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Summary

The rapid expansion of military medical service in the First World War, successfully completed under the direction of Surgeon General Guy Carleton Jones, remains an extraordinary achievement in Canada's history. In 1916, a conflict of personalities threatened confidence in the service. Eventually Prime Minister Sir Robert Borden's intervention restored the status quo, but the affair eclipsed Jones's outstanding career.

Two years into the First World War, Canadians were shocked to read in the newspapers that their brave injured soldiers were languishing in unsuitable British hospitals, having received substandard medical care.[1] The journalists were reporting on a speech given by the Minister of Militia and Defence, Sir Samuel Hughes, to businessmen in Toronto in which Hughes leaked Toronto surgeon Herbert Bruce's report on the Canadian Army Medical Service. Bruce completed his investigation over six weeks in August and September 1916, reporting immediately to a Hughes-appointed committee, the Acting Overseas Sub-Militia Council. During this period, Bruce visited hospitals in England, often in the company of Hughes and the Surgeon General. Hughes recalled Surgeon General Guy Carleton Jones to Canada and appointed Bruce, who had minimal military experience, to direct military medical services overseas.

Bruce identified 23 deficiencies in a report that combined generalities with petty details (Appendix 1, available at canjsurg.ca/003818-a1).[1,2] Some of the problems, such as inadequate transport back to Canada were not the responsibility of the medical service. Others were comical, such as the recruitment of a 72-year-old man who had to be returned home. The inspector was most concerned that Canadian medical services were not aligned with Canadian combat elements either at the front or in Britain. Convalescent hospitals run by the Voluntary Aid Detachment were discredited. Particular ire was reserved for the Canadian Red Cross Hospital, which had been set up on the Cliveden estate of the Astor family, where a noncommissioned officer was accused of bribery and a scheme to sell donated socks was uncovered.[3] No credit was given for the coordinated medical training of a huge number of volunteers, for the successful vaccination program and exemplary infection control or, most importantly, for the extraordinary acute care given by the service under enemy fire.

The origin of the dispute was the dissatisfaction of the Minister with the Surgeon General because Canadian medical resources were not reserved for Canadians but placed at the disposal of the War Office. Hughes believed the war provided Canada with an opportunity to develop its independence, and he regarded Jones's action as subservience to Britain. Matters likely came to a head when the dispute reached the newspapers and Jones told *The Globe* in April 1916 that it was impractical to separate Canadians from other injured Imperial troops.[4] At the same time Bruce, who was a prominent member of the Conservative Party, was

petitioning Hughes for a prominent position in the war effort. He was aware of complaints from colleagues with the University of Toronto–staffed No. 4 Canadian General Hospital who felt sidelined from the war because they were deployed with Imperial, but not Canadian, forces in Salonika.[5] Hughes saw an opportunity to solve both problems when he appointed Bruce as a special inspector with the rank of colonel. He arranged for Bruce to report to a committee in order to distance himself from the plan to remove the Surgeon General.

Bruce's use of anecdotes to support the minister's position undid the scheme. While the Surgeon General could not defend himself, others who felt aggrieved certainly did. Bruce accused Lieutenant-Colonel Donald Armour, a Canadian who became a pioneering neurosurgeon in England, of carrying out inappropriate surgery. When it later transpired that the information was incorrect, Bruce was forced to issue a public apology. Armour used the opportunity to declare total faith in Jones's leadership.[6] Sir William Osler, the head physician at the hospital in Cliveden, was personally insulted by Bruce during the investigation and felt deep concern for his friends at the hospital. In particular, he believed the matron, Edith Campbell, the granddaughter of his teacher at McGill, and the administrator, Colonel Charles Gorrell, were unjustly criticized.[2] The situation worsened when Gorrell committed suicide.[7] Osler was forced to cancel a planned dinner for Canadian medical officers at which Jones was to be the guest of honour to recognize two years of deployment.[2] His correspondence on the matter emphasized the failure to sufficiently consult with, or give due credence to, people who actually knew something about military medical support.[3] Perhaps Bruce's most formidable enemy was Lady Julia Drummond, who undertook a scathing letter campaign against the report in the *Times of London*.[8] When Osler was rebuffed by Bruce and Hughes, he appealed directly to Prime Minister Borden, to whom he had easy access, resigning in protest from the Canadian Army Medical Corps.[2] Borden had many other reasons to remove Hughes, whom he now recalled to Canada, and made Sir George Perley Minister of the new Department for Overseas Military Forces. Perley immediately asked Lieutenant-General Sir William Baptie, VC, to investigate. Baptie found Bruce to be overwhelmed by his task as Director of Medical Services. At his recommendation, the Bruce report was repudiated and Jones was restored to his position.

Presentation of the Red Cross Special Hospital in Buxton to Canada (Aug. 11, 1916). From left: Maj-Gen Guy Carleton Jones, Matron C. MacAllister (Kingston Ontario), Maj-Gen Sam Hughes, Evelyn Cavendish (Duchess of Devonshire), Maj Frederick Guest (St. Thomas, Ont., Commanding Officer). The bouquet of roses had been presented to Her Grace by Mrs. Jones. Herbert Bruce, who was present during this visit, reported that care in the hospital as inadequate (Appendix 1). Library and Archives Canada MIKAN no. 3405107.

The Canadian Army Medical Corps affair, as it was called at the time, was a self-inflicted wound arising out of a naive understanding of multinational medical efforts in allied warfare. Whereas Hughes felt that sharing medical resources represented subservience to Britain, military medical professionals (then and now) know that cooperation and interoperability are essential to successful medical support of an allied force. Osler remained disenchanted, forbidding mention of the Canadian Army Medical Corps at home.[2] Edith Campbell did not regain her position as matron. Gorrell was never vindicated. Modern historians often conclude that the Bruce report resulted in worthwhile reform, even if its vindictiveness was unwarranted, without detailing the actual reforms. Contemporaries felt the grandly titled Acting Overseas Sub-Militia Council was a group of businessmen who were "infallibly wise in giving decisions upon subjects of which they knew nothing."[3] We believe their uncritical approval of an amateurish report and its reckless recommendations is what ultimately harmed the Canadian Expeditionary Force, Hughes and the government. Our analysis does not substantiate any useful outcome of the investigation or the report. The affair demoralized and threatened medical services at a critical period of the campaign. Fortunately, medical services providing acute care to an unprecedented number of casualties at the Battle of the Somme considered the Bruce investigation a form of madness at home that matched the madness of the battlefield, for which there was no option but to carry on.

Jones's restoration was for appearances only, as he was recalled to Canada in early 1917 to become Inspector of Hospitals. His career to that point had been outstanding. He had combined medical education at the Halifax Medical College with training in London, England, to become a member of the Royal College of Surgeons. Upon his return to Canada, he combined his career in

the militia with a job as quarantine officer. He served as the second in command of Canada's field hospital in the Second Boer War. He took over command of Canada's nascent medical corps in 1906. He immediately set about organizing centralized training for a tiny cadre of regimental medical officers. Jones's strategies to diminish the risk of communal infection irritated commanders in Petawawa but received respect once their effect became obvious. These strategies became essential in the First World War. Jones oversaw an unprecedented escalation in medical service once war was declared. His collegial leadership was highly valued by the Imperial command during the war. After his recall, he used his experience of infection control to play a decisive role in Canada's response to the 1918 influenza pandemic.[9] Jones retired in 1920 and left Canada. His last adventure occurred when he was detained by enemy forces in 1941 in Italy, where he had retired with his second wife.[10] A lasting casualty of the ill-conceived, poorly executed Bruce report was the eclipse of Guy Carleton Jones's remarkable career.

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