the order may be altered slightly, but Branch marches are usually played in the following order of precedence:

1. Naval Operations
2. Armour
3. Artillery
4. Military Engineering
5. Communications and Electronics
6. Infantry
7. Air Operations
8. Logistics
- 9. Medical**
10. Dental
11. Electrical and Mechanical Engineering
12. Chaplain
13. Security
14. Legal
15. Administration
16. Band
17. Personnel Selection
18. Training and Development
19. Physical Education and Recreation
20. Public Affairs
21. Intelligence
22. Postal

Canadian Forces Medical Branch March

Arr. B. Gossip

HER MAJESTY THE QUEEN MOTHER'S MUSIC

An Eriskay Love Lilt

Gradh Geal mo chridh

English Adaptation by
Marjory Kennedy-Fraser

With tender passion



An Eriskay Love Lilt

Gradh Geal mo chridh

MUSIQUE DE SA MAJESTÉ LA REINE MÈRE

Traditions de la Branche médicale

Annexe C