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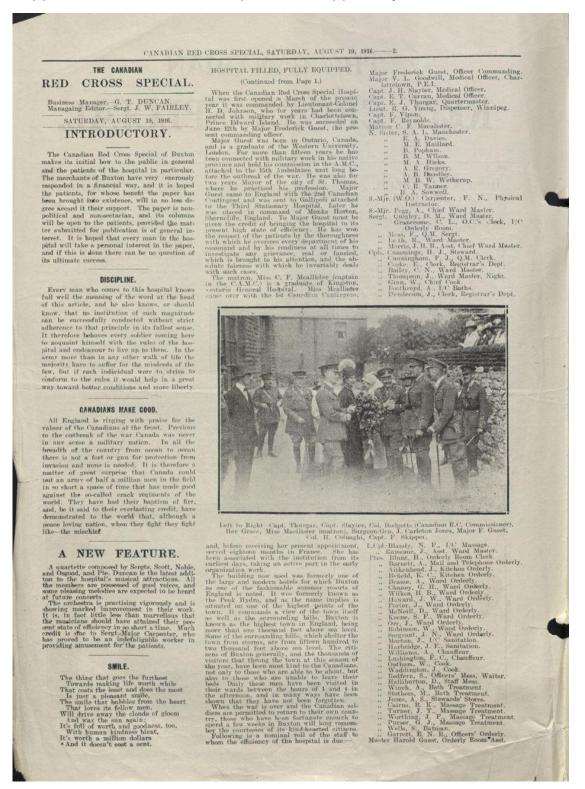
- 1) 1918 biographical note of Guy Carleton Jones by Col. George Adami
- 2) Red Cross newspaper 1916 (downloaded from http://www.canadiana.ca/)
- 3) Cover and two pages of Bruce Report 1916 (downloaded from http://www.canadiana.ca/)
- 1) Excerpt from War Story of the Canadian Army Medical Corps by George Adami published in 1918 https://tspace.library.utoronto.ca/handle/1807/17649

Colonel (now Surgeon-General) Guy Carleton Jones, C.M.G., is a Nova Scotian, born in 1864, the son of the late Hon. A. G. Jones; well known as a Lieutenant-Governor of that Province, who for years had been a bitter political opponent of the late Sir Charles Tupper. Educated at Edinburgh and at a well-known Canadian school, the Galt Collegiate Institute, he obtained his medical training at King's College, London, and at Halifax, graduating M.R.C.S.Eng. In 1887 and M.D., C.M. Halifax Medical College, 1890. He entered the Volunteer Medical Service as Surgeon-Lieutenant to the 1st Regiment, Canadian Artillery in 1896, and transferring to the Halifax Bearer Company in 1898, received his majority in 1899. He served in South Africa as second in command of the 10th Canadian Field Hospital 1900-2, receiving the Queen's Medal with two clasps; was appointed Lieutenant-Colonel P.A.M.C. In 1905; D.G.M.S. December, 1906, occupying this post until September, 1914, when he became A.D.M.S. First Canadian Contingent, a title altered to D.M.S. Canadian Expeditionary Force, December, 1914. In 1917 he was appointed Medical Inspector, Canadian Expeditionary Force. He is now D.M.S. In charge of Hospitals in Canada.

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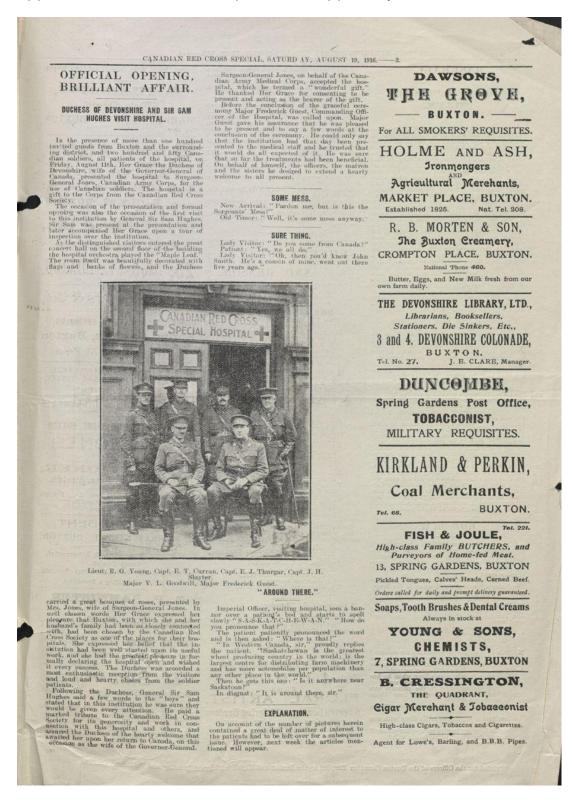
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REPORT

on the

CANADIAN ARMY MEDICAL SERVICE

by

Colonel Herbert A. Bruce,

Special Inspector General, Medical Services,

Canadian Expeditionary Force.

Dated London, England, September 20th, 1916.

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THE CANADIAN MEDICAL SERVICE IS OPEN TO CRITICISM UNDER THE FOLLOWING HEADS.

- Many soldiers are arriving in England from Canada medically unfit, who should never have been enlisted.
- The system of disposing of casualties from the front to Imperial Hospitals in England, Wales, Scotland, and Ireland is extremely unsatisfactory.
- The present method of having Canadian hospitals scattered over such a large area is very objectionable.
- 4. There is unnecessary detention in hospitals. There has been no medical inspection by the Candian Medical Service of Canadian soldiers in Imperial hospitals, and there has been no efficient medical inspection of Canadian hospitals, in consequence of which Canadian soldiers are retained in hospitals in Great Britain, many of whom should have been returned to duty, and others should have been returned to Canada, where they could have been more economically and efficiently treated. The lack of system permits of the aimless moving of patients from hospital to hospital.
- The use by the Canadian Service of Voluntary Aid Hospitals is very undesirable, as they are inefficient, expensive, and unsatisfactory.
- The administration of the group of 57 Voluntary Aid Hospitals under Shorncliffe Military Hospital by the Canadian Medical Service is unsatisfactory and expensive.
- The present method of operating, jointly with the Red Cross, certain hospitals built and equipped by them is unsatisfactory. Such dual control is undesirable.
- Impropriety of detailing Canadian Army Medical Corps personnel to Imperial Hospitals and still retaining them on Canadian pay roll.
- Unsatisfactory situation at Shorncliffe owing to our Canadian A.D.M.S. acting in a similar capacity over a large area for the Imperial Authorities.
- No attempt has been made to restrict surgical operations which produce no increased military efficiency.
- The installation of an expensive plant at Ramsgate was inadvisable, as a large number of the cases treated there should be sent to Canada for treatment.

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- 12. The establishment at Buxton of a special hospital for the treatment of rheumatics was ill-advised, as the majority of rheumatics will not be fit again for active service, and could be better and more cheaply treated in Canada.
- The present system of handling Canadian venereal patients is very strongly condemned.
- 14. The method of handling infectious diseases is most unsatisfactory.
- Medical Boards which regulate the classification of casualties when convalescent have not been adequately provided for.
- Satisfactory records regarding individual casualties are not available.
- 17. The exceedingly important question of pensions, which will involve the expenditure of large sums of money by Canada annually, has been neglected by the Canadian Medical Service.
- Lack of co-ordination in the Canadian Medical Service between Canada, England, and the front.
 - 19. The medical personnel is not being used to the best advantage.
- The policy of the Department has been opposed to the use of experienced medical and surgical consulting specialists.
- 21. Discontent concerning promotions, especially in regard to Regimental Medical Officers serving at the front.
- 22. The Canadian Army Medical Corps Training School in England has never been properly organised, although of the greatest importance to the Canadian Medical Service.
- 23. In the operation of the Medical Service sufficient regard has not been paid to economy in management.