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**Unwanted Warriors:
The Rejected Volunteers of the Canadian Expeditionary Force**

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Unwanted Warriors:

The Rejected Volunteers of the Canadian Expeditionary Force

By
Nicholas (Nic) J. Clarke

Thesis submitted to Faculty of Graduate and Postdoctoral Studies in partial fulfillment of
the requirements for Ph.D. degree in History

University of Ottawa

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Abstract

Unwanted Warriors: The Rejected Volunteers of the Canadian Expeditionary Force

Author: Nicholas (Nic) J. Clarke

Supervisor: Chad Gaffield

2009

This study examines men who volunteered for active service during the Great War but were rejected as “unfit.” In doing so, it explores the following issues: (1) the mechanisms by which the Canadian military adjudged an individual unfit to serve; (2) the difficulties faced by medical authorities when attempting to adjudge an individual’s suitability for service; (3) how the military’s construction of what characterised (un)fitness for service evolved during the Great War and what caused this evolution; (4) the clashing concepts of military fitness held by the Canadian military authorities, Canadian medical professionals, and lay people; (5) the implications of being labelled unfit for rejected volunteers and how these men reacted to being so labelled; and (6) how some individuals used claims of medical unfitness as a means to resist enlistment pressures or counter family members’ attempts to enlist.

This exploration highlights a group of individuals who have been overlooked in Canada’s Great War historiography: rejected volunteers. It offers a new vantage point from which Great War historians might survey and reconceptualise a number of ongoing areas of research which include, but are not limited to, recruiting; manpower mobilisation; the growth of the post-war veterans’ rights movement; civil-military and periphery-centre relations; agency and resistance; and how the war impacted on, and was understood by, Canada’s civilian population. Furthermore, it examines the factors

that informed early-twentieth-century Canadians' perceptions of disability, and, more broadly, what constituted disability.

This study is founded on a research infrastructure of three interrelated databases. These databases contain information drawn from the attestation papers, service files, and, in some cases, personal correspondence, of 3,400 rejected volunteers. 3,050 of these men were rejected at Valcartier Camp in August-September, 1914, and represent 60 per cent of the total number of men – 5,081 – rejected at Valcartier during the formation of the First Contingent of the Canadian Expeditionary Force. The remaining 350 individuals were discharged as medically unfit to serve in England in 1916. The information contained in these databases enabled the description of physical and social characteristics of these men, as well as a close analyse of their reasons for rejection. In addition, they also allowed the tracing of multiple enlistment attempts; the examination of individual medical examiners' views regarding certain impairments; and the creation of personal histories – some extending well beyond 1918 – for a number of these individuals.

In memory of those who went and those who would have gone if they had been
permitted

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It is oft-quoted wisdom that writing a dissertation is one of the loneliest tasks a person can experience. I cannot agree. In the last five years I have been blest with an incredible amount of support from family, friends, colleagues, and, indeed, strangers. It is no exaggeration to say that without this support this dissertation would never have been completed.

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My first thanks goes to my supervisor, Professor Chad Gaffield. Chad's enthusiasm for my topic was palpable and his insights invaluable. As well as being my supervisor, Chad also invited me to become a member of the Canadian Century Research Infrastructure (CCRI), a pan-Canadian, multi-disciplinary, and multi-institutional effort to develop a set of interrelated databases centred on data drawn from Canada's 1911, 1921, 1931, 1941, and 1951 census. During my time at the CCRI I was fortunate to meet and work with a numbering of leading scholars. I also developed many new academic and project management skills.

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started, let alone finished. Born during my Ph.D. studies, Nyah has taught me that there are times when work should take second place to play, and that there is much more to life than academia. I am a much better person for learning these important life lessons.

Although all of the individuals mentioned above made significant contributions to this study, any remaining errors or admissions are mine alone.

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Acronyms and Abbreviations

AAG	Assistant Adjutant General
A/DDMS	Assistant Deputy Director Medical Services
ADMS	Assistant Director Medical Services
AG	Adjutant General
AP	Attestation Paper
Brig. Gen.	Brigadier General
CADC	Canadian Army Dental Corps
CAMC	Canadian Army Medical Corps
Capt.	Captain
CASC	Canadian Army Service Corps
CEF	Canadian Expeditionary Force
CMCB	<i>Classification of Men by Categories in the British Isles</i>
CMCC	<i>Classification of Men by Categories in Canada</i>
Col.	Colonel
COMF	Canadian Overseas Military Forces
DDMS	Deputy Director Medical Services
EMO	Embarkation Medical Officer
GOC	General Officer Commanding
HRVCA	Honourably Rejected Volunteers of Canada Association
i/c	In charge
IPER	<i>Instructions for the Physical Examination of Recruits</i>
KR&O	King's Regulations and Orders
KR&OCM	King's Regulations and Orders for the Canadian Militia
KU	Khaki University
Lt.	Lieutenant
Lt. Col.	Lieutenant Colonel
MD	Military District
Maj. Gen.	Major General
MO	Medical Officer
OC	Officer Commanding
PPCLI	Princess Patricia's Canadian Light Infantry
	<i>Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force, 1917</i>
PS17	<i>Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force, 1918</i>
PS18	
RAMC	Royal Army Medical Corps
RFC	Royal Flying Corps
RNWMP	Royal North West Mounted Police
V.C.	Victoria Cross

Introduction:

“You will not be going to this war.”

MICHAEL DUNNE
Name?

DAVID MANN
David Mann.

DUNNE
What's your marital status,
David?

MANN
Single.

DUNNE
And you're of legal age?

MANN
Look, I applied before.

DUNNE
Yeah, I see that and
according to this file you
were rejected because you
have asthma. Do you now
have medical clearance on
that asthma?
...[Mann angrily indicates he
does not, and stresses his
patriotism]...
As long as I'm sitting at this
desk you will not be going to
this war. Next.

*Passchendaele*¹

Just like the fictional David Mann, many Canadian men who volunteered for service during the Great War were turned away from recruiting stations for medical reasons. Between the start of the war in 1914 and commencement of conscription in 1918, tens of thousands of men who volunteered for service in the Canadian Expeditionary Force (CEF) suffered this fate. In August and September 1914, 5,081 men were culled from the ranks of the First Contingent of the CEF as it formed at the

¹ *Passchendaele* (Writ. and Dir. Paul Gross, Prod. Paul Gross et. al. Whizbang Films, 2008). I am thankful to Mr. Gross and Whizbang Films for generously providing me with a copy of *Passchendaele*'s script.

Valcartier mobilisation camp. According to Canada's official Great War historian, Colonel (Col.) A. Fortescue Duguid, 2,164 of these men were rejected on medical grounds.² In early 1917, a Department of Militia and Defence report estimated that in 1916 (the first full year of reliable information), over 50,000 men – almost 25 per cent of those who had volunteered in that year – had been deemed unfit to serve.³

While many men were rejected for obvious reasons such as missing limbs, others were declared unfit due to impairments that were not noticeable, or not recognised as disabling by the vast majority of Canadians. As a result, many rejected volunteers were subjected to accusations of cowardice and acts of ostracism from people who felt these men were shirking their responsibilities. Likewise, as the war continued, the military

² Although Duguid states 2,164 men were rejected on medical grounds, the actual number was higher. The author's examination of 3,050 of the 5,081 men rejected at Valcartier found 2,534 individuals whose rejection for service could be directly attributed to them being deemed medically unfit. It is unclear why Duguid's count is low, although it is possible that when faced with an individual that was struck off strength (discharged) on both medical and non-medical grounds Duguid favoured the non-medical explanation. It is more likely, however, that the many men rejected on medical grounds rest in the second largest group – 1,530 individuals – identified by Duguid: "reason not stated." A. Fortescue Duguid, *Official History of the Canadian Forces in the Great War, 1914-1919*, Vol.1 (Ottawa: King's Printer, 1938), p.57.

³ This estimate was rough at best. Rejection-rate data provided by Military District (MD) 13 (Alberta) to the Department of Militia and Defence was so fragmented that it was not included in the department's final calculations. Likewise, other MDs stated that they were unable to provide information regarding men rejected by civilian practitioners conducting examinations outside of the military's purview. Moreover, the framers of the report were also careful to point out that the statistics only related to men who had failed the medical examination, and not to those individuals who had been had been turned away by recruiting sergeants before they even crossed the threshold of a recruiting station's door. No records were generally kept with regard to such rejections. On the opposite side of the ledger it should also be noted that the report did not take into account the possibility of multiple enlistment attempts. Contemporary attempts to calculate rejection rates are also hindered by the fact that statistics relating to men discharged (as opposed to rejected outright) as medically unfit do not differentiate between those deemed unfit based on pre-war impairments and those who developed disqualifying impairments while on service. Department of Militia and Defence memorandums, February 26, 1917; and April 27, 1917, Library and Archives Canada [Hereafter LAC], RG 24, Vol. 6600, File HQ 1982-1-83 "Number of Recruits Rejected as Medically Unfit." With regard to multiple enlistment attempts see Hon. A.E. Kemp, April 14, 1916, *Debates of the House of Commons of the Dominion Canada, 6th Session, 12th Parliament*, Vol. 3 (Ottawa: King's Printer, 1916), pp.2879-2880. For a break down of Canada's MDs see Appendix 5: "Canadian Military Districts."

authorities increasingly came under attack from civilians who could not understand why the military was turning away ‘healthy’ men.

This study examines men who volunteered for active service during the Great War but were rejected as “unfit.” In doing so, it explores the following issues: (1) the mechanisms by which the Canadian military adjudged an individual unfit to serve; (2) the difficulties faced by medical authorities when attempting to adjudge an individual’s suitability for service; (3) how the military’s construction of what characterised (un)fitness for service evolved during the Great War and what caused this evolution; (4) the clashing concepts of military fitness held by the Canadian military authorities, Canadian medical professionals, and lay people; (5) the implications of being labelled unfit for rejected volunteers and how these men reacted to being so labelled; and (6) how some individuals used claims of medical unfitness as a means to resist enlistment pressures or counter family members’ attempts to enlist.

This kind of exploration is of importance because it highlights individuals – rejected volunteers – who have “escaped the attention of historians” and the wider public.⁴ The fact that rejected volunteers have been overlooked is unsurprising. These men’s experiences have been overshadowed by other facets of Canada’s experience of the Great War, which, at first glance at least, offer a much wider window through which to examine the ways in which the Great War impacted on Canada. Such topics have included Canadians’ experiences in the trenches; Anglophone-Francophone relations and the 1917 conscription crisis; the Great War’s role in the “birth” of the Canadian nation; how the Dominion understood and reacted to the massive casualties it suffered;

⁴ Ian Miller, *Our Glory and Our Grief: Torontonians and the Great War* (Toronto: University of Toronto Press, 2002), p.79.

and, the difficulties faced by veterans when attempting to reintegrate into postwar civilian society.⁵ The scant attention the experiences of men deemed “unfit” for service have received is unfortunate. This is because the study of rejected volunteers offers a new vantage point from which historians might survey and re-conceptualise a number of areas or facets of the Canadian experience of the Great War including, but not limited to, recruiting, manpower mobilisation, the growth of the postwar veterans’ rights movement, civil-military and periphery-centre relations, agency and resistance, and how the war impacted on, and was understood by, Canada’s civilian population.

A prime example of this, demonstrated in this dissertation, is the conflict between civilians and military authorities over what made an individual fit to fight. The attacks launched by civilian commentators on military recruiting standards not only highlight the differing concepts of military fitness held by these two groups, but also the oft-strained state of civil-military relations in Canada during the Great War. Moreover, the difficulties faced by the military authorities in ensuring recruits from rural areas received medical examinations is demonstrative of the challenges faced by the Canadian authorities when raising units outside of Canada’s cities.

Moreover, the study of rejected volunteers contributes to our understanding of early-twentieth-century Canadians’ constructions of the concept of disability and their perceptions and treatment of the disabled. This study adds to the ongoing debate regarding what constitutes disability.⁶ This dissertation contends that disability is not

⁵ For a discussion of some of these works see Chapter One: “Placing Canada’s Rejected Volunteers within the Great War.”

⁶ Guy Dewsbury et al., “The anti-social model of disability,” *Disability & Society*, Vol. 19, No. 2, 2004, pp.145-158; Carol Thomas, “How is Disability Understood? An Examination of Sociological Approaches,” *Disability & Society*, Vol. 19, No. 6, 2004, pp.569-583; B.J. Gleeson, “Disability Studies: a historical materialist view,” *Disability & Society*, Vol. 12, No. 2, 1997, pp.179-202.

defined by a functional or structural abnormality at the body level (such as paraplegia, blindness, or intellectual limitation). Instead, it is an experiential and definitional category that is constructed through a complex and constantly shifting interplay between such material characteristics (impairments) and the social reactions to, and understandings of, those characteristics. As a result, disability is not a fixed category but a construct that evolves, at times rapidly, in concert with a society's or a social group's changing values and circumstances. Far from being a hegemonic construct, concepts of disability and perceptions of those deemed disabled can vary across groups within a society, reflecting their differing material realities and value systems. On occasion, these differing perceptions of what constitutes disability can lead to clashes between different groups within a society.

The fluid nature of the concept of disability is clearly evinced when one examines Canada's rejected Great War volunteers. Many men deemed unfit/disabled by the military were not considered to be so by civilian society. In addition, the military authorities' constant re-evaluation of their minimum medical requirements for military service as the Great War continued and the CEF's manpower crisis grew, as well as the formulation of gradated levels of fitness, indicates how perceptions of (dis)ability can alter as circumstances change.

This dissertation's exploration of these issues is divided into three parts. Section One discusses both the historiographical foundations on which this study is built and the study's central sources: the records of over 3,000 men rejected at Valcartier mobilisation camp in August-September 1914, and a smaller sample of 350 men discharged as unfit in England in 1916.

Section Two explores the interrelated factors that led to an individual being deemed fit or unfit to serve, and how these factors evolved over the period of the conflict. The first chapter in this section examines the military medical examination and its transformation during the time of the Great War. It not only explores the mechanics of the military medical examination but also the general characteristics that the Canadian military authorities believed made an individual fit to shoulder a rifle. Furthermore, it highlights the dual nature of the medical examination as an empirical and interpretative system of categorisation.

The second chapter studies how recruiting requirements changed as the war continued. Pressed by ever increasing manpower requirements, and an ever decreasing pool of recruits, the military authorities not only lowered the minimum physical standards required for service but also recognised the need to ‘repair’ some recruits in order to make them fit for the trenches. Furthermore, in an effort to ensure that it was using its manpower resources as efficiently as possible, the military increasingly came to acknowledge graded levels of ability. As result, to be deemed unfit for the trenches did not mean one was necessarily deemed unfit for military service.

The third chapter in the section outlines the myriad of problems that plagued military medical examinations, and how these problems were countered by the military authorities. The chapter demonstrates that attempts to adjudge men’s fitness for service early in the conflict were hindered not only by the inexperience of medical examiners but also by a number of different parties who, for a number of different reasons, attempted to undermine the medical examination.

Many individuals attempted to undermine the medical examination because they disagreed with the military authorities' definition of military fitness. These conflicting views of military fitness are explored in the fourth, and final chapter, of this section. Perceptions of health held by medical professionals and civilians sometimes collided violently with military regulations as they intersected in the bodies of CEF recruits. As the chapter indicates, civilians were often shocked by the military's rejection of men due to what they believed to be minor impairments. Moreover, it demonstrates that civilian pressures could influence military thinking with regard to constructions of military fitness.

Section Three focuses on rejected volunteers. The section's first chapter describes the men rejected at Valcartier during the formation of the First Contingent. It demonstrates that many of those rejected were not visibly different from those accepted for service. As a result, rejected men were often subjected to accusations of shirking their duty by members of the public who did not believe that the rejected men they encountered were unfit to serve.

The second chapter in this section builds on the observations of the preceding chapter by exploring how rejection impacted on men declared unfit to serve. The ramifications of rejection could, and often did, affect men well after the war ended. The chapter also explores how rejected volunteers reacted to these ramifications. It highlights their attempts to develop an identity as hindered heroes, who were deserving of only slightly less respect and honours than those given to actual veterans.

While rejection could be devastating for some men, the final chapter indicates that some men and their families actively used claims of disability to either avoid

service or stop their loved ones from serving. The use of claims of disability in this manner began almost immediately after war was declared in August 1914. This reality, the chapter observes, suggests that despite the negative undertones attached to the concept of unfitness and disability in early-twentieth-century Canada, some Canadians perceived advantages in being labelled as disabled. In some situations, claiming to be disabled could be an empowering act.

SECTION I: PLACING CANADA'S REJECTED VOLUNTEERS WITHIN THE GREAT WAR

CHAPTER ONE

Placing Canada's Rejected Volunteers Within The Great War

Over the last thirty years, historians of the Great War have increasingly turned away from the halls of power and blood-soaked frontline trenches to the streets, alleys, and hearths of the home front in a concerted effort to discover how the societies of the belligerent nations were transformed by their experience of the war. This repositioning to the home front has presented the academy with a veritable cornucopia of new topics. Historians have examined the war's impact on the women's suffrage movement, concepts of citizenship and gender roles, civilian health, ethnic minorities, perceptions of disability, the environment, and the way in which the war was – and continues to be – understood and remembered.

The scholars who have remained at the firing step have also recalibrated their sights. Increasingly, researchers have included – if not focussed on – the experiences and perceptions of the common soldier in their explorations of the bloody-mire that was the Western Front. As a result, historians have not only gained a new vantage point from which to survey the battlefield – the soldier's eye view – but have also gained insight into both day-to-day life in the trenches and the ways in which the common infantryman or gunner understood and experienced the conflict in which he was embroiled. In the Canadian context, the most obvious recent example of this shift in battlefield focus is Tim Cook's two-volume study of Canadian soldiers in the Great War, but it is certainly not the only one.¹ Cook's earlier study of gas warfare, *No Place To Run: The Canadian Corps and Gas Warfare in the First World War*, focuses on how

¹ Tim Cook, *At the Sharp End: Canadians Fighting the Great War, 1914-1916*, Vol. 1. (Toronto: Viking, 2007), and *Shock Troops: Canadians Fighting the Great War, 1917-1918*, Vol. 2. (Toronto: Viking, 2008).

the use of chemical weapons in the Great War impacted on, and was perceived by, the average soldier.² Likewise, in *Surviving Trench Warfare: Technology and the Canadian Corps, 1914-1918*, Bill Rawling explores the relationship between soldiers and the technologies of industrialised warfare. In doing so, Rawling convincingly argues that the decisive factor on the battlefields of the Great War was not technology, but rather how soldiers adapted to, and employed it.³

Taken as a whole, this shift in Great War historiography has acted to humanise a conflict that was, and often still is, described and understood in mechanistic and dehumanising terms, and to democratise it.⁴ Soldiers, as well as the populations of combatant nations, are no longer portrayed as passive and hapless automatons buffeted by factors beyond their control, but instead as active participants who questioned and strove to control, often successfully, situations in which they found themselves.

This chapter situates Canada's rejected volunteers within the evolving historiography of the Great War. It does so by engaging with a number of works that have characterised the shifts in Great War historiography in the last thirty years. The chapter then indicates how an exploration of rejected volunteers builds on this historiography and closes by highlighting the sources used in this study to do so.

First published in 1985, Jay M. Winter's *The Great War and the British People*, was a landmark study.⁵ Influenced by both the work of labour and demographic

² Tim Cook, *No Place To Run: The Canadian Corps and Gas Warfare in the First World War* (Vancouver: UBC Press, 1999).

³ Bill Rawling, *Surviving Trench Warfare: Technology and the Canadian Corps, 1914-1918* (Toronto: University of Toronto Press, 1992).

⁴ See, for example, Michael Adas, *Machines as the Measure of Men* (Ithaca: Cornell University Press, 1989), pp.365-380.

⁵ J. M. Winter, *The Great War and the British People*, 2nd ed. (Basingstoke: Palgrave Macmillan, 2003).

historians, Winter employed statistical analysis to explore how the carnage of the Great War transformed British civil society. Not only does *The Great War and the British People* provide a compelling in-depth biography of Britain's "lost generation," but it also argues that the war improved both health and economic wellbeing for millions of Britons – and particularly those in the lower classes – who were fortunate enough to avoid donning the khaki.⁶ Winter argues that the experience of the conflict decreased the social and economic distance between Britain's social classes. "Four years of blood letting," Winter contends "created a bond of bereavement which transcended distinctions of class or caste."⁷ Moreover, while the majority of working class people experienced an increase in real incomes as a result of the war, many upper and middle class families suffered a marked decrease in their real income.

In making these observations, Winter demonstrates that there was an unequal distribution of war losses within the British population. Proportionally speaking, Britain's upper and middle classes suffered many more casualties than the lower classes. However, in noting that lower classes were "better off" than the middle and upper class with regard to casualty rates, Winter offers an important caveat that both indicates the dangers of using statistics without careful consideration and underlines the need to place

⁶ Winter's argument that the war years were a period of significant gains in civilian health, which is primarily based on his analysis of mortality statistics, has been challenged by Linda Bryder who argues that Winter fails to take into the account the possibility of chronic ill-health within Britain's population. Indeed, Bryder has gone as far as to state that "On Winter's evidence [in the *Great War and the British People*] it is simply not possible to believe his thesis that the First World War transformed Britain into a healthier place to live." Linda Bryder, "The First World War: Healthy or Hungry?" *History Workshop Journal*, No. 24, 1987, pp.141-157. For Winter's response to Bryder see J.M. Winter, "Public Health and the Political Economy of War, 1914-1918", *History Workshop Journal*, No. 26, 1988, pp.163-173. In a related study, J. L. Crammer has shown that asylum inpatients standard of living and life expectancy decreased during the period of the conflict. J. L. Crammer, "Extraordinary deaths of asylum inpatients during the 1914-18 War", *Medical History*, Vol. 36, No. 4, 1992, pp.430-441.

⁷ Winter, *Great War*, p.305. Winter further developed this point in his *Sites of Memory, Sites of Mourning: The Place of the Great War in European Cultural History*. J. M. Winter, *Sites of Memory, Sites of Mourning: The Place of the Great War in European Cultural History*, Cambridge: Cambridge University Press, 1995, pp.227-228.

the results of statistical analysis within the cultural dimensions of the society from which they are drawn when attempting to divine meaning from them. A proportional casualty rate by class not only hides the fact that the majority of British losses, like the majority of the British Army and the British nation, were working class, but also that individual British families did not understand war losses in proportional terms, but instead experienced them as personal family tragedies. The same observation can be made more generally – as Winter fleetingly demonstrates in his final chapter and later explored in much greater depth in his book *Sites of Memory, Sites of Mourning: The Place of the Great War in European Cultural History* – for the ways in which the British populace experienced, understood, reacted to, and later remembered, the Great war and the demographic and economic changes it wrought on their society. For example, Winter notes that while “[Britain] became a healthier place in which to live [as a result of the Great War]...[the] importance [of this phenomenon] for the long-term social history of the country, was bound to be eclipsed [in the minds of the British people] by the memory of the human cost of the conflict.”⁸

Winter contends that it is impossible to appreciate the impact of the demographic and economic transformations that British society underwent as a result of the Great War outside the cultural context of the time. Likewise, it is difficult to understand the *causes* of these transformations without knowledge of the cultural factors that contributed to them. The upper and middle classes suffered proportionally higher casualties than the lower classes for a number of factors: (1) until very late in the war, they were the social pool from which the British army drew its officer corps and officers had roughly double the casualty rate of enlisted men; (2) the upper and middle classes

⁸ Winter, *The Great War*, p. 305.

had proportionally higher rates of enlistment than the lower classes; and (3) lower class men tended to have – for both medical and social reasons – higher rates of rejection for service than men from the upper and middle classes.

Although the *Great War and the British People* is not without its critics, it has become a highly influential text for those historians interested in exploring how the war impacted on combatant countries. Winter's study was followed by a number of explorations of how the war affected both combatant and neutral societies. The range of topics within these explorations has been myriad and has included (re)constructions of citizenship and gender.⁹ Equally important is Winter's contention that the demographic and economic changes he traced needed to be viewed within their cultural and linguistic context in order to fully understand their impact, which signalled the rising influence of cultural history within Great War historiography during the 1980s and 1990s.

Historians became increasingly interested in the ways in which the war was experienced, understood, and remembered. Far from occurring in an intellectual vacuum, this shift of interest reflected wider trends within the discipline of History, and, indeed, academia in general, that focussed on the construction of cultural identities and the intersection between memory and experience.¹⁰ In fact, it would not be completely unfair to argue that, at least on some levels, historians' interest in the cultural aspects of

⁹Maureen Healy, *Vienna and the Fall of the Habsburg Empire: Total War and Everyday Life in World War I* (Cambridge: Cambridge University Press, 2004). Working in concert with Jean-Louis Robert, Winter has also further added to these studies with an exploration of the wartime experiences of Berlin, London and Paris. J. M. Winter and J. –L. Robert, eds., *Capital Cities at War: Paris, London and Berlin, 1914-1919* (Cambridge, Cambridge University Press, 1997); Maartje M. Abbenhuis, *The Art of Staying Neutral: The Netherlands in the First World War, 1914-1918* (Amsterdam: Amsterdam University Press, 2006); Nicoletta F. Gullace, *The Blood of Our Sons: Men, Women and the Renegotiation of British Citizenship During the Great War* (New York: Palgrave, 2002).

¹⁰ See, for example, Pierre Nora, ed., *Realms of Memory: Rethinking the French Past* (New York: Columbia University Press, 1996-1998); Robert Darnton, *The Great Cat Massacre and other episodes in French Cultural History* (New York: Random House, 1985).

the Great War was engendered by academics from outside the field of history who turned their gaze to the trenches.

Paul Fussell's study, *The Great War and Modern Memory*, is a prime example of the role outside influences played in this repositioning. Relying primarily on literary sources, Fussell argues that the Great War was a watershed event that dramatically changed western society's perception of war and its world view. In the space of four years and three months, western society lost its innocence and optimism and became a much darker and more cynical place. The effects of this change, Fussell contends, are still felt today.

Although influential, Fussell's work is not without its critics. Perhaps the strongest assault launched on the work was by the historians Robin Prior and Trevor Wilson in the 1994 article "Debate: Paul Fussell at War".¹¹ In what was later described as a "vituperative condemnation" of Fussell's work, Prior and Wilson strongly challenged Fussell's studies of both world wars.¹² *The Great War and Modern Memory* came under particular criticism with Prior and Wilson mercilessly highlighting numerous factual inaccuracies, selective use of source material, and Fussell's own very obvious ideological bias, particularly his contempt for British military commanders.¹³

Prior and Wilson's critiques of *The Great War and Modern Memory* are largely fair. In the twenty-fifth anniversary edition of the work, Fussell acknowledged that he had approached the archives already knowing what he was looking for: recollections that confirmed his own experiences and views of combat gained during the Second

¹¹ R. Prior and T. Wilson, "Debate: Paul Fussell at War," *War in History*, Vol. 1, No. 1, pp.63-80.

¹² L. V. Smith, "Paul Fussell's *The Great War and Modern Memory*: Twenty-five years later," *History and Theory*, Vol. 40, 2001, p.253.

¹³ Prior and Wilson, "Debate: Paul Fussell at War", p.64-65, 68-71

World War.¹⁴ Moreover, despite claiming to provide insight into how western society experienced, understood, and was transformed by the Great War, Fussell's sources were far from encompassing. The literary aesthetics of the sources he used were just as important to Fussell as the information they contained. Such requirements meant that Fussell shut himself off from a large canon of work – that of the inept author and the pedestrian poet – that may have provided him with a much more representative range of people's interpretations of, and reactions to, the war.¹⁵ More importantly, Fussell's contention that the lower classes shared (and, indeed, the less literary accomplished members of the educated classes), the same views and values of those authors he used to make his case ignores the very different, often pro-war, discourses that emanated both from the ranks and, indeed, from the streets of England.¹⁶

One is also forced to question Fussell's treatment of the audiences of the published sources as passive receptors of their authors' messages. British historian Jonathan Rose has convincingly argued in *The Intellectual Life of the British Working Class*, that scholars should be careful not to commit "receptive fallac[ies]" by attempting to discern the messages a text transmits to an audience by privileging the text over the audience.¹⁷ There is no greater proof of this point than Leonard V. Smith's reinterpretation of the (now) famous photograph of a young British soldier that adorns the cover of *The Great War and Modern Memory*. Rather than seeing, as Fussell did, a

¹⁴ Fussell; *The Great War*, p.341. For further discussion on this point see Smith, "Paul Fussell's," p.254.

¹⁵ Jonathan Vance, *Death So Noble: Memory, Meaning, and the First World War*, Vancouver: UBC Press, 1997, p.6.

¹⁶ Prior and Wilson, "Debate: Paul Fussell at War," p. 73; Winter, *Sites of Memory, Sites of Mourning*, p.224.

¹⁷ Jonathan Rose, *The Intellectual Life of the British Working Class* (New haven: Yale University Press, 2001), pp.4-6

boy “aware of being doomed to meaningless death,” Smith sees a tired soldier focussed on his task.¹⁸

Fussell’s contention that the war caused a break with past values has also been questioned by a number of historians, including Winter. Winter’s *Sites of Memory, Sites of Mourning* is in many ways a direct challenge to Fussell’s contention that the war caused western societies to split with their traditions and world views. Winter’s fundamental argument is that rather than causing a break with traditional values, the Great War actually reinforced them.¹⁹ Likewise, one of the many arguments Niall Ferguson posits in his *The Pity of War: Explaining World War I* is that the Great War – which he contends was not an inevitable conflict but the result of mistaken decisions and assumptions made by British politicians – actually hindered the evolution of European society, particularly its move to economic and political union.²⁰

These types of criticisms do not undermine the important role that *The Great War and Modern Memory* played in leading historians to consider the influence of the war on combatants, how the war is remembered and experienced, and its role in the creation of contemporary society. In fact, the debate that surrounds the work indicates its importance to Great War historiography. Moreover, *The Great War and Modern Memory* opened floodgates for a number of other equally ambitious cultural histories that posited the Great War as the pivotal event in the birth of the modern world

¹⁸ Fussell, *The Great War*, p. 338; Smith, “Paul Fussell’s,” p.259.

¹⁹ It should be noted that Winter does not deny that traditional romantic notions took a battering in the 1914-1918 period, but rather that these notions remained strong enough (if they did not become stronger) to form a basis for mourning and to give justification and meaning to the conflict. Winter, *Sites of Memory, Sites of Mourning*, pp.4-5, 9-10.

²⁰ Niall Ferguson, *The Pity of War: Explaining World War I* (New York: Basic Books, 1999).

including, for example, Modris Eksteins's *Rites of Spring: The Great War and the Birth of the Modern Age*.²¹

Nonetheless, the memory of the Great War, as the criticisms of *The Great War and Modern Memory* suggest, remains highly contested, particularly with regard to its common popular depiction – seen as much on television and in the cinema as in print – as a futile and senseless waste of life in which millions of innocents were butchered by incompetent, even corrupt, commanders.²² In *The Unquiet Western Front: Britain's Role in Literature and History*, Brian Bond has strongly challenged this discourse. For Bond, the Great War was “for Britain, a necessary and successful war, and an outstanding achievement” that was widely supported by not only those at the sharp end of the conflict, but also the wider British public. Public criticism and disillusionment with the war, he continues, only developed in the late 1920s due to changing political circumstances in Europe and the influence of heavily biased accounts of the conflict written by individuals such as Winston Churchill, David Lloyd George, and Basil Liddell Hart who wished to protect their own reputations at the expense of others. These negative views, especially with regard to the victimhood of the rank and file and lower classes at the hands of the “red-tabbed butchers” (generals and the upper classes), were further entrenched in the 1960s.²³ Bond is not the only British historian to

²¹ Modris Eksteins, *Rites of Spring: The Great War and the Birth of the Modern Age* (Toronto: Key Porter, 1989).

²² Recent cinematic and television examples include *Passchendaele* (Writ. and Dir. Paul Gross, Prod. Paul Gross et. al., Whizbang Films, 2008); *Joyeux Noël-Merry Christmas* (Writ. And Dir. Christian Carion, Prod. Christophe Rossignon, Sony, 2005); *Un long dimanche de fiançailles* [Eng: *A very long engagement*] (Writ. Sébastien Japriost ((Novel)), Jean-Pierre Jeunet and Guillaume Laurant ((Screenplay)), Dir. Jean-Pierre Jeunet, Prod. Francis Boespflug et. al., Warner Independent, 2004); and the television series *Blackadder Goes Forth* (Writ. Richard Curtis, Rowan Atkinson, Ben Elton, Dir., Various, Prod. John Lloyd, BBC Television, 1989).

²³ Brian Bond, *The Unquiet Western Front: Britain's Role in Literature and History* (Cambridge: Cambridge University Press, 2002). In the Canadian context a similar argument has been presented by

question the “lions led by donkeys” depictions of the Great War. Gary Sheffield, for example, has also strongly argued that a significant revision of the depiction of Britain’s Great War is necessary.²⁴

Wider historiographical studies add weight to Bond’s emphasis on the importance of how the war has been remembered and re-remembered within its wider context. The most extensive discussion of the evolution of Great War historiography comes in the form of Jay Winter and Antonie Proust’s *The Great War in History: Debates and Controversies*.²⁵ According to Proust and Winter, Great War historiography has, with some exceptions, gone through three broadly defined configurations. The first configuration, based in the immediate postwar period, emphasized the nation and wrote history from the top down, focusing on the actions of generals and diplomats. The second configuration, coming after the Second World War, was based on how the tenets of social history reversed the perspective of Great War historiography by “substituting the point of view of soldiers and civilians for that of generals and diplomats.”²⁶ The third configuration, which emerged in the late 1980s with the rise of cultural history, has seen Great War historiography reoriented once more, primarily towards constructions of memory and identity. *The Great War in History* is an impressive piece of scholarship that has been positively received by Great War historians.²⁷ The reason for this is its multi-disciplinary, multi-national, and multi-

Ian Miller in his study of Torontonians’ experience of the war. Miller’s work is discussed in greater detail below.

²⁴ Gary Sheffield, *Forgotten Victory: The First World War Myths and Realities* (London: Headlin, 2001).

²⁵ Jay Winter and Antonie Proust, *The Great War in History: Debates and Controversies* (Cambridge: Cambridge University Press, 2005).

²⁶ Winter and Proust, *The Great War in History*, p.19.

²⁷ See, for example, the reviews of the work by Trevor Wilson and Kevin Mason. Trevor Wilson, untitled, *English Historical Review*, Vol. 491, 2006, pp.559-561; Kevin Mason, “Different Generations’

methodological approach, which offers a means of engaging with a historiography that, almost 100 years after the Great War, is so huge that it is impossible for any individual to be completely cognizant of it, even if a polyglot.²⁸

In the Canadian context, Tim Cook's *Clio Warriors: Canadian Historians and the Writing of the World Wars* also highlights the importance of reading historical texts with an eye on when and where they were written.²⁹ Cook provides compelling insight of how oft-ignored social and material factors – such as postwar politics, personal and national rivalries, personalities, archive creation, and the sheer size of the paper mountains generated by a country in wartime – influenced Canada's Great War historiography.

Clio's Warriors is only one of a number of recently published works that seek to explore and explain how Canadians understood and remembered their personal and their nation's experience of the Great War. In *Death So Noble: Memory, Meaning, and the First World War*, Jonathan Vance examines the ways in which, and the reasons for which, Canadians constructed "a mythic version of the events of 1914-1918" that was often quite different from the reality of the Canadian experience of the war, both on the home and battle front. Starting with the armistice of 1918, Vance argues that in the face of an overwhelming feeling of disillusionment with the reasons for which the Great War had been fought, and its result, Canadians constructed an artificial memory of purpose

perspectives of World War I," *H-Net Review*, <http://www.h-net.msu.edu/reviews/showrev.cgi?path=110901159481765>, (accessed October 4, 2006).

²⁸ Winter and Proust note that more than 50,000 titles relating to the war are listed in the Bibliothèque de documentation internationale contemporaine in Paris. Winter and Proust, *The Great War in History*, p.1.

²⁹ Tim Cook, *Clio's Warriors: Canadian Historians and the Writing of the World Wars* (Vancouver, UBC Press, 2006). Also see Timothy H.E. Travers, "Allies in Conflict: The British and Canadian Official Histories and the Real Story of Second Ypres", *Journal of Contemporary History*, Vol. 24, No.2, 1989, pp.301-325.

which enabled them to accept and even justify the terrible loss of life Canada had suffered.

Ian Miller has challenged Vance's contention in his *Our Glory and Our Grief: Torontonians and the Great War*. Miller argues that:

[Torontonians] already believed, based on their experience, that the war had been purposeful and necessary. They did not need to take refuge in myths; they took comfort in their shared memory of sacrifice. Historians have assumed that the futility of the war was replaced with an artificial, constructed memory of purpose. The opposite occurred. The experience of shared sacrifice and a duty well done was supplanted by a constructed memory of futility...[disillusionment was caused by]... the failure of the post-war world to realize the higher goals for which the war had been waged.³⁰

Although Miller is correct in raising the important point that public perceptions of the Great War as an act of futility may have been later constructions, his critique does not take away from the central importance of Vance's work. If anything, it adds to it. The importance of Vance's work lies in its exploration of the way Canadians reconstructed their understanding and memories of the Great War to fulfill contemporary needs and ideological viewpoints. In doing so, Vance not only forces the academy to reconsider the way the war has been, and continues to be, understood and portrayed in both an academic and public context, but also to confront issues which lay at the centre of the historical craft: the ways in which historical memory is constructed by individuals, societies, and historians.³¹ Therefore, by arguing that "the experience of shared sacrifice and a duty well done was supplanted by a constructed memory of futility," as a result of "the failure of the post-war world to realize the higher goals for which the war had been waged," Miller actually strengthens, rather than weakens, Vance's overall point.

³⁰ Miller, *Our Glory and Our Grief*, pp.199-200.

³¹ This topic has become an area of considerable interest for historians of the Great War and, indeed, for the profession generally. See, for example, John Muller, "Changing Attitudes towards War: The Impact of the First World War," *British Journal of Political Science*, Vol. 21, No. 1, 1991, pp.1-28; Jay Winter, *Sites of Memory, Sites of Mourning*. For more general works see Michel-Rolph Trouillot, *Silencing the Past: Power and the Production of History* (New York: Beacon Press, 1996).

As well as questioning the arguments Vance presented in *Death So Noble*, Miller also refutes Jeffery Keshen's argument, made in his *Propaganda and Censorship during Canada's Great War*,³² that Canada's war effort was founded on public ignorance of the realities of the conflict in which the Dominion was engaged. Miller argues that far from being blinded by propaganda, misinformation, censorship, and their distance from the battlefield, Torontonians knew "the details of the campaigns fought on the Western Front [and] understood the costs in men's lives."³³ Nonetheless, they remained dedicated to the war effort. While Keshen has strongly countered Miller's arguments in an article examining wartime Ottawa, Miller's argument is of importance because it not only forces one to question how the battlefield intersected with the home front in Canada, but also the portrayal of the Canadian public as passive receptors of information.³⁴

Robert Rutherford engages with both these questions in *Hometown Horizons: Local Responses to Canada's Great War*. Rutherford argues that the making of Canada's home front was profoundly local rather than national in character. Canadian communities did not passively experience the war through the information and ideas given to them by the Dominion authorities; instead, they constructed their views of the conflict and experienced it through a prism made up of locally situated media, events, values, and concerns. This not only meant that the Canadian experience of the Great War varied radically across the country, but also that the centre (the Dominion

³² Jeffery A. Keshen, *Propaganda and Censorship during Canada's Great War* (Edmonton: University of Alberta Press, 1996).

³³ Miller, p.199.

³⁴ Jeffery Keshen, "Words as Weapons: Ottawa Newspapers Fight the First World War," in Jeffery A. Keshen and Serge Marc Durflinger, eds., *War and Society in Post Confederation Canada* (Toronto: Thomson Nelson, 2007), pp.78-92.

government) was forced to continually redefine its portrayal of, and conduct towards, the conflict in light of expectations of the periphery (local communities).

Rutherford also contends that war discourses were inscribed by (and reinforced) pre-war social and cultural discourses of class, gender, and ethnicity. War propaganda, for example, stressed the traditional masculine role of defender of women and children while equally emphasizing the traditional portrayal of women as healers.³⁵ These discourses were further reinforced by the roles men and women chose to play in the home front war effort.

Rutherford's investigation of the way the war was experienced in different areas of Canada graphically indicates that due caution must be taken by historians when discussing national trends or experiences during wartime and peacetime. More importantly, by showing the ways in which gender, ethnicity, class, and geography intersected to create an individual's perception and experience of the Great War, Rutherford's work highlights the danger of using dichotomies (individual/society, local/national and periphery/centre) when considering patterns of social interaction.

Other works that have explored the Canadian home front experience of the war, both during and after hostilities, have chosen to focus on particular groups or issues rather than localities or national memories. In *Fight or Pay: Soldiers' Families in the Great War*, Desmond Morton highlights the massive sacrifices and heart-rending tragedies experienced by soldiers' families as they struggled to survive the loss (whether it be temporary or permanent) of husbands, fathers, brothers, and sons. In many ways *Fight or Pay* can be seen as a companion volume to Morton and Glenn Wright's

³⁵ For an excellent discussion of the use of gender discourse in Great War propaganda see Nicoletta F. Gullace, "Sexual Violence and Family Honor: British Propaganda and International Law during the First World War," *American Historical Review*, Vol. 102, No. 3 (1997), pp. 714-747.

Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930 which investigates the role veterans played in the development of the Canadian social welfare system.³⁶ Morton and Wright convincingly argue that the Dominion government's attempts to ensure returning veterans (both able and disabled) became productive members of Canadian society and the veterans own attempts and struggles for the recognition and support they believed they deserved hugely influenced the development of Canada's modern welfare state through the creation of a discourse of citizenship. This discourse was founded on the belief that citizens and the state existed in a relationship of mutual rights and obligations. The state had the right to call its citizens to service, even if that service potentially meant their death, and in return citizens had the right to claim support from the state in times of need.³⁷

Taken together or individually, *Fight or Pay* and *Winning the Second Battle* are not only significant for highlighting important facets of the Canadian experience of the Great War, but also because they indicate, as Vance has noted in relation to *Fight or Pay*, the broad implications that the Great War had for Canadian society in realms of gender discourses, class, state power, and race. In many cases, these implications are still relevant today. In examining the intrinsic role that the Great War had in the formation of Canada's social welfare system, both works also demonstrate how the Great War allowed the state to increasingly intervene in Canadians' private lives. Morton and Wright show that the Canadian Patriotic Fund and postwar military pensions allowed the Dominion government and its agents to impose white, middle-

³⁶ Desmond Morton and Glenn Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930* (Toronto: University of Toronto Press, 1987).

³⁷ Susan Pedersen has explored similar issues in relation to Great Britain. Susan Pedersen, "Gender, Welfare, and Citizenship in Britain During the Great War," *The American Historical Review*, Vol. 95, No.4, 1990, pp.983-1006.

class (and predominately Anglo-Protestant) value systems and discourses of gender, class, race, and citizenship on large tracts of Canadian society by refusing or revoking financial support from individuals and families who failed to meet moral and ideological standards set down by the government.

Fight or Pay and *Winning the Second Battle* also highlight the issue of disabled veterans. As one might expect given the huge number of (physically and mentally) maimed men that returned from the trenches,³⁸ the list of works examining this topic is impressive. However, supporting David A. Gerber's observation that "[d]isabled veterans are neglected figures in the histories of war and peace,"³⁹ Great War historians have tended, with some notable exceptions, to examine disabled veterans and their experience with regard to wider issues relating to the Great War, rather than with the aim of providing these individuals with a history of their own. More importantly, although engaging with disabled veterans and their interactions with society, few historians, initially at least, actually placed the question of disability and its surrounding discourses at the centre of their investigations. Robert Weldon Whalen's groundbreaking *Bitter Wounds: German Victims of the Great War, 1914-1939*, for example, uses the experiences of disabled veterans, war widows, and orphans as a means to further colour the social and political character of Germany during and after the Great War. Similarly, in *Winning the Second Battle* Morton and Wright subsume the experience of disabled veterans within the wider experience of Canadian veterans. Deborah Cohen's *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939*, explores citizen-state and veteran-civilian relations with the aim of

³⁸ Ferguson, *The Pity of War*, p.437; Cook, *Shock Troops*, pp.612-615.

³⁹ David A. Gerber "Introduction: Finding Disabled Veterans in History," in David A. Gerber, ed., *Disabled Veterans in History* (Ann Arbor: University of Michigan Press, 2000), p.1.

explaining why German veterans, who were provided with generous pensions and other benefits, increasingly came to be enemies of the Weimer Republic while British veterans, who received little compensation from the state, remained loyal citizens.⁴⁰

More broadly speaking, the disabled veterans make their most impersonalized appearances when they are wheeled out as statistics that demonstrate the horrific toll the conflict exacted on the populations of combatant nations.

Exceptions to this general rule do exist, and are becoming increasingly common. Seth Kovan's 1994 article, "Remembering Dismemberment: Crippled Children, Wound Soldiers, and the Great War in Great Britain", issued a clarion call for Great War historians to use disability as a central tool of analysis.⁴¹ His call did not go unheeded. Joanna Burke's *Dismembering the Male: Men's Bodies, Britain and the Great War* engaged with the question of disability as part of her exploration of the Great War's impact on British concepts of masculinity and the perception of the disabled in postwar British society.⁴² Outside of the sphere of the British experience of the war, Heather R. Perry's doctoral dissertation, "Recycling the Disabled: Army, Medicine And Society In World War One Germany" explores how the reorientation of German

⁴⁰ Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939* (Berkeley: University of California Press, 2001). Also see K. Walter Hickel, "Medicine, Bureaucracy, and Social Welfare: The Politics of Disability Compensation for American Veterans of World War 1," in Paul K. Longmore and Lauri Umansky, eds., *The New Disability History: American Perspectives* (New York: New York University Press, 2001), pp. 236-67; Scott Gelber, "A 'Hard-Boiled Order': The Re-education of Disabled WWI Veterans in New York City," *Journal of Social History* Vol. 39, 1, 2005, pp.161-180.

⁴¹ Seth Kovan, "Remembering Dismemberment: Crippled Children, Wound Soldiers, and the Great War in Great Britain," *The American Historical Review*, Vol. 99, No.4, pp.1167-1202.

⁴² Joanna Burke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (Chicago: University of Chicago Press, 1996). Nicoletta F. Gullace also explores the intersection of disability, masculinity and postwar constructions of British citizenship in her study, *The Blood of Our Sons*. Also see Jessica Meyer, "'Not Septimus Now': Wives of disabled veterans and the cultural memory of the First World War in Britain," *Women's History Review*, Vol. 13, No. 1, 2004, pp.117-138.

orthopaedics towards restoring the economic self-sufficiency of maimed German soldiers led to what she has termed the “cultural invention of disability” in Germany.⁴³

An important step towards giving disabled veterans their own history was made in 2000 with the publication of *Disabled Veterans in History*.⁴⁴ The first historical collection on the subject, the articles contained in this anthology are temporally and geographically diverse with their subject matter ranging from Classical Greece through to the struggles of disabled veterans of the Soviet Union’s war in Afghanistan. As such, the work provides important insight into the historical agency of disabled individuals – especially with regard to the role played by ex-soldiers in the disability rights movement, and the ways in which the concept of disability was – and is – constructed by societies. Most importantly, *Disabled Veterans in History* makes clear the opportunities for broadening our historical understanding of war. Disability is, as Gerber notes in his introduction to the anthology, a primary consequence of war.⁴⁵

The move towards disabled veteran-focussed studies in military historiography reflects the recent moves by many historians to make the issue of disability – like class, gender, and ethnicity before it – a central part of their explorations of the past. This move by historians to “include disability issues as an intergral part of their thinking and writing,” did not occur in an academic vacuum.⁴⁶ As Catherine Kudlick notes in her important review essay exploring the rise of this growing field of enquiry, “Disability History: Why We Need Another ‘Other’,” historians’ interest in disability as a “useful

⁴³ Heather R. Perry, “Recycling the Disabled: Army, Medicine And Society In World War One Germany” (Ph.D. Dissertation, Indiana University, 2005).

⁴⁴ Gerber, ed., *Disabled Veterans in History*.

⁴⁵ Gerber “Introduction: Finding Disabled Veterans in History,” p.4.

⁴⁶ Karen Hirsh, “Culture and Disability: The Role of Oral History,” *Oral History Review*, Vol. 22, No. 1, 1995, p.1.

category of historical analysis” is largely the result of the rise of disability studies in the mid-1980s.⁴⁷ An interdisciplinary, and oft heavily politicised field, disability studies rose as a result of the struggles of disabled activists for the rights of people with disabilities. Central to this continuing struggle, which some have called the “last civil rights movement,” is the view that disability is a social construct, rather than a negative pathology confined to the individual.⁴⁸ An individual is disabled not as the result of his/her impairment (physical or psychological characteristic that deviates from the “norm”), but rather by society’s views and reactions to that impairment. Consequently, an individual with an impairment can shift between being disabled and abled depending on context – cultural, temporal or otherwise. More broadly, it also means that the physical, sensory and psychological characteristics designated as impairments can also shift according to circumstance.⁴⁹

Under this rubric of understanding, disability becomes a “key defining social category” that intersects, is informed by, and informs, other fundamental social categories – such as race, class, and gender – as well as the way in which societies interact with the world more widely.⁵⁰ This view of disability has found traction in the minds of many researchers in the social sciences, including a number of historians.

⁴⁷ Kudlick’s essay is an impressive piece of scholarship and should be the first stop for researchers looking to enter this field of enquiry. Catherine J. Kudlick, “Disability History: Why we need another ‘Other’,” *American Historical Review*, June 2003, pp.763-793. Also see Paul K. Longmore and Lauri Umansky, “Disability History: From the Margins to the Mainstream,” in Paul K. Longmore and Lauri Umansky, eds., *The New Disability History: American Perspectives* (New York: New York University Press, 2001), pp.1-32; Lennard J. Davis, “Crips Strike Back: The Rise of Disability Studies,” *American Literary History*, Vol. 11, No. 3, 1999, pp.500-512; Gleeson, “Disability Studies: a historical materialist view.”

⁴⁸ Diane Driedger, *The Last Civil Rights Movement: Disabled Peoples’ International* (London: Hurst & Company, 1989); Longmore and Umansky, “Disability History: From the Margins to the Mainstream,” p.2; John Swain and Sally French, eds., *Disability on Equal Terms* (Los Angeles: Sage, 2008).

⁴⁹ Dewsbury et al., “The Anti-Social Model of Disability”; Thomas, “How is Disability Understood?”; Davis, “Crips Strike Back”.

⁵⁰ Kudlick, “Disability History: Why we need another ‘Other,’” p.764.

Increasingly aware that “disability is everywhere in history, once you begin looking for it,” researchers have used the concept of disability as a powerful lens through which to examine the ways that societies constructed and navigated discourses surrounding health, modernity, normalcy, childhood, race, gender, and state-civilian relations.⁵¹

For example, in “Disability and the Justification of Inequality in American History,” Douglas C. Baynton, presents a compelling exploration of the ways in which the concept of disability has been used to justify discrimination in the United States. Those opposed to giving women and African Americans the vote defended their position on the grounds that these groups were mentally, emotionally, and physically incapable of handling the demands of responsible citizenship. Similar arguments were advanced with regard to slavery, and, one might also add, colonialism. Baynton also notes that the concept of disability was used to support racist immigration policies. Southern Europeans, for example, were often turned away on the grounds they were deemed to have poor physiques or to be undersize.⁵²

Likewise, in “Sacred Daemons: Exploring British Columbian Society’s Perceptions of ‘Mentally Deficient’ Children, 1870-1930,” I not only question the positivist discourse surrounding the evolution of the concept of childhood in the late nineteenth and early twentieth centuries, but also demonstrate that different groups within British Columbian society held different views with regard to children with intellectual disabilities dependent on their circumstances. In particular, “Sacred

⁵¹ Douglas C. Baynton, “Disability and the justification of inequality in American History,” in Paul K. Longmore and Lauri Umansky, eds., *The New Disability History: American Perspectives* (New York: New York University Press, 2001), p.52; Nic Clarke, “Opening Closed Doors and Breaching High Walls: Some Approaches for Studying Intellectual Disability in Canadian History,” *Histoire Sociale/Social History*, Vol. 39, No. 78, pp.467-485.

⁵² Baynton, “Disability and the Justification of Inequality in American History,” pp.33-57.

Daemons” highlights the fact that while many medical and education professionals and government officials daemonised these children as threats to society, their families loved and supported them.⁵³

As well as using the the concept of disability as a means to “create a deeper understanding of cultural conditions that affect every one,” many researchers have not only moved to place the disabled into the past, but also to give them a voice.⁵⁴ In England the Social History of Learning Disability Research Group, based at the Open University’s School of Health and Social Welfare, has published a number of works that focus on the lives of individuals with intellectual disabilities. In many cases these research projects have directly involved interviewing disabled individuals, and included disabled researchers in their research teams.⁵⁵

In the Canadian context one of the most enlightening of these works is Geoffrey Reaume’s *Remembrances of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940*. Reaume, who is himself a survivor of institutionalisation, employs the personal and clinical records of patients admitted to the Toronto Hospital for the Insane between 1870 and 1907 to reconstruct their institutional experiences, and their views of the world more generally.⁵⁶ The result is a heartfelt

⁵³ Nic Clarke, “Sacred Daemons: Exploring British Columbian Society’s Perceptions of ‘Mentally Deficient’ Children, 1870-1930”, *BC Studies*, No. 144, Winter 2004/2005, pp.61-89.

⁵⁴ Hirsh, “Culture and Disability: The Role of Oral History,” p.2.

⁵⁵ For examples of the Social History of Learning Disability Research Group’s work, see Dorothy Atkinson, Mark Jackson and Jan Walmsley, eds., *Forgotten Lives: Exploring the History of Learning Disability* (Kidderminster: BILD Publications, 1997) and Lindsay Brigham, Dorothy Atkinson, Mark Jackson, Sheena Rolph and Jan Walmsley, eds., *Crossing Boundaries: Change and Continuity in the History of Learning Disability* (Kidderminster: BILD Publications, 2000). The Social History of Learning Disability Research Group’s home page can be viewed at http://www.open.ac.uk/shsw/lds/research_grp.html (Accessed January 14, 2005).

⁵⁶ Geoffrey Reaume, *Remembrances of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Oxford: Oxford University Press, 2000). Also see Megan Davis, “The Patients’ World: British Columbia’s Mental Health Facilities, 1910-1935” (M.A. Thesis, University of Waterloo, 1989); Lykke de la Cour, “She thinks this is the Queen’s castle: Women Patients’s Perceptions of an Ontario

study that humanises, gives voice to, and highlights the agency of, a group of people that have often been portrayed as little more than passive receptors of their fate.

Despite the rise of disability history, rejected volunteers have remained largely ignored. While Great War historians have increasingly engaged with the question of disability, they have primarily concentrated on men maimed as a result of combat rather than those disabled by the medical examiner's pen. Moreover, when historians have mentioned individuals rejected for service due to being deemed medically unfit, they have generally done so in passing, while exploring other issues such as recruiting or the postwar eugenics movement. Such an observation is certainly true with regard to Great War historiography in Canada.⁵⁷

By not examining these individuals and the issues surrounding them, historians have, unwittingly, not only disregarded the experiences and characteristics of a significant minority of Canadians, but also how these men, and the issues surrounding them, impacted Canadian society during the Great War. This study rectifies this omission. It does so, as has been previously indicated, by exploring a number of subjects, including, but not limited to: the varying concepts of military fitness held by different groups within Canadian society and how these concepts evolved; the means by which the military determined whether men were fit or unfit to serve; and, the multivariate ways in which Canadians reacted to, and utilised the label "medically unfit." Importantly, it also presents a portrait of over 3,000 men turned away as unfit to

Psychiatric Hospital," *Health & Place*, Vol. 3, No. 2, 1997, pp. 131-141; Jan Walmsley, "Normalisation, Emancipatory Research and Inclusive Research in Learning Disability" *Disability & Society*, Vol. 16, No. 2, 2001, pp.187-205.

⁵⁷ See, for example, Desmond Morton and J.L. Granatstein, *Marching to Armageddon: Canadians and the Great War 1914-1919* (Toronto: Lester & Orpen Dennys, 1989), p.32; Desmond Morton, *When Your Number's Up: the Canadian Soldier in the First World War* (Toronto : Random House, 1993), p. 10; Cook, *At the Sharp End*, p.24-26. Rejected volunteers also receive oblique reference in an exhibit on recruiting in the Canadian War Museum's World War One hall.

serve by the Canadian authorities at Valcartier in August-September 1914. Providing information on these individuals' religions, average height, average chest size, average age, and reasons for rejection, this portrait is the first such description of rejected men in Canadian historiography.

The persistent invisibility of rejected volunteers in current Great War historiography might suggest that very little material exists for examining this topic. Quite the opposite is the case. Newspapers, government debates, military memoranda, and the letters and memoirs of individual Canadians contain a plethora of material directly and indirectly relating to rejected volunteers and issues relating to them such as medical examinations, physical standards required for service, and the problems of unfit men being accepted for service. This study utilises all of these sources.

While this dissertation employs a variety of sources to explore the issue of rejected volunteers, the major pillars of this study are two record collections held by Library and Archives Canada: RG 150/Accession 1992-93/175, "Files of CEF Volunteers who were rejected" (FMR); and, MG30-E3, "William Babbie Fonds" (WBF).⁵⁸ The FMR has not previously been subject to close examination by historians. Likewise, the WBF has not been utilised as a means to examine rejected volunteers.

The FMR contains the personnel files of 3,068 men who were rejected for service, usually on medical grounds, by the CEF. The vast majority of these individuals – 3,050 – were turned away at Valcartier mobilisation camp in August-September, 1914. These individuals represent approximately 60 per cent of the total number of men

⁵⁸ "Files of CEF Volunteers who were rejected," LAC, RG 150/Accession 1992-93/175 [Hereafter FMR]; "William Babbie Fonds," LAC, MG30-E3.

rejected at Valcartier during the formation of the First Contingent of the CEF.

Contained within the files of these individuals were their attestation papers, pay information, and, on occasion, personal letters and other documentation.

The WBF contains documentation relating to the 1916 Board of Inquiry presided over by Lieutenant-General Sir William Babbie into Col. Herbert A. Bruce's highly critical *Report on the Canadian Army Medical Service* (Bruce Report).⁵⁹ Held within this documentation is a list of 350 men who were rejected as unfit for service upon arrival in England. These men are not only of interest because they were considered to be some of the worst examples of the "unfit" individuals arriving in England as part of the CEF, but also because the entries relating to each individual contain both a description of their impairments and their regimental number. The provision of this number allowed one to reference their attestation paper and service records.

⁵⁹ Bruce's report was highly critical of the way in which Canadian Army Medical Corps (CAMC) operations were being conducted in Europe and argued that a complete reorganisation of the CAMC was required. The report ignited a storm of controversy, with many medical professionals decriing it as a highly biased document that ignored military realities for the sake of scoring political points. As a result, the government commissioned a board of inquiry into the report. Chaired by General Sir William Babbie, V.C., of the Royal Army Medical Corps, the Board of Inquiry published its findings, entitled the *Report of the Board of Inquiry into the Report on the Canadian Army Medical Service by Colonel Herbert A. Bruce and the Interim Report of Surgeon-General G.C. Jones* (Babbie Report), on December 28, 1916. The Babbie Report roundly condemned the large majority of Bruce's findings and recommendations. Unsurprisingly, Bruce and his supporters labelled the Babbie Report a whitewash. Indeed, in 1919 Bruce published *Politics and the Canadian Army Medical Corps: A History of Intrigue, containing Many facts Omitted from the Official Record Showing how Efforts at Rehabilitation were Baulked* in which he gave his interpretation of the controversy and argued that both he and his report were victims of both political bias and a closing of the ranks by members of the medical profession. In spite of the Babbie Report's criticisms, many of Bruce's recommendations were later implemented. H. A. Bruce, *Report on the Canadian Army Medical Service* (London: No publisher, 1916) [Hereafter Bruce Report]; H. A. Bruce, *Politics and the Canadian Army Medical Corps: A History of Intrigue, Containing Many Facts Omitted from the Official Record Showing how Efforts at Rehabilitation were Baulked* (Toronto: Briggs, 1919); Sir William Babbie et al, *Report of the Board of Inquiry into the report on the Canadian Army Medical Service by Colonel Herbert A. Bruce and the Interim Report of Surgeon-General G.C. Jones* (London: No Publisher, 1916); Ronald G. Haycock, *Sam Hughes: The Public Career of a Controversial Canadian, 1885-1916* (Waterloo: Wilfred Laurier University Press, 1986), pp. 313-315; Desmond Morton, *A Peculiar Kind of Politics: Canada's Overseas Ministry in the First World War* (Toronto: University of Toronto Press, 1982), pp.82, 85, 94-95, 103-105, 193-194; Andrew Macphail, *Official History of the Canadian Forces in the Great War, 1914-19: The Medical Services* (Ottawa: King's Printer, 1925), pp.159-179, 196-202.

The information contained within these two sources formed the basis of three research databases named the Primary Database, Reasons for Rejection Database, the Rejected in England Database, respectively. These databases, as indicated above, enabled the description of the physical and social characteristics of men rejected for service at Valcartier in 1914, as well as a close analysis of their reasons for rejection. In addition, they allowed the tracing of multiple enlistment attempts; the examination of individual medical examiners' views regarding certain impairments; and the creation of personal histories – some extending well beyond 1918 – for a number of rejected men.⁶⁰

⁶⁰ For a complete description of these databases and the sources used to construct them, see Appendix 1: "Data-basing Rejection" [Hereafter Appendix 1].

SECTION II: DEFINING THE “UNFIT”

CHAPTER TWO

Grading Blocks of Meat: Medical Examinations and the Process of Defining Men as “Fit” or “Unfit” for Service

...[Somers] took off the jacket and was cleanly naked, and stood to be measured and weighed—being moved about like a block of meat, in the atmosphere of corrosive derision. Then he was sent to the next section for eye-tests...Then after a time to the next section, where he was made to hop on one foot—then on the other foot—bend over—and so on: apparently to see if he had any physical deformity...[an] elderly fellow then proceeded to listen to his heart and lungs...he [another, younger examiner] put his hand between Somers' legs and pressed it upwards, under his genitals...
 “Cough,”...
 “Again,”...
 “Turn around,”...
 “Put your feet apart.”...
 “Bend forward – further – further ---”
 Somers bent forward, and realised that [the examiner was] look[ing] into his anus.
 “That will do. Get your jacket and go over there.”
 ...They gave him his card: C2. Fit for non-military service.¹

The medical examination was the key event which declared a man either “fit” or “unfit” to serve. This chapter engages with two interrelated topics: (1) the mechanics of the Canadian medical examination and how it evolved as the war continued; and (2) the fitness classification systems by which potential enlistees and serving soldiers were categorised. Insight is offered into both the general characteristics that the Canadian military authorities believed made an individual fit to shoulder a rifle, and the dual nature of the medical examination which was at once both empirical and interpretative. Such insight is of import because no in-depth exploration of the CEF medical examination currently exists in the Canadian Great War historiography. Certainly,

¹ D.H. Lawrence, *Kangaroo* (London: Heinemann, 1974), pp. 257-261. The experiences of Richard Lovat Somers in *Kangaroo*, particularly the chapter entitled “Nightmare,” are a semi-autobiographical account of Lawrence’s own experiences during the Great War. See Paul Delany, *D.H. Lawrence’s Nightmare: The Writer and His Circle in the Years of the Great War* (New York: Basic Books, 1978), pp. 236- 237, 375-376.

historians mention the medical examination, often with regard to its problems, but they seldom stop to engage with its mechanics or the guiding principles behind it.² The information provided by soldiers' memoirs is equally sparse. When the medical examination is mentioned at all, most soldiers offered a general description of their feelings about the examination and, if applicable, how they managed to pass it despite having a disqualifying impairment.³ These limitations are further extended into official histories of the CEF. All mention the medical examination, but none actually describe it in detail.⁴ The relative silence surrounding the medical examination is surprising because it was a fundamental step in an individual's transformation from recruit to enlisted man. Failure to pass the examination meant that one would not be attested.

As well as offering an in-depth description of the CEF medical examination, this chapter also problematises how individuals are classified as either able or disabled through the construction of classificatory systems. By creating a list of minimum physical characteristics and automatically disqualifying impairments, the Canadian military authorities codified their concepts of ability and disability. The medical examination was a means by which these concepts took form in official standards, as recruits were measured and classified.

² Cook, *At the Sharp End*, pp.24-26; Morton and Granatstein, *Marching to Armageddon*, pp.32. In the British context see J. M. Winter "Military Fitness and Civilian Health in Britain During the First World War," *Journal of Contemporary History*, Vol. 15, No.2, 1980, pp.211-244; David Silbey "Bodies and Cultures Collide: Enlistment, the Medical Exam, and the British Working Class, 1914-1916," *Social History of Medicine*, Vol. 17, No.1, pp.61-76.

³ "Diary of Alfred Herbert John Andrews," *The Canadian Letters and Images Project*, <http://www.canadianletters.ca/letterlist.php?collectionid=328&docid=2&warid=3> (accessed April 12, 2008); Harold Baldwin, *Holding the Line* (Chicago: A.C. McClurg, 1918), pp.2-3; Will R. Bird, *And We Go On*, (Toronto: Hunter-Rose: 1930), pp.11-14; Thomas Dinesen, *MERRY HELL!: A Dane with the Canadians* (London: Jarrolds, 1929), pp.31-32; Bill Michaud, "Thought of a Rainy Day," *21st Battalion Communiqué*, August, 1964, pp.11-12; Harold Peat, *Private Peat* (Indianapolis: The Bobbs-Merrill Company, 1917), pp.2-3, 12.

⁴ Duguid, *Official History of the Canadian Forces in the Great War*, pp.20, 71; Macphail, *The Medical Services*, pp.158-161; G.W.L. Nicholson, *Official History of the Canadian Army in the First World War: The Canadian Expeditionary Force, 1914-1919* (Ottawa: Queen's Printer, 1962), pp.24, 352.

An informal weeding-out process began on the streets of Canadian towns and cities before men faced any type of formal medical examination. Recruiting officers did not approach men, whom they deemed, based on visual inspection, unfit to serve. Likewise, they turned away such individuals when they attempted to enlist. The prime candidates for such filtering were the visibly different; those individuals whom civilians would have readily recognised as “unfit”; those afflicted with paralysis, severe deformity, debilitating sensory impairments, or obvious intellectual or psychological impairments. Ethnicity could also be a factor. Canadians of African and Asian descent were seldom, if ever, approached by recruiters, and those who offered their services were usually turned away at the recruiting station door. First Nations Canadians also faced ethnically based hurdles when attempting to enlist, although these were often much lower than those set up for African and Asian Canadians. Skin colour was, in this sense, an impairment which made one unfit to serve in what was, for all intents and purposes a “white man’s war.”⁵ In relation, language, or more specifically the inability to speak English, was also considered a reason for rejection. Twenty-one-year-old French-Canadian Iptib Desjardin, for example, was rejected at Valcartier in 1914 because he did not speak or read English, despite the fact that he exceeded all of the

⁵ See James W. St. G. Walker, “Race and Recruitment in World War I: Visible Minorities in the Canadian Expeditionary Force,” *Canadian Historical Review*, LXX, I, 1989, pp.1-26; P. Whitney Lackenbauer and Katherine McGowan, “Competing Loyalties in a Complex Community: Enlisting the Six Nations in the Canadian Expeditionary Force, 1914-1917,” in P. Whitney Lackenbauer and Craig Leslie Mantle (eds.), *Aboriginal Peoples and the Canadian Military: Historical Perspectives* (Kingston: Canadian Defence Academy Press, 2007), pp.89-115; Adam Crerar, “Ontario and the Great War,” in David Mackenzie (ed.), *Canada and the First World War: Essays in Honour of Robert Craig Brown* (Toronto: University of Toronto Press, 2005), pp.248-252.

CEF's minimum requirements.⁶ Likewise, one of the grounds used in 1916 to successfully argue for the discharged F. Gauthier was the fact that he spoke no English.⁷

Recruiting officers' decisions were also guided by their knowledge of recruiting requirements. Five-foot-tall Alexander Bachelor of Toronto, for example, was turned away by the recruiting sergeants of a number of different units in August 1914 because he did not meet the minimum height requirements of the CEF.⁸ Fifteen-year-old Thomas Raddall of Halifax, on the other hand, was rejected because the recruiting sergeant knew his father – who was a British Officer serving as an instructor in the Canadian Militia – and, therefore, was aware that the future Officer of the Order of Canada was well below the minimum age requirement.⁹ At the other end of the scale, seventy-one-year-old Torrance Glazier – a veteran of the Fenian Raids, the Northwest Campaign and the Anglo-Boer War – was twice turned away by recruiting officers of the 21st Canadian Infantry Battalion due to his age.¹⁰

If a potential recruit were accepted by a recruiting officer, he was then subjected to a number of medical examinations. The number and quality of these examinations changed during the war. Recruits in the First Contingent of the CEF generally

⁶ Iptib Desjardin, FMR, Vol. 3. Three other men – Leslie Allyn, O. Poluski and G. Novak – were rejected because they were not British subjects. Leslie Allyn, O. Poluski, and G. Novak, LAC, FMR, Vol.1 and 8.

⁷ #416376 Gauthier, F., LAC, *Appendix to the Proceedings of the Board of Inquiry into the Report on the Canadian Army Medical Service by Colonel Herbert A. Bruce and the Interim Report of Surgeon-General G.C. Jones*, LAC, William Babbie Fonds, MG30-E3 [Hereafter BRA], p.M54.

⁸ Sidney Allinson, *The Bantams: The Untold Story of World War I* (Oakville, Mosaic Press, 1982), pp.34-35.

⁹ Thomas Head Raddall, 1903-1994, was a Nova Scotian author and historian. As well as publishing a number of influential fiction and non-fiction historical works about Nova Scotia – including *Halifax, Warden of the North* (1948) – he was also a member of the Nova Scotia Historic Sites Advisory Council, and the Historic Sites and Monuments Board of Canada. He was made an Officer of the Order of Canada in 1971. Tim Cook, “‘He was determined to go’: Underage Soldiers in the Canadian Expeditionary Force,” *Histoire sociale/Social History*, Vol. XLI, No. 81, p.49.

¹⁰ “With The Volunteers”, *Daily British Whig*, November 16, 1914, p.5; “Private Terrence [Sic] Glazier,” *London Free Press*, May 30, 1916, p.8; # 194971 Glazier, Torrence, LAC, PF, Vol.3580-11. For further discussion of Glazier see Chapter Four.

experienced three or four medical examinations. The first, and often most cursory, of these examinations was conducted by the medical officer (MO) of (or a civilian practitioner linked to) the regiment he had joined. The second was conducted at Valcartier, and the third on arrival in England. Most soldiers would also receive another examination before they left England for the front. By late 1916, recruits were subjected to at least six medical examinations before seeing France. The first of these examinations, which by this time has been recognised as simply preliminary, was carried out by a Canadian Army Medical Corps (CAMC) officer or civilian practitioner linked to the recruit's local recruiting station. The second of these examinations was held at the closest mobilisation centre. This examination was conducted by a medical board made up of three CAMC officers and an eye and ear specialist. In addition to being a test of a recruit's suitability to serve, these boards also played an important 'defensive' function. First, they acted both as a check on and a safety net for, local recruiters and medical examiners. Second, they were designed to stop the re-enlistment of men who had been previously rejected as unfit to serve.¹¹ If the recruit passed the medical board examination, he was sent to the headquarters of the overseas unit to which he had signed up. Upon arrival he was to be subjected to a "careful examination" by the unit's MO. If the MO disagreed with the medical board's findings, he was to notify his commanding officer as soon as possible and request the medical board to reconsider its decision. If the recruit were found to be fit by his unit's MO, he would then be subjected to another medical immediately before embarkation to Europe. Upon

¹¹ See Chapter Four.

arrival in England he would then receive another medical examination.¹² After training, a soldier would be subjected to yet another medical examination before being placed in a draft for France. On arriving in France he was to be examined yet again before being sent to Base Depot for his final training. At the completion of his training he was examined once more before being allowed to proceed to the Front, where, upon arrival, he was examined once more.¹³ A soldier could be declared unfit to serve at any point in this chain of examination.

The physicians tasked with examining the sea of volunteers that washed across Canada in August-September 1914, received guidance from a 66-page booklet, entitled the *Regulations of the Canadian Medical Service 1910* [RMS 10].¹⁴ This document contained directives covering a MO's responsibilities, including the physical examination of recruits. Directives relating to the physical examination of recruits were listed in three parts of the document: Section IX (paragraphs 250-260 inclusive) in the main text and the volume's fifth and sixth appendices, named "Physical examination of recruits", and "Instructions for the physical examination of candidates for commissions in the Militia and Cadets, Royal Military College", respectively.

Entitled "Physical Examination of Candidates for Commissions in the Permanent Force, for Admission to the RMC [Royal Military College], and of Recruits," Section IX was concerned with bureaucratic procedures and MOs' responsibilities, rather than the actual mechanics of the medical examination. Medical examiners were instructed

¹² "Medical Services in Connexion with Recruiting," September 12, 1916, cited in *General Orders, Militia Orders and Precis of Headquarters Letters Bearing Upon The Administration of the Canadian Army Medical Service Published Between August 6 1914 and December 31, 1916* (Ottawa: Militia Council, 1917) [Hereafter ACAMS], pp.174-175.

¹³ Director of Medical Services, Canadian Contingent to the Secretary, Headquarters, CEF August 18, 1916, LAC, RG 9 III-A-1, 8-2-10.

¹⁴ *Regulations for the Canadian Medical Service, 1910* (Ottawa: Government Printer, 1910).

how to fill out attestation papers, what records relating to medical examinations needed to be kept, and where such records should be housed (and under what circumstances such records could be removed). In doing so the section noted that medical examiners were to be directly “responsible for the measurement of recruits with regards height, chest and weight,” and for the recording of information about any distinctive marks a recruit might have. The section also warned MOs that by affixing their signatures to an attestation paper they were both declaring that they had personally examined the recruit in question, and were personally guaranteeing the information on the attestation paper.¹⁵

The process medical examiners were to follow and the minimum standards required of recruits were contained in the fifth and sixth appendices of the regulations. “The greatest care,” MOs were told, “must be taken in the examination of a recruit. Every man presented for examination must be stripped, and the examination conducted in a thorough and systematic manner.” Furthermore, there were to be no grey areas or middle ground in relation to a recruit’s suitability to serve. Each man was to “be declared either unfit or fit for general service.”¹⁶ With these directives in mind MOs were to ensure that a recruit:

- had normal vision;
- had normal hearing;¹⁷
- had normal speech;¹⁸
- had full use of limbs and had no physical deformities;
- had an ample chest;
- that his teeth were good and that he was not fitted with plates;

¹⁵ *Regulations for the Canadian Medical Service, 1910*, p.35.

¹⁶ *Regulations for the Canadian Medical Service 1910*, p.48.

¹⁷ What was considered normal hearing is hard to discern as, unlike visual acuity, no standard for measuring was provided in the regulations. However, an examination of later recruiting standard documents suggests that the ability to hear an ordinary spoken voice at approximately 15-20 feet was considered normal hearing. *Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force and for the Active Militia of Canada, 1917* (Ottawa: King’s Printer, 1917) [Hereafter PS17], p.11

¹⁸ In other words, did not have any form of speech impediment.

- that there was no evidence of cutaneous [skin] disease, past or present;
- did not suffer from a hernia;
- did not have marked varicocele [an abnormal enlargement of the veins in the scrotum draining the testicles];
- did not have varicose veins; and,
- that he had “the appearance of being an intelligent and sober man and likely to make an efficient soldier in the Permanent Force...”¹⁹

What defined an intelligent and sober man was not described; however, what is evident is that as well as being a means to block men with intellectual or psychiatric impairments from enlisting, this last condition was also a catchall requirement that could be employed by military authorities to justify the rejection of men that were believed to be potential troublemakers or to have unwanted personality traits. It was also used as a means to discharge men who were found – for whatever reason – not to be cut out for military life. C. E. Lamond, who later lost a leg serving in Europe, was one individual to be rejected at Valcartier on the grounds he was considered to be inefficient. On what grounds this decision was made was not explained.²⁰

Along with the question of efficiency, the question of desirability was also used at Valcartier for the same general purpose. F. Bennett of Chesley, Ontario, was, for example, declared unfit to serve and discharged because he was “homesick and undesirable to his unit”. Described as both “incorrigible” and “undesirable” in his discharge papers J. Norris was twice rejected.²¹ Likewise, J. McCeary was discharged “misconduct,” more specifically for being “drunk and bringing liquor [into the dry] camp.” Obviously considered to be a troublemaker who had little respect for authority,

¹⁹ By 1916, when the first printed documentation relating to the medical inspection of recruits prepared during the war was released, this statement had been changed to “the appearance of being an intelligent and sober man and likely to make an efficient soldier for a unit of the Expeditionary Force.” *Canadian Expeditionary Force Units: Instructions Governing Organisation and Administration* (Ottawa: Government Printing Bureau, 1916) [Hereafter IGOA16], p.26.

²⁰ C. E. Lamond, LAC, FMR, Vol. 6.

²¹ F. Bennett, LAC, FMR, Vol. 1; J. Norris, LAC, FMR, Vol. 8.

it was directed that McCearny be “sent to the station with an escort to ensure he gets away.” McCearny was not the only individual to be sent home for drinking and lack of discipline. In fact, it became common knowledge that drunkenness and misbehaviour were sure ways to escape Valcartier. As the lonely wife of one recruit wrote: “Dearest I saw in the papers that if any of you got drunk & kicked up now you got sent back Home [sic], why can’t you do that Johnnie[?]”²²

The lack of direction provided by RMS10 with regard to what typified “an intelligent and sober man” was characteristic of the instructions it provided medical examiners more generally. Indeed, the only detailed guidance supplied to MOs with regard to conducting the examination dealt with testing a recruit’s visual acuity.²³ Regulation test cards were to be placed 6 metres in front of the recruit, who, standing with his back to the light, was to read off them as directed. This test was to be conducted in “ordinary daylight”.²⁴ In order to pass this test, recruits were required to have a visual acuity of either 20/20 in both eyes, or 20/15 vision in one eye and no less

²² The actual number of men rejected on these grounds is impossible to calculate with certainty. In the sample set 96 men were rejected on the grounds of either being considered inefficient, undesirable, incorrigible, or acts of misconduct. This is most definitely an under representation. Men recorded as having been discharged at their commanding officer’s suggestion were not included in this count because the reasons officers recommended recruits’ discharges were often not included. In those cases where reasons were included they ranged from misconduct through family tragedy. J. Boyd, LAC, FMR, Vol. 1; J. McCearny, LAC, FMR, Vol.7; Tim Cook, *At the Sharp End*, pp.48-49.

²³ Visual acuity is measured relative to what a person with normal eyesight could see at 20 feet (six metres). Under this system, which is still the most common clinical measurement of visual function, 20/20 (D=20) means normal vision, while higher numbers expressed increasingly limited visual acuity. For example, a person with a visual acuity of 20/40 (D=40) has half the visual acuteness of a person with normal eyesight, as they see at 20 feet the same detail a person with 20/20 vision sees at 40 feet. Likewise, a number below 20 indicates increased visual acuity. Therefore a person with a visual acuity of 20/10 (D=10) sees at 20 feet what a person with 20/20 vision sees at 10 feet. It should be noted that a number of militaries, including the British, measured visual acuity in metres by 1914. Under the metric system 20/20 becomes 6/6, 20/40 becomes 6/12 and so on. In the following text all standards have been converted to imperial measurements for ease of comparison.

²⁴ *Regulations for the Canadian Medical Service 1910*, p.48.

that 20/30 vision in the other. Glasses were not permitted to be used in the test, unless one was either applying for a commission, or as a cadet to RMC.²⁵

Medical examiners did have other sources to fall back on. The 1904 instructions for the medical examination of RMC cadets and men seeking commissions in the permanent militia contained, for example, detailed instructions on how to measure both a recruit's height and expanded chest.²⁶ However, access to such documentation was likely limited, and it is evident that RMS10 was the primary guide, at least at the local level, for medical examinations in 1914. In November 1914, for example, Dr. G.B. Henderson of Creston, British Columbia wrote to Ottawa requesting that the regulations for the medical examination of volunteers for active service be sent to him so he might be sure that he was conducting examinations on recruits correctly. He was advised to contact the Assistant Director of Medical Services (ADMS), Military District (MD) 11, Victoria, BC or to refer to the "Regulations for the Canadian Medical Service, 1910," and especially appendix five.²⁷

The instructions ended by directing MOs to paragraph 243 of the *King's Regulations and Orders for the Canadian Militia 1910* (KR&OCM) for the minimum height and chest measurements required of enlisted men. Paragraph 243 set a recruit's minimum height at 5'6" for Garrison Artillery and 5'4" for all other corps. His

²⁵ *Regulations for the Canadian Medical Service 1910*, pp. 49-50.

²⁶ These instructions were the same as those provided in British medical examination instructions. "Medical Examination of Recruits for Admission into the Royal Military College of Canada, for commissions in the Army, and the Permanent Force," LAC, RG18-A-1, Vol.820, File 679-04, "Medical Examination Form for Royal Military College and Commissions in Permanent Force"; also see below.

²⁷ G.B. Henderson to Major Lorne Drum, November 11, 1914, LAC, RG24, Vol.1310, File HQ 593-3-7, "Medical Inspection of Recruits, 2nd Contingent European War" [Hereafter MIRSC].

expanded chest was to be at least 34” in diameter. The maximum age of enlistment was set at forty-four years.²⁸

As with regard to visual acuity, the minimum physical requirements for men seeking commissions and RMC cadets were slightly different from those required of enlisted men. Minimum standards for these men and boys – cadets were accepted into RMC at the age of sixteen – were calculated on a sliding scale. For example, the minimum height for a sixteen-year-old RMC cadet was 5’. The minimum girth of such a recruit’s expanded chest was to be 33”. A sixteen-year-old standing 5’5”, on the other hand, was expected to have a chest that measured at least 34” when expanded. At the other end of the scale men over twenty years of age were to stand a minimum of 5’2.5” tall and have an expanded chest of no less than 35” in diameter.²⁹ The smaller minimum sizes allowed for cadets was an implicit recognition of the fact that sixteen-year-olds had not yet finished growing.

Appendices nos. five and six in the 1914 edition of the *Regulations for the Canadian Medical Service* (published in 1915, and therefore not available to medical examiners in 1914) were exactly the same as those found in the 1910 edition.³⁰ When there were changes to requirements, they were published outside of these regulatory documents. Militia Order 372 of August 17, 1914 lowered the minimum height required of an infantryman from 5’4” by an inch to 5’3”, and the minimum chest measurement required from 34” to 33.5”.³¹ These changes in requirements drew the Canadian

²⁸ *The King’s Regulations and Orders for the Canadian Militia, 1910* (Ottawa: King’s Printer, 1910), p.46. According to these regulations young boys could be recruited as buglers.

²⁹ *Regulations for the Canadian Medical Service 1910*, p.50.

³⁰ This document only became available in late March 1915. *Regulations for the Canadian Medical Service 1914* (Ottawa: Government Printer, 1915), pp. 46-48. “Regulations for Canadian Medical Service, 1914,” ACAMS, p.41.

³¹ “Mobilization – Qualifications for Service,” ACAMS, p.14.

minimums into line with British standards. The order also set the minimum and maximum ages for service in the CEF at eighteen and forty-five years, respectively. The height requirements for artillerymen were set at 5'7" inches.³²

As well as providing the minimum physical requirements for volunteers, Militia Order 372 also stated that preference was to be given to men with prior military service or training. Unmarried men were to be selected first, followed by married men without children, and then married men with children.³³

The information provided on the mechanics of the way in which Canadian recruits were examined can be compared to the British medical examination. The medical examination used by the Canadian military was, as one might suspect, closely aligned with the British medical examination, springing as they did from the same military tradition. Moreover, all Canadian troops were examined on arrival in England. However, there were some differences between the two examinations, more specifically certain physical characteristics required of combat troops. These differences were to cause problems for the Canadian Forces when they arrived in England. As the British (imperial) regulations held precedence over those used in Canada, more than a few men considered fit according to Canadian regulations were not considered so in England.

A fit recruit, according to the *Instructions for the Physical Examination of Recruits* (IPER) issued with British Army Orders on August 1, 1914, had the following characteristics:

- sufficient intelligence;

³² The Toronto *Globe* article published on August 15, 1914 stated that this height requirement was an error and that the intended minimum for gunners was 5'5". Despite this claim, no official evidence exists to indicate that the minimum height requirements for artillerymen were lowered until August 1915. "Mounted Infantry Likely to be Sent," Toronto *Globe*, August 15, 1914, p.12; also see below.

³³ "Mobilization – Qualifications for Service," ACAMS, p.14.

- meet the required standards of visual acuity in each eye;
- had good hearing;
- could speak without impediment;
- had no glandular swellings;
- had a capacious and well formed chest, with a sound heart and sound lungs;
- was not ruptured in any degree or form;
- had well formed and fully developed limbs;
- had free and perfect motion in all of his joints;
- had well formed feet and toes;
- had no congenital malformation or defects;
- bore no traces of previous acute or chronic disease that indicated he had an impaired constitution; and,
- possessed “a sufficient number of sound teeth for efficient mastication.”³⁴

Almost immediately following this list of the basic physical qualities needed to be a soldier and with obvious reference to said virtues, the instructions then stated the following conditions were grounds for immediate rejection for service:

- indication of tubercular disease;
- constitutional syphilis;
- bronchial or laryngeal disease;
- palpitation or other diseases of the heart;
- a generally impaired constitution;
- visual acuity below required standard;
- defects in voice or hearing;
- pronounced stammering;
- loss or decay of teeth to such an extent as to materially interfere with efficient mastication;
- contraction or deformity of chest or joints;
- abnormal curvature of spine;
- defective intelligence;
- hernia;
- haemorrhoids;
- severe varicose veins or varicocele;
- inveterate cutaneous disease;
- chronic ulcers;
- fistula [abnormal connection or passageway between organs or vessels that normally do not connect]; or,
- any disease or physical defect...[that the examiner believed would make a recruit unfit]...for the duties of a soldier.³⁵

³⁴ *Instructions for the Physical Examination of Recruits* (London: King's Printer, 1914) [Hereafter IPER], p.1.

As well as being free of the listed impairments, a recruit was also required to meet some basic physical standards. Military regulations passed in August 1914 required that recruits of line infantry be between 19 and 30 years of age, and at least 5'3" tall. The regulations also required minimum girth for a recruit's expanded chest of no less than 33.5 inches, although, unlike the Canadian requirement, this minimum varied depending on a recruit's height and age.³⁶

The regulations provided the examiner with detailed instructions for conducting the examination. Recruits, as the above quoted passage indicates, were to be examined naked, preferably after they had washed. The examining doctor was to first stand "about 6 feet" from his subject, with the recruit being so placed "that the light might fall upon him." The recruit's height, weight and chest measurements were to be taken in that order, after which his vision was tested.

A recruit's height was to be measured against a measuring standard. He was to stand erect, but not rigid, with his heels, calves, buttocks and shoulders touching the standard. His weight was to be on his heels, and his chin depressed so that the vertex of his head was level under the standard's horizontal measuring bar. The recruit's height was to be recorded to one eighth of an inch. Chest measurements were to be taken with

³⁵ IPER, p.1.

³⁶ The above minimum height and chest requirements are those laid down for infantry of the line in the British Regular Army in 1914, and used as the basic recruiting standards at the outbreak of the war. By the time conscription was introduced in 1916, the age limit had been extended to 18-41 and the height requirements lowered to 5'2". The Household Cavalry and Foot Guards had higher standards, as did the artillery and cavalry of the line. The British Territorial Force, on the other hand, had lower standards. There were also differing requirements (usually less rigid) for men seeking commissions. Despite this apparent laxity, officers were generally taller, healthier and a better build due sociological factors. S.T. Beggs, *The Selection of the Recruit* (London: Ballière, Tindall and Cox, 1915), p.9; David Silbey "Bodies and Cultures Collide," p.64, 70; D.E. Langley, "Bounden Duty and Service: a Royal Welch Fusilier's Perspective of Eligibility and Liability to Serve in the Great War," *Stand To!, Journal of the Western Front Association*, No. 68, 2003, pp.6-17.

an equal eye for precision. The recruit was told to stand erect with his feet together. Once in this position he was to raise his hands above his head. The examiner was then to place his measuring tape around the recruit's chest, making sure that the upper edge of the tape touched the inferior angles of his subject's shoulder blades at the back, while the lower edge touched the upper part of the nipples at the front. The recruit was to lower his arms so that they hung loosely at his side. Care was to be taken during this repositioning process to make sure that the measuring tape was not displaced. Once all was considered ready, the recruit was to take deep breaths a number of times so that the maximum expansion of his chest could be measured. The examiner was then to note both the girth of the recruit's chest when fully expanded, and the range of expansion: Fractions less than one half of an inch were not to be recorded.

If a recruit had not brought "satisfactory proof of his age", the examiner estimated the recruit's age based on his height, weight, general development and appearance. The examiner then recorded his judgment on the recruit's attestation paper in the "apparent age" column. This practice was primarily intended to allow for the detection of overage men and underage boys. If the medical examiner was "in doubt as to [a] recruit's age" he was to return the attestation paper to the recruiting officer who was then expected to gain proof of the individual's age. Canadian medical examiners, despite no mention of such a test in the Canadian literature at the start of the war, conducted similar tests. For example, one of the reasons Joseph Blake was rejected at Valcartier in 1914 was because his medical examiner, Lieutenant (Lt.) E. Wilson, believed that the age Blake had provided was "manifestly wrong". Rather than looking forty-four, Blake looked to be fifty. Jules Henri Mercier, on the other hand, was

rejected because Lt. C.R. Graham felt that the professed eighteen-year-old looked “about sixteen.”³⁷

British recruits were subjected to the same visual acuity test as Canadian recruits, however the level of visual acuity required was considerably different. In order to be considered fit for frontline service, recruits were required to have visual acuity of either 20/80 in both eyes, or 20/20 and 20/270 in their right and left eye respectively. Men with no less than 20/20 vision in their left eye and 20/200 in their right eye were considered fit for support positions. As with Canada, recruits who wore glasses were to be rejected out of hand, unless they were to be officers.³⁸

If the recruit passed these tests, and appeared “otherwise eligible” a more detailed general examination was to be conducted. The recruit was first asked to walk across the room two or three times in front of the examiner. The procedure was then repeated with the recruit hopping on his toes. Having successfully completed these tasks, the recruit was to be directed to halt, stand upright and place his arms above his head. The medical examiner was then to slowly walk around him, “carefully inspecting the whole surface of his body.”

These tests were designed to allow the examiner to ascertain the recruit’s general physical development, and especially the formation, development, and power of limbs and joints. They also allowed for the detection of extreme flatness of feet, deformed toes, skin diseases, varicose veins, cicatrices [scars] or ulcers, birthmarks, and tattoos.

³⁷ Joseph Blake, LAC, FMR, Vol. 1; Jules Henri Mercier, LAC, FMR, Vol. 7. Also see, William Harris, LAC, FMR, Vol. 5.

³⁸ One wider exception to these visual acuity requirements existed for the Corps of Army Schoolmasters. A candidate for this corps was to be accepted if his medical examiner considered his vision, with or without glasses, was good.

While conducting these tests the examiner was also to consider whether the recruit presented the appearance of having served in the military in the past.

If no disqualifying impairments were discovered by this visual inspection, the recruit's trunk was then subjected to closer examination. Standing with his arms extended above his head and the backs of his hands touching, the recruit was to be inspected by the medical examiner in the following order. First, his genitalia were to be scrutinised for any indications that he was suffering (or had recently suffered) from venereal disease. Second, his scrotum was to be examined to ascertain both if his testicles had descended, and/or if he was suffering from varicocele. If the recruit was found to have an undescended testicle, the examiner was then to determine where the testicle was situated. If it was found to be either within the inguinal canal, or at the subcutaneous ring, the recruit was to be declared unfit, otherwise an undescended testicle did not disqualify a man for service.³⁹ The recruit was then examined for hernias by coughing as the examiner inserted his finger into the subcutaneous ring on each side of the scrotum.

Following successful examination of the recruit's lower torso, the medical examiner was then to turn his attention to his subject's chest. The examiner was first to ask the recruit to inhale deeply a number of times so that he might visually examine the man's breathing action and chest capacity. After finishing this visual inspection, the medical examiner was to then conduct a stethoscopic examination of the recruit's lungs and heart in order to establish whether or not the individual suffered from heart and lung defects.

³⁹ Although no reason was provided in the documentation for the difference in treatment between these groups of individuals, it was likely due to the fact that undescended testicles in the inguinal canal and subcutaneous ring can lead to hernias.

After examining the recruit's trunk, the medical examiner was then to turn his attention to the individual's arms and hands. The recruit was to be directed to stretch out his arms, palms upwards and then bend his fingers backwards and forwards. The recruit was then to bend his thumbs across his palms, and then his fingers across his thumbs. The examiner was then to ask the recruit to bend his wrists backwards and forwards, followed by bending elbows and then by turning the backs of his hands upwards. Finally, he was to be asked to swing his arms around. The objectives of this part of the medical examination were threefold: (1) to detect whether the recruit had lost or suffered from defects in his digits, wrists, elbows and shoulder-joint; (2) establish the forearm's power of rotation; and (3) to examine the recruit for vaccination marks.

The examination then moved to the recruit's lower extremities and back. Facing the medical examiner the recruit was first to stand on one foot and put the other one forward. In this position he was to bend his ankle and toes backwards and forwards. The process was then to be repeated with the other leg. The recruit was then to bend down on one knee and then the other. He was then to go down on both knees, and "spring up" from this position using both legs. Next, the recruit was to turn his back to the medical examiner, separate his legs and then touch the ground with his hands.

The objectives of the inspection of the recruits legs, feet, and back were to determine whether or not he had lost or suffered from defects in, his toes, ankles, knees, and spinal column. Moreover, it allowed the examiners to make sure that the recruit did not suffer from haemorrhoids, prolapsus ani (the eversion of the lower portion of the rectum, which causes it to protrude through the anus), and fistula in perinaeo (a

congenital malformation of the anus and rectum in which the anus is imperforate and there is a fistula exiting via a tiny hole in the perineum).

The final part of the examination focussed on the recruit's head and neck. This examination was to work from the top of the head downwards. The examiner was first directed to ask the recruit if he had ever received blows or cuts to the head, and if he were subject to fits of any kind. The examiner was then to examine the individual's scalp. Moving down from the scalp, the examiner was to turn his attention, in turn, to the recruit's ears, eyes, eyelids and nostrils. After this he was to examine the recruit's mouth, teeth, palate and fauces (hind part of the mouth, which leads into the pharynx). He was then to ask the recruit to say loudly "Who comes there?" before examining the potential soldier's neck.

The purpose of this part of the examination was to further detect if the recruit had suffered head injuries, or manifested any of the following ailments: "deafness; disease of the ears; defect of the voice; polypus of the nose (an abnormal swelling of the mucous membrane of the nose and sinuses that can lead to breathing difficulties); tubercular ulceration; glandular enlargement; and defects of the eyes and teeth." If the recruit was discovered to have a squint or any morbid condition of the eyes or eyelids that might get worse or recur during service, he was to be rejected. Likewise, individuals suffering from hearing loss or, indeed, outright deafness were also to be declared unfit to serve. Indeed, when conducting this part of the examination MOs were directed to take particular care to ascertain whether or not the recruit's eardrums had been perforated.

Ocular and aural deficiencies were grounds for a recruit's immediate rejection for service. This was not necessarily the case for dental insufficiencies. Although section 16 of IPER noted that loss or decay of teeth were grounds for rejection, recruits with dental deficiencies were not to be rejected outright. Rather, acceptance or rejection of a recruit with bad teeth depended upon the consideration of how his limited/corroded dental assets related to his general health. The regulations stated that "[t]he loss of many teeth in a man of indifferent constitution would point to rejection, whilst a robust recruit who had lost an equal number might be accepted." Stressing the importance the military placed on influence of other factors on whether or not a dentally deficient recruit was accepted or rejected for service, the regulation went on to state that "[t]oo much attention cannot be paid to this latter point." Conversely, men with dentures were to be rejected no matter if their general physical appearance indicated robust health. Similar directives were not added to Canadian instructions for the medical inspection of recruits until 1916.⁴⁰

Other than changes in physical requirements for recruits, a few relatively minor additions either for clarification purposes or to highlight particular areas of concern, Canadian documentation relating to medical examination of recruits did not substantively change or become any more detailed until 1917. The 1916 "Instructions Regarding Physical Qualifications and Medical Instruction of Recruits C.E.F" contained the same list of disqualifying impairments as in 1910 – except for bad teeth because, as

⁴⁰ Canadian medical examiners and recruiting officers had been directed to accept men with bad teeth and dentures in mid 1915. However, the first mention of the acceptance of men with bad teeth and dentures only appeared in published recruiting instructions in 1916. IGOA16, p. 26; "Rules for inspection of recruits as to teeth," Memorandum, Department of Militia and Defence, The Chief Dental Surgeon, March 15, 1916, LAC, RG24, Vol.1311, File HQ593-3-7, "Medical Inspection of Recruits, 2nd Contingent European War" [Hereafter MIRSC1].

noted above, dental requirements had changed in 1915. In common with the 1910 guidelines, the 1916 document also offered MOs little in the way of direction as to how the examination should be conducted. Indicative of the ongoing problems with men being passed who should have been rejected, it did, however, carry a warning that medical examiners exercise great caution when accepting men for service. Leaving no doubt as to where the blame for the surfeit of unfit men who continued to be passed into the service was deemed to lay, this warning ended by stating that “in most cases... [these men had been passed]...as a result of carelessness and lack of attention to details on the part of the Medical Examiner.”⁴¹

In 1917, the Canadian military adopted British documentation relating to medical examinations in an attempt by the new General Officer Commanding (GOC) Canadians England, Lieutenant-General Sir R. E. W. Turner, V.C., to bring Canadian standards of training, equipment and fitness into line with those of Britain.⁴² Entitled *Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force and for the Active Militia* (PS17), the twelve-page document provided to Canadian MOs was largely the same document as that provided to British medical examiners in 1914. However, there were some notable deletions and additions. Removed from the Canadian document were the two and a half pages of general instructions relating to the administration of the medical examination, and

⁴¹ IGOA16, pp. 26-27.

⁴² Turner's appointment as GOC Canadians England in December 1916 was part of the reorganisation of the administration of Canadian overseas forces that began with the formation of the Ministry of Overseas Military Forces of Canada on October 27, 1916. The Ministry had been created in an attempt to combat the chaotic state of Canadian forces overseas which was limiting the ability of the Canadian Corps to act effectively in the field, particularly with regard to reinforcements and training. It was Sir Sam Hughes's negative reaction to the formation of this Ministry, which was designed in part to limit his influence, that finally caused Sir Robert Borden to force him to resign in November 1916. Macphail, *The Medical Services*, p.153; Haycock, *Sam Hughes*, pp.258-310; Morton, *A Peculiar Kind of Politics*, pp.64-105 (on Turner's appointment see pp.97-98).

detailed height and weight comparison charts found in the 1914 British document. Added was a page discussing the special (relaxed) standards for support units and three appendices. The first two of these appendices dealt with standards of vision and hearing required of recruits for both combat and support units. The third stated that men with “severe nasal obstruction” were not to be enlisted because it had been found those suffering from such conditions found it difficult, if not impossible, to use gas masks. Although polypus of the nose had been a reason for rejection because it could limit breathing, the addition of the appendix indicates how changing battlefield realities – in this case the introduction of chemical weapons – affected who was and was not considered fit for combat. Men who were unable to use respirators were of no use in the gas-poisoned world of the trenches.⁴³ Also added was a graphic description of what constituted severe [marked] varicocele: “Varicocele will be considered severe when the mass of veins is so great that it hangs down in front of the testicle when the candidate stands up or if the cord is so elongated that the testicle hangs abnormally low.”⁴⁴ The necessity for such direction had been obvious since at least mid 1915. In July of that year a letter from the Adjutant-General (AG)’s office stressed that while considerable care should be taken not to recruit men who suffered from “marked varicocele”, medical examiners should not be too eager to reject those with the condition, to wit:

...recruits pursuing in civil life active and laborious occupations, have been pronounced “unfit” on account of slight varicocele, which prior to medical examination was unsuspected. It is requested that a very careful examination be made in order that men who wish to serve may not be rejected on insufficient grounds.⁴⁵

⁴³ PS17.

⁴⁴ PS17, p.1

⁴⁵ Similar problems existed in the British Forces. The November 21 issue of *The Lancet* carried a letter from Dr. C. J. Bond, Consulting Surgeon to the Leicester Royal Infirmary, “respectfully suggesting that some definite instruction should be given from headquarters to medical officers examining recruits not to reject on account of varicocele (except in extreme form)...” Buttressing his suggestion, Bond noted that

Running at twenty-seven pages, the 1918 edition of the *Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force and for the Active Militia* (PS18) was even more detailed.⁴⁶ Although reflecting some changes in recruiting requirements, much of this additional detail came in the form of guidelines on how to categorise military fitness based on two alpha-numeric classificatory systems – entitled the *Classification of Men by Categories in Canada* (CMCC) and the *Classification of Men by Categories in the British Isles* (CMCB), respectively – that had been enacted by the Canadian authorities in 1917.

Adopted by the Canadian military on May 3, 1917, the CMCC placed all enlisted men serving Canada in one of 5 categories (A-E), which were in turn divided into a number of subcategories identified by a number. Men were no longer graded “fit” and “unfit”, but rather categorised according to their perceived physical development into different skill/fitness levels. A.1., the highest category, indicated that a recruit was considered to be “fit for despatch overseas both with regards to [his] training in Canada and [his] physical and mental qualifications.” Categories A.2. through A.4. covered men who were considered fit for general service, but had yet to meet the A.1. standard. The subdivisions within Category A were only used in Canada. All men proceeding overseas were simply classified as Category A men. Category B men were those men considered fit for service overseas, but not in direct combat positions. Included in this category were men deemed fit to serve in the CAMC, the Canadian Army Dental Corps

“different practice among different medical officers leads to inconsistency...and prevents a considerable number of healthy and active men from entering the army.” Adjutant-General (AG), Canadian Militia to Officer Commanding, 3rd Division, July 28, 1915, LAC, MIRSC1; C. J. Bond, “The Medical Profession and Recruiting,” *The Lancet*, Vol.184, Issue 4760, November 1914, p.1219.

⁴⁶ *Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force and for the Active Militia 1918* (Ottawa: King’s Printer, 1918) [Hereafter PS18].

(CADC) as well as forestry, pioneer, labour and construction units. Category C men were only considered fit for service in Canada. Category D, “Temporary unfit”, was used as a holding category for men awaiting medical treatment. Quarantined men were not placed within this category, but rather retained their original classification. The final category, Class E, indicated a man awaiting discharge or reclassification. This category was used most often to indicate a man found unfit for any form of service.⁴⁷

As well as outlining where, and in what units, men in each of its categories could serve, the CMCC also provided a general guide to medical examiners for placing men in the various categories:

- A. Men already serving, recruits when trained or returned C.E.F. men when their physical condition warrants it. Able to march, see to shoot, hear well and absolutely well able to stand active service conditions
- B. Men already serving, recruits when trained or returned C.E.F. men when their physical condition warrants it. Free from serious organic defects, able to stand service conditions in the line of communications in France.
 - B.1. Able to march at least 5 miles, see to shoot with glasses and hear well⁴⁸
 - B.2. Able to walk to and from work at least five miles, see and hear sufficiently for ordinary purposes and fulfilling conditions laid down in special instructions
 - B.3. Only suitable for sedentary work⁴⁹
- C. Free from serious organic disease, able to stand service conditions in Canada
 - C.1. Able to march at least 5 miles, see to shoot with glasses and to hear well
 - C.2. Able to walk to and from work, a distance not exceeding 5 miles
 - C.3. Only suitable for sedentary work⁵⁰

⁴⁷ AG, Canadian Militia, May 3, 1917, LAC, RG24, Vol.6536, HQ 649-1-79, “Treatment Generally of C.E.F. Soldiers found Medically Unfit (1917-19).” Also see Appendix 3A: “Categories used by Canadian and British Forces to Classify Recruits and Soldiers, 1914-1918” [Hereafter Appendix 3A].

⁴⁸ B.1. was not an applicable category for men in the CMCC, it is thus unclear why general physical characteristics for this category were provided. See text below and Appendix 3A.

⁴⁹ B.3. was not an applicable category for men proceeding overseas. See text below and Appendix 3A.

⁵⁰ AG, Canadian Militia, May 3, 1917, LAC, RG24, Vol.6536, HQ 649-1-79, “Treatment Generally of C.E.F. Soldiers found medically unfit (1917-19).”

These standards offer a clear indication as to the Canadian military authorities' general expectations with regard to the physical characteristics and abilities of men placed in each of the CMCC's categories. But guidance provided to medical examiners did not end there. On May 9, 1917, the AG, Canadian Militia, distributed a memorandum to Canada's MDs that contained detailed directions as to how men with a variety of different impairments – including varicose veins, heart conditions, hernias, and flat feet – were to be classified under the CMCC alpha-numeric scale. It also indicated acceptable corrective measures, including both the use of corrective devices and operations, for some of the impairments. The following directives were, for example, given with regard to hernias:

Inguinal hernia – No man may be accepted for overseas service abroad in classes "A" or "B", who is ruptured in any degree or form.

Femoral hernia – Cases for femoral hernia occurring after enlistment should undergo operation or be classed in "E" for discharge from the service.

Ventral hernia (post-operative) – If a definite protrusion exists, these cases should not be classed higher than "C" (III).

In the case of hernia which have been recently operated upon, if the soldier states there is pain in the region of the operation, but no objective signs are present, the case should be classed in "D".

Where, in addition to pain, there is swelling or atrophy of the testicle, or other signs of pressure, the case should not be class higher than "C" (III).

When a soldier is fitted with a truss, an entry of the fact should be made in his Medical History Sheet in the space reserved for defects not sufficient to warrant rejection.⁵¹

Such directives were not only intended to guide medical examiners when classifying recruits and enlisted men in their districts, but also to ensure a uniform treatment and classification of men by further removing medical examiners'

⁵¹Adjutant General, Canadian Militia, May 9, 1917, LAC, CCBPS. For further examples see Appendix 3B: "Examples of the utilisation of the CEF's May 1917 Classification System in *Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force and for the Active Militia, 1918*"[Hereafter Appendix 3B].

interpretative leeway with regard to individuals' physical suitability for combat. The CMCC's alpha-numeric codes soon appeared on recruits' attestation papers (Figure 1).

The classification system used in Canada was based on a British classificatory system that had been introduced in 1916. While minor differences between the two systems existed in the 'A' and 'C' categories, the major differences were to be found within the 'B' and 'D' categories. Unlike the British system, which had 3 classifications in its 'B' and 'D' categories the CMCC only had one classification in its 'B' and 'D' categories (B2 and D3, respectively). This action was taken to limit the number of unfit men sent overseas by the Canadian forces. Men who would have been classified as B1 (fit for garrison duty abroad) or B3 (fit for sedentary work abroad) under the British system were placed in the CMCC's C1 and C3 categories, respectively. The British D1 (temporarily unfit, in command depot), D2 (temporarily unfit, in regimental depot), and D3 (in any unit or depot under or awaiting medical or dental treatment) categories, were all collapsed into the Canadian D3.⁵²

⁵² See Appendix 3A for a full description of the British classificatory system.

Description of LARQUE - Marcel on Enlistment.

Apparent Age <u>26</u> years <u>1</u> months. (To be determined according to the instructions given in the Regulations for Army Medical Services.)		Distinctive marks, and marks indicating congenital peculiarities or previous disease. (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the main acknowledgment to any previous service, attach a slip to that effect, for the information of the Approving Officer.)
Height <u>5</u> ft <u>2 1/2</u> ins.		
Chest measured under arms	Girth when fully expanded <u>37</u> ins.	<i>Handwritten signature</i>
	Range of expansion <u>3 1/2</u> ins.	
Complexion <u>Dark</u>		<u>2</u> <u>1</u> <u>1</u>
Eyes <u>Hasel</u>		
Hair <u>Brown</u>		
Religious denominations.	Church of England.....	
	Presbyterian.....	
	Methodist.....	
	Baptist or Congregationalist.....	
	Roman Catholic <u>Yes</u>	
Jewish.....		
Other denominations (If denomination to be stated.)		

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him FIT BP for the Canadian Over-Seas Expeditionary Force. BP

Date January 8th 1918.

Place Sudbury Ontario

"Insert here 'fit' or 'unfit'."
Note.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attended, and will briefly state below the cause of unfitness.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Marcel Laroue having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Handwritten signature
(Signature of Officer)
O. C. ENGINEERS RECRUITING DEPOT

Date 191

Figure 1: The attestation paper of Marcel Laroue indicating he had been graded as B2 ("able to stand service conditions in the line of communications in France").⁵³

⁵³ #1288862 Laroue, Marcel, LAC, PF, Vol. 5411 - 57

The 1916 British classificatory system had itself evolved from earlier systems of classification. The first of these systems had been introduced along with centralised medical boards in March 1915 as a means to ensure uniformity in standards of selection amongst reinforcement drafts. Initially these medical boards, which consisted of two or three members of the Royal Army Medical Corps (RAMC), were to place groups in four categories: A, fit for service home or abroad; B, temporarily unfit for service abroad; C, fit for service at home only; and, D, unfit for service at home or abroad. The system was reformed in December 1915 after it became evident that the new system was not producing the desired effect of uniformity. Classification of men became far more detailed, with five categories and four sub-categories of fitness being introduced: 1, Fit for general service; 2, fit for field service at home; 3(a) fit for garrison service abroad; 3(b), fit for garrison service at home; 4(a) fit for labour, such as road-making, entrenching and other works; 4(b) fit for sedentary work only, such as clerical work; 5, unfit for any military service. This system was superseded in 1916 by the alpha-numeric classificatory system that would be modified for Canada in May 1917.⁵⁴

While the Canadian military authorities used a modified version of the British alpha-numeric classificatory system in Canada, Canadian Overseas Military Forces (COMF) retained the use of the British system. This was not only because COMF was under the command of the imperial military authorities, but also because it used such

⁵⁴ The British would later add another level of classification when the Ministry of National Service took over recruiting in November 1917. National Service medical boards did not place recruits in the alpha-numeric system introduced in 1916, but rather classified them in four numbered grades (I-IV). These grades roughly corresponded to the military's administrative categories, and when recruits were handed over to the military they were categorised accordingly. For an excellent summary of the development and evolution of the British classificatory system, as well as the forces motivating its introduction see W.G. MacPherson, *History of the Great War: Medical Services General History*, Vol. 1 (London: King's Printer, 1921), pp.119-125. Also see Winter, "Military Fitness and Civilian Health in Britain During the First World War," pp. 215-222; Appendix 3A.

classifications in a different way than the Canadian forces within Canada. Rather than being concerned with making sure only those fit for overseas service were shipped to Europe, the COMF authorities were concerned with ensuring as many men as possible were made fit for the trenches (i.e. category A1) as quickly as possible. Officers were told that all men arriving in drafts from Canada were either A2 (men who had not been previously overseas and would be fit for A1 once trained) or A4 (men under the age of 19, who will be fit for A1 or A2 once they turn 19) men, or temporarily unfit due to illness or dental problems in which case they were to be classified as D3 (awaiting medical or dental treatment and will join their original category once treated) men.⁵⁵ In other words, officers were to make sure the new troops got the training and medical attention they needed so that they might be ready to serve at the front.

As well as ensuring the rapid preparation of newly arrived troops for the front, COMF also used the classificatory system as a means to categorise the fitness of soldiers leaving hospitals after having been wounded or otherwise incapacitated. COMF officers were not only provided with instruction regarding how men leaving hospitals should be categorised, but also where they should be stationed once they had received their alpha-numeric designation.⁵⁶

In November 1917, COMF altered the system of classification it had been using to categorise Canadian troops serving in Europe. Ultimately entitled *Classification of Men by Categories in the British Isles*, this classificatory system abolished the distinction between categories B and C, and in doing so promoted those men categorised

⁵⁵ An obvious, but unstated exception to this assumption was, of course, men sent to Europe as members of support battalions.

⁵⁶ "System of Categorisation Explained," date unknown (Department of Militia and Defence's received stamp dated Jul 26, 1917), LAC, RG24, G.A.Q 9-25, "Copies of Correspondence Etc. Bearing on the Physical Standards of Recruits for CEF, European War" [Hereafter CCBPS].

as C1, C2 and C3 into corresponding subdivisions in Category B. This move, it was stated, was designed to simplify the administration of COMF personnel.⁵⁷ In particular it was recognition of the fact that C category (fit for service at home only) did not, by their very classification, meet the requirements of COMF. In relation, it can also be argued that the incorporation of category C into category B was a means to disguise the fact that a large number of men serving overseas should not have, according to the military's own standards, been there. Although there was some discussion about the CMCB being adopted in Canada, this move was eventually rejected.

The rejection of CMCB use in Canada was founded primarily on a question of utility. In a November 24, 1917, memorandum discussing the proposed implementation of the CMCB in Canada, Col. J. L. Potter, Assistant Deputy Director Medical Services (A/DDMS) noted two advantages to retaining the CMCC: (1) civilian and military medical examiners in Canada were familiar with the system; and (2) if it became necessary under the *Military Services Act, 1917* to call up men lower than Category A, only those fit for service abroad in units under Category B, and not lower categories, would need to present themselves. This would, Potter stated, save considerable expense and time as medical boards would not have to re-examine men who had already been classified as unfit for overseas service.⁵⁸ Buttressing his point, the A/DDMS also noted that the adoption of CMCB classifications in Canada would significantly increase the work of medical boards if it became necessary to call up men lower than Category A. As the CMCB's Category B combined the CMCC's B and C categories, if CMCB

⁵⁷ Routine Order No.2799, November 2, 1917, LAC, CCBPS. For a full description of this classification system see Appendix 3A.

⁵⁸ The one exception to this general rule, Potter noted, would be in the instance men were needed for service in Canada, in which case Category C men could also be called up.

Category B men were to be called up in Canada, a “very great number” of them would be found unfit for overseas service.⁵⁹

Determining if a recruit were a fit candidate for the trenches was, thus, both an empirical and interpretive process. Many of the minimum physical standards allowed medical examiners little interpretative leeway. Indeed, at least on paper, the medical examination bore the mantle of science. A supposedly impartial examiner followed strict methodological guidelines in order to adjudge an individual’s fitness for service in relation to fixed, measurable standards.⁶⁰

Other areas of enquiry did, on the other hand, allow the medical examiner the chance to exercise considerable discretion. Deciding whether or not a recruit met the minimum standards of intelligence, was likely to make an efficient soldier, or had the right moral-fibre to be a soldier were judgements that were often founded on a MO’s subjective opinion rather than objective analysis. Nor did such subjectivities end with character judgements. For example, determining whether a man with bad teeth was robust enough to serve in spite of his dental deficiencies, or if an individual’s varicocele were “marked” were also subjective questions that provided medical examiners with considerable interpretative leeway with respect to who they might and might not pass as fit. Much the same observation can be made with reference to the requirement that MOs estimate a recruit’s age based on his physical characteristics.

⁵⁹ A/DDGMS to A/DMS, November 24, 1917, “The Proposed Change of Categorisation to Follow Changes in England as referred to in Routine Order No.2799 by Lt. Gen R.W. Turner, V.C., K.C.M.G., C.B., D.S.O. Folio 121,” and Department of Militia and Defence Memorandum, “The Proposed Change of Categorisation to Follow Changes in England, Routine Order No.2799 by Lt. Gen R.W. Turner, V.C., K.C.M.G., C.B., D.S.O., Folio 121,” November 28, 1917, LAC, CCBPS.

⁶⁰ Silbey, “Bodies and Cultures Collide,” pp.61-64.

Medical examiners' interpretative flexibility was increasingly limited as the war continued. The introduction of progressively more detailed instructions that both strictly defined the manner in which medical examinations were meant to be carried out and what characterised disqualifying impairments, along with the related development of comprehensive fitness classificatory systems effectively removed, at least on paper, many of the grey areas a medical examiner faced when adjudging a recruit's fitness for service. At the end of the conflict, the concept of military fitness was considerably more regimented than it had been in the summer of 1914. Moreover, it was also significantly more complex. By 1918, Canadian medical examiners were no longer simply using a dichotomous classificatory system, which directed them to label men as either fit or unfit to serve, but a graduated scale that contained either 10 (CMCC) or nine (CMCB) levels of military fitness that ranged from men deemed fit to fight in the trenches through to those deemed unfit to don the khaki.

The evolution of the medical examination and the development of the CMCC and the CMCB are not, however, only important because they regimented the concept of military fitness. Rather, they were also important because they reflect how the Canadian military's concept of military fitness changed during conflict. The manpower shortages experienced by the CEF not only led the Canadian military authorities to enact increasingly less demanding standards of military fitness for frontline combat personnel as the war continued, but also caused them to focus their attention on employing the CEF's manpower resources as efficiently as possible. As a result, many men rejected as unfit for service at Valcartier in 1914 were subsequently deemed fit for the trenches.

Moreover, being deemed unfit for the trenches did not necessarily mean that one was also deemed unfit to serve.

Chapter Three

No Longer Cause for Rejection: Changing Standards of Military Fitness

Few of the physical and medical standards set by the Canadian authorities at the start of the Great War survived the conflict unscathed. During the war there was an almost constant evolution in physical and medical standards required of men for service. The two most obvious trends in this evolution were the lowering minimum physical standards required for service in the infantry, and the concurrent development of differing, and often even lower, physical standards for support units. At its heart this evolution was driven by manpower shortages. Faced with the constant need to replenish combat battalions that were haemorrhaging men at an alarming rate, while simultaneously trying to meet the Canadian government's increasingly extravagant manpower commitments, the Canadian military was forced to spread its nets ever wider in its search for men to fill its ranks. Redefining the CEF's standards of military fitness was a means of doing so; as the minimum physical standards required of recruits dropped, the pool of men eligible for service grew. For example, it was estimated in early 1916 that if minimum height requirement for infantry was dropped from 5'2" to 5' that approximately 17,000 more men could be recruited for the Second Division alone.¹ While such an estimate was likely overly optimistic, it did point to the fact that one of

¹ "Bantam Battalion Is Latest Proposal," *Toronto Globe*, January 1, 1916, p.9.

the main hindrances faced by the CEF when attempting to fill its ranks were its own physical requirements.²

These measures did not ultimately negate the need for the Canadian authorities to pursue conscription in order to meet the CEF's manpower needs. Redefining the minimum standards required of recruits was a passive means of opening up manpower resources. Although such measures allowed for more recruits, they were still dependent on men *volunteering* to serve. Changes in physical standards opened the door for individuals to serve but did not push them through it. In fact, even with the lowering of medical standards, recruiting dropped steadily from late 1915 onwards.³ Nevertheless, it is certain that many of the men recruited for service after the lowering of standards would have been turned away in August-September 1914. Moreover, when conscription was introduced in late 1917, the Canadian military had, all other things remaining the same, a greater pool of men open to it than it would have in 1914.

This chapter describes the changes in CEF recruiting standards during the war. It reveals the degree to which the realities of the Great War caused the Canadian military to redefine and expand its concept of military fitness. Such an examination is of import for two reasons. First, although Canadian historians have acknowledged the lowering of physical and medical standards – usually in regard to height and chest measurements – few, if any, have explored the extent to which these standards changed during the Great War. Nor have they acknowledged the fact that, despite the manpower

² This was well recognised by the military. In September 1914 recruiting authorities in England temporarily raised the minimum height requirement for infantry from 5'3" to 5'6" in order to stem the overwhelming tide of men volunteering for service. Silbey, "Bodies and Cultures Collide," p. 70.

³ R. Craig Brown and Donald Loveridge, "Unrequited Faith: Recruiting the CEF, 1914-1918," in C.M. Wallace, R.M. Bray, and A.D. Gilbert, eds., *Reappraisals in Canadian History: Post Confederation*, 2nd edition, p.305-306.

crisis, some standards actually rose as the war continued.⁴ Second, the changing standards directly indicate the fluid nature of the concept of disability. Far from being fixed, the characteristics considered to make a man (un)fit to serve were reinterpreted as the war continued. Some impairments construed as disabling by the Canadian military authorities in 1914 were not considered so in 1918. Importantly, this reinterpretation was not only characterised by a lowering of the minimum physical and medical standards required for service, but also by a graduated level of fitness that recognised differing levels of (in)ability.

In August 1914, the Canadian government committed to sending a single division of 25,000 men to defend the empire.⁵ This commitment increased before the First Contingent even sailed. With recruiting exceeding all requirements and an enthusiastic Sam Hughes unwilling to turn any man deemed fit to serve away, the First Contingent sailed for England on October 3, 1914, approximately 31,000 strong.⁶ Authorised a mere four days after the First Contingent left Canada's shores October 7, 1914, the Second Contingent added another 20,000 men to the CEF. By the end of 1914, the CEF had enlisted 56,585 men, and the number continued to grow in size. When the Second Contingent was shipped to England in April 1915 the CEF was over

⁴ Cook, *At the Sharp End*, p.26; Morton and Granastein, *Marching to Armageddon*, p.31

⁵ This number consisted of one division, including supporting elements and initial reinforcements, as well as troops surplus to divisional requirements, to wit: one cavalry regiment, two batteries of horse artillery, and one infantry battalion. Cook, *At the Sharp End*, p.32; Charles Hanbury-Williams, "Creating the Canadian Army," in *Canada in the Great World War, Memorial Edition: An Authentic Account of the Military History of Canada from the Earliest Days to the Close of the War of the Nations*, Vol. II (Toronto: United Publishers of Canada, 1919), p.54; Nicholson, *Official History of the Canadian Army in the First World War*, p.18.

⁶ Hanbury-Williams, "Creating the Canadian Army," p.55; Cook, *At the Sharp End*, p.53; Nicholson, *Official History of the Canadian Army in the First World War*, p.29.

100,000 men strong.⁷ Two months later in June 1915, the Dominion government raised Canada's commitment to 150,000 men. In November of the same year this commitment was further increased to 250,000 men. On January 1, 1916, Sir Robert Borden announced that CEF would be increased to half-a-million men. It was a promise that was never fulfilled.⁸

Made by a government keen to demonstrate Canada's loyalty to the empire, and, indeed, her nascent power,⁹ Canada's promise to place 250,000 men, let alone 500,000 men, in the field was unduly optimistic. While half-a-million men – a sixteenth of Canada's population in 1914 – would be accepted for service before the imposition of conscription in late 1917, many of these men were needed to reinforce the units Canada had already committed to the fight.¹⁰ Such needs were not insignificant. Referencing British statistics, Major-General (Maj. Gen.) Willoughby Gwatkin, Canada's Chief of the General Staff at the start of the war, warned his civilian masters that a division would require 15,000-20,000 men a year to replace losses through battlefield casualties, sickness, accident, desertion and the like. In light of such calculations Gwatkin estimated that the largest force Canada might comfortably support – especially if the war was to be a long one – was three divisions. Canada would ultimately place four

⁷ Morton and Granatstein, *Marching to Armageddon*, p.30; Hanbury-Williams, "Creating the Canadian Army," p.60.

⁸ Morton and Granatstein, *Marching to Armageddon*, p.30;

⁹ An indication of the belief in Canada's military power held by some Canadians can be seen in Sam Hughes's October 7, 1914 announcement, made in New York, that Canada "could send enough men to add the finishing touches to Germany without the assistance either from England or France." Hughes made similar comments in London, much to the dismay of his cabinet colleagues who considered his extravagant promises to be further evidence of his mental instability. It should be noted, however, that the firebrand Hughes was not alone in making such pronouncements. In December 1914 Robert Borden responded in the following manner when asked if the CEF would ever reach 100,000 men: "[i]f the preservation of our Empire demands twice or thrice that number, we shall ask for them." Quoted in Brown and Donald Loveridge, "Unrequited Faith," p.301; Cook, *At the Sharp End*, p.77.

¹⁰ Morton, *Fight or Pay*, p.45.

divisions in the field.¹¹ Requiring approximately 75,000 reinforcements a year (c.6,250 men per month) to stay at fighting strength, it was difficult enough for Canada to keep these formations at fighting strength, let alone place 500,000 men in the trenches.¹² In January 1918, two years after Borden's promise of a half-million man army, the CEF in France was 140,000 strong. Since the start of the war it had suffered approximately 150,000 casualties, 61,000 (41 per cent) of which had been experienced by the end of 1916.¹³ In the face of such realities, by mid-1915 the Canadian military authorities could not afford to be as selective as they had been in 1914.

Although the major motivating factor behind the reconsideration of physical and medical requirements would come to be the incessant demand for men, the first moves to make changes to the CEF's physical standards occurred before the force experienced

¹¹ The 21,000 strong 5th Canadian Division, which had begun forming in early 1917, was broken up in England in February 1918 in order to reinforce the CEF after it had suffered heavy casualties at Passchendaele. Cook, *Shock Troops*, p.262; J.L. Granatstein, "Conscription and the Great War", in David Mackenzie, ed., *Canada and the First World War: Essays in honour of Robert Craig Brown* (Toronto: University of Toronto Press, 2005), p.68.

¹² In November 1914 Britain's War Office had advised the Canadian Government that reinforcements should be provided at a rate of 25 per cent per month. This meant the First Contingent (later named the 1st Division) required between 3,000 and 4,000 men a month, a reinforcement rate that would double when the Second Division reached the field. These calculations, which did not include the 300 men per month required to reinforce the privately raised Princess Patricia's Canadian Light Infantry (PPCLI), were significantly higher than pre-war estimates which placed a division's reinforcement requirements at approximately 1,000 men a month to retain its fighting strength. Morton and Granatstein, *Marching to Armageddon*, pp.30, 144; Hanbury-Williams, "Creating the Canadian Army," pp.55, 60; Cook, *At the Sharp End*, pp. 88-89.

¹³ By the end of the war approximately 425,000 Canadians had served overseas in the CEF. Of this number 345,000 served in France. Cook, *At the Sharp End*, pp.527-529; Cook, *Shock Troops*, pp. 368-369, 611-614.

serious combat losses, or, indeed, faced a manpower crisis.¹⁴ But it was not before the realities of the war in which Canada was embroiled had become readily apparent.¹⁵

In late 1914, the Canadian military authorities began to eliminate the possession of dentures or teeth of questionable value as a reason for rejection for service in the CEF.¹⁶ Militia Order 162 of March 29, 1915, authorised the temporary appointment of dental surgeons to the Second Contingent to ensure that the Contingent's members' teeth were in proper condition before embarkation for England. As well as allowing for dental surgeons to correct troops' dental deficiencies before departure for England, the order further directed that dental surgeons be attached to the overseas forces.¹⁷ Less than one month later on April 26, 1915, the CADC was established.¹⁸

As a result, by mid 1915 medical examiners and recruiting officers were directed that defective teeth, "so long as they did not seriously impair the man's general physical condition," were no longer grounds for rejection. The possession of dentures, partial or

¹⁴ The Canadian Division arrived in France in February 1915 after four months of training in England. Although the division had suffered casualties to shelling, snipers, sickness, and accident in February and March, it was not until the infamous Second Battle of Ypres that the division experienced significant losses. This statement does not include the PPCLI, which first saw combat in early January 1915 as part of the British 27th Division. Cook, *At the Sharp End*, pp. 88-89, 100-101, 159, 165.

¹⁵ By the end of 1914, the French, German and British Armies had suffered 800,000, 750,000, and 95,000 casualties, respectively. Cook, *At the Sharp End*, p.66.

¹⁶ The Imperial authorities had directed in November 1914 that men were not to be discharged on the grounds of dental problems if such problems could be corrected with treatment. Two months later in January 1915, the same authorities stated that the men with dental deficiencies might be taken on strength if they agreed to treatment. While the first directive was put into place in Canada by early December 1914, it is unclear when the second directive was put into place. However, given that Canadian medical examiners were being advised that poor teeth were no longer grounds for rejection as late as July 1915, evidence would seem to suggest that the directive took some months to trickle down to medical officers in Canada. "Fix Soldiers Teeth," *Toronto Star*, December 16, 1914, p.10; H. M. Jackson, *The Story of the Royal Canadian Dental Corps* (Ottawa: No Publisher, 1956), p.4; see below.

¹⁷ "Canadian Expeditionary Force – Dental Services," Militia Order 162, 1915, cited in ACAMS, pp.41-42.

¹⁸ The Canadian military had employed dentists prior to the Great War. However, these individuals had been part of the Medical Corps rather than a distinct unit. "Canadian Expeditionary Force – Establishment Canadian Army Dental Corps," Militia Order 219, April 26, 1915, cited in ACAMS, p. 46-47; "Canadian Expeditionary Force – Establishment Canadian Army Dental Corps," Militia Order 257, May 17, 1915, cited in ACAMS, p.54; "Compiled by Major Gorssline From War Dairy of ADMS 1st Div. and DDMS CDN Corps," LAC, CCBPS; Jackson, *The Story of the Royal Canadian Dental Corps*, pp.1-7; Col. (Retired) Peter McQueen, RCDC, private correspondence.

full, were likewise no longer considered a disqualifying characteristic. Rather, men identified as requiring dental work were to be noted on their recruiting documents as “for the attention of the Dental Corps” and detailed as early as possible after arrival in their training camp. As a result, men rejected due to their teeth in 1914 were now not only considered fit, but also garnered the advantage of free dental care.¹⁹ One should not overstate the level of this care. Twenty-two-year-old Bill Michaud’s initial examination for the 21st Canadian Infantry Battalion found him fit except for one bad tooth. The offending tooth was removed by an apprentice dentist, without the aid of anaesthetic, while Michuad sat on a kitchen chair in front of a sink. The procedure, to use Michuad’s words, hurt “one hell of a lot.”²⁰ Well-known Nova Scotian journalist and essayist Will R. Bird also endured painkiller-free plier therapy to ensure his fitness for the trenches.²¹

Disease of the gums remained a potential reason for rejection with medical examiners being directed to “[take care]...that there is no disease of the gums, which might render a man unfit.” Medical examiners were given no instructions as to which diseases of the gums might cause a man to become unfit. Likewise, they were left to their own devices in deciding when a man’s decayed dental assets seriously impaired his health.²²

No reason was provided for the military’s change in policy with regard to recruits’ teeth. However, it would be reasonable to believe that it was at least partially motivated by the vast numbers of otherwise fit men that the military was obliged to turn

¹⁹ ADMS 3rd Division to Medical Officers i/c recruiting, Jul 31, 1915 and August 16, 1915, LAC, MIRSC1; ADMS 2nd Division to ?, date unknown; LAC, MIR2C1.

²⁰ Michaud, “Thought of a Rainy Day,” p.11.

²¹ Bird, *And We Go On*, p. 14.

²² IGOA16, p. 26.

away due to their teeth. Indeed, although the CEF was not yet facing a manpower crisis, turning away so many volunteers must have caused concern. In this sense, the CEF's dental requirements were not only a reaction to the realities of the battlefield, but also the realities of the dental health of many Canadians. In a period in which many Canadians had less than pearly white teeth, if they had them at all, the military had to adapt its dental standards if it was to secure the manpower that it needed. However, the CEF could not simply accept men with rotten teeth, or no teeth at all. A man who could not eat military rations was of no use as a soldier. Thus, the military was obliged to repair its would-be warriors before placing them in the field.

More changes followed. In July 1915, less than three months after the 1st Canadian Division suffered horrific casualties in the Second Battle of Ypres,²³ the military authorities lowered the CEF's minimum height requirements and adjusted its standards for chest measurements. Infantrymen were now required to be 5'2" instead of 5'3", while the minimum height mandated for artillerymen dropped three inches to 5'4". The minimum chest measurement for recruits aged between eighteen and thirty was dropped half an inch to 33", while recruits between thirty and forty-five were required to have at least a 34" expanded chest.²⁴ The alternations in chest measurements reflected pre-war British standards and were indicative of the belief that men did not reach their full bulk until approximately thirty years of age. This chest measurement requirement remained the same for the rest of the war.²⁵

²³ In the space of a week (April 22-April 30) the division lost 169 officers and 5,248 other ranks, or roughly one half of its infantry strength. Nathan M. Greenfield, *Baptism of Fire: The Second Battle of Ypres and the Forging of Canada, April 1915* (Toronto: HarperCollins, 2007), p.369. Also see Nicholson, *Official History of the Canadian Army in the First World War*, p.92.

²⁴ "Physical Standards for Recruits C.E.F Alterations," July 21, 1915, cited in ACAMS, p.62

²⁵ One notable exception to this rule was Bantam Battalions. See below.

While the required girth of recruits' chests remained stable after July 1915, the same cannot be said of other physical requirements. In late 1915, and again in early 1916, the Canadian military authorised – after some resistance – the raising of infantry battalions for undersized men in Canada. Called bantam battalions, these two units – 143rd (British Columbia) Overseas Battalion and the 216th (Toronto) Canadian Infantry Battalion – were modelled after similar units in the United Kingdom.²⁶ Height requirements were set at 5'1.5", while a recruit's inflated chest had to expand to at least 30". In an effort to stop boys – whose physical immaturity barred them from meeting the height and chest requirements of "normal units" – from enlisting, the minimum age limit was raised to 22 years.²⁷ Evidence suggests that these regulations were not strictly enforced. The commander of the 216th Battalion had to be reminded at least once to ensure that his recruits were within the minimum standards mandated for his unit.²⁸ By 1917, an infantryman would only need to be 5' tall, while support battalions such as the CAMC, Canadian Army Service Corps (CASC) and the CADC accepted those who stood 4'11".²⁹

²⁶ 143rd Battalion was authorised on November 29, 1915, while the 216th Battalion received its authorisation on February 17, 1916. Although receiving its authorisation second, the 216th Battalion was the first of these two units to begin recruiting. Despite receiving its authorisation in November 1915, the 143rd Battalion waited until February 20, 1916 to start recruiting, three days after the 216th, which had begun recruiting immediately (and perhaps before) the raising of the battalion was authorised. Unlike the British units they were modelled after, the two Canadian units would never see combat. Both were broken up as reinforcements and their members sent to a myriad of different units – both frontline and support - after they reached England in early 1917. Allinson, *The Bantams*: pp. 176-179, 182-183, 187-189.

²⁷ Major (later Lieutenant Colonel) Frank Lindsay Burton, one of the driving forces behind the formation of bantam battalions in Canada initially proposed that the minimum height for the battalion should be 4'10" and the minimum age 19. These proposals were altered by his divisional commander, Brigadier General W.A. Logie, to 5' and 22 years, respectively when he sent a request to the Militia Council asking for permission to raise a bantam battalion in his division. Initially skeptical, the Militia Council ultimately responded positively, but raised the minimum height for such battalions to 5'1.5". Allinson, *The Bantams*, pp.176-177.

²⁸ Allinson, *The Bantams*, p.181.

²⁹ "Amendment to Pamphlet Physical Standards and Instructions for the Medical Examination of Recruits," AG, Canadian Militia to Canadian Military Districts, December 8, 1917, CCBPS; PS17, p.7.

In November 1915, Canadian visual acuity standards were similarly lowered. Recruits were now to be considered fit if they had a visual acuity of 20/60 in each eye, or 20/20 in their right eye and no less than 20/80 in their left eye. Glasses were still not allowed.³⁰ Four months later the CEF went a step further for men already serving in the field. Those who had lost sight in either eye, but were otherwise fit for general service, were to be returned to the trenches. This rule did not apply to new recruits, who were still expected to reach the minimum sight requirements set down in November 1915.³¹ The military authorities further altered their visual acuity requirements in June 1916. Noting that it was beneficial to retain recruits who had been trained and issued uniforms, the military authorities stated:

A soldier will not be discharged for defective vision unless the defective vision is due to: (a) Squint. (b) Some morbid condition of the eyes or lids of either eye, liable to aggravation or recurrence. (c.) Any defect such as cannot be corrected, by the aid of glasses, up to the standard required for recruits on enlistment. 2. Where the defect can be corrected by the aid of glasses, these may be provided, and will be replaced where necessary at the public expense, provided that loss or breakage has not been due to negligence.

As well as making an obvious nod to the expenses involved in equipping and training troops, this regulation implied that many troops passing into the ranks had substandard eyesight. It also acknowledged that a bespectacled infantryman on the battlefield could acquit himself honourably.³²

³⁰ "Standard of Vision: Revised Requirements," November 19, 1915, ACAMS, p.82.

³¹ This change was questioned by Lt. Col. McKeow, President of the CAMC's Standing Medical Board in England, who believed that it was cruel to return a man to the trenches after he had lost the sight in one eye. Noting pension regulations considered such an individual to be 40 per cent disabled, McKeow opined that public opinion in Canada would not support such a move. His protestations were ignored. "Physical Requirements of Men Included In Overseas Drafts," date unknown, PREM.U. Also see DMS Canadians to The Secretary, War Office, Whitehall, March 9, 1916; War Office to The Director of Medical Services, Canadian Contingent, March 16, 1916, Lt. Col. McKeow to ADMS Canadians, September 18, 1916, and Director of Medical Services, Canadian Contingents to Headquarters, Canadian Expeditionary Force, September 26, 1916, LAC, RG 9 III-A-1, 8-2-10.

³² "Defective Vision, Inspection of Recruits, Supply of Glasses," June 16, 1916, ACAMS, p.140.

In August 1916 the CEF's visual acuity standards were dropped further. Recruits were to be accepted as fit if they had 20/80 vision in each eye without glasses, or had 20/80 vision in their right eye and no less than 20/200 vision in their left eye. At the end of the circular letter announcing this change in standards, the AG stated that "[t]hose rejected under the old standard for defective vision should be encouraged to present themselves for re-examination and possible enlistment under these reduced standards."³³ With the publication of the physical standards for recruits in 1917, these requirements had been codified into four standards (I-IV). Men who met standards I through III were considered fit for combat, while those who met the fourth standard were considered fit to serve in support units. More importantly, while the base standard of the test was the extent of a recruit's vision without glasses, the regulations not only stated that a recruit should be provided with glasses if they would improve his vision, but also had a category for men with glasses. Standard III stated that if a man had 20/80 in one eye without glasses, and his right eye could be brought up to 20/40 with glasses, he was to be considered fit for service.³⁴

As with the earlier provision of dentures and dental care, by not only allowing recruits to use glasses to reach the minimum standards of visual acuity required to serve but also supplying spectacles to those men who needed them, the military tacitly recognised that, in order to meet its manpower requirements, it would need to "repair" some of those who volunteered for service.

Such thinking was also reflected with regard to flat feet and related conditions. Previously considered a reason for rejection or discharge on the grounds of military

³³ "Vision of Recruits: Revised Standards," August 24, 1916, cited in ACAMS, pp.164-165.

³⁴ PS17, p.9.

unfitness, in May 1917 military authorities directed to MOs that some forms of flat feet were curable either with hospital treatment or by the provision of corrective boots. Indeed, MOs were informed that in some cases treatment could bring an afflicted individual up to category “A” fitness whilst many more could be raised to B2.³⁵ It is hard to gauge how this directive, which was aimed at enlisted men (both soldiers still in basic training in Canada – i.e. those who had yet to have their final examination before being shipped to Europe, and those serving in the trenches), influenced medical examinations at the recruitment level. PS17 and PS18 still directed medical examiners to ensure that a recruit had “well formed” feet and toes, and to look for “extreme flatness of feet” when conducting the preliminary examination.³⁶ Nonetheless, given that both diagnosis and debility character of this condition was strongly debated,³⁷ and that the military authorities allowed corrective measures, it is reasonable to think that at least some medical examiners passed men they would have rejected in 1914.

While the military were prepared to accept that it would need to “repair” some of its recruits to ensure that they reached the minimum requirements of service, this acceptance had limitations, especially when it came to surgery. Medical examiners were repeatedly told that they were not to pass men suffering from hernias, varicocele or varicose veins with the intention that their impairment would be corrected by an operation after their enlistment. The reasoning was simple. The provision of dental care, including dentures, and glasses to troops were relatively non-invasive corrective measures that had both high rates of success and almost instant results. Surgery,

³⁵ These directives were quoted in PS18, pp.22-25.

³⁶ PS17, pp.3-4; PS18, pp.3-4.

³⁷ See Chapter Five: “‘Man, I dinna want tae bite the Germans; I’m offerin’ tae shoot them’: Clashing Concepts of Military Fitness.”

however, was quite different. Operations were not always successful, and could exacerbate the condition, or, on rare occasions, even prove to be lethal.³⁸ Even if the operation was a success, the recruit would still be unfit for active service for an extended period as he convalesced. The projected returns were not worth the expense.³⁹

Just as the military authorities were not prepared to accept the risk of repairing all manner of impairments in an attempt to fill the ranks of the CEF, they were equally unwilling to allow all standards to decline. In the same year that the minimum height for infantry dropped to 5', standards rose for artillerymen. Gunners in garrison, heavy and siege artillery were once again required to be 5'7" while gunners in horse and field artillery were to be at least 5'6" tall.⁴⁰ Furthermore, in addition to meeting the height requirements, men enlisting in the siege and heavy artillery had to be physically strong and capable of lifting heavy weights.⁴¹ With some shells weighing in the hundreds of pounds, the heavy artillery was no place for weaklings. While the artillery had additional expectations of its recruits, its standards were nowhere near as exacting as those of the Royal Flying Corps (RFC). Indeed, the minimum physical standards required of potential recruits by the nascent Flying Corps were above and beyond those required in any other branch of the military. In addition to meeting all the ordinary

³⁸ The fact that surgery could exacerbate an individual's impairment is evinced by the case of Arthur Royal, who was declared unfit in England in 1916 due to varicose veins. Far from curing Royal of his impairment, a corrective operation had only made Royal's condition worse. Likewise Alfred Mephams' 1915 operations on his bunions and varicose veins had only served to make both his impairments worse. #417318 Arthur Royal and #175381 Alfred Mephams, LAC, BRA, pp.M22, M45

³⁹ "Recruits: Rejection Of Those Suffering From Operable Disabilities: Hernia, Variocoele, Varicose Veins," February 9, 1916, cited in ACAMS, p.99; "Physical Examination of Recruits: Operations Subsequent to Enlistment to Render Physically Fit", October 16, 1916, cited in ACAMS, p.188; "Physical Examination of Recruits: Operations Subsequent to Enlistment to Render Physically Fit," October 16, 1916, LAC, RG 24, Vol.1312, HQ 593-3-7, "Medical Inspection of Recruits 2nd Contingent European War" [Hereafter MIRSC2].

⁴⁰ Drivers were to be 5'4" and 5'2", respectively. "Enlistment Regulations, Standard Height for Artillery," AG, Canadian Militia to Canadian Military Districts, September 3, 1917, CCBPS.

⁴¹ "Physical standards for siege and heavy artillery, CEF", AG, Canadian Militia, to ?, October 10, 1917, CCBPS.

physical standards set down for recruits, potential RFC pilots had to meet a number of higher standards with regard to vision, hearing, and cardio-respiratory fitness.

Moreover, they were not to be over 25 years of age.⁴² There were to be no exceptions, not even the traditional ones allowed of commissioned men. Maj. Gen. Hodgins made a point of stating in an October 20, 1916, letter about the standards of physical fitness required of candidates for the RFC that “[n]one of the relaxations allowed in the case of candidates for commissions in other branches of the service will be permitted in the case of candidates for commission in the Royal Flying Corps.”⁴³

While men volunteering to be RFC pilots had to meet higher physical standards than men attempting to join any other branch of the service, the men who kept their planes airworthy did not. In fact, the physical standards required of air mechanics were not as high as those required for a common infantryman. This was because of the nature of their job explained Lieutenant-Colonel [Lt. Col.] E.C. Hoare, Officer Commanding (OC) Imperial Royal Flying Corps Canada; “air mechanics were not required to make long route marches or undergo severe physical stress and for this reason many minor physical disabilities which would prevent a man from being fit for the infantry would not be sufficient to cause them to be rejected for the Royal Flying Corps.” In other words, men deemed unfit for the trenches might still be fit to serve in the RFC as aeroplane mechanics.⁴⁴ Two provisos were that such a recruit had to have the skills

⁴² “Medical Examination of Candidates for Commission in the Royal Flying Corps,” November 9, 1916, cited in ACAMS, pp. 196-197.

⁴³ The AG, Canadian Militia to ?, October 20, 1916, LAC, RG 24, Vol. 4497, HQ 55-1-5, “Medical Examination Recruits For Royal Flying Corps” [Hereafter MERFC].

⁴⁴ The Officer Commanding Imperial Royal Flying Corps to ADMS, MD2, February 18, 1917, MERFC.

needed to be an air mechanic and his “physical disabilities [would not] prevent him [from] working at this trade.”⁴⁵

Nor was air mechanic the only position within the CEF which accepted men whose physical attributes fell below those required of the common infantryman. When the CEF lowered its visual acuity standards in late 1915, the new regulation listed the services open to men who failed to meet the minimum requirements expected of a combat soldier:

If he [the recruit] can read D=20 at twenty feet with left eye, without glasses and not less than D=120 with the right eye, at the same distance, without glasses, he will be considered "fit" for the Canadian Army Service Corps, the Canadian Army Medical Corps, the Canadian Ordnance Corps, or for forestry battalions, or for position as driver in the Canadian Artillery or Canadian Engineers.⁴⁶

When vision standards dropped in August 1916, these requirements were also lowered. Men with no less than 20/80 vision in their left eye and 20/200 vision in their right eye were now considered fit to serve in support units.⁴⁷

As well as accepting men with eyesight below the minimum standards required for combat troops, these support battalions also accepted men up to the age of 48, provided that they had the skills the battalions required. Moreover, in late January 1917, these battalions dropped the standards required of their recruits even lower. Not only were men standing 4'11" considered acceptable, but also men deaf in one ear and men with limited eyesight, including those blind in one eye. Men missing fingers and toes were also acceptable, so long as those who had lost toes retained their great toes and those with missing fingers were still capable of manual labour. Men with moderately

⁴⁵ Officer i/c Recruiting, Imperial Royal Flying Corps to MO i/c Toronto Recruiting Depot, February 6, 1916; and, Officer i/c Recruiting, Royal Flying Corps to Major-General E.W. Wilson, OC MD4, March 24, 1917, MERFC.

⁴⁶ “Standard of Vision” Revised Requirements,” ACAMS, p.82.

⁴⁷ “Vision of Recruits: Revised Standards,” ACAMS, pp.164; PS17, p.9.

flat feet were also acceptable.⁴⁸ These standards would be further redefined in 1918 for two support units: forestry battalions and railway construction battalions.

In the case of forestry battalions, a number of conditions were laid down that a man needed to meet in order to be accepted. First and foremost, they had to have “bush and mill experience” as a general hand, a log maker, an axe man, or a teamster. Furthermore, they had to be “able to perform a full day’s work of 10 hours.” Certain individuals were also listed for automatic rejection: those subject to rheumatism and those only accustomed to indoor work.⁴⁹

Similar requirements were demanded of men looking to join railway construction battalions. Men below the ‘A’ category were allowed to be accepted provided that they were “specially qualified” and could work a ten-hour day. No men over 43 years were to be accepted. Because of the heavy labour involved in railway construction, recruits had to be of “as larger frame and strong physique as possible”. Underlining the physical demands faced by members of railway construction battalions, the requirements noted that even some men in Category ‘A’ lacked the physical development to serve in these units. Equally high standards were expected of a recruit’s vision. No one was to be accepted if their visual acuity fell below that required of frontline troops. Moreover, moderate flat feet were only considered acceptable if a recruit could march five miles.

Home defence forces were also allowed to recruit men who did not meet the required physical standards laid down for an infantryman. Indeed, they were encouraged to recruit such men so that fit men within their ranks might be sent into

⁴⁸ The AG, Canadian Militia to The Inspector-General of Western Canada, January 22, 1917, LAC, RG24, Vol. 4616 “Circular Letters to 8,” File 7; PS17.

⁴⁹ PS18, pp.9-10.

trenches. Men rejected for combat service due to an impairment might be accepted into one of these units so long as their impairment did not prevent them from conducting their duties, and that the duties on which they were employed was not likely to aggravate it further. Furthermore, the impairment from which the individual suffered could not be “[e]pilepsy, [i]nsanity or [t]uberculosis.”⁵⁰ The use of men with minor impairments that barred them from frontline service was taken a step further in July 1916. CEF battalion commanders were directed that “members of the Canadian Expeditionary Force of good character who suffer[ed] from minor disabilities, [were] not to be discharged.” Rather, they were to be placed in special companies and employed as military police, guards, and clerks. Battalions were also told that they were allowed to directly enlist suitable candidates into said company. These special companies, the battalions were told, were to form the basis of what was to become “a [CEF] special services battalion”.⁵¹

Such changes were an official recognition of what had been occurring in England since the arrival of the First Contingent in late 1914. Rather than shipping all men found to be unfit for combat back to Canada for discharge, the Canadian Overseas Military Forces (COMF) had put these men to work in support positions. In fact, by 1916 some 50 per cent of men on base duty in England had never been to the Front.⁵² Indeed, defending permanent base depot men against charges of cowardice, Peter F. Pirie of the 21st Battalion noted that at least “some of the depot men were of low physical category and would not be sent out on active service in any case.”⁵³

⁵⁰ “Home Service: Physical Standards,” April 4, 1916, cited in ACAMS, p.58.

⁵¹ “Special Service Companies,” July 19, 1916, cited in ACAMS, p.148.

⁵² Bruce Report, p.11.

⁵³ Peter F. Pirie, *The Stump Ranch* (Victoria: Morriss Printing, 1975), p.54.

Pirie's observations certainly applied to fifty-three-year-old William Henry Butler. Passed fit to serve in Cobourg, Ontario in December 1914, Butler had been deemed unfit for trenches soon after arrival in England and placed on permanent base duty. It is not hard to understand why. In addition to being overage, Butler had a number of other impairments – a heart condition, arteriosclerosis, poor vision, poor hearing, and fainting spells – that should have caused him to be rejected as unfit in Canada.⁵⁴ Likewise, thirty-one-year-old Arthur Morris, who suffered from the debilitating after effects of a twice fractured left thigh, split his time after arrival in England between hospital and base duty.⁵⁵

Some men's impairments made them unsuitable for base duty. Michael Ross, a shoe-maker from British Columbia, was described as "useless" even for base duty because a depressed fracture in his skull caused him to suffer from incessant, periodically debilitating, headaches. Frederick Jackson was described as "[n]o good as a soldier or even as a light duty man," due to gastritis.⁵⁶

The use of men declared medically unfit upon arrival in England caused concern, if not anger, in the minds of those who believed that such positions were the purview of men who had been disabled at the Front; however it was considered an efficient use of resources.⁵⁷ The placement of "unfit" men in support positions and the later development of support units that had differing physical requirements than those of the infantry are indicative of the military authorities' realisation that such individuals,

⁵⁴ #412346 Butler, W.H., LAC, BRA, p.M23

⁵⁵ Morris had fractured his thigh in 1894, and again in 1911. As a result his left leg was 2.5" shorter than his right leg, and there was "a marked deformity of shaft of [his left] femur." #57231 Morris, A.R., LAC, BRA, p.M47.

⁵⁶ #2804 Jackson, F., and #180849 Ross, M., LAC, BRA, pp.M17, M40.

⁵⁷ Bruce Report, p.12

although not necessarily fit to fight, could play an important role in the war effort. This was no better demonstrated than by the implementation of the CMCC and the CMCB. Both categorisation systems were part of the Canadian military's attempts to counter the increasingly severe manpower shortage it was experiencing by ensuring that it used its available manpower resources as efficiently as possible. Indeed, the CMCC noted that as well as ensuring unfit men did not proceed overseas, the aim of sorting men into categories allowed the military to "utilize available material to the best purpose." It further instructed medical examiners to "carefully consider the raising and lowering of men in categories so that the best use may be made of men according to their physical and mental qualifications." This system allowed commanders to place their men where they would best serve the struggle and made certain that individuals deemed unfit for the trenches were not lost to the military outright.

A half year before the CMCC was implemented, the AG's office sent a circular letter to the GOCs MDs stating that recruits found physically unfit for combat should be strongly encouraged to enlist in units with lower physical standards.⁵⁸ Indeed, in an increasingly dire manpower situation, it was of great concern to the Canadian military authorities that the services of men deemed unfit for the infantry and artillery were being lost to the CEF because they were not being directed to units requiring lower physical standards.

In January 1917, the office of the AG of the Canadian Militia, issued the following order to all of Canada's MDs:

Numerous cases have been reported where men have been lost to the service owing to the fact that, although they do not come up to the

⁵⁸ "Recruits, Physically Unfit, To Be Transferred Where Possible To Branches Of Service With Lowered Physical Standards," November 7, 1916, cited in ACAMS, pp.195-196.

physical standard required for Artillery or Infantry Units, yet they would be eligible for service with units requiring lower physical qualifications.

If such men offer their services, instead of being turned down, full particulars should be taken in each case, and sent to this office.⁵⁹

In reaction to the above order, Lt. Col. Robertson, the Chief Recruiting Officer for Hamilton, responded to the Assistant Adjutant-General (AAG) MD2 that every man rejected in Hamilton was “urged to join some other branch of the Service, if he is considered fit in the least degree.” Robertson went on to note that “I can assure you that it is hard to find a place for the average of the men that are applying now,” before promising that he would send weekly reports of rejections from his depot forthwith.⁶⁰ Robertson was not the only MO to heed the call; many other MOs also began to provide lists of individuals found unfit for service. After the introduction of CMCC these lists also included rejected men’s alpha-numeric designation.⁶¹

Not all of Robertson’s colleagues were so accommodating. One March 22, 1917, the Militia Council sent a letter to the MDs instructing them to remind all infantry and artillery recruiting officers that men found to be below the physical standards required for the infantry or artillery should be attested into units requiring lower standards. Indicative of the power of recruiting officers as the military’s gatekeepers, the instruction was deemed necessary because many officers had simply turned away men that did not meet the requirements of their branch of the service rather than directing them to units that required lesser standards.⁶² Two days later, another letter provided similar instructions with regard to men already enlisted in combat units. Enlisted men

⁵⁹ CEF Orders, HQ 1982-1-31, January 2, 1917; W.E. Hodgins, Assistant Adjutant-General (AAG), Canadian Militia to GOC MD 2, Toronto, January 2, 1917, LAC, RG24 Vol. 4310 “Full Particulars of Physical Condition to be taken of men applying for enlistment in CEF (1917),” Part 1 [Hereafter FPP1].

⁶⁰ Chief Recruiting Officer, Hamilton to AAG MD2, January 26, 1917, FPP1.

⁶¹ See, for example, O.C. Toronto Mobilization Centre to ADMS, MD2, August 13, 1917, FPP1

⁶² IX: “Recruiting Generally,” HQ1982-1-42, cited in *Militia Orders*, No. 146, 22 May 1917.

found to be below the standards required for combat service in Europe were to be transferred to Forestry or Construction battalions. These instructions reiterated that men found fit for Forestry or Construction battalions at the time of enlistment should be sent to a Forestry or Construction Depot or Unit.⁶³

At least some individuals who volunteered to serve in the infantry abjectly refused to serve in units with lower physical requirements when they were told their impairments disqualified them from their chosen area of service. George Godwin's semi-fictional Stephen Craig declined his medical examiners advice to consider joining the CASC in 1914 after he was deemed unfit for the infantry due to having a "bum shooting eye."⁶⁴ Craig would later gain a commission in the 29th Canadian Infantry Battalion – Vancouver's famed Tobin's Tigers. Why Craig and others chose to rebuff the chance to serve in support battalions after they were found unfit to be combat soldiers is unknown. It is likely that at least one of the factors that motivated men to turn their backs on such forms of service was a perception that such units were "lesser" battalions manned by "lesser" men. Few men volunteering for combat wanted to serve in a "lesser" position that would implicitly at least, single them out as inferior specimens of Canadian manhood. Such units were the home of the physically unfit; men that were not able to take a "manly" part in the war. Such beliefs, it should be noted, were at best unfair. The work conducted by forestry, railway and tunnelling battalions was physically punishing and not necessarily safe. Railway and tunnelling battalions often

⁶³ XIII: "Recruits Rejected for Infantry to be Transferred to Forestry or Construction Units," HQ1982-1-42, cited in *Militia Orders*, No. 146, 22 May 1917.

⁶⁴ Like D.H. Lawrence's Richard Lovat, Craig was a reflection of Godwin. George Godwin, *Why we stay here: Odyssey of a Canadian Infantry Officer in France in World War I* (Godwin Books: Victoria, 2002), pp.33-34.

operated close to the frontlines and as such were regularly within reach of enemy artillery and snipers. The same was true with regard to the CAMC and CASC.

The Great War witnessed, and contributed to, a recalibration of the concept of military ability and inability on a number of levels. First, and most obviously, the repeated lowering of the physical standards during the conflict caused by the increasingly severe manpower shortages experienced by Canada (and the majority of combatants) demonstrates that the construction of who was and was not fit to shoulder a rifle was malleable and subject to shifts dependent on necessity. In relation, the military's development of different physical standards for different positions with its ranks is indicative of a realisation of differing levels/classes of (in)ability. By 1918, Canadian medical examiners were no longer simply using a dichotomous classificatory system that directed them to label men as either fit or unfit to serve, but rather were encouraged to place recruits in positions for which, based on their physical attributes and specialised skills, they were deemed suited. Being unfit for the trenches no longer meant that one was unfit to serve.

Chapter Four

“You Make Good on Your Drills and We Will Keep You”: Problems with the Medical Examination

On December 14, 1914, the Minister of Militia and Defence received a letter from the well-known Canadian surgeon, Dr. Frederic Starr.¹ The letter began by congratulating Hughes for his “splendid achievement of raising, training and equipping over 30,000 men for the First Contingent [of the CEF].” However, splendid as this achievement may have been, Starr felt the need to pass on to the Minister a serving colleague’s concerns about the quality of the men that Canada had sent in defence of the Empire. Far from being the best Canada breed, the doctor had discovered that more than a few in the contingent fell well below the minimum standards required. The doctor blamed this sorry state of affairs on the medical examiners in Canada whom he believed were not conducting medical examinations with the necessary rigidity:

If you have any pull with the Militia authorities do impress on them the necessity of a more rigid examination of recruits. The number of “weeds” that have to been sent home is a crying disgrace to the regimental surgeons. To-day I found two old hernias and an epileptic. Almost everyday I have to advise one or more to be sent home...²

These comments were at the head of what quickly became a long and loud chorus of voices deploring the physical state of men disembarking on Britain’s shores from Canadian troopships even in 1914.

¹ Frederic Starr was a surgeon at Toronto General Hospital and a professor of Clinical Surgery at the University of Toronto. During the Great War, he served both as a major in the CAMC, and as a consultant surgeon for the Imperial Forces in France. Since 1936 the F.N.G. Starr medal has been the highest award the Canadian Medical Association can bestow upon one of its members. B. Bérubé, “Dr. F.N.G. Starr – in memory of the medical statesman,” *Canadian Medical Association Journal*, Vol. 127, No. 5, 1982, pp.417-421.

² F.N.G Starr to Major-General Sam Hughes, December 14, 1914, LAC, MIRSC.

Such concerns were not groundless. Medical examinations of Canadian battalions arriving in England during the first two years of the war revealed that on average five to 15 per cent of their men were unfit to serve.³ Within individual battalions, numbers of unfit men could, on occasion, reach seemingly epic proportions. For example, when the 96th Canadian Infantry Battalion disembarked in England in October 1916, 43 per cent (330 out of 770) of its enlisted men were found to be unfit. Within the next month another three infantry battalions - the 131st, the 139th, and the 172nd - would reach Albion's shores with over 30 per cent of their manpower unfit for service.⁴

While the majority of these men were found to be unfit on the grounds of their age (62 per cent with 38 per cent underage, and 24 per cent overage) and others were rejected due to impairments substantiated after enlistment, more than a few men should have failed the medical examination.⁵ In a February 1916 letter, the ADMS of MD13 told the regimental MOs in his district that 15 to 20 per cent of men who had recently been returned from England as unfit should never have been accepted. The majority of these cases, he stated, suffered from varicose veins, rheumatism, flat-foot and gonorrhoea. The ADMS went on to further note that in the last week alone men had been discharged in the district due to "defective vision, gastric ulcers, paralysis, pthisis

³ Bruce Report, p.11.

⁴ "Copies of Correspondence Etc., Bearing on the Physical Standard of Recruits For C.E.F., European War," Library and Archives Canada, RG 24, Vol. 1836, File GAQ 9-25; AG to Perley, November 9, 1916, LAC, RG 9 III-A-1, Vol. 90, 10-12-15.

⁵ Likewise, J.R. Goodall, Senior Medical Officer of the 1st Canadian Training Brigade, noted in his report on medical fitness of the recently arrived 106th Canadian Infantry Battalion that the majority of flea and scabies cases he discovered were of "recent occurrence". #448129 Kenny, E., and #117333 Kerr, J., BRA, p.M41; Senior Medical Officer, 1st Canadian Training Brigade to ADMS., Canadian Training Division, July 29, 1916; Officer Commanding MD No.11 to The Secretary, Militia Council, April 19, 1917, "Prevention of Re-Enlistment of Men in CEF of Men Previously Enlist and Discharged as Medically Unfit or Undesirable," LAC, RG 24, Vol. 1144 [Hereafter PRE].

(tuberculosis), and endocarditis.”⁶ All of these conditions had existed at the time of enlistment. Similar figures were quoted five months later in a letter from the Director of Recruiting and Organisation of the CEF, Col. Frank A. Reid, to Maj. Gen. John Wallace Carson, who was Sam Hughes’s “special representative” in Britain.⁷ Carson forwarded the letter to Hughes noting that “[i]t shows a remarkable state of affairs and apparent carelessness on the part of our medical authorities in Canada...I think it should be put right at the earliest possible moment.”⁸

Whereas many of the pre-existing disqualifying conditions referenced by the ADMS MD13 and Col. Reid would likely have required a thorough medical examination in order to be detected – with perhaps the exception of paralysis, this was far from the case with all unfit individuals arriving in England as members of the CEF. Indeed, many unfit men suffered from serious pre-enlistment physical and mental impairments that would have been glaringly obvious to even the most casual observer, such as amputated or deformed limbs and heavy limps. Eighteen-year-old Carl McPhee of Halifax, for example, could not “handle a rifle or do bayonet fighting” due to a childhood injury which had caused his left arm to atrophy to the size of that a boy of nine years of age.⁹ Cecil Hamilton, a twenty-four-year-old musician from Winnipeg, was in even worse physical condition. He had had his right arm amputated six inches

⁶ ADMS MD13 to Regimental Medical Officer, February 16, 1916, LAC, MIRSC1.

⁷ On Carson’s roll in the CEF see Morton, *A Peculiar Kind of Politics*, pp.31-63.

⁸ Three months later Reid estimated that on average 100 men in each battalion arriving in England were “unsuitable to proceed overseas.” Director of Recruiting & Organisation to Maj. Gen. Carson, June 5, 1916; Maj. Gen. Carson to Maj. Gen. Sir Sam Hughes, June 7, 1916; and, Director of Recruiting & Organisation to Maj. Gen. Carson, September 4, 1916, LAC, RG 9 III-A-1, 8-2-1. Also see Captain S. Ferguson to General Officer Commanding (GOC) Canadians, Shorncliffe Camp, July 12, 1916, LAC, PRE.

⁹ #414403 McPhee, C., LAC, BRA, p.M8

below the shoulder in 1910 as a result of a railway accident.¹⁰ Nor were visible impairments restricted to the upper limbs. Among his many impairments, which included a purulent discharge from his right ear, Melvin Malcom noticeably dragged his right foot when walking. As a result, the Orilla, Ontario native could neither march nor drill.¹¹ Likewise, John Carment of the Canadian Army Medical Corps was “unable to walk properly or stand for any length of time” due to atrophied muscles in his right leg.¹²

Many more men had less immediately obvious but equally disqualifying impairments that would have become quite apparent before embarking for England.¹³ Lance Corporal Edward Beech constantly vomited fresh blood and suffered extreme pain after eating (a condition that got worse when he consumed army rations), and had two large tender scars on his abdomen from an appendectomy and a gastro-enterostomy.¹⁴ Quebec City native Alphonse Vachon suffered from continued headaches, insomnia, and periods of mental stupor resulting from a blow to the head he had received in 1911. The injury had left a two inch long hole in Vachon’s skull and the skin around the opening was very tender.¹⁵ Henri Bonenfant had Dercum’s disease (Adiposis Dolorosa), and as a result he had numerous painful tumours on his forearms,

¹⁰ #440913 Hamilton, Calvin Vivan, LAC, PF, Vol. 3977-11.

¹¹ Malcom’s partial paralysis was probably the result of a stroke. In 1912 he was said to have suffered from two seizures that were “characterised by dizziness, thickness of speech, loss of power right hand and... numbness in legs.” 643929 Malcom Melvin, BRA, p.M46.

¹² #400408 Carment, J.A.S., BRA, p.M30; #400408 Carment, John, LAC, PF, Vol. 1496-53.

¹³ President of Pensions and Claims Board, C.E.F. to Headquarters, Canadian Training Division, Shorncliffe, Kent, July 6, 1916, PRE.

¹⁴ A gastro-enterostomy is an operation in which the duodenum is short-circuited by a loop of small intestine being joined to the lower border of the stomach. In Beech’s case this operation had been preformed because he had suffered from perforated duodenal ulcer. #175079 Beech, E., BRA, p.M27

¹⁵ While a silver plate had been inserted under the skin to cover the seat of the fracture, there is no suggestion that the hole in Vachon’s skull had been covered. #417033 Vachon, A., BRA, p.M11.

thighs, legs and abdomen ranging from the size of a pea to a goose egg.¹⁶ He also suffered from a slowly growing brain tumour that was affecting both his mental state and ability to speak.¹⁷ Described as being affected with a “mental stupor,” thirty-two-year-old Joseph Malley had never been to school and could neither read nor write. Indeed, his illiteracy was reportedly so bad that he was unable to identify his name when it was written. A badly healed broken wrist that was incapable of lifting 10 pounds further marked the Nova Scotian as unfit to serve.¹⁸

In more than one instance individuals met neither age nor medical requirements. Sixteen-year-old Private Russell Mick of the 224th Battalion was not only well below the CEF’s age requirements, but had also suffered from infantile paralysis (polio). This disease had left him “with underdeveloped and weak muscles in the right hip and thigh,” and weighing less than eighty pounds (Figure 2).¹⁹ Also sixteen years of age, Emile Morin was not only described as being “underdeveloped,” but also “stupid.” Morin’s intellectual limitation was not congenital nor was its cause invisible. The young Canadian had suffered head injuries when struck by a train as a child. His forehead still bore the scars of the encounter.²⁰ Seventy-nine-year-old William J. Clements, on the

¹⁶ First identified by American neurologist Francis X. Dercum in 1892, Dercum’s disease is a rare progressive disorder of unknown aetiology that usually affects postmenopausal women. The condition is characterised by the growth of multiple painful lipomas (fatty deposits) over the body; generalised obesity; asthenia, weakness, and fatigability; and mental disturbances, including emotional instability, depression, epilepsy, confusion, and dementia. Marjan Yousefi et al., “Adiposis Dolorosa”, *Emedicine: The Continually Updated Clinical Reference*, www.emedicine.com/dem/topic839.htm (accessed May 6, 2008).

¹⁷ #847566 Bonenfant, H.H., BRA, p.M21.

¹⁸ Malley signed his attestation papers with a cross. #847451 Malley, J., BRA, p.M17; #847451, Malley, J., Vol. 5872-30.

¹⁹ Bruce Report, p. 94; #297454 Mick, R., LAC, PF, Vol. 6153-40.

²⁰ #416146 Morin, E., BRA, p.M26.

other hand, suffered from arteriosclerosis and was described as being “very deaf” and “barely able to stand erect.”²¹

Clements was not the only septuagenarian to make it into the CEF’s ranks. A member of the first Canadian Pioneer Draft, Harold Emson was discharged as unfit for service in England in 1916 when it was discovered he was seventy-two years of age. Seventy-one-year-old Torrence Glazier got even further. A veteran of the Fenian Raids, the Northwest Campaign and the Anglo-Boer War, Glazier served two months in the trenches with the Royal Engineers in 1916 before being discharged as overage. Before joining the Royal Engineers, Glazier had been discharged from the 92nd Canadian Infantry Battalion in 1915, and had twice unsuccessfully attempted to enlist in the 21st Canadian Infantry Battalion in 1914. Eager to do his part, the plucky geriatric returned to Canada and went on to enlist again before the war was over. Clements, Emson, and Glazier’s attestation papers, like many of those of men over the CEF’s maximum age limit of forty-five, recorded their age as forty-four.²²

²¹ President of Pensions and Claims Board, C.E.F. to Headquarters, Canadian Training Division, Shorncliffe, Kent, July 6, 1916, PRE; Office of the Assistant Director of Medical Services, Headquarters, Canadian Training Division, Moore Barracks, Shorncliffe, Kent to Headquarters, Canadian Training Division, Shorncliffe, Kent, July 3, 1916, PRE; #602397 Clements, William John, LAC, PF, Vol. 1792-21.

²² “With The Volunteers,” *Daily British Whig*, November 16, 1914, p.5; “Private Terrence [Sic] Glazier,” *London Free Press*, May 30, 1916, p.8; #490592 Emson, Harold, LAC, PF, vol. 2910-38; # 194971 Glazier, Torrence, LAC, PF, Vol. 3580-11.



Figure 2: Private Russell Mick (left). The man standing next to Mick is 5'7" tall.²³

²³ This photograph, which was published in the Bruce Report, is typical of late nineteenth and early-to-mid twentieth century photographic depictions of the disabled that highlighted their impairments by comparing them to "normal" individuals. Indeed, soon after its introduction in the mid-nineteenth century photography became an important tool by which medical professionals, and later society as a whole, identified and classified the disabled. Bruce Report, p.94; Mark Jackson, "Images of Deviance: Visual Representations of Mental Defectives in Twentieth Century Medical Texts," *British Journal for the History of Science*, Vol. 28, 1995, pp.319-337; Martin Pernick, *The Black Stork: Eugenics and the Death of "Defective" Babies in American Medicine and Motion Pictures Since 1915* (Oxford: Oxford University Press, 1996); Margaret Taylor, "Disabled in Images and Language," in John Swain and Sally French, eds., *Disability on Equal Terms* (Los Angeles: Sage, 2008), pp.31-41. Also see Rosemary Garland Thomson, "Seeing the Disabled: Visual Rhetorics of Disability in Popular Photography," in Paul K. Longmore and Lauri Umansky, eds., *The New Disability History: American Perspectives* (New York: New York University Press, 2001), pp.335-374.

Fears about the nature of the medical examinations being conducted in Canada were made worse by reports, often coming from Canadian soldiers, that men were not being correctly examined or that their examiners were simply ignoring obvious impairments. One individual returned to Canada from England after being found to have a glass eye stated that on noting the impairment, his examining MO simply told him “you make good on your drills and we will keep you.”²⁴ In another instance, a telegram sent to Militia Headquarters in Ottawa from MD4 stated that it had been discovered certain civilian practitioners were passing men in defiance of instructions. “Many men,” the telegram continued, “...had not even been stripped [during their examination].” Other men claimed not to have received eye or foot examinations, or that their examiner, recruiters or commanding officers had openly falsified documents with regard to their age.²⁵

Such examples represent some of the more dramatic cases. As noted above, many of those who were found to be unfit for reasons other than age were designated as such because of eyesight, or other less visibly striking impairments such as endocarditis. With that said, none of the examples mentioned above were unique. More than one prospective trench warrior arrived in England with missing or deformed limbs, likewise many others suffered from a variety of other obvious serious physical and mental conditions.²⁶ Faced with this reality, it is little wonder Agar Adamson told his wife in March 1916 that “[t]he medical examinations in Canada are a bit of a farce,” or that Lt.

²⁴ ADMS MD13 to Regimental Medical Officer, February 16, 1916, MIRSC2.

²⁵ OC MD4 to AG, Militia Headquarters, Ottawa, May 17, 1916, MIRSC; #501277 Alexander, J., #438834 Kerr, S., #550051 Hamilton, J.H., #448196 Picotte, H., #501357 Witham, A., BRA, pp.M25, M27, M28, M37, M46

²⁶ Of the 350 unfit men listed in the Babbie Report, six were reported to be suffering from the effects of serious head injuries and in another two instances, head injuries were implied. The report also recorded 31 cases of men with some form of deformity (including atrophied limbs) and 25 cases of individuals with mental defects.

Col. George Cantlie, OC 42nd Battalion (The Black Watch of Canada) would opine after receiving a group or reinforcements that included a man missing half of one of his feet, “that there was either no medical examination of men going overseas or if there is, it is very lax.”²⁷

CEF medical examinations were hindered by a number of interrelated factors. These included the inexperience and/or professional arrogance of some the individuals tasked to conduct the examinations; the sheer number of men needing to be examined; recruiting practices; and the willingness of recruits, military authorities, politicians, and medical examiners to subvert the medical examination for their own ends. The military authorities did much to combat these problems as the war continued, and, in spite of a myriad of problems, it is evident that the medical examination process worked better than many believed it did. This is especially true for the latter years of the war, if for no other reason than many unfit men were caught at the point of embarkation or upon arrival in England.

In May 1916, Col. J.J. Potter, A/DGMS, observed that in order to be carried out successfully, medical examinations needed to be conducted by specially trained individuals. However, for much of the war the Canadian military simply lacked enough of these individuals to examine the vast amount of recruits that Canada required to meet its obligations on the battlefield. As a result, the military was forced to use inexperienced CAMC officers and civilian practitioners to fill the gaping void in its resources. Many of those employed were far from the specially trained individuals that Potter stated would be needed in order for the medical examination of recruits to run

²⁷ Norm Christie, ed., *The Letters of Agar Adamson 1914-1919: Lieutenant Colonel Princess Patricia's Canadian Light Infantry* (Ottawa: CEF Books, 1997), p.162; Maj. Gen. J.W. Carson to Surgeon-General G.C. Jones, DMS, August 17, 1916, LAC, RG 9 III-A-1, 8-2-10.

smoothly. In fact, it would seem that some examiners employed to scrutinize the physical and mental suitability of prospective soldiers had very little knowledge of the military's medical requirements and the examination at all.²⁸

On November 7, 1914, Dr. George B. Henderson, of Creston, British Columbia wrote to the military authorities in Ottawa requesting a copy of the "regulations regarding medical military examinations of volunteers for active service." He had, he explained, been examining volunteers for the Second Contingent based on second-hand instructions and wanted "a guide to go by or some standard list of physical defects that bar men from service."²⁹ While Henderson may have been an extreme case, he was not alone. As late as September 1916, recruiting officers were being directed to ensure that the practitioners they employed to conduct medical examinations, had "received proper instructions" on how to conduct the examinations.³⁰

The lack of experience of examiners became a common refrain when the military authorities attempt to explain – both during and after the war – why unfit men were passed to serve. In providing an explanation to Hughes after the Minister had received Starr's letter, Major (Maj.) H. M. Jacques, A/DGMS, stated that "a few cases as are referred to in Dr. Starr's letter are bound to occur" because "many of the officers who have had to carry out the examination of recruits have not had very much experience in [conducting military medical examinations]."³¹ Likewise, both the Board of Inquiry that was convened to examine the Bruce Report, and Sir Andrew Macphail in his postwar

²⁸ Col. J.J. Potter, A/DGMS quoted by Sir Robert Borden, May 17, 1916, *Debates of the House of Commons of the Dominion Canada, 6th Session, 12th Parliament*, Vol. 4 (Ottawa: King's Printer, 1916), p.4126-27.

²⁹ G.B. Henderson to Major Lorne Drum, November 11, 1914, MIRSC.

³⁰ "Medical Services in Connexion with Recruiting", September 12, 1916, cited in ACAMS, p.176; also see Memorandum: "Medical Services in connection with recruiting" August 23, 1916, MIRSC2.

³¹ Major Jacques to Major-General Sam Hughes, December 24, 1914, MIRSC1

history of the Medical Services identified lack of experience on the part of medical examiners as a major causative factor in the passing of “unfit” men to serve.³²

In some instances, medical examiners’ lack of experience and/or understanding of military requirements were obvious. In more than one case, musicians with serious physical impairments, including amputated limbs, ulcerated skin, and osteomyelitis (an infection of bone or bone marrow), were passed fit by medical examiners who, while recognising their subjects’ physical inability to serve as combat soldiers, believed them to be fit to serve as bandsmen.³³ In such instances it would seem that these medical examiners failed to realise that many bandsman were used in combat situations as stretcher bearers.³⁴

Many medical examiners also had trouble transferring their mindset from civilian to military medicine and indeed understanding both their role and relative position of importance within Canada’s war machine. Maj. J.A. Hislop, CAMC, noted in a short paper published after the war in the *Canadian Medical Association Journal* that some doctors had treated medical examinations like insurance examinations. Rather than assessing their subject’s suitability to serve, the doctor simply recorded his physical condition on entering service. Perhaps of more concern was Hislop’s passing acknowledgement that many doctors felt that insurance examinations – and by implication military medical examinations – were both irritating and full of “a lot of silly questions.”³⁵

³² Macphail, *The Medical Services*, pp.160-161; Babbie Report.

³³ #440913 Hamilton, Calvin Vivan, LAC, PF, Vol. 3977-11; Martin Wilson, LAC, FMR, Vol. 11; #427483 Ashworth, M.W., LAC, BRA, p.M28

³⁴ Morton, *When Your Number's Up*, p.34.

³⁵ J.A. Hislop, “Terminology of Military Reports,” *Canadian Medical Association Journal*, Vol. 9, No.5, 1919, pp.427-429.

Hislop's article also identified another problem that plagued the successful prosecution of medical examinations, to wit: "a great lack of common language or nomenclature among the profession." Not only were many terms vaguely employed, but also many measurements of (dis)ability were based on undefined standards. Although Hislop's comments were made with regard to postwar disability claims, they were equally relevant to the medical examination of recruits. For example, while Canadian recruiting regulations through to 1917 stated that an individual was to be rejected if he had marked varicocele, they did not define how extensive the condition had to be in order to be considered marked. Such ambiguity caused considerable problems. In a July 1915 letter to the GOC MD3, the AG's office noted that several men had been passed fit despite suffering from varicocele so "aggravated [in] form" that operations were required in order to make the men fit to serve. If this were not enough, at the other end of the spectrum a number of recruits had been pronounced unfit as a result of varicocele that was so "slight" in nature that it had neither hindered them in active and laborious occupations in civil life nor been suspected before they had submitted to the CEF medical examination. As a result of these findings, MOs were requested to use "great care" when making decisions on the fitness of recruits with varicocele to ensure that such occurrences were not repeated. It should be noted, however, that while the AG's office identified the problem, it did not correct it. No explicit guidance was provided in the letter as to the line between aggravated and slight forms of varicocele.³⁶ This difference would not be defined by the authorities until the publication of PS17. The question of marked varicocele was only one of many subjective judgement categories that plagued medical examinations. Similar problems to those encountered

³⁶ AG to Commanding Officer, 3rd Division, July 28, 1915, MIRSC2.

with regard to varicocele existed with many other potentially disqualifying impairments including, after early 1915, the closely related condition of varicose veins. After March 1915, MOs were told they might pass recruits with varicose veins provided they were not marked.³⁷ Inevitably, such ambiguous directions led to clashes. In April 1916, Dr. J.A. McDonald of Vancouver partially defended his decision to pass a man later rejected on account of “moderate varicose veins of [the] left leg,” by noting that varicose veins were not a cause for rejection in and of themselves. MacDonald noted, with a hint of sarcasm, that the examiner was “allowed to use his brain to a slight extent and pass a man otherwise fit, if he considers the enlargement of the veins is not sufficient to impair his efficiency or confine him to hospital as the result of over exertion.”³⁸

Given the number of initially passed recruits that were later found to be unfit on its account, the judging of a recruit’s age was the most problematic of these categories. Medical examiners were instructed to adjudge a recruit’s age based on their appearance, irrespective of their statements.³⁹ While this requirement was based on a number of logical grounds, the obvious problem with the system was that medical examiners were expected to ascertain recruits’ ages by simply looking at them. This was no easy task. Although one Department of Militia and Defence memorandum observed that it should be possible to “distinguish between men of 45 and men of 50, 60 or 70 years of age,”⁴⁰ estimating the age of recruits closer to the cut off ages could be much more difficult. “A husky farm boy or a lad who had been working hard labour for years might be in better

³⁷ “Physical Requirement of Men Included in Overseas Drafts,” Date Unknown, LAC, PRE.

³⁸ J.A. Macdonald to F.W. Peters, April 5, 1916, MIRSC2.

³⁹ See Chapter Two: “Grading Blocks of Meat: Medical Examinations and the process of defining men as fit or unfit for service.”

⁴⁰ A/DGMS. to AAG, August 9, 1916, PRE.

shape [and look older] than a pasty twenty-year-old bank clerk.”⁴¹ For example, Douglas Campbell may have been 16 years old “but,” his discharge papers noted, the 5’9” farmer’s son “look[ed] older.”⁴² At the opposite end of the scale, a clean-living, fit forty-seven-year-old might look considerably younger and be in much better physical health than a hard-drinking 40 year-old coal miner whose body had been subjected to decades of backbreaking work underground and an equally severe pummelling from the bottle. Such realities were certainly recognised by the wider public. In June 1915, Mrs D.C. Glassford wrote to Sam Hughes asking to have her son, George, discharged from the CEF. George, she told Hughes, was not nineteen years old as he had claimed, but rather fifteen. He was, she acknowledged, “large for his age and would easily be taken for [nineteen]”.⁴³

The difficulty of correctly adjudging recruits’ ages based on physical characteristics was compounded by the fact that perception of age could differ from individual to individual. An individual who looked 21 years old to one person could look considerably younger or older to another person. Similar comments can be made with regard to older individuals. Twenty-four-year-old Harold Baldwin recounted that while marching through the streets of an Ontario town on the way to Valcartier, an old woman took him to be a child because he was considerably shorter than his comrades. Neither the regimental MO, nor the MO who examined Baldwin at Valcartier questioned the tanned and muscular farmer as to his age. Indeed, the only concern

⁴¹ Cook, “He was determined to go,” p.62.

⁴² Cook, “He was determined to go,” p.62.

⁴³ This was the second time George had attempted to enlist and it would not be the last. Each time the 5’6” teenager would lie about his age, and on one occasion even gave a false surname (McFarlane) and provided the name of a cousin in the United States as his next-of-kin. #219814, 58123, 670051 Glassford, George Duncan, LAC, PF, Vol. 3578-52; Mrs D.C. Glassford to Gen. Hughes, June 7, 1915, LAC, LAC, RG24 Vol. 820, File HQ54-21-10-1, “Endeavours of parents and wives of officers and men to prevent service in CEF,” [Hereafter EPW], Part 12

expressed by the regimental examiner was with regard to Baldwin's height and even that was uncalled for.⁴⁴

The difficulties MOs had with regard to estimating recruits' ages are best demonstrated by the following responses provided in January 1917 to criticisms of the large number of overage and underage men arriving in England from some MDs. Maj. W.H. Reilly, ADMS MD10, defended both himself and his MOs from criticism over the twenty-six underage and forty-one overage men discovered in the 179th Battalion by noting that if a man stated he was forty-four years of age and did not look more than that, an examiner had no choice but to accept the statement. Examiners' hands were equally tied, he continued, in the case of boys who stated they were eighteen and appeared to be that age. In some cases, Reilly inferred, a recruit's true age would only come to light when he got "cold feet" after enlisting and drew authorities' attention to it in order to be discharged.⁴⁵ Reilly's comments echoed those written two days earlier by Brigadier-General (Brig. Gen.) A.O. Fages, GOC MD5. Fages stated with regard to those found to be either underage or overage that "it will be appreciated that in border-line cases, credence must be given to the word of the recruit, otherwise many a good and useful soldier would be lost to the service." However, he did acknowledge that "no excuse can be offered...[in those cases where there are]...large discrepancies between age given and general appearance."⁴⁶

Reilly's defence did not stop at pointing out the difficulties medical examiners faced in assessing some individuals' true ages. He also went on to indicate how miscommunication and misunderstanding were also factors that caused some underage

⁴⁴ Baldwin, *Holding the Line*, pp.2-3, 7-8.

⁴⁵ ADMS MD10 to AAG i/c Administration MD10, January 11, 1917, PRE.

⁴⁶ GOC MD5 to The Secretary, Militia Council, January 9, 1917, LAC, PRE.

boys to be passed as fit for service. He noted that some of these boys had been recruited as buglers and passed fit for service overseas based on the understanding that the bugle band would travel to Europe with the battalion. Given that similar misunderstandings with regards to regimental bands had caused medical examiners to pass men with serious physical disabilities and a number of examples of boys who fronted at Valcartier arrived in England as members of bugle bands, such an explanation cannot be completely discounted.⁴⁷

These problems do not offer a complete explanation for why so many underage and overage men made it to England. Many were accepted as fit to serve by recruiting agents, MOs, and battalion commanders who were well aware of their true ages. Indeed, not all underage and overage men lied when asked their ages but were accepted nonetheless. Douglas Campbell's attestation paper, for example, records his birth date as December 15, 1901 and his age as 16. Fifteen-year-old Norman Williams was equally honest when he signed up in November 1915.⁴⁸ Likewise, it was common for overage men who gave their true ages at the time of enlistment to find their examining MOs deciding they were in fact 10 or 15 years younger than they thought they were. Leonard Pusey's medical examiner, Captain (Capt.) J.M. Fowler altered Pusey's age from forty-eight years and nine months to forty-four years and nine months (Figure 3).⁴⁹ While in many cases the stunned recruit would have no say in the matter, in some instances the MO would make a recruit complicit in the falsehood by encouraging him –

⁴⁷ Joseph Reece, LAC, FMR, Vol.8; #187616 Kelly, W., LAC, BRA, p.M12; #187616 Kelly, William, LAC, PF, Vol.5064-27; #187287 McLeod, R.K., LAC, BRA, p.M12; #187287, McLeod, Robert King, LAC, PF, Vol.7093-38; #116818, Gray, R.F., LAC, BRA, p.M14.

⁴⁸ #657797, Campbell, Douglas C.M.B., LAC, PF, Vol.1428-41; #766965, Williams, Norman, LAC, PF, Vol.10400-31.

⁴⁹ #501357 Witham, A., and #490500 Pusey, L. BRA, pp.M22, M27.

as they often did underage boys – to run around the block and think about his age before coming back.⁵⁰

Equally problematic was the lack of standardisation between Canadian and Imperial regulations with regard to maximum age requirements. While men as old as forty-five were considered fit to serve under Canadian regulations, Imperial regulations set the maximum age for a combat infantryman at forty. Since Canadian troops came under imperial control when they arrived in England, this meant many men deemed in Canada fit to fight were reclassified as unfit for the trenches soon after their arrival. Although the Canadian authorities were well aware of this discrepancy and more than a little concern was expressed as to the burden placed on Canadian resources by the large number of men left stranded in England, Canadian standards were not drawn into line with those of the imperial forces.⁵¹ This lack of uniformity did not end with the differences in the two jurisdictions' age requirements. Surgeon-General G.C. Jones, Director of Military Services, Canadian Contingent, found himself required to ask the British War Office for rulings in a number of different cases in which imperial standards clashed with Canadian standards.⁵² Indicating just how problematic the differences in standards were with regard to classifying men for service, one of the many recommendations made by Col. H. Bruce in his report on the CAMC was that "[c]lose co-operation between Overseas and Canada be established, with a uniform standard of fitness, based on actual experience at the front."⁵³

⁵⁰ Medical Officer i/c of the Medical Board Department of the Director of Recruiting and Organisation to Director of Recruiting and Organisation, August 22, 1916, LAC, RG9, III, AI, 8-2-10.

⁵¹ A/DGMS to AG, "Physical Standards of Recruits, CEF," December 15, 1916, PRE; DGMS to ADMS MD13 "Medically Unfits Found in Infantry Battalions from Canada" January 5, 1917, LAC, PRE.

⁵² Director of Medical Services, Canadian Contingent to The Secretary, Headquarters, CEF August 18, 1916, LAC, RG 9 III-A-1, 8-2-10.

⁵³ Bruce Report, p.13

In some cases medical examiners simply ignored minimum medical and physical requirements and passed men who should have been rejected. The motivations for doing so were numerous. There is little doubt that some doctors believed that they were better able to assess a man's ability to fight than the military authorities. However, one should note that medical examiners could also be influenced by the tenor of the times and, indeed, the fervour of the men who stood before them. The case of Harold Peat is a prime example. Rejected for service on August 22, 1914 because the diameter of his expanded chest was one inch below the minimum required (33.5"), Peat confronted Maj. Farquarhson, the medical examiner for the 101st Regiment, at his home the next day:

"Excuse me, Doctor," I said when he appeared, "but I'm sure you'd pass me if you only knew my circumstances."

"Well?" snapped the major.

"You see, sir, my two brothers have been killed by Germans in Belgium, and my mother and sister are there. I *must* go over to avenge them."

I shivered; I quaked in my shoes. Would the major speak to me in French? I did not then know as much as *Bon jour*. But luck was with me. To my great relief Major Farquarhson replied..."Report to me this afternoon; I will pass you."⁵⁴

And he did. As did Peat's examiner at Valcartier, who recorded the Albertan's expanded chest measurement to be 34" in diameter. Although the Jamaican born Peat credited the success of his ruse to his short and slight build as well as his dark complexion and curly-hair which, he contended, allowed him to "pass for a Frenchman, an American, a Belgian; or at a pinch a Jew." It is doubtful that Farquarhson was fooled, especially since the firmly Anglophone Peat would not have had a trace of a French or

⁵⁴ Peat, *Private Peat*, pp.2-3.

Flemish accent and had he not made the claim the day before when he had first been rejected by the major (he had simply pleaded with Farquarhson to “[h]ave a heart”).⁵⁵

⁵⁵ In his memoir Peat claimed he managed “[t]hrough some very fine work...[to]...escape the examination,” at Valcartier and his attestation paper indicates he was examined on September 4, 1914. It is possible that someone, perhaps Peat’s close friend, Bill, stood in the Albertan’s place but without further evidence it is impossible to know. Peat, *Private Peat*, p.12.

Description of Leonard Pusey on Enlistment.

Apparent Age <u>24</u> years <u>9</u> months. (To be determined according to the instructions given in the Regulations for Army Medical Services.)		Distinctive marks, and marks indicating congenital peculiarities or previous disease. (Should the Medical Officer be of opinion that the recruit has served before, he will unless the man acknowledges to any previous service, attach a slip to this effect for the information of the Approving Officer.)
Height	<u>5 ft 10 1/2</u> ins.	
Chest measurement	Girth when fully expanded <u>40 1/2</u> ins.	
	Range of expansion <u>2 1/2</u> ins.	
Complexion	<u>Fair</u>	
Eyes	<u>Blue</u>	
Hair	<u>Grey</u>	
Religious denominations.	Church of England <u>+</u>	
	Presbyterian	
	Methodist	
	Baptist or Congregationalist	
	Roman Catholic	
	Jewish	
Other denominations. (Denomination to be stated.)		

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him fit for the Canadian Over-Seas Expeditionary Force.

Date 4th 11 1916

Place Stornoway, Lewis James P. B. B. B. Medical Officer.

Note.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Leonard Pusey having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date 18th Feb 1916 J. E. B. B. MAJOR C. E. (Signature of Officer)
or 6th Field Company Canadian Engineers

Figure 3: Leonard Pusey's attestation paper showing his altered age.

Peat was not the only individual to find a sympathetic doctor. British-born Harold Baldwin was passed fit by a medical examiner in Saskatoon in August 1914 despite the fact he was 2" below the 5'6" height that was required by the regiment.⁵⁶ Baldwin countered the medical examiner's statement that he was too short, claiming to have served for 4 years in the First Battalion of the North Staffordshire Regiment (a battalion in the British Regular Army). After examining the resolute Baldwin, the doctor relented, and allowed the twenty-four-year-old to travel to Valcartier with the following words:

Well, you are as fit as any man, but they are sticklers about height. I'll tell you what I'll do. You may leave with the boys for Valcartier and that will bring you two thousand miles nearer to England. *As you are determined to go anyway*, part of your trip will be at the government's expense.⁵⁷
(Emphasis added)

Passed fit to serve at Valcartier, the twenty-four-year-old went on to serve as a sergeant in the 5th Canadian Infantry Battalion. Eugene Iler was passed fit, against regulations, after promising to his medical examiner, one Capt. J.S. Carruthers, that he would not hold the government accountable for "any trouble arising from hernia or testicles [varicocele?]."⁵⁸ Peat, Baldwin, and Iler's stories all indicate that medical examiners would, as David Silbey has noted with regard to recruiting in England, "undercut the minimum requirements necessary for military service, in a conscious and obvious way" to help those men (and boys) who desired to serve their country.⁵⁹

⁵⁶ Despite the regimental medical examiner telling Baldwin he was too short, and Baldwin's repeated statements about how people were shocked he was in uniform, he was, in fact, one inch above the minimum height requirements for an infantryman.

⁵⁷ Baldwin, *Holding the Line*, pp.2-3.

⁵⁸ Iler's promise was recorded on his attestation paper and signed by both Iler and Carruthers. #470948 Iler, Eugene Phinas, LAC, PF, Vol.4684-8.

⁵⁹ Silbey, "Bodies and Cultures Collide," p.68.

Some civilian medical professionals' sense of self importance also hindered medical examination in other ways. Accustomed to charging substantial fees for their services, many civilian practitioners strongly resented the government's imposition on February 28, 1916, of a remuneration rate of 50 cents per man examined to begin April 1, 1916.⁶⁰ In fact, a number of physicians not only strongly protested the imposition of the fee, which was to be paid in addition to the remuneration doctors received from the government for attending troops billeted in their town or village, but also threatened dire consequences as a result.⁶¹

On April 19, 1916, Doctor James R. Bird of Whitewood, Saskatchewan wrote an ill-tempered letter to the Acting AG of the Canadian Militia, Maj. Gen. W.E. Hodgins, condemning the government's action. Stating he had only received the notice of the government's decision earlier in the day, Bird declared he did not feel bound by it when setting his fees for any examinations he had conducted between April 1 and April 19. He then rounded on the fee itself. Bird told Hodgins that the fee offered was "an insult

⁶⁰ Medical officers not under pay were to be paid at the same rate, provided the total remuneration they received each day did not exceed the total of the daily pay and allowances for their substantive rank. Militia Order No.87, February 28, 1916.

⁶¹ Indeed, the day before the government imposed the medical examination fee the Militia's Paymaster sent a memorandum to all of Canada's MDs stressing that "it should be made plain that the allowance of [fifty cents] per man for examination of recruits is in addition to the allowance for medical attendance."

The remuneration rates for medical attendance were as follows:

Remuneration rates for Civilian Practitioners Attending CEF Members

Number of Men	Rate of pay
0-49	\$1 a head per month
50-99	\$2 a day
100-149	\$3 a day
150+	\$4 a day

Although an assured income, these rates of pay were well below what a doctor might expect to charge for his services. For example, in 1915 doctors in Ontario charged between \$1 and \$5 for a house call, and \$1-\$2 for vaccinations. C.G. Roland, "An Historical Perspective," in William E. Seidelman, ed., *Alternatives In Health Care: Proceedings of a symposium and workshop on health service organisations in Ontario* (Hamilton: MacMaster University, 1981), p.44.

Paymaster to 6 Divisions & 3 Districts, March 31, 1916; and, "Medical Attendance to troops billeted in Towns and Villages. Civilian Practitioners," January 24, 1916, MIRSC2.

to the profession of which I have been a member for almost thirty years. It is not on par with the wages of a chimney sweep.” He declared he could not “conceive of many medical officers in [the Department of Militia and Defence] having such a poor opinion of his fellow members of the medical profession as to put them on par with...a farm laborer.” The medical profession, he concluded, were being most unfairly and unjustly treated by the department. Not content with merely venting his spleen, Bird added weight to his vitriolic attack by reinforcing it with a threat. He informed Hodgins that he would continue to examine men; however, such examinations would not be conducted to the best of his ability. Bird further stated that he would refuse to accept the “pittance” offered for his services when conducting these examinations.⁶²

The firebrand Bird was not the only physician to complain about the fee offered to civilian practitioners. In early November 1916, Doctor H.E. Eaglesham of Weyburn, Saskatchewan wrote to the local military authorities after hearing that he was to be made an examiner on his local medical board in an attempt to be discharged from the responsibility. Eaglesham explained that he was “too busy a man to bother with [conducting medical examinations] if there was only 50 c[en]ts an examination.” It was, he continued, “worth more than that to fill the papers out.” Lest he sounded overly mercenary or even unpatriotic, the good doctor went on to state that he believed that every man should do his bit and “if circumstances were different I would be away to the front now”. However, Eaglesham believed that the “vast amount of work [he was doing] free for soldiers families” about squared his responsibilities to the Dominion.⁶³

⁶² James R. Bird to Maj. Gen. W.E. Hodgins, AAG, April 19, 1916, MIRSC2.

⁶³ H.E. Eaglesham to A.S. Gossell, November 7, 1916, MIRSC2.

Eaglesham and Bird were not the only civilian practitioners to object to the remuneration offered to them for their services. Forwarding Dr. Eaglesham's letter to his superiors in Ottawa, Capt. A.S. Gosell, ADMS MD12, stated that he was "up against this proposition all the time" and that he was enclosing the letter so "you will see the difficulties I am having getting [civilian practitioners to conduct medical examinations]." Likewise, in the aforementioned report of January 1917 Brig. Gen. Fages told the Secretary of the Militia Council that many physicians in his district objected "altogether for the fee of \$0.50." Fages indicated that Bird was not the only physician to respond with vindictiveness to the fee offered to him and went on to state, with evident disgust, that some of the civilian practitioners in his district had been "bold enough to state that any recruit examined by them [would] be given a 50 [cent] examination." Canada's vast geography and many small and isolated communities amplified the impact of such threats. Fages pointed out that given the limited supply of qualified examiners in rural Canada, recruiters were forced to either accept a 50 cent examination or transport recruits to the next nearest depot, which could be well over 100 miles away. The general then went on to imply that many of the enlisted men within his district found to be unfit in subsequent examinations were victims of such unprofessional behaviour.⁶⁴

It is impossible to ascertain if civilian practitioners actually carried out their threats to undermine medical examinations. Some civilian practitioners were reportedly not following the military authorities' directions for conducting medical examinations, but they were not necessarily engaged in deliberate acts of defiance. Other factors – such as inexperience or a lack of knowledge – also might have caused a doctor to not

⁶⁴ GOC MD5 to The Secretary, Militia Council, January 9, 1917, PRE.

follow the military authorities' directions to the letter. With that said, the military authorities did take physicians' threats seriously. Maj. Gen. W.E. Hodgins replied to the irate Bird, acknowledging his protest and expressing his regrets that Bird did not "consider the remuneration under the present arrangements sufficient". He then directed the doctor to correspond directly with the GOC MD10 with regard to any other outstanding financial claims he might have.⁶⁵ The officer would, Hodgins stated, "be very glad to give your accounts proper consideration."⁶⁶

While Hodgins's reply may have been calm, the authorities were anything but relaxed behind the scenes. Responding to Capt. Gosell's letter, Col. J.J. Potter, A/DGMS, stated that he "fully appreciated" the difficulties Gosell was experiencing and inquired if a civilian practitioner such as Dr. Eaglesham would accept a lieutenant's pay for his services. However, lest Gosell believe that he was being provided a financial *carte blanche* to retain as many civilian practitioners as he felt necessary, the office tempered its statement by noting MOs should only be employed full time at mobilisation centres that processed large numbers of troops. "If only a few recruits have to be examined, pay at so much per diem for the days actually employed will perhaps be more satisfactory." It made no suggestion as to what a reasonable per diem rate might be, although did tell Gosell the matter was being given further attention.⁶⁷ And, indeed it was.

The same day that he wrote to the frantic Gosell, Potter wrote to the AAG, Lt. Col. C.S. MacInnis, suggesting that "[t]he pay for medical officers to be employed at

⁶⁵ Although Saskatchewan had recently become a MD in its own right (MD12), Bird's claims related to examinations conducted when the province was part of MD 10. Thus, Hodgins directed Bird to contact the GOC MD10, rather than the GOC of the new MD12. See Appendix 5.

⁶⁶ AG to Dr. James R. Bird, April 25, 1916, MIRSC2.

⁶⁷ DGMS to ADMS MD12, November 13, 1916, MIRSC2

Mobilization Centres...should not be at so much per recruit, but by month, regardless of how many recruits are examined.” The memorandum further suggested that in the case of civilian practitioners, lieutenant’s pay would be sufficient unless there were large numbers of men to be examined, in which case a captain’s pay “might be allowed”. Potter explained his position by noting that the current small remuneration would make it difficult “to secure civilian practitioners or Medical Officers who are prepared to give their whole time [to examining recruits].”

MacInnis responded to Potter sixteen days later. The colonel was told that the method of payment depended on the mobilisation centre. At large centres, the work should be carried out by regular MOs who were to be paid according to their rank. In small centres where the work was not great, examinations were to be paid “on the present basis of so much per recruit.” While seemingly logical and economically expedient on paper, such directions missed the point. The very people, such as Eaglesham and Bird, protesting the fee were small-town doctors. Bit-work pay not only insulted them, but was also not worth their while.⁶⁸

If physicians’ professional pride, lack of experience, and willingness to help out eager but unfit volunteers acted to hamper the successful application of medical examinations, so did wider wartime realities and the nature of the medical examination itself. Designed for peacetime recruitment and as a means to ensure the military received the best human resources available, the medical examination was a highly

⁶⁸ It should also be noted that more than a few doctors were unhappy with the CAMC’s ranking system and remuneration rates. Indeed, during its 51st Annual Session in June 1916 the Medical Council of Ontario passed a motion suggesting to the Militia Council that doctors serving in the CAMC should have rank and remuneration “more in keeping with services rendered.” *Announcement of the College of Physicians and Surgeons of Ontario 1916-1917/Report of Proceedings of the Ontario Medical Council, June 1916* (Toronto: College of Physicians and Surgeons of Ontario, 1916), pp.102, 109.

complex and time consuming exercise. Faced with the masses of men queuing to defend the empire, careful examinations were difficult, if not impossible.

This was certainly true in Valcartier, where some rejected individuals such as eighteen-year-old William Dix used their chaotic surroundings to their advantage. Initially rejected due to his poor eyesight, Dix simply waited in camp for twenty-two days and then tried again.⁶⁹ He was passed fit. It is possible that Dix garnered his success through similar means as those employed by the myopic Alfred Andrews of Qu'appelle, Saskatchewan. Indicative of the slipshod character of the medical examinations carried out by some medical examiners at the mobilisation camp, the Saskatchewanian was able to memorise the visual acuity card that was used by medical examiners to assess recruits' vision. As a result, he passed his eyesight test with flying colours. He also passed the examination without his other disqualifying impairment being discovered, a hernia he had sustained playing football.⁷⁰ Corner cutting did not only occur at Valcartier. In 1915, it was reported that medical examinations at the Toronto Recruiting Depot were conducted in 40 seconds. Such cursory examinations were common in many other recruiting stations.⁷¹

Not all examinations were perfunctory. Eighteen-year-old Peter Pirie continued with his classes at Albert College, Belleville, after enlisting in the 21st Battalion in late 1914 because he was unsure if he would pass the unit's final medical examination and

⁶⁹ Success came at a high price for Dix, he was killed on April 24, 1915 during the 2nd Battle of Ypres. William J. Dix, LAC, FMR, Vol. 3; #10981 Dix, William John, LAC, PF, Vol. 2534-25.

⁷⁰ The extent of Andrews's eyesight limitations is indicated by his admission he found his as a quarter master's clerk "a bit hard on my eyes" because he was not able to use his glasses. "Diary of Alfred Herbert John Andrews".

⁷¹ Miller, *Our Glory and Our Grief*, p.79, "Thought of a Rainy Day". Also see Silbey, "Bodies and Cultures Collide", p.67.

did not want to lose his school year if he was rejected.⁷² Likewise, Kenneth Duggan told his mother in May 1915 that the MOs examining men for the 5th Canadian Mounted Rifles “were making hay.”⁷³ However, even the most thorough medical examination could be defeated. Recalling his 1917 medical examination for the Black Watch, Danish Victoria Cross winner Thomas Dinesen stated that “[w]e were examined with the minutest care. Measured from point to point at various angles, examined and probed and commented upon, very much as if we were a number of decrepit old hacks.” Nonetheless, the young Dane was able to hide the limited movement he had in his right knee by “stick[ing] my leg very far behind when making a deep genuflexion.”⁷⁴ While it is impossible to tell if Dinesen’s examiners were aware of his act of deception and turned a blind eye, his insistence on the thoroughness of his examination and his own “mortal terror” of being rejected due to his knee, along with the fact that a number of men in his group were rejected as unfit, would seem to indicate that his medical examiners were not simply passing all would-be warriors with a wink and a nod.⁷⁵

The problem of unfit recruits became more prevalent in late 1915 after the Department of Militia and Defence handed over responsibility for recruiting battalions to individual citizens and communities in an attempt to bolster flagging recruiting

⁷² Pirie, *The Stump Ranch*, p.13.

⁷³ Kenneth Duggan to Mildred Duggan, May 27, 1915, Kenneth L. Duggan Fonds, LAC, MG30-E304

⁷⁴ Dinesen had injured his knee while skiing in Norway. Lest one should think the injury was relatively minor it should be noted that its effects had caused Dinesen to be declared unfit to serve in the Danish Navy in 1916. Moreover, he would later find his knee – which he openly admitted “had never really been strong since I hurt it” – gave him some trouble while he was in the trenches. Dinesen, *MERRY HELL*, p.31.

⁷⁵ Admittedly, while Dinesen’s examination may have been thorough, both his recruiters and the regiment were willing to bend the rules to ensure his entrance into the ranks. As a Danish citizen and an atheist to boot, Dinesen felt he could not in all honesty swear to serve King George V “faithfully and loyally so help me God!” After some discussion, and against regulations, the recruiting officers of the Black Watch accepted his word of honour that he would serve the regiment faithfully. Dinesen, *MERRY HELL*, p.31-32.

numbers.⁷⁶ As men became harder to find and competition between battalions grew, recruiters became far more liberal about who they would accept into their ranks. As might be expected, this liberalism far exceeded the relaxation of medical standards allowed by the Canada authorities.

Elvin Wolf's offer to serve was twice accepted by Lt. John Morrison Peterkin, a recruiting officer for the 151st Battalion, despite the fact that the nineteen-year-old was missing part of his left hand and was suffering the after effects of a compound fracture of the left tibia. Peterkin's decision to accept Wolf was aided and abetted by his medical examiners. Wolf's initial examiner, R.D. Robertson, noted Wolf's hand injury but stated that Wolf's mangled appendage was "strong and pliable", indicating that it would not hinder him in the profession of soldiering. The good doctor did not mention Wolf's leg injury, which by all accounts was readily apparent.⁷⁷

Wolf's second enlistment attempt, after having been rejected as unfit for medical service by a medical board in Edmonton, is even more telling. Enlisting 15 days after his initial rejection, the young Albertan was once again accepted by Peterkin who would have been well aware of who Wolf was, and, indeed, that he had been rejected. The battalion's commanding officer, Lt. Col. J.W. Arnott, approved Wolf's enlistment. Arnott, it should be noted, had signed the Albertan's discharge papers after his initial rejection in Edmonton less than one month before and, thus, would also have been aware of the young man's medical status. Wolf's second enlistment was also assisted by his medical examiner who did not mention his mutilated hand on his attestation

⁷⁶ Brown, "Unrequited Faith", pp.305.

⁷⁷ #624378, Wolf, Elvin Lee, LAC, PF, Vol. 10517-10.

paper. There is no evidence to suggest that Wolf faced the medical board in Edmonton a second time.⁷⁸

Indeed, it would seem Wolf's re-enlistment was more for Ottawa's benefit than anything else. The Albertan did nothing to hide his identity other than to change his name, and even this attempt at concealment was rather unimagnative. All Wolf did was substitute his middle name, Lee, for his Christian name and then employ the Christian name of one of his brothers, Roy, as a middle name. All other information, address, next-of-kin, date of birth (which was false), place of birth (Nebraska, USA) and previous military experience (one militia camp), remained the same. While such changes would not have been enough to fool the officers and men of the 151st Battalion, they would have allowed Wolf, and the battalion, to circumvent Ottawa's attempt to combat the re-enlistment of men deemed medically unfit by keeping records of those men who had been rejected for service.

Some unscrupulous battalion commanders and recruiting officers used civilian practitioners' inexperience in conducting military medical examinations to their advantage. Lt. Col. John E. de Hertel, OC 130th (Lanark and Renfrew) Battalion, was reported to have taken men that his MO, Capt. E.C. Consitt, refused to pass to "outlying points and got them through there by civilian practitioners who were not familiar with the work."⁷⁹ Nor was de Hertel the only battalion commander to employ such tactics. In August 1915, the ADMS of the 3rd Division noted in a circular letter to the division's

⁷⁸ It is likely Wolf was absent (perhaps deliberately) on harvest furlough when the battalion was warned for overseas and only joined the battalion on route to its embarkation point. If this was so, he would have avoided the battalion's final medical examination. In fact, absence on harvest furlough was one of the explanations later provided by the GOC MD13 as to why so many members of the 151st Battalion had not been subjected to a final medical examination. See below. #625347, Wolfe [sic], Lee Roy, LAC, PF, Vol. 10519-9.

⁷⁹ GOC MD3 to The Secretary. Militia Council, Ottawa, January 6, 1917, PRE.

recruiting officers that it had come to Ottawa's attention that recruiting officers did not always use authorised MOs to carry out medical examinations.⁸⁰

Likewise, battalion commanders often chose their own medical examiners "who were governed by personal direction rather than by established standards," or used the uneven relationship engendered by the chain of command to sway their MOs' decisions. As a result, more than one commanding officer was able to ensure that men who should have been rejected were passed as fit.⁸¹ For example, Lt. Col. G. R. Bouchard, OC 41st Battalion – himself facing pressure from higher up the chain of command – directed his MO, one Capt. N. Moring, to pass fifteen-year-old Adore Breton fit to serve in spite of his age.⁸²

The interference of commanding officers in medical examinations was discussed in the December 1916 issue of *Canadian Medical Association Journal*. "The competitive system of enlistment and the rivalry of recruiting and commanding officers raising regiments in a short space of time [had led many MOs]," the journal noted, "[to] allow themselves to be overruled by the desire of the commanding officers to bring their regiments rapidly up to strength." While one might question whether many MOs had as much agency as the *CMAJ* "allowed" that the journal would make such a statement is telling since it would seem to indicate that such practices were widespread.⁸³ This is not to say that all medical examiners were motivated by fear of a regimental commander.

⁸⁰ ADMS, 3rd Division to The Recruiting Officers, 3rd Division, August 16, 1915, MIRSC2.

⁸¹ Macphail, *Medical Services*, p.161.

⁸² At the bottom of Breton's AP1 Lt. Col. Bouchard has written "[t]his man is only 15 years old but is to be sworn in on instructions received from OC 16th Inf[antry] Bde [Brigade] verbally." #416247 Breton, A., BRA, p.M31; #416247 Breton, A., LAC, PF, Vol.1046-7.

⁸³ "The Canadian Medical Services," *Canadian Medical Association Journal*, December 1916, p.1106-1108.

Some, it would seem, were also influenced in their decisions by personal friendships with senior officers of a regiment.

If battalion commanders were either unable to rely on their MO's good will or to bully them into submission, they might have ignored them. Numerous instances existed of commanding officers keeping men in their units despite the fact that they had been declared unfit to serve during a medical examination or had become disabled as a result of accident or illness while in Canada.⁸⁴ In some cases the physical impairments of those retained were stunning. Thirty-two-year-old Private Jake Kerr of Calgary, Alberta travelled to England as a member of the 12th Canadian Mounted Rifles despite the fact that a fifty foot fall had left him with no teeth and one leg 2.5" shorter than the other. If this were not enough, he had contracted both pneumonia and pleurisy while in hospital recovering from his injuries. Given such a medical history, it was "hard to understand," a report discussing his case stated, "why this man was brought to England." Understanding why Kerr was brought to England despite his injuries may not have been as hard as the reporter made it out to be. A groom in civilian life, he had been employed as a senior officer's batman before his accident and retained the position after his recovery. It would seem, at least in the eyes of his master, Kerr was too valuable a servant to be dismissed on account of injuries.

In other instances, commanding officers, desperate to fill their ranks, added men to their unit without having them subjected to a medical examination at all.⁸⁵ The methods by which battalion commanders achieved this were multifarious. In some cases they ensured medically questionable men were absent when medical board

⁸⁴ GOC MD13 to The Secretary, Militia Council, January 27, 1917, PRE.

⁸⁵ GOC MD11 to The Secretary, Militia Council, September 28, 1916, MIRSC.

examinations were carried out, while in other cases they enlisted men after these examinations had taken place. Indeed, evidence indicates that in some cases, units enlisted men into their ranks as they travelled to their embarkation points.⁸⁶

The military authorities' multiple attempts to counter such acts of avoidance (see below) were met by further acts of dishonesty by some battalion commanders. Lt. Col. W.O. Smyth, OC 209th Battalion certified that all men in his unit had been medically examined and found fit for service before embarkation for Europe. However, it was discovered that over 100 men (approximately 10 per cent of the battalion's strength) had been absent when their final pre-embarkation medical inspection was made. Smyth had, in other words, lied on his documentation in order to ensure he would be able to get all his men to Europe.⁸⁷

Not all the blame for men missing their medical examinations can be laid at the feet of battalion commanders. Others also sought to use their power and influence to get men with disqualifying impairments into the ranks. Elvin Wolf of Millet, Alberta, was initially rejected for service due to his maimed left hand. After the intercession of Senator Rufus H. Pope, Minister of Militia and Defence, Edward Kemp, overturned the nineteen-year-old Albertan's rejection. Pope attached the letter sent to him from George B. Campell, which had drawn Wolf's plight to the Senator's attention, to a note typed on paper bearing the letterhead of the Canadian Senate that stated that Campbell was a "thoroughly reliable man" and was "qualified to express his opinion...[on Wolf's]...ability to kill Germans." Pope trusted the minister would find an "opportunity to allow him [Wolf] to do so." Kemp did. In spite of protests from the military

⁸⁶ GOC MD13 to The Secretary, Militia Council, January 27, 1917, PRE

⁸⁷ A/DGMS to AAG (1), October 21, 1916, LAC, PRE.

authorities, the minister directed that the Albertan was allowed to rejoin the 151st Battalion. The A/DGMS for Alberta, for example, noted that Wolfe was unfit according to Canadian recruiting regulations and even if he were to be efficient in Canada, he would probably be rejected by the overseas medical authorities.⁸⁸

Kemp's directive was irrelevant since Wolf had re-enlisted in the 151st on April 8 – a mere 15 days after his rejection (and 6 days after Campbell had put pen to paper on his behalf), and was a member of the 151st Battalion when it sailed for England on the *S.S. California* on October 3, 1916. In spite of both Kemp's instructions and the aid Wolf received from members of the 151st Battalion when he enlisted a second time, the Albertan would never see France. As the A/DGMS, Alberta predicted, Wolf was found to be medically unfit for service by a medical board at Shorncliffe camp on November 22, 1916. Designated a local casualty, he was moved to the Canadian Casualty Assembly Centre at Hastings in early December of the same year. Wolf languished in Hastings for a month before being shipped back to Canada as physically unfit for war service on January 8, 1917, and was discharged Quebec City on February 4 of the same year.

Not only were some men well practised at avoiding such examinations in their own right, Canada's economy and size could also lead to men not being subjected to medical examinations. In response to criticisms regarding the number of unfit men discovered in the 113th and 151st Battalions, the GOC MD 13 noted that when these two units were warned for overseas, 25 per cent of their men were absent on harvest furlough and had to be recalled by telegram. As many of these individuals worked farms considerable distances from telegram offices, some of them reported to their

⁸⁸ George B. Campbell to R.H. Pope, April 2, 1916; R.H. Pope to A. E. Kemp, April 12, 1916, MIRSC2.

battalions at the last moment while many more had to be picked up at way-stations as the battalions headed east. In such circumstances, the GOC explained, it was not practical to re-examine all of these men.⁸⁹

In accepting the GOC MD13's explanation, Lt. Col. F Bell, A/DDGMS noted in a Department of Militia and Defence Memorandum that this problem had since been rectified. Since the embarkation of the 113th and 151st Battalions, instructions had been "issued that when a unit is warned for overseas all leave is to be cancelled, and those away must return." Bell was referring to a circular letter sent by the AG's office on December 29, 1916, to the GOCs MDs. In the letter, the GOCs were told that as soon as a unit or reinforcement draft was warned that it would be travelling overseas, no leave was to be granted until all ranks had passed their final medical examination. Likewise, any men on leave at the time of the warning were to be recalled immediately so that they could be examined with their comrades.⁹⁰

The letter's instructions did not end there. Recognising such directives were not always followed, the letter also stated that if the examining medical board discovered that there were absentees when conducting the examination, it was to take record of their names and forward them to the OC of the unit or draft. He, in turn, was to make a nominal roll, in quadruplicate, of these names and include any men taken on strength subsequent to the final medical inspection. The OC was then to dispose of these rolls as follows: two of them, along with the final medical inspection report, were to be sent to the GOC of the unit or draft's MD; one was to be provided to the Embarkation Medical Officer (EMO) at the point of embarkation so that these individuals could be medically

⁸⁹ GOC MD13 to The Secretary, Militia Council, January 27, 1917, PRE.

⁹⁰ "Final Medical Inspection Before Embarkation," December 29, 1916, cited in ACAMS, pp.213-214.

examined before proceeding overseas. Once used, the EMO was to forward the roll to the headquarters of the district in which the unit embarked, where it would be retained for reference. The final copy was to be retained by the OC of the unit or draft. He was to provide this copy to the overseas authorities on the unit's disembarkation at its final destination.

Indicative of the continuing problems with unfit men being accepted or maintained in units, MOs of the units and drafts were warned that they were to "on no account retain 'misfits' in the service". More directly, after noting that the "number of 'misfits' arriving in England is still large," the AG's office warned both MOs and OCs of units about to travel to England that if the condition recurred, the officers responsible would be "held strictly accountable, and if gross neglect is proved, will be liable to dismissal from the service."⁹¹

The missive of December 29, 1916 was just one of many attempts by the military authorities to plug the holes in the creaking dike that sometimes characterised the medical examination. These attempts can be broadly characterised in many ways: as polite reminders about standards; heartfelt pleas noting the present and future economic strain the acceptance of such placed on Canada; open threats of punishment for both the recruits and those who accepted them – to stop unfit recruits being accepted for service; and the introduction of a multi-step examination process. In all cases these initiatives added further paperwork to the already paper-clogged military bureaucracy. Moreover, in the face of men who were determined to go to war and medical examiners

⁹¹ "Final Medical Inspection Before Embarkation," December 29, 1916, cited in ACAMS, pp.213-214.

and battalion commanders who wanted to get them there, these measures were not always successful.

On December 14, 1915, one year to the day after Dr. Starr had written to Sam Hughes, the AG's office issued a circular letter to Canada's MDs stressing that "special care is to be taken not only to ensure that men not physically fit are not enlisted, but also that men not medically fit be not retained in service". To guarantee that this objective was met, the letter instructed each division to form a medical board of two officers that would inspect all recruits at regular intervals. When an unfit recruit was discovered, the board was directed to inform the divisional or district headquarters, which in turn was to send a daily nominal roll of men recommended for discharge to the Secretary of the Militia Council in Ottawa. This roll was to provide the following details about each unfit man: name (in full); rank; unit; nature of the disability; the name of the MO who had passed him at enlistment; and the name of the MO of his unit. The letter ended by drawing medical examiners' attention to the regulations regarding careless examinations. These directions were not always followed. On May 26, 1916, the AG reminded MDs to forward their daily returns of men recommended for discharge to headquarters in Ottawa.⁹²

Even when the returns of rejected men were well kept, they often failed to stop men from re-enlisting. Many rejected individuals refused to accept the first (and subsequent) rejection(s) and presented themselves multiple times with the hope of being accepted. In an attempt to increase their chances of acceptance, many of these men not only travelled to different recruiting stations but also employed pseudonyms in each subsequent attempt. On March 18, 1916, the *Toronto Globe* reported on the case of a

⁹² "Discharge of Recruits not Medically Fit," December 14, 1915, cited in ACAMS, p.26.

man who had been rejected as unfit to serve at eight different depots and was still expressing “a keen desire to get to the front some how.” As keen as the hitherto thwarted warrior lauded in the *Globe* may have been, his enthusiasm for touring the trenches paled in the light of the persistence of twenty-three-year-old bushman George Stanley Atkins. Suffering from injury-induced kyphosis (curvature of the spine), Atkins claimed to have attempted to enlist almost 200 times, crossing most of Western Canada in the process, before finally being accepted by the 1st Tunnelling Company on November 12, 1915.⁹³

In some cases, the numbers of repeaters knocking at a recruiting station’s door could be significant. At least 25 per cent (309 out of 1,234) of the men rejected by the 169th Canadian Battalion in 1916 had been previously rejected elsewhere.⁹⁴ Not all repeaters were men who had been turned away by medical examiners at recruiting stations; some had previously been accepted for service only to be later discharged due to physical or medical unfitness. Some of these individuals had been wounded in combat and discharged on account of their injuries but many were unfit men who had been erroneously accepted for service and later discharged due to their impairments. The underage polio victim Russell Mick is a prime example of such an individual. After he was discharged as unfit and returned to Canada in late 1916, the Ontario native re-enlisted in February 1917 and would serve until 1920. Some unfit repeaters showed a determination to get back into khaki that verged on bloody mindedness. The records of

⁹³ Atkins’s success was short lived. Sent to France in February 1916 he was deemed unfit to serve due to his impairment before seeing combat. He was discharged as medically unfit six months later. #301178, Atkins, George Stanley, LAC, PF, Vol. 283-6; #501178 Atkins, George Stanley, LAC, BRA, pp. M27-M28.

⁹⁴ Hon. A.E. Kemp, *Debates of the House of Commons of the Dominion Canada, 6th Session, 12th Parliament*, Vol. 3 (Ottawa: King’s Printer, 1916), April 14, 1916, p.2879.

the CEF contain numerous examples of men declared unfit in England who re-enlisted three or more times. Thomas Fitzpatrick and Frank Stribball, for example, both enlisted four times, and there were many others like them.⁹⁵

More than one repeater made it back to Europe and some with astounding speed. Arthur Lloyd of the 36th Battalion was declared unfit to serve on February 11, 1916, and subsequently returned to Canada. By March 1 of the same year he had re-enlisted and was back in England 2 months later with a reinforcement draft. Ironically, he was sent back to his old battalion. When quizzed by his astonished officers, Lloyd told them that nearly all those who had been sent back to Canada on the advice of medical boards in England had successfully re-enlisted.⁹⁶

Aside from being unable to combat the actions of men who attempted to re-enlist by using assumed names and travelling to different recruiting stations often several miles from the place of their initial rejection, the sheer size of these lists of rejected men meant that recruiters could not effectively utilise them. In March 1916, a Department of Militia and Defence Memorandum noted that “the numbers [of rejected men] are so large that it is impossible for the Recruiting Officer to go through them before accepting a recruit.” Nor was the size of these rolls the only obstacle stopping recruiters from employing them as a tool to stop the unfit and undesirable from re-enlisting. While correctly noting the size of the rolls made them unmanageable, the memorandum failed to note that not all recruiting officers, especially those in Canada’s rural areas, might even have access to them.⁹⁷

⁹⁵ #510427, Fitzpatrick, T. L., and #175385 Stribball, F., BRA, pp.M36, M51

⁹⁶ Officer Commanding 36th Battalion to Headquarters, 3rd Canadian Training Brigade, May 1916, LAC, RG 9, III, AI, 8-2-10.

⁹⁷ AAG(1) to Judge-Advocate-General, March 18, 1916, LAC, PRE

In an effort to combat the problem of previously rejected or discharged men re-enlisting, the memorandum suggested that before enlistment men should be asked certain questions with regard to whether or not they had previously enlisted, or attempted to enlist. In asking these questions, the officer conducting the interview was to draw the interviewee's attention to the fact that a penalty existed for providing a false answer to such questions. The memorandum asked whether or not an Order in Council would have to be passed under the *War Measures Act* to provide for such a penalty or "whether the point is already sufficiently covered?" The memorandum also noted that the only question currently asked of recruits on attestation papers regarding their military experience was question number 10: "Have you ever served in any military force? (if so state the particulars of former service)".⁹⁸

On March 20, Maj. Gen. H. Smith, the Canadian Militia's Judge Advocate General (JAG), responded to the memorandum. He began by stating that he did not believe question 10 cover the point sufficiently because "[a] question might be raised as to what is really meant by 'served' ... a man might be attested to-day and not be really set at service before his deficiencies are discovered." Smith also stated that he believed that due to active service conditions, such cases were better judged by civilian tribunals rather than military tribunals. Therefore, the JAG attached a draft proposal for an Order in Council.⁹⁹

The draft legislation made failure to disclose previous service when enlisting in either the CEF or the Active Militia an offence under the criminal code. On summary conviction under provision 15 of the code, guilty parties were to be subjected to a

⁹⁸ AAG(1) to Judge-Advocate-General, March 18, 1916, LAC, PRE

⁹⁹ JAG to AAG(1), March 20, 1916, LAC, PRE

maximum of six month's imprisonment, with or without hard labour. Importantly, once accused of the offence – which necessitated the production of an attestation paper or service roll purportedly signed by the accused and attested by a Justice of the Peace or a Military Officer – the onus was on the accused to prove his innocence (i.e. that he had not lied about his previous service), and not on his accusers to prove guilt.¹⁰⁰

The legislation was passed by the Governor in Council on May 8, 1917. Although keeping the same penalty and evidentiary requirements as suggested by Smith, rather than focusing on men who failed to divulge former service in the Canadian forces, the scope of the offence was broadened to cover all false statements made by an individual on an attestation paper when being examined or attested for service. As Smith had wished, the legalisation gave power to try such offences to the civilian authorities.¹⁰¹

This period also saw a change in the character of attestation papers. Not only did it ask if recruits had ever served in a military force, it also asked the following four questions (numbers correspondent to their question number):

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
14. If so, what was the nature of the disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?
16. If so, what was the reason?

Furthermore, at the bottom of the document the following statement was printed in capital letters: "N.B. – attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty."

¹⁰⁰ JAG to AAG(1), March 20, 1916, LAC, PRE

¹⁰¹ P.C. 1257, May 8, 1917, LAC, RG 2, A-1-a, Orders in Council [Hereafter OC], Vol.1168.

Indicative of the on-going problems with unfit recruits entering the ranks of the CEF, on February 23, 1916, a circular lettergram from the Militia Council further reiterated that “[f]ull and sufficient inspections” must be made by medical examiners in order to “prevent [the] possibility of men being included [in the CEF] who are not medically fit, or up to the standard required for active service.”¹⁰² This lettergram was quickly followed with a circular letter on April 4 stressing the need for “most careful examination of the lungs when recruits are being passed as fit for overseas service.” There were good grounds, the letter explained, to suspect that a number of men who had enlisted in the CEF had pulmonary tuberculosis at the time of enlistment. Underlining Ottawa’s concern with regard to this issue, another letter stressing the need for “a very careful examination” of potential recruits’ lungs at the time of enlistment was sent to all MDs on the 26th of the same month.¹⁰³

On April 29, 1916, the AG informed all MDs that when troops had been warned to proceed overseas, the ADMS of the district was to immediately arrange for a careful medical examination of all ranks before embarking. Once the inspection, which was to be made at the latest possible date before embarkation, was completed, the ADMS was to forward a certificate to the effect that the medical inspection had been made. The AG ended his letter by drawing his readers’ attention to paragraphs 857, 859 and 860 of the KR&OCM, 1915.¹⁰⁴

As well as ensuring that all ranks meet the minimum medical and physical requirements for overseas service, a June 10 circular letter further directed MOs to take

¹⁰² “Physical Standards – Troops Proceeding Overseas,” February 23, 1916, cited in ACAMS, p.106

¹⁰³ “Recruits: Physical Examination: Pulmonary Tuberculosis,” April 26, 1916, cited in ACAMS, p.120-121.

¹⁰⁴ “Medical Inspection Of Troops Warned To Proceed Overseas,” April 29, 1916, cited in ACAMS, p.122.

special care to ensure that none of the men about to proceed overseas suffered from venereal disease. Any men found to suffer from venereal disease were not to be permitted to board their transports, but rather were “to be sent to the nearest Military Hospital for treatment.” Further looking to demarcate lines of responsibility, the letter also stated OC units or drafts were accountable for not only making sure that a MO had made a thorough physical examination of all personnel in the unit or draft, but also that there were no cases of venereal disease amongst his command when it travelled overseas.¹⁰⁵

This was not the last time the issue of medical inspections before embarkation was visited. July 13 of the same year another letter circulated through the MDs from the AG’s office stating that in the months of April and May there were approximately 287 cases of infectious diseases (measles, rubella, mumps, and diphtheria), discovered amongst troops preparing to proceed to England. “Every effort,” the letter continued, was “to be made to prevent the recurrence of this situation.” GOCs MDs, camp commandants, and MOs were to ensure that the non-commissioned ranks under orders to proceed were to be medically examined as near to the date of embarkation as possible. Special reference was to be made to detecting, preventing, and isolating infectious diseases in order to stop their further dissemination. Once again, the order insisted on a paper trail of responsibility. As with the letter of June 10, responsibility for making certain these examinations took place was placed squarely at the feet of OCs

¹⁰⁵ “Special Inspection For Venereal Disease Prior To Embarkation Of Troops For Overseas Responsibility Of Officers Commanding,” June 10, 1916, cited in ACAMS, p.136.

drafts and units. Once the examinations were completed, they were to forward a certificate to the effect to either the GOC of the MD or their camp commandant.¹⁰⁶

If the AG's letters of April 29, June 10, and July 13 outlined who was responsible for ensuring unfit men did not board troopships, a letter sent from his office on May 31 raised the ante more generally with regard to unfit men being passed fit for service. Attaching a copy of a letter sent to Ottawa by Maj. Gen. Sam Steele, GOC Canadians, Shorncliffe, England, listing a number of men found unfit in units arriving from Canada, the AG stated the following:

It is to be impressed upon all Medical Examiners of Recruits in each District, that the careless examination of Recruits results in much waste of public funds and causes great inconvenience to the various Units in which the men have enlisted.

Indicative of the increasing concern Ottawa had about the issue, the AG then requested that the GOC of each MD obtain, where possible, an explanation as to why the men recorded in Steele's list were considered fit to serve by the MOs who had passed them.¹⁰⁷

Spurred by the July 1916 reports from Shorncliffe about the number of unfits arriving in England, Ottawa moved to further regulate the medical examination of recruits in August of the same year. On August 26, a long letter, entitled "Medical Inspection of Troops and Reports to be Rendered Regarding the Same" was circulated to the GOCs of Canada's MDs. This letter, which can be fairly described as a concentration of previous instructions, stressed that "very special and immediate attention" needed to be given to the frequent and regular physical and medical

¹⁰⁶ "Infectious Diseases In Troops Proceeding to England: Special Medical Inspection Prior To Embarkation: Responsibility Of Officer Commanding," July 13, 1916, cited in ACAMS, p.147.

¹⁰⁷ "Recruits: Enlistment of the Physically Unfit," May 31, 1916, cited in ACAMS, p.133

inspection of soldiers as “these [examinations] are quite as important as the medical examination of recruits.”

As soon as possible after men were mobilised, they were to be subjected to a thorough medical examination by their unit’s MO. The objectives of this examination were threefold: (1) the “discovery of any physical or mental defects, disease or disabilities that may have been overlooked” during the recruit’s examination during his enlistment; (2) the detection of any disease the soldier may have become infected with since enlistment; and (3) the determination of whether the soldier was within the minimum and maximum allowed age limits. The report of this examination, including a nominal roll of any unfit men, was to be provided by the examining MO to the ADMS of the district or camp. The ADMS would then take “the necessary measures”.

After this preliminary examination, men were to be subjected to a weekly examination to discover and control venereal, contagious, or parasitic diseases. Men were to be stripped for these examinations. Weekly reports regarding the outcome of these venereal and contagious disease examinations were to be sent to the examining MO to the ADMS, who in turn would submit monthly reports to the GOC of the MDs for transmission to the Militia Council.

The instructions went on to state – echoing the letters of April 29, June 10, and July 13 – that all ranks were to be subjected to a “careful medical inspection” as near as possible to their date of embarkation for overseas. Although arrangements for this inspection were to be made by the ADMS of the district or camp in which the men were stationed, the OC was held responsible to ensure that “every opportunity [was] given for the...medical inspection [to take place].” Further underlining his personal responsibility

to ensure that the examination took place, the letter stated that the OC was to prepare a certificate in triplicate to state that the medical examination had taken place. He was to retain one copy, which was to be surrendered to the overseas authorities upon his unit's arrival in the United Kingdom while the other two copies were to be sent to the Militia Council and his MD headquarters, respectively.

Indicating that Ottawa's previous requests for documentation had not been followed as closely as they should have been, the AG ended his letter by stating that "[t]he strictest attention must be paid" to its instructions in order to avoid "the serious situation [i.e. the high number of unfit recruits arriving in England] reported by the overseas authorities."¹⁰⁸

Ottawa's attempt to stymie the flow of unfit recruits to Europe was further extended on September 12, 1916. Officers and NCOs engaged in recruiting were advised they needed to take much more care when selecting and engaging recruits. In particular, recruiters needed to take special care not to sign on men who were either over or under the age limit. Indeed, the document specifically stated that recruiters were not to approach such individuals. Moreover, if such men sought to enlist by giving false ages, recruiters were instructed to call to their attention the seriousness of giving or swearing a false oath on an attestation paper.

More importantly, this document heralded the beginning of a multi-step examination process within Canada which would see potential recruits examined multiple times before finally being accepted into the ranks. Under this system, local medical examiners – who were to be either officers in the CAMC or properly appointed

¹⁰⁸ "Medical Inspection Of Troops And Reports To Be Rendered Regarding The Same," August 26, 1916, cited in ACAMS, pp.166-168.

and trained civilian practitioners – were only to make preliminary medical examinations of recruits. After recruits were passed fit by this medical examination, they were to be sent to the nearest mobilisation centre to be examined by a medical examination board made up of three members and an eye and ear specialist. If the recruit passed this examination he was to be sent to the headquarters of the overseas unit that recruited him. No equipment or clothing was to be provided to the recruit until he reported to the unit. If a man was rejected at this second examination, a certificate indicating his rejection was to be prepared by the board and was to be signed by both the recruit and the president of the board. Indicative of the ongoing problems with rejected men attempting to enlist at other centres, the directions also recommended that such certificates be photographed and sent to other mobilisation centres to prevent rejected men from trying to enlist elsewhere.¹⁰⁹

Medical boards were also required to compile weekly returns of men rejected as unfit and forward copies to the GOC of their MD, district records officer, and all other mobilisation centres. This requirement was for general information purposes and was another means of stopping previously rejected men from attempting to enlist at another centre.

Despite being designed as a safety net for less than efficient local examiners, medical boards were not seen as infallible. As such, as soon as a recruit passed by a medical board reported to his unit, he was to be subjected to a detailed medical examination by the unit's MO. If the MO objected to the findings of the medical board

¹⁰⁹ At least one MD followed this recommendation. On October 16, 1916 the GOC MD5, citing the order of September 12, sent a letter to Ottawa requesting permission for a number expenditures including "the purchase of kodak [cameras] for taking photos of rejected recruits at Mobilization Centres, and finishing copies of the same." "Extract from Letter", MIRSC2

(in other words, believed the recruit unfit) he was to “immediately report to the OC the unit requesting a re-consideration of the case before any additional expense to the public [was] incurred.”¹¹⁰

A memorandum circulated on October 3, 1916, by the A/DGMS indicates that Ottawa’s repeated statements were still falling on deaf ears. In his memorandum, which was to be forwarded to all MOs and civilian practitioners, the A/DGMS noted the serious responsibility examiners assumed when they passed men fit for overseas service. He also reminded his readers that it was “essential that no other than medical considerations” should influence medical examiners when making their decisions as to a man’s fitness or unfitness for service. Echoing medical examination documentation, the A/DGMS further noted that men were either fit or unfit in accordance with CEF regulations. No special employment, other than laid down in the regulations, was permitted to modify a man’s designation.

Indicating that Ottawa recognised the problems that open-slather private recruiting had caused, especially when coupled with the decline in numbers of willing recruits, the A/DGMS noted that the anxiety to obtain recruits may have influenced medical examiners to relax standards. He warned that such relaxation would eventually produce serious (and by implication, negative) results.

The missive ended by appealing to the medical examiners’ professional pride by noting that their appraisals of men’s fitness for combat were accepted as an expression of their professional opinion and as such were taken in good faith by the Department of Militia and Defence. It further went on to note that upon these expressions of opinion

¹¹⁰ “Medical Services In Connexion With Recruiting,” September 12, 1916, cited in ACAMS, pp.174-176.

was “based the expenditure of the public funds necessary for the training and maintenance of a soldier of the Expeditionary Force.”¹¹¹

Such costs were not insignificant. It was estimated that by the time a private soldier had received his eight months’ training in England and was ready for the front, he had cost the Canadian government approximately \$1500. Moreover, for every year he was in the CEF the soldier would cost a further \$1000.¹¹² As might be expected, the training and upkeep of commissioned and non-commissioned officers was estimated to cost the government “considerably more.”¹¹³

As well as the direct financial cost of equipping, training, clothing, transporting, feeding, paying, and administering soldiers, there were also indirect costs. One report of July 1916 noted that “these men who are worthless to the service may have been taken away from useful civilian employment which in their absence is possibly being done by physically fit men.” This observation not only indicated the military’s fears that the enlistment of fit men was being stymied by the acceptance of unfit volunteers, but also contained an implicit acknowledgement that military and civilian society had different levels of fitness. An individual unfit for the front could still perform a useful role in Canada.

As well as the labour considerations, the report also noted the long-term costs the acceptance of unfit men would exact on Canada. Many unfit men passed as fit to serve and then later declared unfit would, the author noted, be eligible for a pension because

¹¹¹ “Physical Standards For Recruits: Rejection of Physically Unfit,” October 3, 1916, cited in ACAMS, pp.181-182.

¹¹² These were far from insignificant sums. \$1500 in 1916 had the equivalent value of approximately \$23,604 today (2008), while \$1000 had an equivalent value of approximately \$15,736. *Bank of Canada/Banque du Canada Inflation Calculator*, http://www.bankofcanada.ca/en/rates/inflation_calc.html (accessed July 30, 2008).

¹¹³ Captain S. Ferguson to The GOC Canadians, Shorncliffe Camp, July 12, 1916, PRE.

they could claim that their disability had been caused by military service, despite the fact that it predated their enlistment. Since they were only able to use the information provided by such men's files, the pension board would be forced to grant them pensions because their documentation would indicate that they "came into the service fit and [were] now unfit."¹¹⁴

Such fears were justified. Rejected at Valcartier in September 1914 on account of being almost blind in his left eye, Percy Dealtry waited in camp for three weeks and then tried again, at which time he was accepted for service. In 1917, Dealtry was declared unfit for duty and discharged as the result of an ankle injury he had received when run over by a field ambulance. He immediately attempted to add to his disability pension by claiming that his left eye's vision problems had been caused by a shrapnel wound he suffered while serving at the front. Exhibiting a healthy dose of skepticism, the doctor who examined Dealtry noted that there was no record of Dealtry ever receiving such a wound and that the alleged shrapnel scars around Dealtry eyes seemed to be exceptionally well healed. And well they should have been since Dealtry's attestation papers indicate that they resulted from an injury he received before the war. Ever the optimist, and perhaps unaware that the authorities were in possession of his attestation papers, Dealtry attempted to explain the lack of documentation relating to his "debilitating wound" by stating he had not considered his injury serious enough at the

¹¹⁴ Captain S. Ferguson to The GOC Canadians, Shorncliffe Camp, July 12, 1916, PRE; "Inquiry of House of Commons (Mr. MacDonald) Re. Number of unfit men taken to England and the cost to the Country by reason of their enlistment, also report of Nos. 7 and 8 Hospitals in France carried under Canadian Auspices," LAC, RG 24 Vol. 1066, HQ 54-21-34-27; Mr. Oliver, July 31, 1917, *Debates of the House of Commons of the Dominion Canada, 7th Session, 12th Parliament*, Vol. 4 (Ottawa: King's Printer, 1917), p. 3980-81.

time it was received to warrant reporting it to his commanding officer. Ultimately, Dealtry's claim was, unsurprisingly, unsuccessful.¹¹⁵

It would seem that A/DGMS's exaltations were not enough. On December 16, 1916, an obviously exasperated Militia Headquarters in Ottawa again drew the MDs attention to the "enormous wastage in men, time and money, due to the negligence on the part of Examining Officers, both at Recruiting Offices and in the Canadian Expeditionary Force units." The memorandum went on to state that "[t]he habit of shoving a man through on the assumption that recruits are badly needed, and that he will probably pass future medical examinations must positively cease". Stressing the seriousness of the issue, the letter ended by directing GOCs MDs to bring the matter to the attention of recruiting officers and unit commanders "as forcibly as possible."¹¹⁶ In the same period, Ottawa seriously considered fining MOs the \$120 dollars it cost to ship unfit men back to Canada from Britain. This punitive measure was ultimately rejected because it was believed, with more than a little justification, that MOs would turn away all individuals for fear of being punished for an innocent mistake.¹¹⁷

Ultimately such fines were unnecessary. By 1917, it appeared that things were getting better with regards to the number of unfit men arriving in England with drafts from Canada. Responding to questions in the House of Commons about the number of unfit men arriving in England from Canada, and specifically comments made in the Bruce Report, Sir Edward Kemp tabled a report that he had recently received from Col.

¹¹⁵ Percy R. Dealtry, LAC, FMR, Vol. 3; #10967 Dealtry, Percival R., LAC, PF, Vol. 2388-39. There is some confusion in Dealtry's personnel files as to when he was finally accepted for service. The attestation papers used are of 1915 vintage; however, as in many cases the "5" in 1915 has been written over with a "4". This can be explained by the military's re-copying of attestation papers. His service file indicates he served from 1914.

¹¹⁶ "Medically Unfits: Enlistment in Infantry Battalions, CEF," December 16, 1916, cited in ACAMS, pp.207-208.

¹¹⁷ Macphail, *Medical Services*, pp.157-158.

J. L. Potter, DGMS in Canada. The report indicated that less than one per cent of the men who had arrived in England in early 1917 had been found to have been unfit on disembarkation. With regard to those found unfit, the report further noted that their impairments were either hard to detect or “did not render them absolutely unfit for some duty in England.” As a result, Kemp confidently stated that the myriad of problems Canada had faced with regard to the medical examination of recruits had applied “to the earlier, not the later stages of the war.” At first glance, Kemp’s claim appeared to be based on shallow foundations. The total number of men examined in Potter’s report was 1680. These men were spread over seven units; the largest numbering 392 men, the smallest 25.¹¹⁸ However, there was other evidence to support Kemp’s claims. By late 1916, large numbers of men with disqualifying impairments were discovered during mandated post-enlistment examinations before being shipped to Europe, thereby indicating that the checks put in place to combat problems experienced during unit-level medical examinations were working.¹¹⁹ Indeed, as the case of the 209th Battalion demonstrates, individual units increasingly found it difficult to pass unfit men without them being discovered in Canada. In light of such realities, Kemp’s general observations, that things had improved as “regulations regarding the examination have been bettered in the light of the experience that had been gained,” and that, “it was reasonable to suppose that [many of the problems that occurred in relation to the medical examination of recruits] would not have occurred if [Canadian government and

¹¹⁸ Mr. MacDonald, July 31, 1917, *Debates of the House of Commons of the Dominion Canada, 7th Session, 12th Parliament*, Vol. 4 (Ottawa: King’s Printer, 1917), p.3963.

¹¹⁹ MO i/c Troops, St John, N.B. to ADMS 6th Division, December 4, 1916 LAC, RG24, Vol. 1331, “Medical Statistics, 2nd Contingent, European War”; AG to GOC MD11, April 5, 1917, LAC, PRE.

Canadian medical professionals had had more military experience in 1914],” were fair.¹²⁰

So too was Kemp’s warning that statistics relating to the number of men unfit for service at the front disembarking in England needed to be taken with a grain of salt. While a man might be unfit for the trenches upon arrival in England, he might not always be so. Numerous impairments could be corrected by medical procedures or through the provision of corrective equipment. Furthermore, even if a man could not be brought up Category ‘A’ standards, this did not mean he was unfit for the military, despite what some critics might have thought. By 1917, the Canadian military had not only recognised, but also codified within the CMCC and later the CMCB, the fact that numerous support positions could be filled by men not fit for the trenches.

¹²⁰ Mr. MacDonald, July 31, 1917, , *Debates of the House of Commons of the Dominion Canada, 7th Session, 12th Parliament*, Vol. 4 (Ottawa: King’s Printer, 1917), p.3963; Mr. Oliver et. al., July 31, 1917, *Debates of the House of Commons of the Dominion Canada, 7th Session, 12th Parliament*, Vol. 4 (Ottawa: King’s Printer, 1917), pp.3980-81.

Chapter Five

“Man, I Dinna Want tae Bite The Germans; I’m offerin’ tae Shoot Them”: Clashing Concepts of Disability

Concepts of masculinity, health, and, indeed, martial value, played an important role in the way military fitness was defined both officially and unofficially. Civilian perceptions of health sometimes collided violently with military regulations as they intersected in the bodies of CEF recruits. Civilians could be shocked by the military’s rejection of men due to what they believed to be minor impairments. This shock could quickly turn to anger. As the number of the ‘healthy’ men rejected for service increased civilian commentators and rejected men alike began to pen highly critical, and often derogatory, assessments of both the criteria used by the Canadian military to select and reject men for service and those who conducted the medical examinations. Montréal’s *Labour World* wondered acerbically in 1916 how a rejected man’s “anatomy” could make him unfit

...to be destroyed by a machine gun or shot down by a German sniper?
What is the matter? Oh! Nothing except perhaps a crooked toe, or an eye
that cannot tell an “O” from an “A” at fifty yards, or may be something
less important...¹

In some cases the rancour lasted well after the war had ended. Will R. Bird, for example, pulled no punches in his postwar memoir *And We Go On* when he called the

¹ These comments were even more biting because they appeared in an article discussing the plight of men who had been initially accepted as fit to serve and were declared unfit during their second medical examination after some six months of training. Indeed, the article’s author went as far as to ask if the first medical examination given to recruits was in fact a serious examination. *Labour World*, quoted by Alphonse Verville in the House of Commons, May 16, 1916. Mr. Verville, May 16, 1916, *Debates of the House of Commons of the Dominion Canada, 6th Session, 12th Parliament*, Vol. 4 (Ottawa: King’s Printer, 1916), pp.4070-4071. Also see, “Returning Soldiers Criticize Doctors,” *Toronto Globe*, March 19, 1917, p.9; Chapter Four: “‘You make good on your drills and we will keep you’: Problems with the medical examination.”

recruiting officers that had rejected him and “hundreds of others [of] big, fit men” in the early years of the war “mosquito-brained.”²

Some of the military critics’ biggest supporters could be found within the cohort of those they condemned. Imbued with a belief that their professional expertise made them far more qualified than the military authorities to adjudge a man’s ability or inability to withstand the rigors of combat, a number of medical examiners both implicitly and explicitly questioned the regulations that they were expected to enforce. Some went as far as to circumvent them.

The Canadian military authorities were equally perturbed. Despite what many of their critics may have believed, not all the medical requirements that debarred so many “aspirant[s] to the V.C.”, were “old-womanish regulations” concocted by officious pen pushers who delighted in bureaucratic standardisation; rather, these regulations were based on serious considerations of perceived military realities. A physical condition that offered little or no impediment to a man on the streets of Vancouver, in the wheat fields of Saskatchewan, or on a Nova Scotia fishing boat could be potentially deadly to him and his comrades on the field of battle. The fact that many doctors and civilians could not or in many cases would not, see this caused the military authorities considerable trouble. These problems were not only characterised by the number of unfit men that proceeded overseas and the subsequent drain on resources they caused, but also, ironically, by the repeated criticisms from numerous quarters – including civilian and medical – that the CAMC received for allowing such men into the khaki. Indeed, in response to criticisms of the medical examination of recruits launched in the House of

² Bird, *And We Go On*, pp. 13-14.

Commons by Alphonse Verville, Member of Parliament for Maisonneuve,³ in May 1916

Col. J.J. Potter, A/DGMS, would note:

The examination of recruits, to be carried out successfully, requires special training, and it can be understood how a good general practitioner might overlook points, which from a military standpoint, are considered as impairing efficiency, but which, in civil life, are not considered to be causative of physical unfitness. Men suffering from disabilities which, apparently, do not impair, in their civil occupations, often have disabilities which, when under the hardships of active service, are very likely to render them invalids...⁴

Clashing concepts of fitness and medical health were not the only factors that caused men below the military's minimum physical and medical requirements to be accepted into the ranks of the CEF.⁵ However, the clash between civilian and military constructions of combat fitness offers a useful insight into how the interrelated concepts of disability/ability and fitness/unfitness exist on a sliding scale dependent on circumstance. Moreover, it indicates that these concepts are based as much on social construction as they are on material reality. A man could be considered fit by civilian society while at the same time be deemed unfit, and even disabled, by the military. Indeed, many of the defects that caused men to be rejected were only noteworthy from a military standpoint. While a 5'1" man in 1914 may have been considered unfit for service by the military, he certainly would not have been considered defective in civilian society. Likewise, although mechanical defects, and, indeed, amputations, may have made a man unfit to be a member of a well-oiled fighting machine, they were not

³ Mr. Verville, May 16, 1916, *Debates of the House of Commons of the Dominion Canada, 6th Session, 12th Parliament*, Vol. 4 (Ottawa: King's Printer, 1916), pp. 4069-4072.

⁴ Col. J.J. Potter A/DGMS quoted by Sir Robert Borden, May 17, 1916, *Debates of the House of Commons of the Dominion Canada, 6th Session, 12th Parliament*, Vol. 4 (Ottawa: King's Printer, 1916), pp.4126.

⁵ See Chapter Four: "'You make good on your drills and we will keep you': Problems with the medical examination."

necessarily serious impairments, if at all, in civilian life.⁶ Unable to walk properly or stand for any length of time due to atrophied muscles in his right thigh, John Carment of Vernon, British Columbia was no use as a soldier. However, his disability did not stop the twenty-four-year-old from being a law clerk. Lest one thinks such comments are limited to men in white collar occupations, it should be noted that similar observations can be made with regard to men working in highly physical occupations. Thirty-one-year-old Charles Martell, for example, was unfit for the CEF due to his atrophied left arm; however, his impairment had not stopped him from working in the coal mines of Nova Scotia.⁷ In many cases, the position of men with sensory defects were little different from those with mechanical impairments. Limited vision could, for example, be corrected with glasses, while not all occupations required an individual to have good hearing. Twenty-seven-year-old Sydney Peterson of Toronto had enjoyed a career as a butcher before enlisting despite the fact that he had been almost completely deaf since he was twelve years old.⁸

This chapter explores the interplay between the differing concepts of martial fitness held by civilian society, medical professionals, and the Canadian military as revealed in newspaper articles, private letters, professional journals, and military memorandum. This evidence suggests material realities and ideologies that influenced how each group formulated its often conflicting constructions of what made a man fit to

⁶ These observations closely follow those made by Albert Love and Charles Davenport when discussing the nature of the defects found in men drafted for the US Army in 1917-1918. Love and Davenport noted that of the over 2 million men rejected as medically unfit by the US Army, a full half of them had been rejected for defects that would not have seriously interfered with a "man performing services of the highest order in civil life."⁶ Albert G. Love & Charles B. Davenport, *Defects Found in Drafted Men: Statistical Information Compiled From The Draft Records Showing The Physical Condition of Men Registered And Examined In Pursuance Of The Requirements Of the Selective-Service Act* (Washington: Government Printing Office, 1920), p.30.

⁷ #400408 Carment, J., and #501282 Martell, C. LAC, BRA, pp.M30, M48.

⁸ #192093 Peterson, S., LAC, BRA, p.M10.

fight. Central to this examination will be the differing concepts of fitness that the military and civilian society had with regards to eyesight and teeth, two key concerns, along with other points of conflict such as height and physical size. The questions of teeth and eyesight demonstrate how diverse factors combined to influence civilian military views of what made an individual fit or unfit for combat. The chapter concludes with a case study of Lt. Francis (Frank) McGee, 21st Canadian Infantry Battalion. A former professional hockey player, McGee was passed as fit to serve in 1914 despite an impairment – lack of vision in one eye – that according to military regulations should have caused him to be rejected as unfit. Evidence suggests that McGee was passed fit to serve because his successful sporting career caused him to be viewed by many as prime fighting stock.

At the start of the war, the CEF's rejection of men with bad teeth repeatedly came under heavy fire from members of the public who could not fathom why the CEF was turning away 'healthy' volunteers. The civilian condemnation is understandable. Many of the men rejected due to bad teeth seemingly suffered no ill effects, other than, perhaps, cosmetic, from their gummy condition. More importantly, the lack of a full set of ivories did not inhibit scores of men from successfully performing in Canada's most physically demanding and dangerous occupations such as logging, mining, harvesting, and fishing.

In light of such realities, few Canadians could understand how rotten or missing teeth stopped a man from becoming an efficient soldier. Perfect teeth were not, after all, required for marching or digging trenches, nor, most significantly, were they essential to

the use of a weapon. Expressing both the disdain and exasperation many must have felt for the military's treatment of men with bad teeth, one critic rather sarcastically advised Canadian examiners to remember the words of a Scotsman rejected for service because his teeth were not up to standard: "Man, I dinna want tae bite the Germans; I'm offerin' tae shoot them."⁹ Far from quoting a real rejected volunteer, the author was paraphrasing a cartoon that appeared in *Punch* magazine on August 19, 1914 (Figure 4). In this cartoon a disbelieving volunteer who had just been rejected on account of his teeth tells his medical examiner "Man, ye're making a gran' mistake. I'm no wanting to bite the Germans, I'm wanting to shoot them" (See p.152).¹⁰ This is not to say that sentiments along these lines were not expressed by frustrated gummy volunteers at recruiting stations around Canada and the wider Empire. Robert Roberts, for example, described in his memoir of growing up in Salford in the early twentieth century the following exchange between his mother and one Mr. Bickham, Boer War veteran:

On 5 August [1914] in our village we saw Mr Bickham ...returning from an attempt to join up... 'Turned down!' he said disgustedly – 'Bad teeth! They must want blokes to bite the damned Germans!' ...Mr Bickham went on his way 'They'll be pulling me in, though,' he called over his shoulder, 'before this lot's done!'¹¹

⁹ "Notes and Comments", *Toronto Globe*, February 10, 1915, p.4.

¹⁰ The cartoon not only reached *Punch* readers, but also the wider public. On September 4, 1914 it was quoted in an article in the *New York Times*. The cartoon was later reprinted in *Punch's* 1919 Great War 1919 compendium *Mr. Punch's History of the War. Punch, Or The London Charivari*, Vol. 146 (London: Punch Publications, 1914), p. 166; *Mr. Punch's History of the War*, available online at Project Gutenberg, www.gutenberg.org/files/11571/11571-h/11571-h.htm (accessed January 10, 2008); "Only the English get fun out of war," *New York Times*, September 4, 1914, p.4.

¹¹ While this passage suggests that such comments were made by rejected men, some caution does need to be exercised. Roberts described this event almost 60 years after it had occurred and it is possible that his recollections of the event had been moulded by his exposure to the *Punch* cartoon, or references to it. This possibility is reinforced by the fact that the exchange depicted in the cartoon has become part of popular memory of the Great War. It has even been depicted in the cinema. The 1981 Australian film *Gallipoli* features the following exchange between a medical officer and the character Snowy:

"Teeth aren't all that good."
"Supposed to shoot the enemy, not bite them."

Apocryphal or not, the sentiments portrayed in the cartoon more than adequately reflected civilian anger and disbelief regarding military dental requirements. Indeed, one historian would later state that the cartoon demonstrated that “even the layman could see the injustice and futility” of the Imperial Army’s dental requirements.¹²

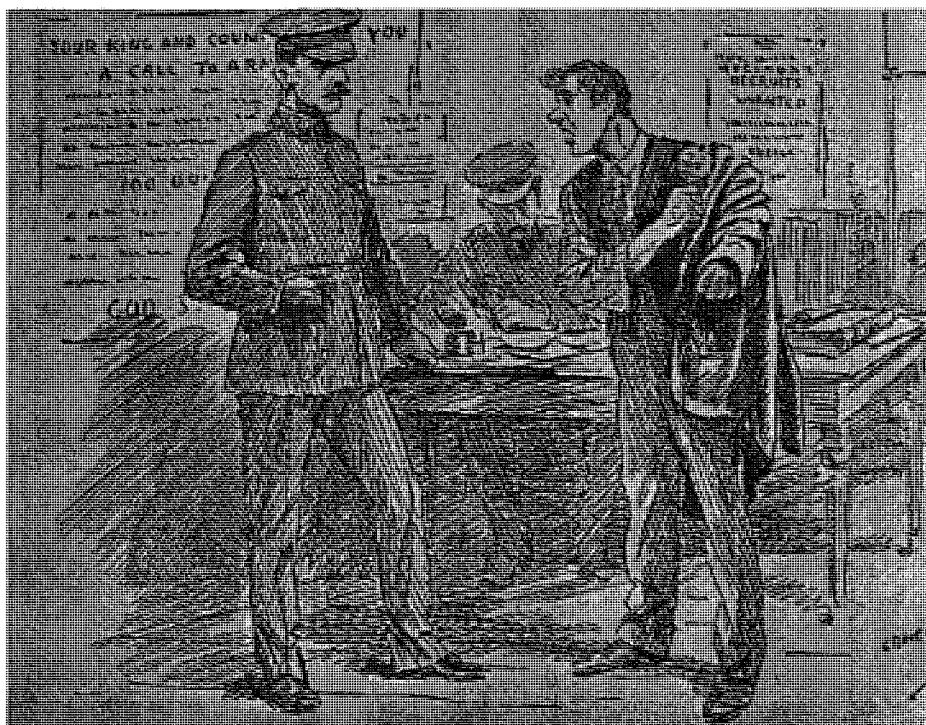
The barrage of criticism set off by the military’s apparently blanket rejection of men with bad teeth was only made worse by the military authorities’ concomitant rejection of men who had corrected their dental deficiencies with some form of dental appliance. In early-twentieth-century Canada it was common, especially amongst the working class and rural populations, for people to have all their teeth, both rotten and healthy, removed and replaced with dentures in early adulthood.¹³ This custom was based on a number of factors. In a period where dental and gum disease was prevalent, particularly in poor communities due to poor dental hygiene, it was cheaper for many to have all their teeth extracted and replaced with dentures in one sitting rather than face the ongoing expense, not to mention pain, of ongoing dental repair work. This was especially true if one lived in an isolated community with no easy access to medical treatment. As well as being a practical economic choice for many Canadians, the practice of having one’s teeth replaced by dentures was supported by many medical

Robert Roberts, *The Classic Slum: Salford Life in the first quarter of the century* (Manchester: Manchester University Press, 1971), p.150; *Gallipoli* (Writ. Peter Weir and David Williamson, Dir. Peter Weir, Prod. Patricia Lovell: R&R Films, 1981).

¹² T.V. Anson, *The New Zealand Dental Services* (Wellington: Historical Publications Branch, 1960), p.3. Also see G. Butler, *The Australian Army Medical Services in the War of 1914-1918*, 2nd ed. (Melbourne: Australian War Memorial, 1938), pp.20-21.

¹³ There is some evidence drawn from oral histories that indicate this practice continued amongst some groups in Canada and Britain into the mid-twentieth century.

practitioners. Indeed, both dentists and doctors saw “dental clear-outs” as a useful precautionary measure against diseases of the gastro-intestinal canal and arthritis.¹⁴



Medical Officer: Sorry I must reject you on account of your teeth

Would-be Recruit: Man, Ye're making a gran' mistake. I'm no wanting to bite the Germans, I'm wanting to shoot 'em.

Figure 4: A detail of a cartoon from *Punch Or The London Charivari*, August, 1914.

¹⁴ *The Practitioner's Encyclopaedia of Medical Treatment* (Oxford: Oxford Medical Publications, 1915), pp.244-245.

Given such circumstances, civilians enquired, why would the military reject men because they wore dentures, especially if they improved a man's long-term health prospects? Often expressed in letters to the editors of Canada's major dailies, these questions became particularly pointed when they referenced individuals whose overall physical health, at least in the eyes of the general public, made them ideal candidates for military service:

...[A] young man in perfect health, with a strong, hardy body after four years of bush work, who enlisted in the third contingent was...rejected for what seems a childish reason. The military doctor spent very little time with his tape-line on this young fellow, and, indeed could hardly be said to have examined him at all, being so brawny and well developed as not to require serious medical examination. When the test was thought to be over, the doctor asked to see the teeth, and because this prospective aspirant to the V.C. was fortunate enough to be the possessor of a set of particularly good upper false teeth instead of a mouthful of rotten teeth, as had nearly all of his chums who passed the test, he was rejected as physically unfit on that account. Does it not seem contradictory that the medical and dental professions should recommend the substitution of false for rotten teeth, and now when strong men are wanted that they should be turned down for having false teeth at all?...Before the war is over the military authorities may be glad to quit their old womanish hard-and-fast regulations and be thankful to enlist men with much more serious defects than false teeth...¹⁵

Such complaints were echoed, albeit with more reserve, in the *Toronto Star* and by medical professionals. Noting that "bad teeth had been the cause of the rejection of many otherwise sound men," the *Toronto Globe* stated that many dentists agreed that the CEF's dental regulations were "too severe."¹⁶

At least some of the MOs operating at Valcartier in August-September 1914 were sympathetic to, if not in agreement with, the military's civilian critics when it came

¹⁵ "Unfit for Military Service," *Toronto Globe*, January 27, 1915, p.4. As well as indicating civilian distain for military dental policies, this letter also seems to indicate that by early 1915 there was a growing recognition, at least in some circles, that the war would not only last some time, but also that Canadian forces may suffer large casualties.

¹⁶ "Dental Defects and Recruiting," *Toronto Star*, December 8, 1914, p.10; "Volunteers Rally to Empire's Cause," *Toronto Globe*, June 11, 1915, p.6.

to the question of bad teeth and dentures. Capt. Gordon L. Cockburn, for instance, commented on the attestation paper of the dentally challenged Charles Gallinger, that the twenty-seven-year-old would be physically fit if he had an upper plate.¹⁷ He made similar observations on the attestation papers of a number of gummy recruits as well.¹⁸ Nor was Cockburn the only MO at Valcartier to make such remarks. Echoing the words of Cockburn, one unidentified officer twice noted that thirty-four-year-old Robert Lahiff would be fit if he had dentures for his upper jaw.¹⁹ Other MOs' comments were more subtle, but no less revealing. Noting that E.A West was "fit except no teeth upper jaw," Lt N.E. Leslie observed that West "claims he has a plate." Likewise, on rejecting Alfred A. Dasey because he had no upper teeth, Lt. Ernest Wilson commented that Dasey had a plate; however, it had been broken and not replaced. Both Leslie's and Wilson's comments suggest that if these two volunteers had possessed dentures, the two doctors would have felt their subjects fit to serve.²⁰

In contrast, Capt. Cockburn did not consider dentures the key to martial fitness for all gummy volunteers who crossed his path. Six days after stating Charles Gallinger would be fit if he had a plate, Cockburn rejected thirty-eight-year-old Charles Elkes as unfit for service due to his bad teeth.²¹ Likewise, Lts. Leslie and Wilson also rejected volunteers with bad teeth and/or dentures without comment about their military potential.²² Moreover, even in the cases where the medical examiners may have felt a dentally deficient individual was fit to fight, they did not pass him fit to serve.

¹⁷ C. Gallinger, LAC, FMR, Vol. 4

¹⁸ H. Hewitt, LAC, FMR, Vol. 5; Thomas Kirk, LAC, FMR, Vol. 6.

¹⁹ R. Lahiff, LAC, FMR, Vol. 6. While the medical officer's signature is illegible, thereby making him impossible to identify, it is not the signature of Captain Cockburn.

²⁰ A.A. Dasey, LAC, FMR, Vol. 3; E.A. West, LAC, FMR, Vol. 11.

²¹ Charles Elkes, LAC, FMR, Vol. 3.

²² P. Anderson, LAC, FMR, Vol. 1; George Dillingham, LAC, FMR, Vol. 3; Richard Moriarty, LAC, FMR, Vol. 7; John Steveson, LAC, FMR, Vol. 10; George Walker, LAC, FMR, Vol. 11.

Indicating that while they were prepared to offer critiques of the military's dental regulations, they were not, at least in these cases, prepared to break them.

Despite what the disgruntled Gaelic volunteer and his supporters said, the military authorities were well aware that dentally challenged would-be warriors were proposing to shoot, rather than savage, Canada's enemies.²³ However, they were expected to consume army rations. Much, if not all, of the rations provided to British Imperial Forces in the field at the start of the twentieth century were at best described as tough and at worst unyielding. During the Anglo-Boer War the combination of hard army biscuits (hardtack) and dried slices of ox not only damaged many men's teeth, but also caused a significant number of men to be invalided home because they could not masticate army food. While much of the damage dealt by these rations was exacerbated by dental neglect and disease – a fact that was not lost on the first dental surgeon, Dr. Frederick Newland-Pedley, appointed to the British Forces in South Africa – these army staples were difficult to chew even for men with healthy teeth.²⁴ Indeed, in observing that the struggle between army rations and soldiers' teeth was “uneven”, one British field officer only half-jokingly stated that “[e]ven with an average set [of teeth], straining on an average biscuit, you never felt quite certain which would be the first to go – your teeth or the biscuit.” He would further go on to claim that more than 95

²³ Ironically, the initial reason – dating to the Seventeenth Century – that led to recruits being required to possess good teeth (incisors, and later incisors and canines) had everything to do with shooting the enemy. Before the development in the nineteenth century of breech-loading rifles that fired self-contained cartridges, a soldier was required to bite off the cap off his powder charge when loading his weapon. Jackson, *The Story of the Royal Canadian Dental Corps*, p.1.

²⁴ The first dental surgeon ever to be appointed to the British Army, Newland-Pedley served in South Africa for less than six months (February-June 1900) before returning to the United Kingdom. Despite his early return from the field, his letters to the *Lancet* detailing his experiences working on men's teeth in less than ideal conditions on the veldt caused the army to assign four dentists to replace him. He later served with the BEF in France, where his experiences would cause him to lobby – against considerable resistance from the medical community – for the formation of a permanent army dental corps. G.H. Sperber and Mary Bisset Lucas, “Dentistry in the Anglo-Boer War (1899-1902),” *Adler Museum Bulletin*, Vol. 12, No. 2, 1991, pp.19-22. G.H. Sperber, correspondence with the author.

percent of the men in his company suffered some form of dental injury as a result of eating army rations.²⁵ Hardtack had received its name for a reason.

Little had changed by the outbreak of the Great War.²⁶ Lt. Louis Keene, for example, stated that he thought the chief ingredient of hardtack, which he less than appetisingly described as a “kind of dog biscuit”, was “cement.” Hinting at the public’s bewilderment about the military’s dental requirements Keene also commented, “[w]e always wondered why they were so particular about a man’s teeth in the army. Now I know.” Keene’s analysis was echoed by Sergeant Ernest G. Black who compared eating the number four variety of hardtack with “gnawing on an old bone.” Full of strings of gristle, globs of fat, and patches of skin, bully beef – the major source of protein for men in the trenches – was hardly less malleable and even less appetising.²⁷ Indeed, Agar Adamson told his wife in a March 1915 letter that the beef he had recently been served “would have ruined the teeth of a bull-terrier and sent him home with stomach trouble.”²⁸

While soldiers’ diets might have been supplemented on occasion by stew, illicit foraging, food parcels from home, and shopping trips when behind the lines,²⁹ the fact remained that the army was not in the trade of meeting the specialist dietary requirements of its rank and file troops. Bully beef and hardtack were the order of the

²⁵ Sperber and Lucas, “Dentistry in the Anglo-Boer War,” p.19.

²⁶ For a complete break down of the CEF field rations see Love, *A Call To Arms*, p.212.

²⁷ Cook, *At the Sharp End*, p.245-247 (quotes p.245).

²⁸ Norm Christie, ed., *Letters of Agar Adamson, 1914-1919: Lieutenant Colonel, Princess Patricia’s Canadian Light Infantry* (Ottawa: CEF Books, 1997), p.33.

²⁹ Agar Adamson, repeatedly requested, and received, luxury food items from his wife and friends in England. Nor were such food parcels simply limited to officers; the rank and file also received gifts of food from home and soldiers’ aid societies. Likewise, men used their hard-earned pay to buy desired food items not provided by the military from local peoples living near their stations. See, for example, Christie, *Letters of Agar Adamson*, p.35-36, 48; Reginald H. Roy, ed., *The Journal of Private Fraser: Canadian Expeditionary Force, 1914-1918* (Ottawa: CEF Books, 1998), pp. 27, 37.

day. Faced with such singular culinary delights, a strong set of choppers (backed up with copious amounts of water for soaking the rations in the hope of making them malleable or, perhaps, a hammer for breaking them up) was essential if one were to get the nutrition required to face the innumerable dangers that populated the Western Front. Indeed, an inability to chew solid food went from being a simple inconvenience that might be cause for embarrassment at dinner parties to a serious disability with potentially wide-ranging consequences. A soldier who was unable to eat the food supplied to him would very quickly cease to function effectively on the battlefield, not to mention face the very real possibility of becoming more susceptible to the myriad of diseases that stalked the trenches. This reality not only threatened the health of the individual so afflicted, but also the safety of his comrades, and, indeed, the effective operation of his unit.

That MOs at Valcartier were guided by consideration as to whether or not recruits might be able to consume army rations when adjudging their dental fitness is evidenced by the comments a number of these officials wrote on the attestation papers of men rejected because of the state of their teeth. Capt. C.R. Graham rejected Charles Powell because he believed that the twenty-two-year-old's lack of molars would make it impossible to eat. Unable to chew meat and lacking opposing molars, twenty-four-year-old Robert Skead was similarly rejected by Graham.³⁰ More generally speaking, the fact that 25 percent of the cases where bad teeth were listed as a reason for rejection directly referenced a lack of chewing teeth indicates the central role the ability to efficiently masticate food played in MOs deciding whether the state of recruit's teeth were good enough to allow him to serve.

³⁰ Robert Skead, LAC, FMR, Vol.9.

The plethora of recruits at Valcartier allowed medical examiners to be selective since August-September 1914 was a “buyers’ market” when it came to recruits.³¹ This meant that, unlike later years, medical examiners could afford to be picky when it came to selecting men for service. In such circumstances, a man who was technically fit according to military regulations may well have been rejected. Will R. Bird attributed his rejection based on broken teeth to the CEF’s need to find “any old excuse” to whittle down the forest of eager recruits that roughly doubled the force’s initial requirements at the outbreak of the war.³² Like Brown, Bird exceeded all of the CEF’s physical requirements standing 5’8.75” tall, having a chest that measured 36” in diameter when expanded, and weighing a healthy 154lbs.³³ Moreover, and much more telling, Bird noted the recruiting officer who rejected him as unfit for service had stated that the battalion could “get enough good men without taking them we’ve got to repair.”³⁴ Bird would be rejected two more times before finally being accepted for service in 1916 by the 193rd Canadian Infantry Battalion.³⁵ Even after having been accepted for service and shipped to England, Bird’s shattered teeth continued to be noticed. His attempt to join a draft for the 42nd Battalion was initially turned down by a medical inspector who

³¹ See Chapter Three: “‘No Longer Cause For Rejection’: Changing Constructions of Military Fitness”.

³² Bird had his teeth smashed while playing hockey as a youth and had never had the damage corrected. Bird, *And We Go On*, p.11; Will R. Bird, *Ghosts Have Warm Hands* (Ottawa: CEF Books, 2002), p. v.

³³ These measurements are drawn from Bird’s 1916 attestation paper when he was twenty-four years old. While some differences may have existed for his weight and, perhaps, chest diameter between 1914 and 1916, they are unlikely to have been significant. # 901552, Bird, William Richard, LAC, PF, Vol.748-27.

³⁴ Bird, *And We Go On*, pp.11-12.

³⁵ Bird was rejected for service by 25th Canadian Infantry Battalion in the fall of 1914 at the behest of his brother, Stephen, who was a sergeant in the unit. In 1915 he was rejected by a unit in Western Canada while working as a farmhand in Saskatchewan. Although Bird provided no reason for this rejection his bad teeth were likely the reason. Bird, *And We Go On*, pp.11-13; Bird *Ghosts Have Warm Hands*, pp.4-5, 176-177.

did not believe his teeth were up to standard and refused, on account of limited time, Bird's request to pull them. Undeterred, Bird found another way into the draft.³⁶

While the army's rejection of men with dentures was informed by a concern about these individuals' ability to eat army rations and concerns that dentures did not always work well, it was also influenced by an underlying concern in some sectors that these oral prostheses might open the door for recruits to fall victim to innate moral impairments. As Newland-Pedley noted in the *Lancet* in December 1914: "Artificial teeth do not always yield good results and offer too greater chance to the malingerer. In a moment he may pocket his artificial teeth or get rid of them, and then be sent home amongst the dental failures."³⁷ These fears were repeated four months later by Dr. Sir Thomas Oliver, the honorary colonel of Britain's 20th Battalion (Tyneside Scottish) in an article discussing the physical defects he had encountered while examining men for the battalion. He noted that one drawback of the army's recent decision to provide artificial teeth to those men who needed them was that if a man so supplied was "dissatisfied [at the front] or had a grievance he [might] throw his dentures away" and, claiming to be unable to eat his rations, have to be shipped home when his unit could least afford it.³⁸

Eyesight, and specifically the use of glasses to meet minimum military standards of vision, was also a point of dispute. At the start of the Great War the Canadian forces' standards of visual acuity were high, requiring volunteers to have near, if not, perfect vision. Such requirements caused large numbers of otherwise healthy men to be

³⁶ Bird, *And We Go On*, p.14.

³⁷ F. Newland-Pedley, "Our Army's Teeth", *The Lancet*, Vol.184, Issue 4764, December, 1914, p. 1430.

³⁸ Thomas Oliver, "Some Physical Defects Met With In The Raising of An Army," *Lancet*, Vol.185, issue 4782, April, 1915, p. 849.

rejected as unfit for service. Indeed, standards led to a number of men being turned away who were likely unaware that they suffered from any form of visual defect and, more importantly, whose fitness for work was never questioned in civilian society. Walter Hancock, for example, was rejected because his visual acuity was 20/30.³⁹ Even when standards dropped, many men were still rejected because they were deemed visually impaired. It was reported in April 1916, for example, that of the 7,122 men rejected as unfit for service in Toronto, 2,348 (c.33 per cent) had been rejected due to their eyesight.⁴⁰

The blanket rejection of men with “substandard” eyesight was obliquely questioned by some MOs at Valcartier. Although forced to reject eighteen-year-old William Dix for service on account of his substandard vision, Capt. A.M. Forbes, stated that while the young man was “[n]o good for a rifleman,” he was “fit for any other branch of service.” These words echoed those Forbes inscribed on the papers of twenty-two-year-old William Kavanagh only a day before.⁴¹ In some instances, MOs went so far as to note that a volunteer’s level of visual acuity did not interfere with their designated role in the CEF. John Hartnell had “defective vision,” Capt. S.F. McLaren acknowledged, “but is a mechanic in the automobile section.” While H.E MacDermot noted that although Norman Health was “almost stone blind in his [right] eye...[he was employed as]... Capt. Miekles servant & won’t be on active service.”⁴²

³⁹ Walter Hancock, LAC, FMR, Vol.4

⁴⁰ Hon. A.E. Kemp, April 14, 1916, *Debates of the House of Commons of the Dominion Canada, 6th Session, 12th Parliament*, Vol. 3 (Ottawa: King’s Printer, 1916), p.2879.

⁴¹ William J. Dix, LAC, FMR, Vol. 3; William Kavanagh, FMR Vol. 6.

⁴² John Hartnell, LAC, FMR, Vol. 5. Norman Health, LAC, FMR, Vol. 5. Also see A.H. Jephson, LAC, FMR, Vol. 5.

The strongest assault on the military's visual acuity regulations was launched from the United Kingdom, in 1916. In an article published in the May 6, 1916 issue of the *Lancet*, Drs. J. V. Paterson and H. M. Traquair, ophthalmic surgeons at the Edinburgh's Royal Infirmary, launched a stinging attack on the visual standards required of recruits by the British Army, and thus, by extension, the Canadian forces. The foremost target of the authors' ire was the policy banning the wearing of spectacles by enlisted men on active service, a policy which they believed was unnecessarily limiting the army's pool of recruits. While acknowledging that such a ban had made sense when the British Army had operated in foreign countries far from support centres, Paterson and Traquair stated that they could not understand why such a policy was being adhered to when "our main army is fighting in allied and adjacent countries."⁴³ The good doctors strengthened their position by not only noting that the use of corrective eyewear was not proscribed in the armies of the "great continental powers [Germany, Austria, Italy and France]," but also that the military's blanket ban of glasses was potentially causing it to fill its ranks with less efficient marksmen than were found in enemy formations:

As far as shooting is concerned, it is generally agreed that vision of 6/12 [20/40] at least is necessary, and, on the continent it is believed that a soldier with 6/12 vision wearing glasses is more efficient than another with 6/24 [20/80] vision without glasses. Continental authorities have found that on average the soldier who see best shoot best and that those who wear correcting spectacles shoot better than those who do not.⁴⁴

⁴³ The reason the use of glasses by enlisted men was proscribed was based on logistical as much as it was medical concerns. Traditionally viewed as a force projection arm, the British Army was organised largely with a view to its use on foreign (and often hostile) soil far from support centres. In such circumstances repairing soldiers' broken glasses or supplying them with new ones was a difficult, if not impossible, task. Soldiers who broke or lost their glasses while on campaign would quickly become a liability to their unit, especially if their vision was very limited without their corrective lenses. Thus the use of glasses by enlisted men was banned altogether, unless they were either on home service or garrison duty. Officers, who were not expected to be frontline rifle men, were permitted the use of glasses.

⁴⁴ J.V. Paterson and H.M. Traquair, "The Visual Standards Used in the Medical Examination of Recruits in the British Army and Continental Armies," *Lancet*, Vol.187, Issue 4836, May, 1916, p. 955.

The two surgeons also questioned the minimum requirements for a recruit's worse eye. The doctors also noted that this policy regulation excluded from service a considerable number of men who had defective vision in one eye even though the vision in the other eye might be excellent. Such men, Paterson and Traquair noted, were likely to be more efficient than men who had 20/80 vision in both eyes. The authors closed their article by arguing that there was an urgent need to rethink the army's visual requirements.

Equally problematic was the army's insistence that the recruit's strongest eye had to be his right eye. This regulation meant that otherwise fit men with weak right eyes but strong left eyes were rejected as unfit for frontline positions. As it meant many men with strong left eyes, but weak right eyes were rejected, despite otherwise being fit for service. The favouring of the right-eye over the left-eye as a means of determining a man's fitness for frontline service was, it seems, based on concerns for standardisation and efficiency. Recruits, no matter what their preferred hand, were trained to fire right-handed, and, therefore, needed to be able to aim with their right eye.⁴⁵ This was for a number of reasons. One, standard issue rifles were right-handed (both the bolt and spent cartridge ejection point were on the right side of the weapon). Firing such weapons left-handed could potentially lower the user's rate of fire and accuracy significantly.⁴⁶

Given that the British army required that its troops be capable of a high rate of aimed

⁴⁵ While musketry regulations provided instructions for teaching a recruit to aim that implied a recruit could fire either left-handed or right-handed, all instructions pertaining to teaching a recruit to fire a rifle were based on the assumption the recruit was using the weapon right-handed. Indeed, left shoulder (left-handed) firing was not to be permitted unless rendered necessary, in the opinion of a soldier's company commander, by defective eyesight. *Musketry Regulations Part 1 1909 [Reprinted with Amendments, 1914]* (Calcutta, Superintendent Government Printing, 1918) p.88; *Musketry* (London: John Murray, 1915), p.48.

⁴⁶ In my discussions with a number of individuals with military experience, I have encountered conflicting opinions regarding whether or not firing a right-handed bolt-action rifle left handed would dramatically affect rate of fire.

fire (15 bullets a minute), anything that was likely to impede a soldier reaching this rate of fire – including, rightly or wrongly, handedness – was jettisoned. More generally speaking, but related, infantry drill was very specific and uniform. Troops were drilled and trained uniformly as right-handers. Recruits were to adapt to the weapon, not the weapon to the recruits.

Similar questions arose with regard to the military's height requirements. On November 4, 1914, *Punch* published a cartoon depicting a man challenging his rejection due to his size (Figure 5):

“Not big enough! D’yer know ‘oo I am? D’ yer know foive year ago I was champion light-weight of Wapping”
 “I’ve no doubt that you’re a good man: But, you see, you don’t come up to the required measurements, so I’m afraid that’s the end of it”
 “Oh, all right then. Only, mind yer, if yer go an lose this ‘ere war – well, don’t blame me – that’s all.”⁴⁷

Dramatic as *Punch*'s perturbed pugilist's final comments may have been, they did reflect the position of many individuals who wondered why substantial height was considered necessary to make a man a good soldier. Some even went so far as to attempt to physically demonstrate that being short was not an impairment with regards to combat. First formed in England, the idea of Bantam Battalions was said to have come to Alfred Bigland, Member of Parliament for Birkenhead, after he was told of a group of miners from Durham who had been rejected for service on account of their height. In response, one of the miners, “scoff[ing] at the idea that an inch height precluded him from joining the Army,” offered to fight any man in the room. It took considerable time to remove the enraged miner – who had been rejected four or five times previously – from the office.⁴⁸

⁴⁷ *Punch, Or The London Charivari*, Vol. 146, November 4, 1914, p.369

⁴⁸ Stephen McGreal, *The Cheshire Bantams* (Barnsley: Pen & Sword, 2006), pp.21-22.

The furious miner had a point. The advent of rifles, machine guns, and artillery had greatly levelled the playing field both in the reach and killing power stakes. Any advantage a taller man may have had over his shorter opponent when the two were armed with swords or battle axes was lost when they were taking pot shots at each other over parapets of trenches or were on the receiving end of an artillery barrage. Moreover, short individuals – such as the aforementioned coal miner – were well known for their hardy constitutions and stoic characters which further drew into question the military’s height requirements.



“Not big enough! D’yer know ‘oo I am? D’yer know foive year ago I was champion light-weight of Wapping?”

“I’ve no doubt that you’re a good man: But, you see, you don’t come up to the required measurements, so I am afraid that is the end of it.”

“Oh, all right then. Only, mind yer, if yer go an lose this ‘ere war – well, don’t blame me – that’s all.”

Figure 5: A detail of a cartoon from *Punch Or The London Charivari*, November, 1914.

Medical professionals also supported the Durham coalminer's stance. On February 9, 1915, Dr. M.S. Pembrey, a physiology lecturer at London's Guy's Hospital, presented a paper entitled "Tall versus Short Men for the Army" to the London sessional meeting of the Royal Sanitary Institute. In this paper, which sought to answer the question of whether or not the raising of bantam battalions in England and Wales could be defended on any other grounds than necessity, Pembrey argued that shorter men were actually physiologically *superior* to taller men when it came to modern warfare. Not only did short men present less of a target to snipers, but their build – unlike that of large men – "favoured rapidity of action, strength and endurance." Moreover, short men were far more firmly placed upon their feet, because they had a lower centre of gravity. Pembrey further buttressed his position with reference to the logistical advantages smaller men offered the military. As smaller men supposedly required less food, clothing, shelter, and needed smaller boots, the army would save on resources. Nor would trenches need to be so deep. In fact, in Pembrey's mind simple anatomical measurements could never serve as an accurate guide of a man's martial worth. The test of a soldier's efficiency was "not his height nor his weight nor his girth but his ability to stand the physical and mental stresses of active service." He also needed to be able to march, to shoot accurately, and to be willing "to subordinate his interests to those of the race."⁴⁹

Pembrey's ideas were certainly shared by some Canadians. An article published in the Toronto *Globe* discussing the proposed raising of a bantam battalion in the city noted that the unit's proponents "urged that short sturdy men are better for trench

⁴⁹ M. S. Pembrey, "Tall versus Short Men for the Army," *Journal of the Royal Sanitary Institute*, Vol. 36, No. 3, 1915, pp.105-113.

fighting and present a smaller target for the enemy.”⁵⁰ Likewise, one of the reasons Mrs. Adelaide Yuill of Granum, Alberta, advanced when attempting to have her son, Lionel, discharged from the CEF was his height. Standing 6’2” she feared he would be “a target for sharp shooters.”⁵¹ Senator Philippe-Auguste Choquette countered a spiteful comment from a political rival that implied he would be no good as a soldier because of his small stature by observing that he might be a better soldier than his tormentor because “[s]ome big men are not as good as the little ones. The big bottles do not always contain the best medicine...”⁵²

Both Choquette’s venomous riposte and Pembrey’s studied argument were supported by observations made by men serving in the trenches. Private Donald Fraser of the 31st Canadian Infantry Battalion noted in his journal in late 1915 that while in peace time people drew their conclusions about a man’s suitability to be a soldier from his physique; physical size and strength were poor indicators of a man’s worth in the trenches. “The best fighter,” he stated “...may be summed up in the words ‘fearlessness’ and ‘grit’ two qualities that every husky [man] has not got and qualities that sometimes the weakest, the softest and apparently the most effeminate have.” Pushing his point home, Fraser went on to observe that on more than one occasion he had seen “big, strong, noisy fellows” become almost completely paralyzed by fear when faced with trying conditions while “little insignificant runts” stood by “unconcerned and ready to give a good account of themselves.”⁵³ Fraser made a similar observation in early 1916 with regard to one Lt. Robertson. Describing Robertson as very effeminate

⁵⁰ “Bantam Battalion Is Latest Proposal,” *Toronto Globe*, January 15, 1916, p.9.

⁵¹ Adelaide Yuill to Major General Hughes, June 14, 1916, LAC, RG24 Vol. 823, EPW, Part 13.

⁵² Hon. Mr. Choquette, April 12, 1916, *Debates of the Senate of Canada, 1916* (Ottawa: King’s Printer, 1916), p.308.

⁵³ Roy, *The Journal of Private Fraser*, pp.38-39.

in his mannerisms and seemingly implying that he was believed to be a homosexual, Fraser stated that in spite of initial doubts, the men of the battalion “thought the world” of the lieutenant because he “was absolutely fearless.” Fraser went on to observe that “[t]his is a war in which blood counts, not bone; nerve is the test and not strength.” Pushing his point further home Fraser followed this story with a similar account of an officer from the 1st Division who, despite looking as though “he had not the strength or grit of a fly,” was exceptionally daring and willing to tackle any dangerous work.⁵⁴ It should be noted that Fraser’s comments, like those of Pembrey and Choquette, struck at some of the central characteristics that many members of public and, indeed, military believed made a good soldier: a powerful build and a ‘manly’ demeanour. Size did not matter, but rather “guts” did. When shells began to fly, it was not necessarily the visual paragons of Canadian manhood that proved to be the best soldiers, but rather those who seemed to be – at first glance at least – the antithesis of the masculine ideal.

If the military’s size requirements were open to question, so too was its prohibition of men with flat feet. A nebulous term that covered a variety of different conditions, “flat foot”, as the term suggests, was taken to be characterised by low longitudinal arch of the foot. Such low (collapsed) arches were deemed to be a visible indicator of damage to the muscles of the foot. This damage was further characterised by pain when pressure was put on the foot, and, as a result, hindered walking long distances. In a period when the major form of transportation for the majority of soldiers remained their own two feet, such an impairment was an immediate reason for rejection.

Using the size of the arch of the foot to diagnose muscle damage, and, as a result reject an individual as unfit, was criticised by a number of medical authorities. A

⁵⁴ Roy, *The Journal of Private Fraser*, p.81

number of them pointed out that not all cases of a low arch pointed to weakened or damaged foot muscles but, rather, to the development of muscle tissue. In fact, more than one observer noted that flat feet were common among labourers and lumberman in Canada. This “flatness” would not, critics argued, impinge on such men’s ability to be good soldiers. Alphonse Verville, for example, condemned the rejection of a number of lumbermen due to their flat feet by stating that he would “like to find the doctor who rejected... [these men]...who is man enough to walk all day with these woodsmen. This class of men can stand more hardship than any others in the country.”⁵⁵ Some doctors agreed with him. As Maj. W.H. Reilly, ADMS MD10, noted in a letter to the AAG in charge of (i/c) Administration MD10 in early 1917: “[T]here is a variety of opinion among surgeons in reference to Flat Feet. More experienced surgeons and particularly orthopaedic specialists are of the opinion that the man with Flat Feet is quite fit for service.”⁵⁶ In light of such criticisms the military moved, as they had with other conditions, to provide to MOs a clear definition of what flat feet were. Warnings were given to medical examiners that the height of a man’s foot arch was not a guide as to whether he suffered from flat feet.⁵⁷ Moreover, it also acknowledged that “strains of the longitudinal arches of the foot” and related conditions, such as Hallux rigidus and Hallux valgus, could either be correct or elevated, thereby making an individual fit for some forms of military service.⁵⁸

⁵⁵ Mr. Verville, May 16, 1916, *Debates of the House of Commons of the Dominion Canada, 6th Session, 12th Parliament*, Vol. 4 (Ottawa: King’s Printer, 1916), p.4072; [Illegible] to A/DGMS, January 24, 1917, LAC, PRE.

⁵⁶ ADMS MD10 to AAG i/c Administration MD10, January 11, 1917, LAC, PRE.

⁵⁷ PS18, p.22.

⁵⁸ PS18, p.22-25; Chapter Three: “‘No longer a Reason for Rejection’: Changing Standards of Military Fitness.”

Conceptual differences regarding what characteristics made a man fit to fight caused some medical examiners to pass men fit to serve despite the fact they possessed an impairment that should have disqualified them from entering the ranks. This is evinced by the case of hockey great, Frank McGee, who was killed on the Somme in September 1916.⁵⁹ Despite being blind in one eye,⁶⁰ an impairment that should have, according to military regulations, caused him to be rejected as unfit, in 1914 McGee, who had been a member of Ottawa's famed "Silver Seven" hockey team, was accepted for service in the 21st Canadian Infantry Battalion .

According to legend, the hockey star masked his impairment by employing a sleight of hand. When asked by his medical examiner, one Lt. Crawford, to cover an eye and read the chart placed before him, McGee placed his hand over his sightless left eye and completed the task. Then, when requested to change eyes, McGee switched

⁵⁹The offensive linchpin of the Ottawa Hockey Club's legendary "Silver Seven" Stanley Cup winning team, McGee was described by a contemporary as "one of the most spectacular, most brilliant - one of the very greatest hockey players this country...ever saw." Such platitudes were not without foundation. In a career that spanned a mere 45 games over 4 seasons (1903-1906), McGee scored a total of 135 goals, an average of three goals a game. His largest single haul came on 16 January 1905, during a Stanley Cup match held between Ottawa and the Dawson City Nuggets. In a match that remains on the record books as the most lopsided result in Stanley Cup history – 23-2 – McGee scored 14 goals, eight of which came in the space of nine minutes. As a result McGee holds the record for the number of goals scored by an individual player in a Stanley Cup game. "Klondike Hockeyites Meet An Overwhelming Defeat At The Capital," *Dawson Yukon World*, 17 January 1905, p.1; "Boyle Tells How the Klondikers Lost," *Dawson Daily News*, 17 January 1905, 1; "McGee Measured Up to the Standard of His Sporting Life In Battle," *Daily British Whig* 3 October 1916, p.12; "Klondikers Quest for Stanley Cup Revisited," *Ottawa Citizen*, 20 August 2005, p.C6; "Off the Ice to War; 'One-eyed' Frank McGee was a hockey star who went to great lengths for his country," *Toronto Star*, p.11 November 2004, p.E6; "Episode 1: A Simple Game," *Hockey: A People's History* (Writ. and Dir. Laine Drewery, Prod. Wayne Chong: Canada Broadcasting Corporation, 2006); *Legends of Hockey: Frank McGee Biography*, <<http://www.legendsofhockey.net:8080/LegendsOfHockey/jsp/LegendsMember.jsp?type=Player&mem=P194506&list=ByName#photo>> (accessed 23 June 2007); Lt. McGee, Frank Clarence, LAC, PF, Box 6829 – 29.

⁶⁰ McGee had been struck in the face by a puck on 21 March 1900 in Hawksbury, while playing an exhibition hockey match that had been organised to raise funds to support Canada's role in the South African war. Severe enough to warrant mention in the post match report, McGee's injury sidelined him for the rest of the season, with some believing it to be career ending. "C.P.R. Team Beaten. Hawksbury Team Won The Hockey Match Last Night," *Ottawa Citizen*, 22 March 1900, p.1; "Ottawans In Casualties: Lt. Frank McGee's Death Was Officially Announced Saturday," *Ottawa Citizen*, September 25, 1916, p.6.

hands rather than eyes. In doing so, the story continues, McGee fooled Crawford into believing he had perfect sight in both eyes.⁶¹ While there is little doubt that a number of below standard men were able to fool medical examiners into passing them as fit to serve, in the case of McGee it is questionable whether that actually occurred. McGee's membership in the "Silver Seven" made him a well-known figure across Canada, and especially in Ontario. He was certainly recognised by hockey fans in the city of Kingston, the home of the 21st Battalion. Seven days after McGee enlisted, an article in Kingston's *Daily British Whig* celebrating the surfeit of talented sportsmen in the battalion noted that the newly minted lieutenant was "well known to the local hockey fans as he used to play pro hockey for Ottawa."⁶² Exactly two months later on 16 January 1915, a game held between the Battalion's D and H Companies drew a large crowd of spectators, in part, one assumes, because McGee played on H Company's team. Indeed, one spectator, Sergeant Alfred W. Symes of the 21st Battalion's D Company, noted in his diary what a "treat" it had been to see the "one and only Frank McGee" in action again, and that many in Ottawa "would have given a good deal to be present."⁶³

If local Kingstonians and 21st Battalion's rank and file knew who Frank McGee was, then it is more than likely the battalion's senior officers and Lt. Crawford were also cognisant of the Ottawan's identity. If this were the case, it would have made the success or failure of McGee's hand-swap scam or any other ruse designed to hide his

⁶¹ Paul Kitchen, hockey historian, discussion with author; "McGee, Francis Clarence," *Dictionary of Canadian Biography Online*, http://www.biographi.ca/009004-119.01-e.php?&id_nbr=7583&&PHPSESSID=nispeo2232sjdiublejqof84f2 (accessed 14 October 2008).

⁶² "With the Volunteers," Kingston *Daily British Whig*, 16 November 1914, p.5

⁶³ Diary of Sgt. A.W. Symes, January 16, 1915, printed in the *21st Battalion Communique*, Vol. 5, No. 2, June 1936, p.4; "Battalion Plays Hockey," Kingston *Daily British Whig*, 18 January 1915, p.5

ocular disability academic. Lt. Crawford would have already been conscious of McGee's disqualifying impairment before the hockey star raised hand to eye; however, McGee's attestation paper makes no mention of his left eye's limitations. The only thing Crawford found necessary to record, other than his belief that McGee was fit to serve in the CEF, was the hockey star's appendectomy scar. Likewise, McGee's medical history sheet, completed after his enlistment, echoes his attestation paper.

If Lt. Crawford and the senior officers of the 21st Battalion were aware of McGee's visual impairment, the question arises as to why the hockey star was passed as fit to serve. It has been argued by some commentators that McGee was passed as fit in order to meet pressing manpower requirements.⁶⁴ While such an explanation is not impossible, it is highly improbable as 1914 was a heady time for recruiters.⁶⁵ Although not part of the First Contingent of the CEF, the 21st Battalion was certainly not short of volunteers. The Battalion reached its full strength of 1,130 men on November 11, 1914, less than a month after the raising of the Battalion had been authorised by the Dominion government. In such circumstances, it is unlikely that McGee's visual impairment was ignored to allow the battalion to fill a gap in its line. There was no need to do so.

McGee's acceptance for service more likely rests on the belief that he *was* the best Canada bred. Not only was he the son of one of Canada's foremost families, but his sporting prowess - which extend beyond the hockey rink onto the rugby field, the rowing course, and the golf green - marked him as a superior physical specimen of

⁶⁴ *Backcheck*

⁶⁵ Brown and Loveridge, "Unrequited Faith", p. 302; J.L. Granatstein, *Canada's Army: Waging War and Keeping the Peace* (Toronto: University of Toronto Press, 2002), pp.55-57.

Homo sapiens canadensis.⁶⁶ In fact, it is doubtful many people, if any, believed McGee was disabled at all, in spite of knowing about his eye injury. The injury had not, after all, stopped him from becoming one of the “Silver Seven’s” most effective goal scorers. Nor had it impeded him from developing a reputation as a fast and physically imposing competitor, despite his less than Herculean appearance.⁶⁷

In fact, little evidence exists that McGee’s visual impairment was a major topic of discussion within the hockey public during his professional career. When reporters did stray from discussing McGee’s hockey skills, they focussed on the Ottawan’s clean cut and physically underwhelming “boyish and doll-like” appearance rather than on his damaged eye.⁶⁸ Indeed, the moniker that is commonly attributed to the Ottawan by hockey enthusiasts today, “One-eyed McGee”, seems to have been a posthumous appellation that grew out of the burgeoning McGee/Silver Seven legend rather than a nickname used by his fans and team mates.⁶⁹ McGee was not, after all, one-eyed. As

⁶⁶ “Four Kingston Officers With 21st Battalion Have Been Killed,” *Kingston Daily Standard*, 23 September 1916, p.1; “Ottawans In Casualties”.

⁶⁷ McGee only stood five foot six inches tall and weighed 140 pounds (64 kilograms). He was, however, strongly built, having a chest that measured 45 inches when expanded. Moreover, it is evident he used his powerfully built frame to great effect. After the Ottawa Hockey Club successfully challenged the Montreal Victorias for the Stanley Cup in 1903, a journalist from the Ottawa *Citizen* noted that “[w]hen Frank checks he checks to win.” Tom Flanigan would reiterate the point thirteen years later: “Not a big man, he [McGee] was never surpassed in Canada for gameness... [n]o man ever got McGee in his play without a receipt for it...” Lt. McGee, Frank Clarence, LAC, PF, Box 6829 – 29; “Hockey Championship Belongs to Ottawa,” *Ottawa Journal*, March 11, 1903, p.10; “McGee Measured Up.”

⁶⁸ Calgary journalist Billy Grant’s description of his surprise on meeting McGee during Ottawa-Kenora Stanley Cup series of 1905 underlines this point. “I looked for a big, rugged, broad-shoulder athlete... I drew my breath when my companion pointed out a ...frail looking stripling... [whose complexion]... seemed as pink as a child’s.” “Sportsmen Pay Tribute To Late Comrade,” *Ottawa Citizen*, 25 September 1916, 9; Paul Kitchen, conversation with author.

⁶⁹ McGee was nicknamed “Cresceus” by his team mates after a champion trotter from the United States well known for his “cannon-ball drives down the home stretch”. McGee seemed to have picked up the appellation, which was an allusion both to his speed and devil-may-care attitude on the ice, after the racehorse had broken the world record for a mile on ice when visiting Ottawa in February 1903. “Hockey Championship Belongs to Ottawa”; “Ice Record by Cresceus,” *New York Times*, February 15, 1903; “Cresceus the Great,” *Toronto Globe*, 28 February 1903; Paul Kitchen, conversation with author. For information on Cresceus see John McCartney, *The Story Of A Great Horse: Cresceus*, 2:02¼

photographs of the hockey star attest, it is doubtful that the casual observer would have known McGee even had a visual impairment.

McGee's appearance and his success on the ice did more than undermine any possibility in the public's mind of classifying him as disabled. It also clearly marked him as prime fighting stock. In the early twentieth century, hockey was as much characterised by, and celebrated for, its violence as it was for its speed and skill. Period sports reporter, Tim Flanigan, noted that "a man who played the great winter game at that time took his life in his hands."⁷⁰ After witnessing some of the more brutal stick-swinging melees that typified the early game, few people would have disagreed with him. Serious injuries, often intentionally caused, were commonplace during hockey matches in the early twentieth century. For example, during the Ottawa Hockey Club-Toronto Marlborough Stanley Cup series in February 1904, one Marlborough, Frank McLaren, received two broken ribs after "stopping the butt end of a stick with his chest in a scrimmage". Another Toronto player, Tom Phillips, returned home with a heavy limp after having been the victim of a "slash to the ankle." Indeed, a Toronto *Globe* reporter noted that the Ottawans "consider it quite proper and legitimate to endeavour to incapacitate their opponents, rather than to excel them in skill and speed...[t]he rubber is not the objective, but the man must be stopped at all costs; if he is put out altogether, so much the better." On occasion, playing the man in this manner led to fatalities. In 1905 Alcide Laurin of Alexandria, Ontario, died after being pole axed by an opposing player. Two years later, Owen McCourt of Cornwall, Ontario, suffered the same fate

(Indianapolis: Hollenbeck Press, 1902); Dwight Aker, *Drivers Up: The Story of American Harness Racing* (New York: G.P. Putnam, 1938), pp.244-245.

⁷⁰ "McGee Measured Up."

after deliberately being struck in the back of the head with a stick. In both cases their assailants were acquitted of charges of manslaughter.⁷¹

Partially because of its violent and unforgiving nature and partially because of the perceived physical and mental benefits playing the game was believed to impart, many Canadians saw hockey “as a reliable and necessary guardian of masculinity and military preparedness.”⁷² Arthur Farrell,⁷³ for example, claimed in his 1899 homage to the game, entitled *Hockey: Canada’s Royal Winter Game*, that hockey outshone all other sports as a vehicle through which to positively develop a man’s physical, mental, and moral qualities.⁷⁴ As men battled over the puck, their bodies were hardened, their reactions honed razor sharp, and value of loyalty, teamwork, and obedience – all of which were considered to be important martial virtues – were ingrained into their psyches. With reference to many players’ less-than-regulation use of their sticks, some wags less inclined to eulogising the game than Farrell may have further added that the game also taught basic hand-to-hand combat skills. Hockey was, in short, “the best training on earth for the life of a civilian or death as a soldier.”⁷⁵

⁷¹ In some cases violence on the ice could also spill into the crowd. During a match between two Ottawa-based teams in 1899, a stick-swinging fight on the ice early in the game led to supporters of the two teams coming to blows. “Hockey Of The Warmest Kind,” *Ottawa Journal*, 12 January, 1899, p.6; “Ottawa Led At the Finish,” *Toronto Globe*, 24 February 1904, p.10; “Second Cup Game To-Night,” *Toronto Globe*, 25 February 1904, 12; “Marlboros’ Homecoming,” *Toronto Globe*, 29 February 1904, p.10; Stacy L. Lorenz and Geraint B. Osborne, “‘Talk About Strenuous Hockey’: Violence, manhood, and the 1907 Ottawa Silver Seven-Montreal Wanderer Rivalry,” *Journal of Canadian Studies*, Vol. 40, No. 1, Winter 2006, pp.125-56; Henry Roxborough, *The Stanley Cup Story* (Toronto: McGraw-Hill, 1964), pp.29-30; J.J. Wilson, “Skating to Armageddon: Canada, Hockey and the First World War,” *The International Journal of the History of Sport*, Vol. 22, No. 3, 2005, p.319.

⁷² J.J. Wilson, “Skating to Armageddon,” p.315; “McGee Measured Up to the Standard of His Sporting Life In Battle.”

⁷³ Farrell (1877-1909) played for the Montreal Shamrocks between 1897 and 1901, winning two Stanley Cups (1899 and 1900). Dying from tuberculosis in 1909, he was inducted into the NHL Hall of Fame in 1965. “Farrell, Arthur,” *Dictionary of Canadian Biography Online*, http://www.biographi.ca/009004-119-e.php?&id_nbr=6705 (accessed 10 September 2008).

⁷⁴ Arthur Farrell, *Hockey: Canada’s Royal Winter Game* (Montréal: J. R. Cornell, 1899), pp.35, 38-39, 42-43.

⁷⁵ “McGee Measured Up.”

Given such circumstances, if Frank McGee could, despite his visual impairment and his less than imposing appearance, not only survive on but also dominate the oft blood-spattered rink, then he was more than fit to serve in the CEF. Such a conviction was no better expressed than by the following words taken from the *Ottawa Citizen's* obituary for McGee, published on September 23, 1916:

Canadians who knew the sterling stuff of which Frank McGee was made, so often proven on ice or gridiron – and they were not confined to Ottawa alone – were not surprised when he donned another and now more popular uniform and jumped into the greater and grimmer game of war. And just as in his sporting career he was always to be found in the thickest of the fray, there is no doubt that on the field of battle Lieut[enant] McGee knew no fear nor shunned any danger in the performance of his duty.⁷⁶

Admittedly, other factors may have also played their part in McGee's acceptance for service. As a number of the aforementioned newspaper articles suggest, having a hockey superstar – along with a number of other sporting heroes – within the 21st Battalion's ranks provided the unit with more than a little renown and pride. It may also have encouraged a number of impressionable young men looking to accept the king's shilling to consider joining the 21st Battalion. Such considerations may have caused the unit's commanding officer, Lt. Col. (later Brig. Gen.) W.S. Hughes – the younger brother of Sam Hughes, Canada's firebrand Minister of Militia and Defence – to encourage his MO to overlook McGee's ocular deficiency for the sake of the battalion.⁷⁷

⁷⁶ "Ottawans in Casualties."

⁷⁷ Inspector of Penitentiaries in the pre-war period, Hughes had considerable militia experience. He had served during the Northwest campaign of 1885, and at the outbreak of the war was commander of the Kingston-based 14th Regiment (Princess of Wales Own Rifles). He was appointed to mobilise and command the 21st battalion in November 1914, and held that position until he was promoted to the rank of Brigadier-General and given command of the 10th Canadian Infantry Brigade, 4th Division in July, 1916. Hughes gained his promotion, thanks to his brother's interference, despite being implicated by Major-General R.E.W. Turner as one of the officers at fault for the 2nd Canadian Division's less than impressive showing at St. Eloi Craters in April 1916. Brigadier-General Hughes was relieved of his command of the 10th Brigade in January 1917, and appointed to the command of a reserve brigade in England. "With The Gallant Soldiers in the City of Kingston," *Kingston Daily Standard*, December 19, 1914, p.11; Leonard Fraser, *Historical Calendar: 21st Infantry Battalion (Eastern Ontario Regiment) Belgium – France –*

It is equally possible that McGee's personal connections may have smoothed the road for his acceptance into the CEF. A member of Canada's political, social, and sporting elite, McGee certainly had access to people in positions of influence who were able to help his cause. Given that the Canadian military was a hotbed of political patronage, and, indeed, corruption for much of the war, the possibility of such interference cannot be discounted.⁷⁸

However, while the possibility of political interference cannot be discounted with regard to McGee's entry into the ranks of the 21st Battalion, it should not be overplayed, since other equally well-connected individuals were rejected. Herrick Duggan, the elder brother of the aforementioned Kenneth Duggan, was rejected by the PPCLI four times in August 1914. Duggan was just as well connected as McGee. His father, G.H. "Skipper" Duggan, was a leading Canadian industrialist and sportsman with strong business and family connections in Europe. His mother, Mildred, was equally well connected. Moreover, as a trained engineer who spoke French and German fluently as well as his native English, Duggan arguably had a skill set that was potentially much more useful to the CEF than that of the thirty-two-year-old civil servant and former hockey great Frank McGee, notwithstanding the fact that McGee was bilingual. However, unlike McGee, Duggan had not proven his martial qualities.⁷⁹

Germany, 1915-1919 (London: Gale & Polden, 1919), p.9; Tim Cook, *At the Sharp End*, pp.323-42; Haycock, *Sam Hughes*, pp.115, 301; Desmond Morton, *A Peculiar Kind of Politics*, p.119.

⁷⁸ For an examination of the patronage and corruption that infected the CEF for much of the Great War see Morton, *A Peculiar Kind of Politics*; and, Haycock, *Sam Hughes*, pp.47-48, 143, 226-27, and 234-53.

⁷⁹ Nic Clarke, "'He was my best Subaltern': The life and death of Lieutenant Herrick S. Duggan, 70th Field Company, Royal Engineers," *Canadian Military History*, Vol. 17, No.2, 2008, pp.21-32; Ron Hotchkiss, "One of Kitchener's Kids: The Bittersweet Story of Lt. Herrick Duggan," *The Beaver*, Vol. 78, No. 1, 1998, pp.11-19; "George Herrick Duggan" *Prominent People of the Province of Quebec in Professional, Social and Business Life, 1923-24* (Montreal: The Biographical Society of Canada, 1925), unpaginated; George Herrick Duggan Fonds, LAC, MG30-B124; "Mrs. G.H. Duggan," *Prominent People*, unpaginated.

Perceptions of who was fit to don the khaki was influenced by more than just military regulations and realities. Civilian and medical professionals' constructions of health and masculinity – which often questioned, if not directly opposed, military constructions of military fitness – also played a role in dictating not only who was labelled fit to serve, but also the evolution of military regulations. This observation is important not only because it highlights the shifting foundations on which the concept of military (in)ability was based, but also because it indicates the fluid nature of the definitional boundaries of disability. Couched in, and built on, social values as much as biological conditions, the concept of disability (and, by extension who is labelled disabled) is, at best, an insecure formulation that is often subject to contest between different groups within a society. Indeed, as the case of Frank McGee indicates, in some instances social constructions can actually trump somatic realities when it comes to labelling (or, in McGee's case not labelling) an individual as disabled. McGee did not look or act disabled, ergo in the eyes of the public he was not disabled in spite of this visual impairment. The tendency of the public to adjudge an individual's military (un)fitness based on visual indicators in this manner caused many rejected volunteers to suffer considerable ill-treatment because they did not appear, in the eyes of the public, to be disabled. Indeed, far from being visibly identifiable, most rejected volunteers were not visibly different from men being accepted for service.

SECTION III: THE “UNFIT”

Chapter Six

Not Visibly Different

In them days, it was rather annoying to go out at all because the men in uniform, when you would walk down the street, they'd come and tap you on the shoulder and say, "why ain't you in the army?" And I used to have difficulty even when I told them I had bad ears because I'd had Scarlet fever. "Go on, try again." I used to say what the hell's the use of trying after they turned me down?" I tried often enough. But, oh Jesus, they used to pressure the life out of you. It was hell...¹

The "hell" that truck driver Martin Colby experienced when he ventured onto the streets of Toronto during the years of the Great War was one he shared with rejected volunteers across the depth and breadth of Canada. This hell was engendered by the fact that there were often no visible indicators, other than a khaki uniform, that marked rejected men as different from those deemed fit to fight. As this chapter will demonstrate, these two groups of men were not only of similar age and height, but also shared similar social backgrounds. Moreover, the large majority of rejected volunteers were not obviously disabled. The vast majority of impairments that caused men to be rejected as unfit to serve in 1914 were either invisible, or, as was discussed in the preceding chapter, not viewed as disabling by civilian society. Indeed, it would be fair to say that the average rejected volunteer was not visibly different than the men the Canadian authorities sent to the defence of the empire in the autumn of 1914.

The lack of visible difference between many rejected men and those deemed fit to fight meant that many rejected volunteers faced continual harassment on the streets of Canada's towns and cities by zealous recruiters, both official and unofficial, who were looking to bolster the ranks of CEF. Moreover, as Colby's comments indicate, many

¹ Martin Colby quoted in Daphne Read, ed., *The Great War and Canadian Society: An Oral History* (Toronto: New Hogtown Press, 1978), p. 103.

rejected men's legitimate explanations as to why they were not wearing the khaki were dismissed out of hand by their interrogators. At best, rejected men so challenged were not considered to have tried hard enough to enlist, a belief that was supported by reports that lauded men who, after being rejected on their first attempt to enlist, kept fronting at recruiting stations. In March 1916, for example, the *Toronto Globe* approvingly reported on the case of a man who had been rejected as unfit to service at 8 different depots and was still expressing "a keen desire to get to the front some how."² Seven months later a similar story was run in the *Ottawa Citizen*.³ At worst, rejected volunteers were seen as cowards and shirkers who were using a convenient, and perhaps fabricated, excuse in order to avoid their duty.

The plight of men rejected for inobvious medical reasons was recognised by both military and governmental authorities, as well as some recruiting leagues. These groups moved to protect rejected volunteers from criticism by providing them with small identifying badges that marked them as men who had offered their services to the empire, only to have had their offer honourably refused. However, despite the stated intentions that motivated their production, these badges often failed to protect those who wore them. This was for three main reasons: (1) there was some suspicion as to the real reason the buttons were produced; (2) at least some rejected men refused to wear them because they did not want to be identified as "unfit"; and (3) at least some of these buttons fell into the hands of fit individuals seeking to avoid the pressures to enlist.

² "Chilling Winds Make Recruiting Spiritless," *Toronto Globe*, March 18, 1916, p.8.

³ In the case the would-be warrior's dedication was even more notable because he underwent surgery in order to make himself fit for service. "Can't Keep Him Out of the Fight," *Ottawa Citizen*, October 13, 1916, p.6; "Is Determined To Go To War," *Ottawa Citizen*, October 13, 1916, p.12.

So what was it that characterised rejected volunteers in August-September, 1914? In matters of faith, Anglicans predominated, making up 44 per cent of 2,294 rejected volunteers whose attestation papers recorded a faith.⁴ Roman Catholics and Presbyterians followed, making up 23 per cent and 18 per cent of respondents respectively. The Methodist Church came in a poor fourth, at 8 per cent (Table 2).⁵ These proportions are in general agreement with those found in the CEF for the years 1914-18. Records indicate that 31 per cent of CEF members were Anglican, 23 per cent Roman Catholic, 21 per cent Presbyterian and 14 per cent Methodists.⁶ The similarity between the two groups is to be expected, given that rejected volunteers came from the same pool of recruits as those men who were accepted.⁷

Three hundred and eight-six of the 1,822 (21 per cent) men whose attestation papers recorded distinctive characteristics were tattooed. The level of tattooing varied

⁴ Percentages in text are rounded to the closest whole number for ease of reading.

⁵ The Methodist count includes both men recorded as being Methodists (63) and those listed as Wesleyans (119). The Presbyterian count includes one individual who was recorded as being a member of the "Scottish Church".

⁶ Morton, *When Your Number's Up*, p.270. It should be noted that these numbers were not reflective of the relative strength of the denominations within the Canadian population. Indeed, the *Fifth Census of Canada, 1911* recorded that the dominant religion (based on a numbers of adherents) within the dominion was Roman Catholic, which accounted for 39.3 per cent of the population. Despite making up the vast majority of men serving in the CEF, Anglicans, who made up 14.5 per cent of the population, came in fourth after Presbyterians (15.5 per cent) and Methodists (15 per cent). This difference can best be explained by the underrepresentation of Francophone Canadians, who made up the majority of Canada's Roman Catholic population and the overrepresentation of English-born/first generation English Canadians in the CEF. Further explanations might be found in the fact that in a number of cases the faith recorded on a man's attestation paper often expressed the enlisting officer's sensibilities, rather than the individual's religious beliefs. Admittedly, such acts did not always favour the Anglican Church. Thomas Dinesen, an avowed atheist, had Presbyterian recorded in his attestation paper's religion column because his recruiters stated that all soldiers must have a religion. Presbyterian was chosen because Dinesen had enlisted in a kilted regiment (Canadian Black Watch). These acts of misrepresentation were not limited to Canada; Gervase Phillips has noted that British recruiting officers encouraging non-conformist Welsh recruits to give their religious denomination as Anglican. *Fifth Census of Canada, 1911: Religions, Origins, Birthplace, Citizenship, Literacy and Infirmities, by Provinces, Districts and Sub-Districts* (Ottawa: King's Printer, 1913), pp.vi-vii; Morton, *When Your Number's Up*, p.270; Gervase Phillips, "Dai Bach Y Soldiwr," *Llafur*, Vol. 6, No.2, 1993, pp.98-99; Dinesen, *MERRY HELL!*, pp.31-32.

⁷ The heavy weighing of Anglicans in the rejected volunteer may reflect the flood of English-born recruits that swelled the ranks of the CEF's First Contingent. Brown and Loveridge, "Unrequited Faith", p.303; Morton, *When Your Number's Up*, pp.278-279.

from individual to individual, ranging from dots or simple initials on hands and forearms through heavy tattooing on arms, legs, and torso. The tattoos borne by these men offer some indication of their personal histories, social backgrounds, and individual affiliations. W. Hadden and M.H. McLeod's sectarian loyalties were, for example, proclaimed by the Orange Order scars they bore over their hearts.⁸ James Scott Simmons, on the other hand, expressed his Masonic affiliations with the words "Coronation Lodge" on his left forearm.⁹ In what can only be seen as an expression of Canadian identity, four men – Ulysses Adlerard, Samuel Jones, Robert W. Wilson, and Ernest Williams – had maple leaves tattooed on their arms.¹⁰ Another three men had the word "Canada" etched on their bodies.¹¹ Nor were such national symbols limited to the Dominion of Canada, or the countries which comprised the United Kingdom. Nine men bore either an American flag and/or eagle on their bodies, while one individual, Antonio Lapierre, had the French tricolour tattooed on his left arm.¹²

In addition to proclaiming sectarian and national loyalties, many men who marked their bodies with tattoos were proclaiming their membership in specific and highly masculine groups that were often identified with strenuous physical labour and danger. The tattoos of a number of individuals, for instance, indicated that they had spent at least part of their lives in front of the mast. The heavily tattooed Stanley Norval commemorated his voyage from Barbados to Nova Scotia by having a ship with the

⁸ W. Hadden, LAC, FMR, Vol. 4; M.H. McLeod, LAC, FMR, Vol. 7.

⁹ James Scott Simmons, LAC, FMR, Vol. 9.

¹⁰ Ulysses Adlerard, LAC, FMR, Vol. 1; Samuel Jones, LAC, FMR, Vol. 5; Robert W. Wilson, LAC, FMR, Vol. 11; Ernest Williams, LAC, FMR, Vol. 11.

¹¹ J. Beech, LAC, FMR, Vol. 2; H. Ouelette, LAC, FMR, Vol. 8; Amede Sauve, LAC, FMR, Vol. 10.

¹² Ulysses Adlerard, LAC, FMR, Vol. 1; James Cook, LAC, FMR, Vol. 2; Arthur Giles, LAC, FMR, Vol. 4; Antonio E. Lapierre, LAC, FMR, Vol. 6; Robert Orkney, LAC, FMR, Vol. 7; Richard Quinn, LAC, FMR, Vol. 8; John Robillard, LAC, FMR, Vol. 9; John Strain, LAC, FMR, Vol. 9; R. Warne, LAC, FMR, Vol. 11; Charley Woodman, LAC, FMR, Vol. 11.

letters "BB to NS" underneath it on his right arm. Another 65 men wore other tattoos traditionally associated with sailors – such as ships, anchors, and depictions of sailors – on their bodies. In addition to demonstrating that a number of rejected volunteers had been seafarers, the tattoos worn by three men also directly identified them as having had prior military experience. Reginald Neor, for instance, wore, one assumes with great pride, the words "Soldier South Africa 1899-1902" on his right forearm. Similarly, fifty-three-year-old Joseph Clamondou bore "Pensioners of Transval [Sic] War" on his right forearm.¹³ The aforementioned Stanley Norval, on the other hand, had the cap badge of his regiment, the Royal Canadian Regiment, tattooed on his right forearm.

Evidence of prior military service extends beyond rejected volunteers' tattoos. Medical examiners noted on attestation papers of 4 rejected men that the individual in question had seen prior military service. William Chavis, Lawrence Eaves, and George Jobin's had served in the Anglo-Boer War, while the one-armed bugler Martin Wilson was listed as a veteran of the 1885 North-West campaign.¹⁴ This type of information is highly useful since the section regarding prior military experience was seldom completed on the attestation papers of men rejected at Valcartier. Further evidence relating to the prior military service amongst many rejected volunteers can be gleaned from an examination of a sample of 350 men found to be unfit for service on arrival in the United Kingdom in 1916.¹⁵ Of these individuals, 31 per cent (108 men) were listed

¹³ Reginald Neor, LAC, FMR, Vol. 8; Joseph Clamondou, LAC, FMR, Vol.2. Also see H. Shaw, LAC, FMR, Vol.10.

¹⁴ William Chavis, LAC, FMR, Vol. 2; Lawrence Eaves, LAC, FMR, Vol. 3; George Jobin, LAC, FMR, Vol. 5; Martin Wilson, LAC, FMR, Vol. 11.

¹⁵ These individuals were drawn from the *Appendix to the proceedings of the Board of Inquiry into the report on the Canadian Army Medical Service by Colonel Herbert A. Bruce and the interim report of Surgeon-General G.C. Jones*. For further discussion on this source see Appendix 1.

as having had some form of military service prior to the Great War.¹⁶ For just under half of these men, their service had been gained outside the rather questionable martial domain of the pre-war Canadian militia. At least 40 men had spent time in the British Military; two men had served in the United States Army – one of whom had seen three years service in the Philippines.¹⁷ Another individual had spent a year in the service of the organisation that offered the ultimate challenge for the thrill-seeking remittance man: the French Foreign Legion. A further five men who were not listed as having served in regular British units had seen action in the South African War either as members of Canadian units or volunteer units raised in Africa.

An examination of the 350 men rejected in England also offers insight into the employment characteristics of those rejected as unfit to serve since the occupations listed for these men covered Canada's employment spectrum. Professions ranged from those based in the tertiary sector to the primary industries. Of the 296 men whose occupations could be traced, one was a bank manager, another was a journalist, and a third was a law clerk. Three were musicians. There were also skilled craftsmen mechanics, electricians, and tailors. As one might expect, given the primary resource focus of early twentieth century Canada's economy, men were also employed in forestry, mining, and agriculture. Just over one fifth of the total were identified as labourers. Indeed, taking into account the sample size and other factors such as the period, the spread of occupations, offering both variety and representation, were roughly analogous with the civil occupational characteristics of the CEF.¹⁸

¹⁶ This count includes two men who were members of the paramilitary Royal North West Mounted Police.

¹⁷ In five cases the entries describing an individual's military experience was illegible.

¹⁸ For a break down of the civil occupations of CEF members, 1914-1919, see Morton, *Fight or Pay*, p.245.

The average age of men rejected for service at Valcartier in August-September, 1914 was 27 years (Chart 1). The majority (97 per cent) of rejected volunteers in the sample fell well within the CEF's age limits of eighteen to forty-five years. Indeed, of 2413 men whose age was recorded, only thirty-seven individuals (2 per cent) were listed as being underage while an equally paltry forty-six (2 per cent) were said to have been over forty-four years of age. In fact, the average age of these men was within 0.4 of the age, 26.3 years, recorded for CEF members over the entire period of the Great War.¹⁹ Thus, at first glance, it would seem that a majority of rejected volunteers were not geriatrics or juveniles, but temporally speaking, men in the prime of their lives. Admittedly, given that ages were falsified by eager recruits at both ends of the spectrum – often with the explicit or tacit support of medical examiners and unit commanding officers – one should be careful to accept the age statistics for rejected volunteers without some degree of caution. However, one should also note that the same critique can be levelled at the age statistics for men passed fit to serve. Evidence suggests that a significant number of men who claimed to be forty-four years of age were well above that mark, while many juveniles successfully – and with relative ease – surmounted the age restrictions of the CEF.²⁰

As well as resting comfortably within the CEF's age requirements, the majority of rejected volunteers were also well within the CEF's minimum physical standards. With an average chest expansion of 35.8" in diameter, the majority of rejected volunteers were comfortably over the CEF's requirement that a recruit be able to puff out his chest to at least 33.5" (Chart 2). Much the same was true with regard to the

¹⁹ Morton, *When Your Number's Up*, p. 279.

²⁰ Cook, "He was determined to go," pp.42-74.

average height of these men. Standing an average of 66.8" tall (c.5'7"/169.7cm), the majority of rejected volunteers were well above the CEF's 1914 minimum height requirement of 63" (5'3"/160cm) (Chart 3). In fact, of the 2282 men whose attestation papers recorded a height measurement, only 135 (6 per cent) stood below 63". Of these 135 men, eighty-five (63 per cent) measured an inch or less under the minimum, while one, the shortest individual in the sample at 56" (4'8"/142.2cm), was 15 years old and had yet to reach his full adult height.

If the 135 men who stood below the CEF's minimum height requirements are removed from the calculation of the average height of men rejected as unfit to serve at Valcartier in 1914, the average height of these men rises to 67.1" (170.4cm). This is important because it places the average height of rejected volunteers on a par relative to that of Canadian-born members of the CEF. A recent study has indicated that the average height for CEF members born in the 1870s and 1880s was 67.4" (5'7"/171.2cm). This average declines slightly to 67.2" (5'7"/170.7cm) for those born in the 1890s.²¹ Although no systematic study of the height of British-born members of the CEF, or, indeed, the BEF, has been conducted by researchers, it is likely that the average height of these British-born members of the CEF was similar to that of their Canadian comrades.²² This observation is important when it is called to mind that approximately 60 per cent of the CEF's First Contingent was British-born.²³

²¹ John Cranfield and Kris Inwood, "The Great Transformation: A long-run perspective on physical well-being in Canada," *Economics and Human Biology*, Vol. 5, No. 5, 2007, pp.204-228. I am grateful to Professor Inwood for the fruitful discussions we have had on this topic, and for sharing findings of his wider anthropometric research with me.

²² An examination of a number of anthropometric studies suggests that the average height of British males in their early twenties during the late-nineteenth and early-twentieth centuries rested somewhere between 66.7" and 67.4". Allison, *Bantams*, p.55; S.T. Beggs, *The Selection of the Recruit* (London: Ballière, Tindall and Cox, 1915), p.9; A.W. Boyne and I. Leitich, "Secular Change in the Height of British Adults," *Nutrition Abstracts and Reviews*, Vol. 24, No.2, 1954, pp. 255-269; Professor Sir Roderick

Table 1: Summary of the Data on Height, Chest Size and Age of Men Rejected at Valcartier August-September 1914²⁴

	N	N*	Mean	Standard Deviation
Height (In.)	2282	768	66.79	2.60
Expanded Chest (In)	2202	848	35.84	2.23
Age (Years)	2413	637	26.67	7.52

(N = number of responses, N* = missing values)

The lack of noticable difference between rejected volunteers and those accepted as fit to serve can be further stressed by examining the reasons men were deemed unfit to serve at Valcartier in August-September 1914. Of the 3,050 men examined, 2,534 (83 per cent) were rejected because they were deemed medically unfit. The balance of individuals had either been discharged for non medical reasons such as misconduct or family protest, or had records that did not clearly indicate why they had been rejected.²⁵

The four most common reasons for rejection were substandard eyesight (25 per cent), poor teeth (10 per cent), varicose veins (7 per cent), and varicocele (6 per cent). Hernias (5 per cent) and heart problems (5 per cent) were also common reasons for rejection (Chart 5 and Table 6).²⁶ Of these reasons for rejection, the two most common

Floud, correspondence with the author August 29, 2007; Roderick Floud, Kenneth Wachter and Annebel Gregory, *Height, Health and History: Nutritional Status in the United Kingdom, 1750-1980* (Cambridge: Cambridge University Press, 1990), pp. 154-163; Francis Galton, "Final Report of the Anthropometric Committee," *Report of the British Association for the Advancement of Science*, 1883, pp.253-306.

²³ Brown and Loveridge, "Unrequited Faith," p.303.

²⁴ It should be noted that files that did not record the required data were removed from the calculation of averages because their relatively large numbers – ranging from 20.9 and 27.8 per cent of the sample depending on the average being calculated – would have heavily biased the results. The 18 files held within the FMR that were created outside (temporally and/or geographically) of the mobilisation of the First Contingent were also removed from the calculations to ensure the sample represented volunteers rejected at Valcartier in August-September 1914.

²⁵ This number encompasses all men, whose files listed one or more medical condition(s) in their reasons for rejection, including height and chest size. Rejection due to age (over or under) on its own was not included. Men struck off strength for both medical and non-medical conditions are included.

²⁶ The fifth most common reason for medical rejection was as "Medically Unfit" at 5.46 per cent. Given that this reason for rejection is a general description, it is impossible to comment on the visibility of the impairments of the men so classified.

– substandard eyesight and poor teeth – would not have been immediately obvious to the casual observer. Not all men whose eyesight failed to meet the stringent requirements of the CEF in 1914 wore – or needed to wear – glasses. In fact, some of these men would have been unaware that they suffered from a visual deficiency.²⁷ Likewise, until he opened his mouth, the dental deficits of a man rejected due to his bad, or lack of, teeth would have been invisible to those around him. This would have been especially true in the case of an individual who wore a well-fitted pair of dentures.

Of the other four reasons for rejection mentioned, three – varicose veins, varicocele, and hernias – would have been hidden to all but the most intimate of observers by a man's clothing, while heart problems would have been, for all intents and purposes, invisible. Those with such hidden or invisible impairments were not readily identifiable as physically unfit by members of the wider public. Advertising one's subjection to these medical conditions did not always help. As with bad teeth and substandard eyesight, some did not consider either varicose veins or hernias, at least when only slight or supported with the appropriate medical equipment, to be valid reasons for keeping a man from serving his country.²⁸ Furthermore, echoing the above comments about eyesight, a 1915 report on men with disabilities who were examined by a medical board at Canadian Headquarters in Shorncliffe, England noted that some men were actually unaware that they had varicose veins.²⁹

²⁷ This point was made in the May 6, 1916 issue of the *Lancet* by Drs. J. V. Paterson and H. M. Traquair, ophthalmic surgeons at the Edinburgh's Royal Infirmary. Paterson and Traquair, "The Visual Standards," pp. 955.

²⁸ See Chapter Five: "Man, I dinna want tae bite the Germans; I'm offerin' tae shoot them': Clashing Concepts of Military Fitness."

²⁹ A. Primrose, "Disabilities, including injuries, caused by bullets, shrapnel, high explosives, etc., as illustrated by cases examined before a medical board at Canadian Headquarters, Shorncliffe, England," *Canadian Medical Association Journal*, Vol. V, No. 10, October, 1915, p.856.

In the case of largely, if not totally, invisible circulatory conditions, a man's claims to be physically unfit for service were not always believed. For example, twenty-three-year-old Herrick Duggan – whose four attempts to join the Princess Patricia's Canadian Light Infantry in August 1914 had been thwarted by a heart condition – wrote to his mother, Mildred, from London, England, in October 1914 that few people believed he was physically unfit to serve.³⁰

While invisible impairments may have been common among the men rejected as unfit to serve by MOs at Valcartier, more obvious impairments were not. Potentially visible physical deformities (congenital and traumatic) only occurred 16 times (0.4 per cent) in the records, while amputations were even rarer (0.3 per cent). In the case of physical deformities, the most common condition recorded was spinal curvature (five instances), followed by deformities of the feet and legs (each with three instances); the knees (two instances); and finally the chest, hands, and toes (one instance). Of the twelve instances of amputations recorded as reasons for rejection, eight involved the removal, either wholly or partially, of a single digit, and one each the removal of an arm, a hand, a testicle, and the toes on one foot.

While such impairments might have been readily visible to the trained eye of MOs who conducted the medical examinations of the naked recruits at Valcartier, they would not necessarily have been immediately obvious to the casual observer on the streets of Canada's towns and cities. The men described as having malformed hands and feet could easily have hidden their deformities within shoes or a coat pocket.

Likewise, a heavy or voluminous coat could disguise all but the most serious of spinal

³⁰ Herrick Duggan [Hereafter HD] to Mildred Duggan [Hereafter MD], 4/11/14, "Duggan, Herrick S. Correspondence 1914," LAC, Herrick S. Duggan Fonds, MG30-E303 [Hereafter HDF]; Clarke, "He was my best subaltern."

deformities. Similar observations might be made with regards to the instances of amputation recorded. As with those suffering from varicocele, hernias, and varicose veins, the volunteer rejected due to his testicular amputation surgery would not have been obvious while clothed. Similarly, the amputations of men who had experienced the loss of a digit would have been equally less obvious to the casual observer, especially from a distance. Of the twelve cases of amputation extant in the records, only two – the amputated hand and arm, respectively – might have been readily apparent to the casual observer. Even then, these impairments could have been hidden with the use of prosthetics. Likewise, the seemingly obvious impairment of paralysis requires some consideration. Dependent on both the body part affected and the extent of the paralysis, some individuals might have been able to hide their impairment from the view of the general public. This is especially true if the individual in question had either structured his life in a way to conceal his disability or adapted to life with the impairment to such an extent that he was no longer noticeably disabled by it.³¹

³¹ Kaiser Wilhelm II (1859-1941) and Franklin Delano Roosevelt (1882-1945) are two prime examples of individuals who went to considerable lengths to hide their paralytic impairments. Wilhelm II's left arm was withered either due to his traumatic breech birth (which, by many accounts, he was lucky to survive), or a fall suffered by his mother while in the fourth month of her pregnancy. Roosevelt was paralysed from the waist down as a result of either poliomyelitis or Guillain-Barré syndrome. From childhood, Wilhelm practiced a number of forms of deception to hide his arm's deformity. These acts of camouflage included placing his left hand in his pocket or holding gloves in his left hand to make his atrophied limb seem longer. In photographs, which were generally taken from his right side, he would often rest his left hand on a sword hilt or cane. Roosevelt, on the other hand, took great pains not to be seen in a wheelchair in public or in photographs. Rather, he taught himself to walk short distances with the aid of iron leg braces and a cane. At public appearances he would stand, surreptitiously supported on one side by an aid or one of his sons. Considerable ink has been expended on both men's impairments, for two of the best examinations see John C. G. Röhl, *The Young Wilhelm: The Kaiser's Early Life, 1859-1888* (Cambridge: Cambridge University Press, 1998), pp.1-53; and, Hugh G. Gallagher, *FDR's Splendid Deception* (New York: Dodd, 1985) [images, between pp.142 & 143]. For recent explorations of the causes of both Wilhelm II and Roosevelt's paralysis see Around S. Goldman et al, "What was the cause of Franklin Delano Roosevelt's paralytic illness?" *Journal of Medical Biography*, Vol. 11, 2003, pp. 232-240; and, Venu Jain et al, "Kaiser Wilhelm syndrome: Obstetric trauma or placental insult in a historic case mimicking Erb's palsy," *Medical Hypotheses*, Vol.65, No. 1, 2005, pp.185-191.

In relation, it is equally important to note that even if an individual's physical condition were noticeable, it may not have been considered an impairment or a disability by civilians. Men with glasses operated successfully in numerous roles within civilian society and as such would not have been considered disabled. Indeed, some men who wore glasses were crack shots. Mark A. Wolff, who was rejected at Valcartier due to his eyesight, had the statement "a good shot with glasses" recorded on his attestation paper.³² Likewise, in a period in which dental hygiene often left much to be desired, rotten and bad teeth were unlikely to have been adjudged as physically disabling. Few of those who worked alongside Will R. Bird in the backbreaking labour of Western Canada's wheat harvests would have thought him disabled even though his teeth had been smashed. Moreover, as indicated above, even more serious physical conditions might be ignored if the individual so afflicted was able to successfully adapt. Still working on the railroads 19 years after maiming his left hand in a train wreck, it is doubtful that many of railroader Charles Schroder's colleagues considered him disabled.³³

The invisibility of many of the impairments that caused men to be rejected for service is further evinced by the use of claims of disability by men unwilling to serve. Evidence suggests that a number of men unwilling to experience the trenches and equally unwilling to face denigration for not enlisting often claimed to suffer from some form of invisible impairment that made them unable to serve.³⁴ Such acts of dishonesty, combined with the public denigration to which legitimately rejected volunteers were

³² Mark A. Wolff, LAC, FMR, Vol. 11.

³³ #437696 Schroder, C., LAC, BRA, p.M35.

³⁴ See Chapter Seven: "'He may take you officers for Germans in the excitement': The Employment of Claims of Disability as a Means to Avoid Military Service."

subjected, caused many of these men, their supporters, and the military authorities to do something to mitigate their treatment. In April 1916, the Toronto Recruiting Depot began issuing rejected recruits with a certificate that certified that the recruit “[had] applied, been examined and rejected for service” so that they could defend themselves if challenged on the streets of the Queen City. This certificate, which was signed by a recruiting officer and included the date of the rejected volunteer’s medical examination, was accompanied by a small lapel button marked with the letters “A.R.” (Applied, Rejected) (Figure 6).³⁵ In an effort to combat both counterfeiters and misuse, both the button and certificate had an individual serial number that was registered at the recruiting depot. These numbers, the public was informed, could not be duplicated. The public was also warned that “any attempt to procure one dishonestly or wear one if “fit” will bring the law down upon the individual.” The officials did not elucidate what such legal repercussions would entail.³⁶ As was befitting their exclusive character, “A.R.” buttons were marketed as a mark of distinction. Recruiting officials stressed that those who wore it deserved respect. In fact, in a statement which accompanied the release of the first batch of “A.R.” buttons, Capt. R. J. Christie, the Toronto Recruiting

³⁵ Facing similar problems, the British government brought in armbands for rejected volunteers in the same year. The United States Navy also issued badges to rejected volunteers after the United States entered the war in 1917. “Certificate For Rejected Men,” *Toronto Globe*, April 24, 1916, p.9; Gullace, *The Blood of Our Sons*, p.105; “Unfit Volunteers Get Badges of Honor,” *New York Times*, April 15, 1917, p.3.

³⁶ The United States Navy was also concerned that the badges it issued to rejected volunteers might be duplicated or transferred. However, rather than threatening legal action, the navy appealed to the rejected volunteers’ personal honour and pride. The letter given to each rejected man with his badge, which in itself was an attempt to stop either the counterfeiting or transfer of the badges, contained the following warning: “Now, just a word of caution. It would be highly dishonorable for you to permit anyone else to wear this button. It would give him a chance to pretend to do what you have actually done.” See, “Certificate For Rejected Men,” Also see “Put Unfair Burden on Canada’ Soldiers,” *Toronto Globe*, January 29, 1917, p.6.

Depot's Commander, stated the wearing the button was "just as honourable as wearing khaki."³⁷

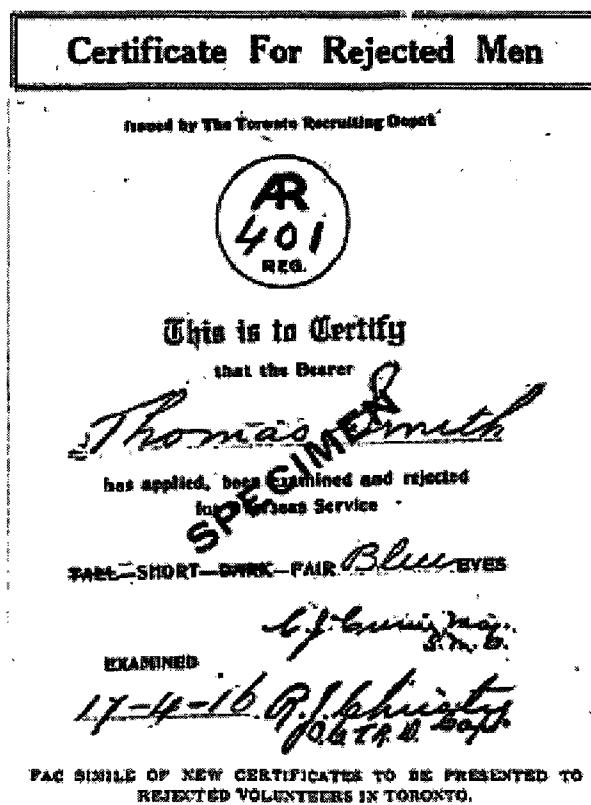


Figure 6: Sample of the certificate issued to rejected volunteers by the Toronto Recruiting Depot.

Similar actions were taken in other parts of the country. In Ottawa, the 207th Battalion issued cards to men rejected for enlistment and also proposed to provide them with badges in the future so as to "save them from the annoyance of explaining to

³⁷ Similar comments were made with regard to the badge issued to rejected volunteers by the United States Navy. Indeed, Lieutenant Commander Taylor, the navy's New York recruiting officer, stated that it was "an honor to have the right to [wear the button]...wear it and be proud of it..." See, "Certificate For Rejected Men"; "Unfit Volunteers Get badge of Honor."

recruiting officers why they are not wearing khaki.”³⁸ Likewise, badges marked with “T.R.” (Tried, Rejected) over crossed flags were provided to men turned away as unfit by the capital city’s artillery units. As with “A.R” buttons, “T.R.” buttons were registered, although with the city rather than with a recruiting depot. Moreover, the onus was on the rejected man to register the button rather than the unit which had rejected him.³⁹ Further west, the Citizen’s Recruiting League of Winnipeg decided in March 1916 to provide men who had been rejected as physically unfit with a badge on which the word “Excused” had been inscribed that they could wear “if it pleases them to do so.”⁴⁰

As well as deflecting accusations of cowardice, these rejection buttons also had other possible benefits. For example, in late 1915 William M. Wilson of Toronto noted in a letter to the *Toronto Star* that “A.R.” buttons would enable recruiters “to tell at a glance whose services had already been offered.” In doing so, he continued, the buttons would not only spare rejected men “much annoyance and public humiliation [by stopping recruiters from approaching them],” but also distinguish “those who are possibly evading their duty to themselves, their King, and country.” In other words, while “A.R.” buttons would shield those who had offered their services and been “honourably acquitted,” they could also act as a tool to help recruiters identify those who had not attempted to enlist.⁴¹ Likewise, the aim of having rejected men register their “T.R.” buttons at Ottawa City Hall rather than having the information held at a

³⁸ “Badges for the Rejected,” *Ottawa Evening Citizen*, March 26, 1916, p.3; Robbie Johnson, *Canadian War Service Badges, 1914-1954* (Surrey: Johnston Books: 1995), p.77

³⁹ “Buttons for the Rejected,” *Ottawa Evening Citizen*, March 1, 1916, p.9.

⁴⁰ “Winnipeggers Are to Sport Button On Which is the Magic Word ‘Excused,’” *Vancouver Sun*, March 29, 1916, p.1.

⁴¹ “Button or Badge for Rejected Ones,” *Toronto Star*, December 11, 1915, p.15.

recruiting station was to allow any citizen of the city to identify who was and was not entitled to wear them.⁴² Indeed, indicating how closely these badges were often tied with recruiting, in the same meeting that Winnipeg's Citizen's Recruiting League announced the creation of the "Excused" badge for rejected volunteers, it also announced the creation of a new weapon for the city's patriotic female population to aid in the ongoing war against slackers and shirkers: a badge which demanded "Why are you not in Khaki?"⁴³ It would appear that the league no longer deemed talcum powder charged feather dusters and bags of white feathers to be effective means by which to shame men into signing up.⁴⁴

While some trumpeted the value of buttons for rejected volunteers, others questioned their necessity. In November 1915, a full six months before the first batch of "A.R." buttons were released in Toronto; a correspondent flatly told *Star* readers in the "Note and Comment" section of the newspaper that he believed the proposal to give rejected volunteers buttons was defective. Few of these men, he argued, would agree to wear something that advertised their "alleged infirmities," mainly because many did not believe themselves to be unfit. Providing a rejected man with a certificate or card that he could "produce it *if he cared to do so*" (emphasis added) was, in the author's opinion, a much more sensible path for the government to take.⁴⁵ This opinion is of interest not only because it demonstrates that some sections of the Canadian public were critical of

⁴² Johnson, *Canadian War Service Badges*, p.77.

⁴³ "Winnipeggers Are to Sport Button On Which is the Magic Word 'Excused.'"

⁴⁴ The aforementioned badges issued to rejected volunteers by the United States Navy were intended to serve a similar purpose. The *New York Times* article announcing the issue of badges reported that the inscription on the badge was "worded as to convey a direct challenge to slackers and others who had...[not volunteered]." And challenge it did; the inscription read: "I have volunteered for the navy. Have you?" Furthermore, the letter given to each rejected volunteer along with the badge stated that "[i]f as a result of wearing this button and showing this letter, you influence some other man to come forward...[you have served the navy and your country]." See, "Unfit Volunteers Get Badge of Honor".

⁴⁵ "Note and Comment," *Toronto Star*, November 1, 1915, p.6.

the idea of buttons for rejected men, but also because of the ideas that implicitly inform the writer's criticism. By noting that many rejected men did not agree with their labelling as physically unfit and by referring to their reasons for refusal as "alleged infirmities", it indicates that there existed a considerable disconnect between civilian and military concepts of physical fitness. Secondly, it highlights the fact that wearing such buttons could be seen as ignominious.

Although designed for positive identification, buttons for rejected men could also act as marks of shame. An advertisement placed in the *Globe* by the Mutual Life Assurance Company of Canada in 1917 is indicative of this point (Figure 7). Extolling the virtues of its life insurance package, Mutual Life warned *Globe* readers not to put off applying for life insurance for too long lest they suffer the bitter disappointment of rejection like men deemed unfit for service. Central to the advertisement were the following comments referring to "A.R." badges:

Thousands of men, eager to take their manly part in the Great War, have been bitterly disappointed. Their only consolation is the modest little button that tells their fellow men they *tried* to do their duty. The emblem bears the initials, "A.R.", which means – "Applied – Rejected." (Emphasis in the original).⁴⁶

⁴⁶ "Waited Too Long," Toronto *Globe*, June 8, 1917, p.5.

"Waited Too Long"

*Of all sad words of tongue or pen,
The saddest are these,
"It might have been."*



THOUSANDS of men, eager to take the manly part in the Great War; have been bitterly disappointed. Their only consolation is the modest little button that tells their fellow men that they tried to do their duty. The emblem bears the initials, "A.R.", which mean—"Applied - Rejected." Most of these disappointed men were physically unfit.

In life insurance there is the same severe examination to undergo as there is when enlisting in the army. For the protection of all its policyholders every life insurance company provides for a medical examination which only the physically fit are able to pass. Many of the applications are stamped with the disappointing letters, "A.R."

In one year a single American Life Insurance Company rejected twenty-three thousand applicants for insurance. At one time these men had practically all been in a condition of health where life insurance would have been easily available. They waited too long.

This shows the immense importance of securing life insurance while good health lasts. Many reject the agent but are themselves afterwards rejected by the physician.

When you consider what a vital thing life insurance protection is, and how soon we may lapse into an unfavorable state of health, there should be no delay on your part in making application.

Send for Booklet, "How to Keep Well."

The Mutual Life
Assurance Company of Canada
Waterloo, Ontario

Figure 7: Mutual Life Assurance Company advertisement featuring the "A.R." badge.

The message contained within this advertisement was clear. These "modest little button[s]" marked inability and weakness. The men who wore them had not only failed in their attempt to do their duty but also failed to take a "manly part in the Great War." By presenting rejected volunteers with these buttons, which they were advised to wear

at all times, the Canadian government visibly branded the men as “inferior” specimens of Canadian manhood. Such branding, especially in light of the advertisements presented by Mutual Life, must have weighed heavily on the psyches of many rejected volunteers. It presented a constant physical reminder not only of their rejection for service, but also of their perceived physical and masculine inadequacies. Moreover, the button brought forth these inadequacies for all to see. Just as a khaki uniform and campaign medals signified a returning soldier’s physical prowess, bravery, and masculinity to his community, the “A.R.” button advertised a rejected volunteer’s physical and, indeed, masculine failings. It also marked them as unfit and even abnormal.⁴⁷

Some men were willing to be so branded if it meant avoiding the mud-spattered troglodytic hell of the Western Front. As early as May 31, 1916, approximately one month after the first batch of “A.R.” buttons had been delivered to the military authorities; the *Globe* reported that lost or stolen “A.R.” buttons were being worn by men who were not entitled to them in an attempt to avoid public pressure to enlist.⁴⁸

The sea of buttons, pins and badges proclaiming exemption that inundated Canada in the first two years of the war “led to”, as Robbie Johnston has noted, “confusion and uncertainty as to whether a badge was genuine and opened the way for counterfeiting badges to avoid service.”⁴⁹ It also, more than likely, led to many legitimately rejected men who were wearing one of the plethora of ‘rejection badges’

⁴⁷ Mutual Life was not the only advertiser to play on the fear of rejection in its advertising. The Toronto Y.M.C.A also used this fear in its membership drives, promising that it could help men who had been “rejected for some physical defect” become fit enough to be accepted for military service. “Two Whole Battalions of Toronto Boys Enlist From The Y.M.C.A.,” *Toronto Globe*, October 19, 1917, p.11.

⁴⁸ “Impostors Wearing Rejected Buttons,” *Toronto Globe*, May 31, 1916, p.8.

⁴⁹ Johnson, *Canadian War Service Badges*, p.77

having their claims of rejection disbelieved by both recruiters and members of the general public.

Partly as a result of the growing fears that local exemption buttons were being abused by shirkers and partly because returned veterans and soldiers when dressed in civilian clothes demanded a form of identification to protect them from the humiliation and hurt caused by “over-age busybodies [and] recruiters ...[asking them]...why they are not in the army,” the Dominion government moved to create an official CEF service badge by enacting Order in Council P.C. 1944 on August 16, 1916.⁵⁰ This piece of legislation defined three categories of individuals who were entitled to wear these badges: men who had been honourably discharged from service; men who had volunteered for service but had been rejected as medically unfit; and, men whose offer to serve had been declined because their services were considered more valuable to the war effort in their current employment.

P.C. 1944 also laid the grounds for administering the issue of these badges and the penalties for their misuse. Only a military officer authorised by the Governor General in Council could issue a badge to an individual who was deemed qualified to wear one. Like the “A.R.” badges issued in Toronto, every badge was to be inscribed with an individual serial number and an accompanying card. Signed by the issuing officer, this card was to contain the particulars of the man to whom the card was issued as well as the reasons he had been provided with the badge. A person issued a badge was to carry the card at all times when wearing the badge and was to produce it if a military officer or police constable demanded to see it. Failure to produce the card for

⁵⁰ “Wanted a Badge of Honour,” *Canadian Military Gazette* Vol. 31, No. 14, July 25, 1916, p. 11.

verification would result in the individual's particulars being taken so that both the police and the military might further investigate whether or not the bearer of the badge was in fact entitled to wear it. In a further attempt to prevent misuse of badges through loss or theft, badge owners were required to report the loss of their badges to the issuing officer immediately. The penalties for misuse of these badges were considerable. Providing a badge to someone who was not entitled to one or wearing a badge without authorisation would lead to the guilty party facing a fine not exceeding 100 dollars or imprisonment for no more than 30 days.⁵¹ Importantly, with regard to the men considered unfit to don khaki, P.C. 1944 also stipulated the following:

In no case will a badge be issued to persons who have been rejected on account of temporary disability, or who are obviously unfit for service in, and have not served with, the Expeditionary Forces; for example, men who are totally blind, crippled, paralytic etc.⁵²

With this provision, which was to be included in all succeeding wartime legislation relating to the issue of war badges, the Dominion government implicitly acknowledged that these badges were intended to shield those who looked fit to serve against any suggestion that they had shirked their obligations to king and country. The *obviously* unfit - those with visible impairments that were recognised as disabling by the general population - did not need a badge that identified them as incapable of shouldering a rifle in defence of home and hearth because their appearance indicated

⁵¹ The potential fine set for the misuse of these badges was far from minor. 100 Canadian dollars in 1916 had the equivalent value of 1,574 Canadian dollars in 2008. Indeed, the fines reflected a significant portion of the average annual wage of the vast majority of Canadians. In 1917, for example, the average annual wage of a person working in Canada's manufacturing industries was approximately 760 dollars (\$10,374). *Bank of Canada/Banque du Canada Inflation Calculator*; Noah M. Meltz, "Wages and Working Conditions", in F.H. Leacy, ed., *Historical Statistics of Canada*, <http://www.statcan.ca/english/freepub/11-516-XIE/sectiona/toc.htm> (accessed July 30, 2008).

⁵² P.C. 1944, August 16, 1916, LAC, OC, Vol.1149; "Registration System Provided for Canada", *Toronto Globe*, August 17, 1916, p.1. For a list of Orders in Council relating to the war badges that includes of the eligibility requirements for each class, see of Appendix 4: "Evolution of Canadian War Service Badges 1916-1919" [Hereafter Appendix 4].

their inability to do so. Instead, those who needed the protection of these badges were those who were not visibly different from their khaki-clothed brethren. This short 45 word proviso not only underlines the fact that the vast majority of Canadians' perception of martial (in)ability and disability more generally was founded on visual indicators, but also that there were many men rejected by the military authorities who were not instantly recognisable as unfit to serve by civilians and recruiting officers.

Although signalling the government's intention to create a standard Dominion wide "War Badge", P.C. 1944 did little else. It was not until six months later, in February 1917, that Order in Council P.C. 275 established the design of the War Service Badges.⁵³ In doing so, P.C. 275 also redefined the classes of men entitled to them. Instead of three broad classes outlined in P.C. 1944, P.C. 275 created four distinct categories of service, classes 'A' through 'D'. Class 'A' was to be awarded to honourably discharged men who had served in the CEF and seen actual combat, or, in the case of officers, had served more than 6 months. Class B was for honourably discharged men who had served in the CEF but who not seen combat, or, in the case of officers, had served for 6 months or less. Class 'C' was for men whose offers of service had been rejected because they were medically unfit. Class 'D' was reserved for individuals who had volunteered to serve overseas but were refused because their services were considered more valuable in their current occupation.

With relation to the administration and issue of these badges, P.C. 275 followed P.C. 1944's lead, although it provided greater detail as to the documentary evidence a claimant needed to provide in order to obtain his badge. In the case of the Class 'C'

⁵³P.C. 275, February 27, 1917, OC, Vol.1163; "Government Badges for Discharged Men," *Toronto Globe*, February 27, 1917, p. 2.

badge, for example, all applicants were required to provide a medical certificate proving that they had been declared unfit to serve. P.C. 275 also retained P.C. 1944's methods for the protection of the integrity of the badge. All badges were to have unique serial numbers and an accompanying certificate that was to be carried at all times. As well as ensuring the correct use of authentic badges, the legislation also moved against the production of non-authorised badges. It prohibited the manufacturing, selling, purchasing, or wearing of non-government issued badges which purported to show that a person came within one of the four classes of honourably discharged or exempt men. It would seem that this prohibition was put into place to once and for all quell the confusion caused by the aforementioned surfeit of localised exemption badges by banning their further production and use, and as a means to stop potential counterfeiters. Further strengthening its hand, the government increased the maximum limits for the penalties for those found guilty of misusing the badges to a fine of no more than 500 dollars or a term of imprisonment not exceeding six months.⁵⁴ These sanctions, which were to remain the same in all succeeding legislation, were embossed on the back of each badge.⁵⁵ They were also enforced. On September 1, 1918, Emile Bergeon of Montréal who, it was stated, had never been examined for service, was found guilty of falsely wearing a war badge by a magistrate in North Bay, Ontario. Perhaps wanting to make an example of Bergeon, the magistrate handed down the most severe penalty

⁵⁴ In 1917 500 dollars had the equivalent worth of approximately 6,825 dollars in 2008. *Bank of Canada/Banque du Canada Inflation Calculator*.

⁵⁵ P.C. 275, February 27, 1917, LAC, OC, Vol. 1163. For pictures of the different badges, including the warning on the reverse side, see Johnston, *Canadian War Service Badges*, pp. 4-16.

possible. The Montréaler was sentenced to either a fine of 500 dollars plus costs, or six months imprisonment.⁵⁶

The definitions outlined by P.C. 275 were not to see out the year. In May 1917, Order in Council P.C. 1296 further redefined the classes of badges. From this time forward, all men who had served in Europe, whether in combat or not, were entitled to the Class 'A' badge while Class 'B' was to be awarded to men who had served in either Canada or Bermuda. While Classes 'C' and 'D' remained the same, a greater burden was placed on men applying for the Class 'C' to prove that they were unfit for service. Rather than being required to produce only his discharge papers and a medical certificate indicating his disability, the applicant was obliged to produce "a medical certificate obtained at the time of application, duly signed by a Medical Board, or Medical Officer, authorized by an Officer Commanding a Military District." In effect, this stipulation, which became part of all succeeding legislation, required the applicant to face a new military medical examination even if his initial rejection had only been days before.

P.C. 1296's other major addition to war badge legislation was to expand judicial protection to include the "For Service at the Front" badge awarded by the Canadian Patriotic Fund (CPF) to returned soldiers. However, in doing so the government did not take over the distribution or administration of these badges. P.C. 1296 was to have an even shorter lifespan than its predecessor. In August 1917, it was replaced by Order in Council P.C. 2199. Following the path started down by P.C. 1296, P.C. 2199 incorporated the CPF's "For Service at the Front" into the government administered

⁵⁶ "Heavy Fine for Wearing Returned Soldiers' Badge," *Toronto Globe*, September 2, 1918, p.7.

War Badge scheme.⁵⁷ The CPF's badge became the new Class 'A' badge, while the existing war badges were each unceremoniously shunted down one level on the alphabetic ladder; with the old Class 'D' badge being dropped altogether.⁵⁸

The reason for dropping the old Class 'D' badge, which had been provided to men who were deemed to be employed in industries that were essential to the war effort, seemed to have been the imminent introduction of the Military Service Act (MSA). The MSA's provision for the creation of a certificate and a badge (the MSA Exempt Badge) for men exempted from service due to their work in an essential industry meant that the original Class 'D' badge was no longer necessary.⁵⁹

While the old Class 'D' badge may no longer have been required, further provision for the protection of the integrity of war service badges was obviously needed. P.C. 2199 extended judicial sanctions to include individuals who wore:

...Badges so nearly resembling [government issued war service badges] as to be calculated to deceive, of any Badge purporting to show that the wearer comes within any of the four classes...or any Badge purporting to show the wearer is on War Service, or in any way exempt from Military Service.⁶⁰

The enactment of P.C. 2199 finalised both the design and categories of Canadian war service badges. Despite this, Canadian authorities were not ready to issue service badges until late 1917. The first time eligible men were advised to start applying for

⁵⁷ Also subsumed by this legislation were the "For Service at the Front" badges issued by the St. John Association of Canada. P.C. 2199, August 10, 1917, LAC, OC, Vol.1176; "War Badges Will Be Issued By Government," *Toronto Globe*, September 14, 1917, p.3; G.O. 106 "Instructions; Regulations etc. War Service Badges," *Canadian Gazette*, Vol. 51, Oct-Dec 1917, p.1718.

⁵⁸ This move was later criticised by the Great War Veterans' Association on the grounds that the Class 'B' badge (old Class 'A') was similar to that issued by the Imperial forces for service at the front. This meant, the GWVA argued, that Canadian veterans of the Imperial forces now residing in Canada were not receiving the recognition they deserved. The dominion government ultimately rectified this problem with the passing of Order in Council P.C. 777 in April 1919, which extended the eligibility for Canadian war service badges to Canadians who had served in the Imperial forces. "War Veterans For Change in Badges," *Toronto Globe*, January 1, 1918, p.7; P.C. 777, April 12, 1919, LAC, OC, Vol.1221.

⁵⁹ Johnson, *Canadian War Service Badges*, pp.16, 151.

⁶⁰ P.C. 2199, August 10, 1917, LAC, OC, Vol.1176.

their badges was late October although, it was not until December 26, 1917, that the badges were first exhibited to the Canadian press. Allocation did not start until the beginning of the following year.⁶¹

Even in its new form as the insignia of the medically unfit, the Class 'D' badge was not to see out the war. On May 22, 1918, Order in Council P.C. 1242 cancelled the government's authorisation for the issue of Class 'D' badges. The explanation provided in P.C. 1242 for this decision is telling. Men who had been issued with the Class 'D' badge were still called up for examination under the MSA, despite the fact that they had already submitted to a second military medical examination when applying for the badge. On more than one occasion these men had been found fit to serve. In light of such circumstances, the government deemed it "inadvisable" to continue issuing the Class 'D' badge.⁶² Inadvisable indeed since men who had been previously recognised as unfit by the military authorities could later be found fit to serve not only further brought into question the competency of military medical examinations – a topic that had become a favoured whipping horse within a number of circles – but also implicitly indicated the difficulties the Canadian military was facing in its attempts to fill the CEF's ever-thinning ranks. The impact of such an implication should not be underestimated. Canadian newspapers repeatedly reported on the Central Powers', and particularly Germany's, lowering of physical standards for combat troops as evidence that the Allies were winning the war.⁶³ By accepting into its ranks men whose degree of

⁶¹ "Badges Ready Next Week," *Kingston Daily Standard*, October 17, 1917, p.7 ; "Honourably Discharged Men," *Toronto Globe*, October 20, 1917, p.25; "War Badges for Veterans," *Toronto Globe*, December 27, 1917; "200 War Badges Given Out Daily," *Toronto Globe*, February 8, 1918, p.7.

⁶² P.C. 1242, May 22, 1918, LAC, OC, Vol.1197.

⁶³ "War Summary," *Toronto Globe*, March 3, 1915, p.2; "War Summary," *Toronto Globe*, July 17, 1916, p.2

fitness had previously been categorised as unfit for service, the military authorities intimated that Canada was at the end of its tether.

The government may also have been influenced in its decision by the Class 'D' badge's apparent lack of popularity. Not long after the applications for Class 'D' Badges became available, the *Toronto Globe* reported that there was "by no means an overwhelming rush by men entitled to the Class D Badges to the Toronto Mobilization Centre to fill out their applications."⁶⁴ Whether this was true or not is hard to know since neither the number of Class 'D' Badges issued nor the number of applications is known. Indeed, the author of the article in the *Globe* provided no figures to back up his claims nor did he discuss how many men were applying for the other classes of the badge. In relation, and by way of perhaps explaining the apparent lack of enthusiasm exhibited by men eligible for the Class 'D' badge, one might note that many men rejected as fit to serve may have decided to forgo claiming a badge for fear of being passed fit to serve during the medical examination that was required as part of the application.⁶⁵

This is not to say that all those declared unfit to serve turned their backs on the protection that these badges were said to offer. As noted above, many men and supporters demanded that these emblems of honour be minted so that rejected volunteers might have some shield from the harassment that many of them faced on a daily basis. Despite the possibility of negative reactions amongst rejected volunteers to the identifying buttons noted in the *Star*, and the rebuff that the government-minted versions were said to have received on the streets of Toronto by the *Globe*, at least some

⁶⁴ "D Badges Unpopular," *Toronto Globe*, January 17, 1918, p.7.

⁶⁵ "776 Rejected Men Receive Buttons," *Toronto Globe*, May 1, 1916, p.8.

rejected men embraced these insignia. In fact, evidence suggests that many rejected men agreed with Capt. Christie and saw such badges as marks of honour. In particular, a number of rejected men referred to the badge issued by the federal government as a veteran's pin despite the fact that they had not actually served in a combat zone or outside of Canada. The Department of Militia and Defence (DMD) received a number of letters written by men rejected at Valcartier requesting that they be issued with their service badges soon after the government announced their issue. John W. Johnson of Belleville, Ontario, for example, wrote "[j]ust a few lines" to the "Military Department" in December 1917, to find out "if I can get my Veteran Pin." Feeling the necessity to prove that he was eligible for the badge, Johnston not only provided information regarding his battalion (2nd), company (E), company commander (Lt. Stewart), and reason for rejection ("I had the rheumatism...[and a]... running sore on my leg"), but also offered to supply a photograph "of some boy and myself that was taken at Valcartier," if the officials "cared to see it."⁶⁶ It is unknown whether DMD officials took Johnston up on his offer or if they provided him with his pin since no return correspondence was contained in his file. However, in all likelihood Johnston's request was fulfilled as evidence indicates that the military authorities obliged many such requests well past the end of the conflict.

The authorities continued to receive letters from a number of men who had been rejected at Valcartier requesting that it issue them with badges or replacement badges into the 1950s. Sixty-five-year-old Charles Garner of Winnipeg wrote to the Department of Veterans' Affairs in February 1951 asking for a replacement badge.

⁶⁶ John W. Johnson, LAC, FMR, Vol. 5. Despite Johnston's claims to have been rejected because he suffered from rheumatism and an open wound, his records indicate that he was rejected due to his poor dentition.

Discharged as unfit in Valcartier in 1914 after three months of service, Garner stated he wanted the badge because “more often... [than not]...a service Button goes a long way [to helping senior men get employment].” The department readily obliged.⁶⁷ Three months later Montréal senior Roy T. Coates made a similar request. Claiming to have accidentally burnt his discharge papers while destroying rubbish, the sixty-eight-year-old Coates said he wanted some proof he had been honourably discharged so that he could join the Canadian Legion. Coates laid the blame for his discharge squarely at the feet of his wife, Cora. He told departmental officials that “we [his battalion] were on the point of embarkation when the wife snagged me.” The mother of three young children and pregnant with a fourth, a very ill Cora, whose letters of complaint were supported by equally powerful letters written by her mother, had refused to provide her consent for Roy to serve overseas. Coates, like Garner before him, had his request granted.⁶⁸

As the cases of Coates and Garner indicate, being declared medically unfit for service had the potential to negatively affect men in less obvious forms long after shot and shell had ceased to fly over the battlefields of the Great War. Without his button, Garner feared he would not find post-retirement odd jobs while Coates’s social circle was limited by the fact he could not prove he had served. These kinds of stories combine to indicate that volunteers who had been rejected for service on medical grounds were, in fact, casualties of the Great War. Although they did not suffer shelling, poison gas, and machine gun fire, many rejected volunteers suffered both short- and long-term detrimental affects as a result of being declared unfit to serve.

⁶⁷ Charles Garner, LAC, FMR, Vol. 4.

⁶⁸ Roy T. Coates, LAC, FMR, Vol. 2.

Table 2: Religion of Rejected Men

Religion	Number	Percentage
Anglican	1006	43.85
Roman Catholic	521	22.71
Presbyterian	420	18.31
Methodist	184	8.02
Baptist / Congregationalist	119	5.19
Other ⁶⁹	39	1.7
Illegible or unclear	5	0.22
Total	2294	100

⁶⁹ The “Other” category includes the following responses: Free Thinker (1), Greek Orthodox (3), Jewish (7), Latter Day Saints (1), Lutheran (10), No religion (1), Protestant (10), Salvation Army (4), Spiritualist (1), Swiss Church (1).

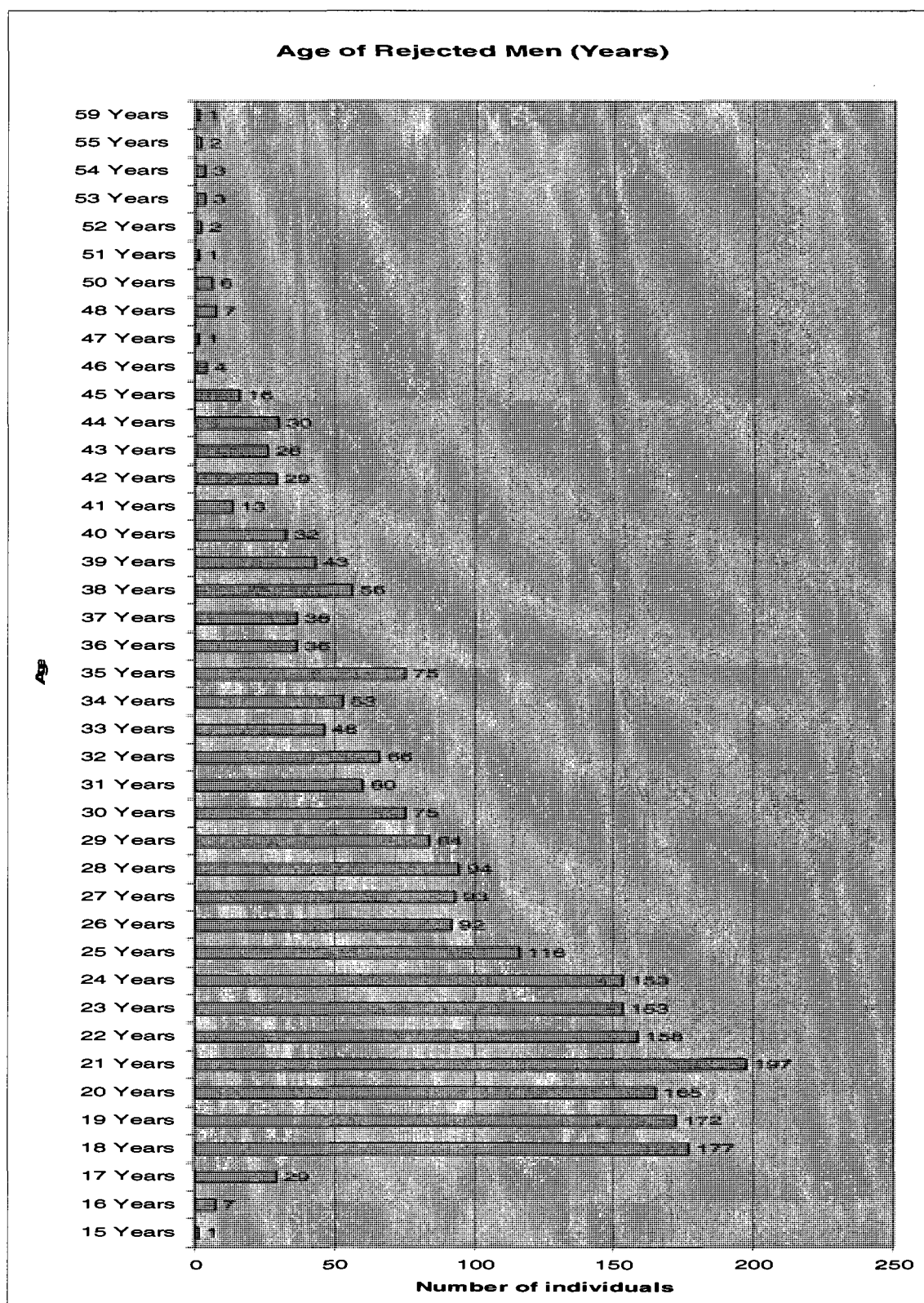


Chart 1: Age of Rejected Men.⁷⁰

⁷⁰ One error response, four years old, omitted.

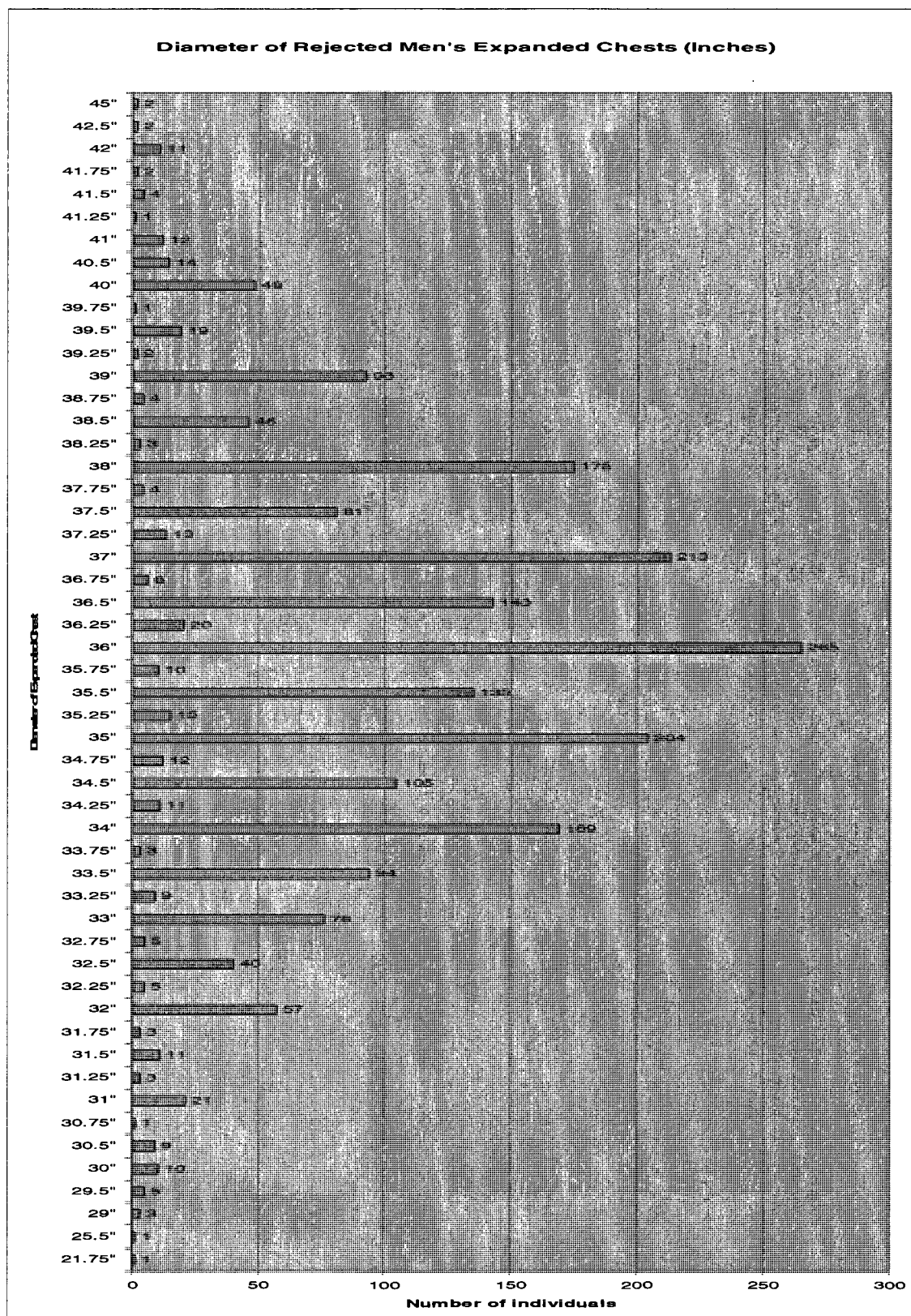


Chart 2: Diameter of Rejected Men's Expanded Chests

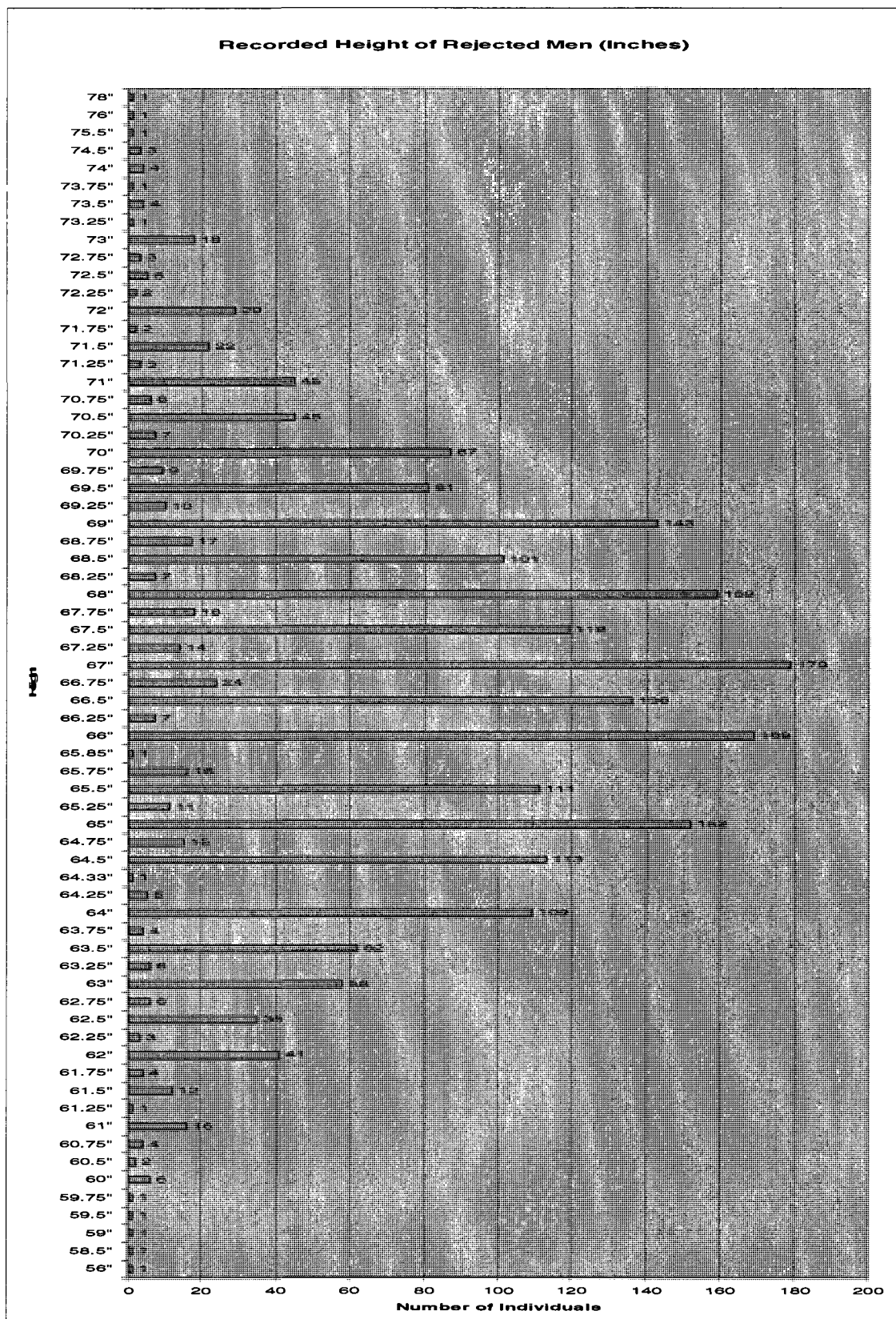


Chart 3: Recorded height of rejected men

Table 3: Reasons for Rejection⁷¹

Reason for Rejection		Number	Percentage
Appearance		45	1.25
Chest		156	4.33
Flat Feet		87	2.41
General Foot Problem		49	1.36
Height		75	2.08
Haemorrhoids		54	1.5
Hernia		166	4.6
Heart Condition		161	4.47
Injury		39	1.08
Medically Unfit, n.s.		197	5.46
Protest		183	5.08
Request		40	1.11
Sexually Transmitted Disease		80	2.22
Teeth		354	9.82
Undesirable		96	2.66
Underage		42	1.17
Undersize		70	1.94
Varicose Veins		235	6.52
Varicocele		215	5.96
Vision		879	24.38
Other		278	7.71
	Amputation	12	
	Anaemia	2	
	Arm problem, not elsewhere categorised	6	
	Arthritis	4	
	Back Problems	4	
	Blackouts / convulsions	2	
	Cancer	3	
	Chest lesions	1	
	Chronic ulcers	1	
	Clinical history bad	1	
	Commanding Officer's recommendation	5	
	Deformity	16	
	Does not read/speak English	3	
	Does not want to go	7	
	Duty complete	5	
	Enlarged testicle/s	4	
	Gall stones	2	
	General debility	1	
	Genital problem, not elsewhere categorised	4	
	Hearing	16	
	Hydrocele	13	
	Inflamed lymph node	1	
	Inflamed vaccination scar	1	
	Kidney problems	2	
	Leg problem, not elsewhere categorised	8	
	Lungs	23	
	Malaria	1	
	Mental Competency	9	
	Not approved	1	
	Osteitis	1	
	Overage	28	
	Over plus	2	
	Pain	3	
	Paralysis, facial	1	
	Physically unfit	3	
	Post-operative pain / recent operation	7	
	Poorly nourished	1	
	Recent appendicitis	3	
	Recovering from measles	1	
	Refused examination	1	
	Refused for family reasons	1	
	Refused oath	5	
	Rheumatism	12	
	Sinus problems	2	
	Skin Condition	16	
	Thyroid	8	
	Tuberculosis	11	
	Typhoid phlebitis	1	
	Under weight	1	
	Undescended testicle	3	
	Urethritis	8	
Illegible, unclear, or not recorded		104	2.89
Total		3605	100

⁷¹ The greater number of reasons for rejection than rejected men (3605 vs. 3050) is due to the number of individuals rejected on multiple grounds (usually multiple impairments). All reasons for rejection were recorded and counted because it was not possible to divine which impairment on a rejected volunteer's attestation paper was the most important factor in his rejection for service.

Chapter Seven

Uncounted Casualties: The Costs of Rejection

On the evening of September 17, 1914, eighteen-year-old Daniel Lane was found lying in a park in Welland, Ontario, his body wracked with violent convulsions caused by strychnine poisoning. A search of the young man's pockets uncovered a note written by Lane that explained he had taken the deadly toxin because he had failed the CEF's medical examination.¹ Just over a year after Lane committed suicide, twenty-eight-year-old Joseph Coley of Thorold, Ontario took his own life by drinking the contents of a vial of carbolic acid in part because "the fear of being rejected by the military doctors [due to a recently acquired disability] preyed upon his mind."² In March 1917, twenty-four-year-old George Baker of Toronto hanged himself in his sister's cellar after being struck by the dual blows of his brother's death in combat and his own rejection for service.³ Later that same year another young man stopped attending church after being declared unfit to join the ranks of the CEF. He could not, it was said, stand the accusing looks of a congregation that, unlike the military, believed him fit to don the khaki.⁴

These tragic stories of suicide and self-imposed social exile indicate just how heavily rejection for service could impact on some Canadian men.⁵ Wracked with guilt,

¹ An American citizen, Lane was still alive when discovered. Although he was taken to a local hospital, it was reported that there was "little chance of his recovery." See "Disappointed Lad Attempts Suicide," *Toronto Globe*, September 18, 1914, p.9

² Coley also feared the disability, which was not indentified, would make him unemployable. "Dragoon Ends His Life In Despondent Mood," *Toronto Globe*, October 18, 1915, p.3.

³ "Rejected Three Times, Then Hangs Himself," *Toronto Star*, March 17, 1917, p.5.

⁴ "War's Effect On Religion," *Toronto Globe*, October 20, 1917, p.14.

⁵ It should be noted that suicides caused by fear of, or actual, rejection for service were not limited to Canada. Paul Fussell, for example, recounted the case of Arthur Annesley who was said to have thrown himself under a heavy van at Pimlico, London in August 1914 because he feared he would be rejected for

their belief in their personal self-worth and masculinity in tatters, and often denounced and vilified by their communities which identified them as shirkers; some men elected to end their lives or cut themselves off from society. The psychological, social, and economic wounds caused by rejection for service could be both severe and long lasting. The ramifications of rejection for service as unfit – like the physical and psychological wounds many Canadians received on the battlefields of Europe – could, and did, negatively affect men long after the end of the war. In effect, many rejected volunteers, whether they chose death or carried the scars of their rejection became uncared casualties of the Great War. However, like returned veterans, not all rejected volunteers were prepared to accept their fate lying down and started their own pressure group, the Honourably Rejected Volunteers of Canada Association (HRVCA). The HRVCA not only guarded the rights of rejected volunteers but also pressed for the rewards and recognition they believed they deserved from both their communities and the Canadian government.

“I did not,” Alfred Andrews, of Qu’Appelle, Saskatchewan, recollected, “think very seriously of [the call for men after war was declared on August 4, 1914], till a conference was held in the office...it was pointed out that as I was Canadian born and had no ties, it was my duty to enlist.” Andrews countered the observation by noting that he had a disqualifying impairment – a hernia – but his (valid) excuse was not good

service. Annesley’s story has been repeated in a number of texts, including Niall Ferguson’s *The Pity of War*. Such acts were not limited to the Great War. *The New York Times* reported in 1899 that J. N. Waldron had committed suicide in Vancouver, Washington after failing to pass the United States Army’s physical examination during the Spanish-American War. Fussell, *The Great War*, p.19; Ferguson, *The Pity of War*, p.359; “A Barrister’s Suicide,” *London Times*, November 17, 1914, p.11; “Rejected Volunteer Kills Himself,” *The New York Times*, September 19, 1899, p.4.

enough for many. “[P]eople kept asking me to enlist... until I couldn’t stand it any longer and on August 27, 1914, I made up my mind to enlist.” The next day he joined the Fort Garry Horse.⁶

In many parts of Canada, considerable pressure was placed on men to enlist in the CEF. This pressure took a number of distinct forms ranging from appeals to a man’s patriotism, personal honour, and masculinity to acts of public shaming, ostracism, and violence.⁷ Although far from balanced throughout the country, and criticised by some sectors of Canada’s population, this pressure was significant.⁸ In April 1916, Chief Justice T.G. Mathers of Manitoba would tell Prime Minister Borden that “[n]o man who joins the ranks today does so voluntarily. He does so because he can no longer resist the pressure of public opinion.”⁹ Likewise, Military Cross winner Armine Norris would state he had enlisted because “I hadn’t the nerve to stay at home.”¹⁰

⁶ “Diary of Alfred Herbert John Andrews”.

⁷ A considerable amount of ink has been expended on the pressures placed on men to enlist in Canada. See, for example, Paul Maroney, “‘The Great Adventure’: The Context and Ideology of Recruiting in Ontario, 1914-1917,” *Canadian Historical Review*, Vol. 77, No. 1, 1996, pp.68-98; Miller, *Our Glory and Our Grief*; John Herd Thompson, *The Harvests of War: The Prairie West, 1914-1918* (Toronto: McClelland and Stewart, 1978), p.42; Whitney Lackenbauer, “Soldiers Behaving Badly: CEF Soldier ‘Rioting’ in Canada During the First World War,” in Craig Leslie Mantle, ed., *The Apathetic and the Defiant* (Kingston: Canadian Defence Academy Press, 2007), pp.204-206; Desmond Morton, *When Your Number’s Up*, p.54-55, 59; Pierre van Paassen, *Days of Our Years* (New York: Hillman-Curl, 1939), pp.64-65; Jonathan F. Vance, *Death So Noble*, pp.112-115.

⁸ Québécois anti-enlistment sentiment is the most obvious, and oft quoted, example of criticisms of enlistment pressures, but it is certainly not the only one. A considerable anti-enlistment discourse, especially after the introduction of conscription in 1917, also existed in the prairie west and rural areas where farmers objected to losing farm labour to the trenches. Canada was also home to a number of sectarian and religious pacifist groups, the most vocal of which openly condemned the war. Thomas Socknat, *Witness Against War: Pacifism in Canada 1900-1945* (Toronto: University of Toronto Press, 1987), pp.43-89; John Herd Thompson, *The Harvests of War: The Prairie West, 1914-1918* (Toronto: McClelland and Stewart, 1978), pp. 132-133; Also see Chapter Eight: “‘He may take you officers for Germans in the excitement’: The Employment of Claims of Disability as a Means to Avoid Military Service.”

⁹ Mathers’s comments should not be misread as antiwar; he made them while arguing for the introduction of conscription. See J.L. Granatstein and J.M. Hitsman, *Broken Promises: A History of Conscription in Canada* (Toronto: Oxford University Press, 1977), p.38.

¹⁰ Armine Norris quoted in Cook, “He was determined to go,” p.52.

The weight of public pressure to enlist fell heavily and repeatedly on the shoulders of men rejected for service. Driven by their own beliefs and/or public opinion, these men had volunteered to serve (often on more than one occasion), only to be turned away. When turned away, many, especially those with physical or sensory impairments that were invisible or incomprehensible to the vast majority of civilians, – such as the aforementioned Martin Colby and Herrick Duggan – became victims of the dark side of their communities’ pro-enlistment sentiment: they were incorrectly condemned as shirkers.

The label of shirker carried implication of defect, both moral and physical. As well as being seen as cowards and traitors,¹¹ ‘shirkers’ and ‘slackers’ were also often portrayed as wretched specimens of manhood; physically unfit and effeminate. A prime example of such construction can be found in the depiction of a shirker on a recruiting poster for the 142nd Battalion (Figure 8). The individual depicted, is a “striking image of... ‘failed’ masculinity”.¹² Confronted with a uniform, his face is a mask of terror. His fear is further evidenced by his stance, as he hunches his shoulders defensively and “wings his hands in dread.” His body, and especially his legs and ankles, are thin, looking more feminine than masculine – an effect that is reinforced by him crossing his legs in what looks like a half curtsy.

¹¹ In a flyer encouraging his employees to enlist, R.W. Leonard, President of Coniagas Group of Companies, listed slackers and shirkers as “friend[s] of Germany.” “In these times,” Canadian War Museum, George Metcalf Archival Collection [Hereafter CWM], Call Number: 58B2 1.11, Accession: 19860131-002.

¹² Maroney, “The Great Adventure,” p.93.



Figure 8: Detail of a 142nd Canadian Infantry Battalion recruiting poster.

Likewise, in his poem “Missis Moriarty’s Boy”, Robert W. Service examines the feelings of a mother whose son, Dinnis, is not in the armed forces. The unidentified woman compares herself to one Missis Moriarty whose only son and child, Patsy Boy, has recently been “kilt in the weariful wahr.” Patsy is described in glowing terms: his hair curly and bright; his heart was wonderful and tender; he was of “proper height”; and shone with pride as he went away to war.

Dinnis is Patsy Boy’s antithesis. Just as Missies Moriarty finishes describing her son, he bursts into his mother’s home blind drunk after “drinkin’ his pay.” As Dinnis’s mother puts her drunken, cursing son to bed, she contemplates Missis Moriarty’s pride in her deceased soldier son. Doing so, she notes “there’s many a way of breakin’ a heart,” and she had yet to decide whether she “would be Missis Moriarty, or Missis Moriarty me?” The answer is as obvious as the contemptuous look Missis Moriarty had given Dinnis before silently slipping away.¹³

If the answer to Dinnis’s mother’s question is apparent, so too is the poem’s message: it was better to have a son killed while honourably serving his country than suffer the humiliation of having a drunkard son who did not enlist. More widely, however, the poem also implies much about the character flaws of the men not in uniform. That Dinnis is a drunkard is important, not only because his “ravin and cursin” and “stumblin’ foot on the stair...[at]...about half-past three” make him a less than savoury individual, but also because it implies he is defective, both physically and mentally. In the late nineteenth and early twentieth century, alcohol abuse was

¹³ Robert Service, “Missis Moriarty’s Boy,” in *Rhymes of a Red Cross Man* (Toronto: William Briggs, 1916), pp. 169-170.

considered by many to be a symptom of moral and/or mental defect, and, more generally, physical degeneration.¹⁴

If being portrayed as a shirker were not bad enough, many rejected men must have faced their own internal inquisitors. London-based Canadian Herrick Duggan told his mother that while he did not really want to go to war due to his “very good job” and good future prospects, he felt he must because he knew he “should never feel comfortable in the future if [he] did not.”¹⁵ While there is little doubt that Duggan attributed some of his future discomfort to the possibility that many would have considered him a coward for not serving, it is equally without doubt that he was compelled to serve by his own values and beliefs. Indeed, Duggan’s stated aversion to serving stands in stark contrast to many of his actions. By the time he wrote the above words to his mother on October 13, 1914, he had already attempted to enlist in the PPCLI four times, only to have been rejected each time due to a heart condition. Moreover, after successfully gaining a Second Lieutenant’s commission in the Royal Engineers in November 1914,¹⁶ the young Canadian actively encouraged both his mother and younger brother, Kenneth, to become *de facto* recruiters for the CEF. On November 9, 1914, Duggan pressed his mother to “[t]ry and rub into any boys who are hesitating about coming what it means – if we don’t get it finished there will be no jobs for anyone to keep, much less get in civil life.” Eight days later he told Kenneth, “take a message from me to some of the D.U. [Delta Upsilon – Duggan’s old fraternity at

¹⁴ Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland & Stewart, 1990), p.40.

¹⁵ HD to MD, 13/10/14, LAC, HDF.

¹⁶ Duggan’s success came at a very high price. On October 21, 1915 – less than a year after receiving his commission – he died of wounds he had received while leading an assault on a German trench during the last days of the BEF’s failed Loos offensive. Clarke, “He was my best subaltern”.

McGill University] boys whose names I see prominently in the football news that there is a bigger game going on over here that's going to need a lot of spare men. It's far more serious than most of you seem to think."¹⁷ Duggan clearly believed that the young men of Canada, himself included, were obligated to do their bit for king and country.

The failure to meet this obligation by doing one's manly part would have, Duggan's letter suggests, caused the twenty-four-year-old engineer considerable personal discomfort. Many rejected volunteers wanted to serve, in part at least, because they believed in the discourses of masculinity and citizenship employed by recruiters to fill the ranks and held to the negative views of those who had not enlisted as soon as they were able. This was not only evidenced by Duggan's letters to his mother, but also by the postwar memoirs of Will R. Bird. Rejected repeatedly in 1914, the Nova Scotian made the following comments in his postwar memoir with regard to his acceptance in 1916: "Why did they not let me go before? Now I had to go with the men who never wanted to join, to be a late-goer and it was a rank injustice."¹⁸ More generally speaking, evidence that many rejected men wanted to serve is provided by the simple fact that more than a few men not only made multiple attempts to join up, but also were willing to undergo corrective surgery in order to ensure that they were passed fit to serve. Rejected as unfit five times, Emmanuel "Smilie" Gravelle agreed to undergo an operation to correct the infirmity – a hernia – that had been the cause of his rejections.¹⁹

¹⁷ Herrick and his brother Kenneth joined the Delta Upsilon Fraternity while studying at McGill University. Herrick had become the McGill chapter's president in his senior year and sat on the fraternity's council of alumni after he had graduated. He also had the dubious privilege of becoming the first member of the fraternity to be killed in the Great War. HD to MD, 9/11/14 and HD to Kenneth Duggan, 17/11/14, LAC, HDF, "Delta U Killed at the Front," HDF; "Deceased Members, McGill," spreadsheet provided by Mr. Johan Draper, Delta Upsilon McGill Alumni Executive.

¹⁸ Bird, *And We Go On*, p.13.

¹⁹ "Can't Keep Him Out of the Fight," *Ottawa Citizen*, October 13, 1916, p.6; "Is Determined To Go To War," *Ottawa Citizen*, October 13, 1916, p.12.

The effects on some men of not only watching their friends, relations and colleagues march off to war but also reading their names in their local newspapers' casualty reports and seeing wounded men on the streets of their home town were soul destroying – especially when coupled with the accusing looks of serving men's families. This reality is evidenced by the aforementioned suicide of rejectee George Baker, who took his own life after learning of the death of his brother in combat. The existence of such self-loathing was also expressed in postwar novels. For example Gander Stake, the protagonist of Robert Stead's *Grain* (1926), feels increasing guilt about not enlisting as the war continues. While some of this discomfort may have been motivated by pressures placed on him to enlist by other characters, including his love interest Josephine Burge, it is clear that most of his guilt is self generated. Although initially proud for a mocking retort that he fires at a recruiting sergeant who is attempting to enlist him, Stake cannot help but feel "that he was running away from something," and finds the need to justify his refusal to serve, which is based on very reasonable grounds, to himself. It is, however, after the war that Stake's shame reaches a head. Despite being widely recognised as both a brave and honourable man by his family and friends, Stake is unable to shake his feelings of guilt and (real) lost opportunity, and as a result leaves his small farm to join the army. Part of Stake's guilt is generated by the return of his friend, and rival for Josephine's affection, Dick Claus, from the war. At one time a strong farmer's son like Stake, Claus returns from service invalided by tuberculosis and is unable to manage his farm. Stake begins his self-imposed penance for not having served by sowing Claus's crops for him.²⁰

²⁰ Robert J. C. Stead, *Grain* (Toronto: McClelland and Stewart, 1969). Also see Vance, *Death So Noble*, pp.121-122.

The impact of feeling that one had let one's friends down should not be underestimated. More than a few men enlisted with a group of friends or as a result of their brothers doing so. In fact, some of these bonds were so close that there are not only instances of men refusing to enlist if they were to be transferred away from their friends, but also if one of their friends was rejected. CEF volunteer and South African war veteran Bill Ravenscroft, for example, refused to enlist after his friend Harold Peat, who had accompanied Ravenscroft to the recruiting station, been rejected for service on account of his height.²¹

While rejected volunteers became victims of the considerable pressure placed on eligible men to enlist, and at times their disabilities were rejected by some overzealous recruiters as inadequate reasons for not being in uniform, there is also evidence that rejected volunteers – at least when recognised – were highly regarded by sections of society. An article in the *Toronto Star* stated in unequivocal terms that men who volunteered for service but were rejected as unfit still had the “moral distinction that belongs to men who do their duty to their country as far as their country will let them.” The *Star* was not the only newspaper to express such sentiments.²² The Dominion government also recognised rejected volunteers' commitment to the cause. The *Wartime Election Act, 1917*, which removed the franchise from a number of groups –

²¹ Peat, *Private Peat*, p.2-3. Also see Baldwin, *Holding the Line*, pp.2-3; “Diary of Alfred Herbert John Andrews”; Robert Service “My Mate”, in *Rhymes of a Red Cross Man* (Toronto: William Briggs, 1916), pp.63-66.

²² “The Men Who Volunteer,” *Toronto Star*, July 2, 1915, p.6; “Reject Soldiers Home,” *Toronto Globe*, September 14, 1914, p.6. For the British context see Nicoletta Gullace, *The Blood of Our Sons*, p.105; Gullace; “White Feathers and Wounded Men,” pp.178-184; Adrian Gregory, “Gender, Citizenship and Entitlement,” *Journal of British Studies*, Vol. 43, No. 3, 2004, p.412. A similar discourse can also be found in the United States. For example, the *Press* of Sheboygan, Wisconsin, noted in an article discussing the seventy young men of Sheboygan county who had been rejected for service that “[i]t was nothing to their detriment that they were rejected but to the contrary The *Press* is glad to publish the list of those who volunteered their services that every honor possible may be shown them.” *Sheboygan Press*, July 17, 1917, p.1.

including conscientious objectors and individuals convicted of an offence against the *Military Service Act 1917* (defaulters and those who attempt to impede the enforcement or operation of the act) – who were deemed to have failed to have met their obligations to the state, explicitly stated individuals who had not served because they had been deemed medically unfit were not to be disqualified from voting.²³ In doing so, the government implicitly recognised that rejected men had not shirked their duty to king and country.

Some individuals even went so far as to place the sacrifice of those rejected as unfit to serve *above* the sacrifices of those who served, as Maj. H.B. MacConnell's poem "Medically Unfit" demonstrates:

Do not look with scornful eye
On the one who is turned away;
The heart that beats in that sickly frame
May beat with a patriot's love and fire;
Though his physical fires burn dim and low
His fires of spirit may soar.
His sacrifice, then is greater than yours;
He stays and endures, while you go.²⁴

In eight short lines MacConnell not only acknowledged that rejected volunteers were neither shirkers nor cowards, but also the trials they faced. MacConnell's admiration was double edged. In drawing attention to the rejected volunteers' loyalty and patriotism, he also placed a spotlight squarely on their infirmities. The martial ardour and patriotic fire of the medically unfit were housed in "sickly frames" that were powered by dim and low burning physical fires. Indeed, MacConnell painted his subjects in the image of the pallid-skin cripples, who were, in spite of their soaring

²³ British subjects from enemy countries who had been naturalized after May 31, 1902 also lost the franchise. *Wartime Electors Act, 1917*, Section 67A; *Military Services Act, 1917*, Sections 15 and 16.

²⁴ H.B. MacConnell, "Medically Unfit", in H.B. MacConnell, *Where Duty Leads* (Toronto: William Briggs, 1916), p.55.

spirits, far from the best Canada bred. Rather, they were the weak, the feeble, and the diseased. In relation, it is unclear what exactly MacConnell's medically unfit were enduring: their own personal frustration and shame at their inability to go to war; social ostracism and scorn because they were not in the khaki; or, their physical impairments. Regardless of which of these readings MacConnell intended, it is clear that while he believed the medically unfit should not be the subjects of scorn, they were to be pitied by those deemed fit to serve as much as, if not more than, they were to be respected. MacConnell's poem was not the only work to present such sentiments. E.N. Lewis started a recruiting appeal for the artillery aimed at the young men of Ontario's Huron County by "voicing his sympathy for those who from physical disability or age or other unfortunate circumstances are prohibited from enlisting."²⁵ Mutual Life Assurance Company of Canada's aforementioned advertisement of 1917 also portrayed the medically unfit as piteous.²⁶

Most rejected volunteers would have been unwilling to accept the mantle Lewis and MacConnell had woven for them since few of them would have identified themselves with the pathetic creatures these men had described. As already discussed, most men rejected as unfit in 1914 and indeed in later years were far from sickly, decrepit individuals, especially in the eyes of civilians. Not only did many of the rejected volunteers believe they were fit to fight, but also, in a period in which self reliance and economic productivity were considered central to a man's character, comparatively few men would have accepted being an object of pity, let alone being

²⁵ E.N. Lewis, "To the Young Men of Huron," CWM, Call Number: 58B2 1.11, Accession: 19860131-066.

²⁶ See Chapter Six: "Not Visibly Different."

deemed disabled. To be labelled as such was a direct assault on one's personal self worth, honour, and masculinity.

By 1914 the term “unfit” had, thanks to a growing eugenicists discourse in the west, developed a highly pejorative patina. Eugenicists used the word “unfit” in a Darwinian sense to describe those individuals – the mentally ill, the congenitally disabled, and social misfits – whose characteristics were deemed detrimental to the long-term survival of the nation and as such needed to be weeded out. The threat that the “unfit” posed to the state was not only biological, but also economic and moral. Eugenicists argued that the “unfit” were the source of the majority of crimes that afflicted Canada and that their care exacted a toll on both family and state resources.²⁷

Most damagingly for rejected volunteers, many eugenicists, both before and during the Great War, publicly lamented that war selected the strongest (best) men to be killed while leaving the “weakest” (worst) men to procreate to the great detriment of the nation. Montréaler Robert Dickie, for example, observed in an article published in the *Queen's Quarterly* in 1913 that:

[W]ar takes its tribute from the best a nation can bring. The maimed and infirm, the scrofulous and neurotic, the cowardly and irresolute escape this scourge and make contribution to the life and blood of the nation. It is the best blood of the nation that is lost in war.

When we remember that war has been taking its toll from the best blood of communities since the beginning it becomes evident that it has been a most serious detriment to race-improvement, if it has not actually made for race-degeneration. Generation after generation losing its best blood on the field of battle has only to proceed far enough to mean bankruptcy of the nation, and every step means its improvishment.

Dickie went on to bolster his argument by drawing his readers attention to the “[s]erious historians” who had found that many empires collapsed because their constant wars had

²⁷ For a useful examination of the eugenics movement in Canada see McLaren, *Our Own Master Race*.

drained them of their best blood. Such comments would hardly have placed rejected volunteers in a positive light.²⁸

Eugenics discourse also infused recruiting propaganda. Recruiting posters and declarations stated that Canada would only send the best examples of Canadian manhood to the aid of the Empire. Many implied that those declared unfit would have hindered the march to victory if they had not been left behind.²⁹ Accounts that described unfit recruits as “weeds” that needed to be ruthlessly pulled from the ranks of Canada’s army further underline the negative light in which rejected volunteers were held by many.³⁰

Such beliefs were also evident in works produced by members of the CEF in France. For example, the satirical *Oh, Canada: A Budget of Stories & Pictures By Members of the Canadian Expeditionary Force*, contained a cartoon which may be read as both an attack on the quality of medical examinations given to new recruits and the quality of some of the recruits arriving in France (Figure 9). In the cartoon, a burley moustachioed sergeant-major stands with a fit-looking lieutenant discussing a newly

²⁸ Robert M. Dickie, “War and the Survival of the Fit,” *Queen’s Quarterly*, Vol.20, 1912-13, pp.201-202. Also see Jacob Henry Landman, *Human Sterilization: The History of the Sexual Sterilization Movement* (New York, MacMillan, 1932) p.5; McLaren, *Our Own Master Race*, pp.43, 63; Koven, “Remembering and Dismemberment,” pp.1189-1191; J. M. Winter, “Britian’s ‘Lost Generation’ of the First World War,” *Population Studies*, Vol. 31, No. 3, 1977, p. 449-466.

²⁹ Paul Maroney has further noted that recruiting posters, and recruiting propaganda more generally, also tended to reflect eugenicists “antimodernist impulse” by privileging pastoral lifestyles and chivalric values over the soft, unhealthy, and immoral nature of modern life. Maroney, “The Great Adventure,” p.79, 81; “Send Us The Best Ye Breed,” *Toronto Globe*, October 7, 1914, p.4; “Efficiency And The Drink Habit,” *Toronto Globe*, December 4, 1914, p.4; Rutherdale, *Hometown Horizons*, pp.53-54.

³⁰ Agricultural metaphors, especially with regard to weeds/weeding, were commonly used by eugenicists both before and after the Great War when discussing the removal of people they deemed to be dysgenic from society. F.N.G Starr to Major-General Sam Hughes, December 14, 1914, LAC, MIRSC1; GOC MD11 to The Secretary, Militia Council, April 19, 1917, LAC, PRE; G.R. Stevens, *A City Goes to War: A History of the Loyal Edmonton Regiment* (Brampton: Charters, 1964), p.17; William J. Robinson, *Practical Eugenics: Four Means of Improving the Human Race* (New York: Critic and Guide, 1912), p.14; La Reine Helen Baker, *Race Improvement: A Little Book on a Great Subject* (New York: Dodd, Mead & Co, 1912), pp.26, 32; McLaren, *Our Own Master Race*, p.24.

arrived private that stands before them. The private presents quite a contrast to his superiors. Far from a perfect specimen of Canadian manhood, the gangly recruit slouches in an ill-fitting tunic with his arms held at awkward angles and his feet splayed. His head is pushed forward on a thin neck that houses a prominent Adam's apple, and carries a face that wears what might charitably be called a dimwitted expression. Indeed, his half-closed eyes, protruding lower lip, weak chin, bulbous jowls, and mat of unkempt hair that stick outs at all angles from underneath his cap, combined to give the private a face that looks vaguely clownish in character. His less than inspiring appearance causes the exasperated sergeant-major to state "I dunno wot to do with 'im sir...the M.O. says 'e ain't defective, an, 'e says 'e comes o' fightin' stock. My God, sir, look at 'im – ain't he a fair champion for the Corkscrew Cuirassiers?"³¹

While the cartoon was obviously drawn for comedic effect, it does indicate what its author believed made a man fit to fight. Indeed, while the private looks bad enough in comparison to his superiors, he looks even worse when he is juxtaposed with the images of soldiers on recruiting posters. Straight-backed, square-shouldered, and alert, the men depicted on recruiting posters were scions of muscular and virile masculinity, the very individuals that Canada and the empire needed to win the war against the veracious Hun. The bow-backed and brainless "Corkscrew Cuirassier" was the antithesis of such Canadian heroes.

Such statements and images were often reinforced by the alarmist reports prepared by military authorities about the numbers of medically unfit men reaching England as part of the CEF (and, in the case of frontline troops, some of the individuals

³¹ *Oh, Canada: A Budget of Stories & Pictures By Members of the Canadian Expeditionary Force* (London: Simpkin, Marshall, Hamilton, Kent, 1916), cartoon faces p.42.

that arrived at the front only to be turned away). Looking to make the greatest possible impact on their readership, many of these reports, including Col. Herbert A. Bruce's *Report on the Canadian Army Medical Service* (1916) used the most disturbing cases when providing their examples of medically unfit men within the ranks of the CEF. As a result, many of the men portrayed in these reports reflected the wan, weak, and mentally defective individuals whose existence eugenicists argued threatened "national deterioration in health and achievement," rather than the vast majority of men that had been declared medically unfit for less serious reasons such as poor teeth.³²

³² Cynthia R. Abeele, "'The Infant Soldier': The Great War and the Medical Campaign for Child Welfare", *Canadian Bulletin of Medical History*, Vol.5, No.2, 1988, p.107.



Figure 9: “A fair champion for the Corkscrew Cuirassiers.”

The link between those rejected for service and Canada's dysgenic *hoi polloi* in the minds of many, as well as the level of negativity with which these individuals could be described was evident in a debate held in the Canadian Senate in April 1916. On April 12, Liberal Senator Philippe-Auguste Choquette called for a halt to recruiting by claiming, in part, that the quality of men being drawn to the colours left much to be desired.³³ Noting that two units that had recently been recruiting in Toronto had rejection rates of over 50 per cent, the senator drew the senate's attention to a letter he had recently received from one Robert Hazelton, of Todmorden, Ontario. In this letter, Hazelton blamed the high rejection rates of volunteers in Toronto on immigrants; specifically English immigrants. The sixty-two-year-old claimed that 99 per cent of men rejected at Toronto's recruiting depots were Englishmen. However, rather than being the "descendants of cultured Anglo-Saxons that we Britishers of Canadian birth have heard so much," these "diseased, depraved, deformed and...illiterate" individuals were far from the best specimens of English manhood. Coming "from the very worst spots in England" this hoard of "degenerate, defective and undesirable immigrants" were, in Hazelton's opinion, likely the sons of "foreign sailors and English 'dock-prostitutes' ".³⁴

³³ Choquette also argued that there was already a surfeit of enlisted men cooling their heels in Canada who were never going reach Europe before the war ended and that recruiting was endangering Canada's (and particularly Quebec's) rural communities. When young men "leave the farm and enlist to go to war," he argued "they change their mode of life and habits, so that many, if not all of them will be permanently lost to the farm." Hon. Mr. Choquette, April 12, 1916, *Debates of the Senate of Canada, 1916* (Ottawa: King's Printer, 1916), pp. 307-309.

³⁴ Hon. Mr. Choquette, April 12, 1916, *Debates of the Senate of Canada, 1916* (Ottawa: King's Printer, 1916), pp. 307-309.

Hazelton's claims – which were reported, and criticised, as far away as London – caused furor, especially in Ontario.³⁵ Choquette was accused of treason both inside and outside of the Senate, and unsuccessful demands were made that the Senator be forced to resign.³⁶ In the House of Commons, Acting Minister of Militia and Defence, A.E. Kemp stated that Toronto's soldiers had been "foully slandered," and that it was "absolutely false that there is any substantial proportion of men offering themselves for enlistment who are 'diseased, depraved or deformed.'"³⁷ Hazleton fared even worse. On April 15 he was dragged from his home by an irate mob that included rejected volunteers and severely beaten before being rescued by armed police reinforced by soldiers with fixed bayonets.³⁸

While the uproar caused by Hazelton's comments can in part be attributed to Canada's wartime climate and pre-existing racial tensions, the terms he used to describe rejected volunteers certainly inflamed the situation.³⁹ In a period that was increasingly dominated by eugenics ideologies, describing individuals as diseased and depraved was

³⁵ "Character Of The Unfit: Toronto Man Ducked For Attack On Rejected Englishmen," *London Times*, April 18, 1916, p.7.

³⁶ "Choquette Should Be Kicked Out Of the Senate," *Montreal Daily Star*, April 13, 1916, p.5. Ottawa's French language *Le Droit* would later describe the *Star*'s accusations and demands as "*un access de jingoisme*" (an excess of jingoism/excessive jingoism). "Autour Du Parlement," *Le Droit*, April 15, 1916, p.1. Also see "Can Imprison Choquette," *Toronto Evening Standard*, April 17, 1916, p.6.

³⁷ Hon. A.E. Kemp, *Debates of the House of Commons of the Dominion Canada, 6th Session, 12th Parliament*, Vol. 3 (Ottawa: King's Printer, 1916), pp.2879-2880; "Chette question occupe la Chambre hier. A propos du discours du Sénateur Choquette," *L'Acadien*, April 18, 1916, p.4; "Vigorous Reply to Senator Choquette's Letter," *Toronto Globe*, April 15, 1916, p.5.

³⁸ "Mob Drags Hazelton From His House In Todmorden Stands Him In Coffin And Demands An Apology For Insult To British-Born in Letter Sent To Choquette," *Ottawa Evening Journal*, April 17, 1916, p.1,12,13; "Crowd Mobs Hazelton For Choquette Letter," *Toronto Globe*, April 17, 1916, p.8; "Todmorden's Punishment of Slanders on English-Born," *Toronto Evening Standard*, April 17, 1916, p.13; "La Populace Se Fait Justice," *Le Droit*, April 17, 1916, p.1; "Character Of The Unfit".

³⁹ As they were read by Choquette in the Senate, Francophobes quickly attributed Hazelton's "slandorous remarks" – which many Anglophones read as a direct attack on Canada's soldiers, rather than just men rejected for service – to Choquette and Francophones more generally. As a result the letter, and the vitriolic responses to it from some Anglophone Canadians, added further grist in the mill of Anglophone-Francophone antipathy. "Can Imprison Choquette"; "Reply to Choquette's Lies," *Toronto Evening Standard*, April 17, 1916, p.17.

more than a simple slur. The parentage Hazelton had ascribed to the men being rejected at Toronto's recruiting stations, as well as their supposed socio-economic origins, was fraught with negative eugenic assumptions. As well as being seen as morally defective, prostitutes were also considered by many eugenicists to be mentally defective; in fact, their moral defect was regarded as evidence of their mental deficiency. Many were also believed to be physically defective as well. Eugenicists generally believed that these dysgenic characteristics were hereditary, and would, therefore, manifest in a prostitute's children.⁴⁰

Coming from the lower classes of society, and with a reputation for vice, sailors were widely believed to be the vessels of multiple dysgenic characteristics ranging from a propensity for alcoholism and criminal acts to physical and mental deficiencies. Even more damaging was Hazelton's labelling of these sailors as foreign. In doing so, he reinforced his contention that rather than being bastions of superior Anglo-Saxon stock, these men's bodies were infused with the blood of "lesser" races.

More generally, Hazelton's letter strongly reflected the eugenic fears of many educated Canadians. An editorial in the *Canadian Journal of Medicine and Surgery* in 1909, for example, dramatically declared that Canada had become Great Britain's "garbage pail." Likewise, J.S. Woodsworth's *Strangers Within Our Gates, or Coming Canadians*, published in the same year, expressed strong concerns about the numbers of British immigrants from the undesirable classes entering Canada.⁴¹ In one fell swoop,

⁴⁰ McLaren, *Our Own Master Race*, p. 40, 42, 51.

⁴¹ McLaren, *Our Own Master Race*, pp.46-57; J.S. Woodsworth, *Strangers Within Our Gates, or Coming Canadians* (Toronto: The Missionary Society of the Methodist Church, 1909), pp.54-61. Also see Carl Berger, *A Sense of Power: Studies in the Ideas of Canadian Imperialism, 1867-1914* (Toronto: University of Toronto Press, 1970); p.181; Clarke, "Sacred Daemons," p.67-68. For a discussion of similar views held by eugenicists in the United States see Edwin Black, *War Against the Weak: Eugenics and America's Campaign to Create a Master Race* (New York: Thunder's Mouth Press, 2003), pp.29-31.

Hazelton had indemnified Toronto's rejected volunteers as part of the dysgenic hoard that threatened Canada's future.

Proof that Hazelton's letter was informed by these considerations is further evinced by the explanations he provided for his comments in the wake of his assault. A day after he was attacked, the sixty-two-year-old told a reporter from the *Ottawa Evening Journal* that he was not referring to respectable English immigrants in his letter to Choquette, but rather those who came from England's degenerate underclass who "won't work and...won't pay their bills...[and]...spend all Saturday afternoon and Sunday swilling at the beer keg." These individuals were, Hazelton continued, "a curse to the England they left, and a curse to the Canada they came to."⁴² Hazelton's explanation was supported by his wife, Anna, and Senator Choquette. Mrs. Hazelton told reporters that while she, and her sons, condemned her husband's letter, "he [Hazelton] did not mean the people here, but only the people all over Canada whom the Salvation Army brought out."⁴³ Rather than an attack on the character of either Canada's soldiers or the English race, Hazelton's letter was, Choquette told the Senate, a critique of Canada's immigration policies, nothing more and nothing less. Unfortunately for Hazelton, very few people were able, or perhaps willing, to make such a distinction.⁴⁴ Fearing further reprisals, the unfortunate Northwest Campaign veteran and his family were forced to flee their home.⁴⁵

⁴² "Mob Drags Hazelton From His House."

⁴³ "Crowd Mobs Hazelton For Choquette Letter."

⁴⁴ Hon. Mr. Sproule et. al., April 26, 1916, *Debates of the Senate of Canada, 1916* (Ottawa: King's Printer, 1916), pp.335-338.

⁴⁵ Such fears were justified. On Monday April 17, a crowd gathered outside Hazelton's home. Although no further acts of violence occurred – probably due to the fact that the GOC Toronto had ordered an armed piquet be station outside the house after the events of April 15 – the crowd remained hostile. One member of the crowd told reporters "[u]nless he [Hazelton] hides himself somewhere the English of the city will get together and make a real job of it...We will not have him in this neighbourhood for another

Dysgenic characterisations of rejected volunteers did not end with the war. Ironically, given the righteous indignation expressed in 1916 with regard to Robert Hazelton's letter, these characterisations echoed the concerns articulated by Hazelton. The large numbers of men rejected as medically unfit for service were seen to confirm the fears of racial degeneration that had haunted Canadian eugenicists in the pre-war period. Indeed, the numbers of unfit men discovered as a result of the mobilisation of Canadian manhood for war came as a shock to Canadian nationalists who had not only believed Canada's hardy, young, and vigorous rural population was superior physically and morally to the degenerate urban populations of Europe (including those of Britain), but had also believed itself as the future centre and dominating portion of the British Empire.⁴⁶ Lamenting the loss of 60,000 of the finest specimens of Canadian manhood – which must be seen as a bitter irony, given that a number of these men had been condemned as unfit in 1914 – in the muck and mire of the Western Front, eugenicists concurrently claimed the large numbers of men rejected for service on medical grounds were a telling indictment on the nature of Canadian society before the war and argued for a swath of social and governmental reforms.⁴⁷ While many, although not all, of

day..." That evening, a meeting was convened by one Amos Allpress, one of the ring leaders of the April 15 attack on Hazelton, with the aim of discussing ways Hazelton might be forced out of Todmorden for good. "Mob Drags Hazelton From His House"; "Must Leave Todmorden," *Toronto Evening Standard*, April 18, 1916, p. 17.

⁴⁶ For examples of such thinking see J.S. Woodsworth, *Strangers Within Our Gates*, Charles Foster and William Duthie, eds., *Letters from the Front: Being a record of the part played by officers of the bank in the Great War* (Toronto: Southam, 1920), p.6. For a wider discussion of such beliefs see Berger, *A Sense of Power*; and, McLaren, *Our Own Master Race*, pp.47-57.

⁴⁷ Eugenicists and social reformers in Britain and the United States also used recruiting statistics to support their agendas. Indeed, in the United States eugenicists Charles Davenport and Robert Yerkes's highly influential (and highly bias) studies on men drafted into the US Army became major weapons in the eugenics movement's arsenal. Albert G. Love & Charles B. Davenport, *Defects Found In Drafted Men: Statistical Information Compiled From the Draft Showing The Physical Condition Of The Men Registered And Examined In Pursuance Of The Requirements Of the Selective Service Act* (Washington, Government Printer, 1920); *Announcement of the College of Physicians and Surgeons of Ontario, 1918-1919/Report of Proceedings of Ontario Medical Council, June 1918* (Toronto: College of Physicians and

these reforms would have positive outcomes for Canadian society in the long term, eugenicists effectively cast rejected men in the role of social, economic, and genetic bugbears. In doing so, they identified these men within a group of individuals that one Canadian social reformer had colourfully described in 1917 as the “the running wounds of society.”⁴⁸

Not all Canadians held these views. There were strong critics of the eugenics movement within Canada who questioned its positions and claims on both scientific and moral grounds. Moreover, eugenics tended to be an ideology of the educated Anglophone elite rather than Canadian society as a whole.⁴⁹ Likewise, at least some reformers placed the blame for the large numbers of rejected men on Canadian society rather than the rejected men themselves. The Reverend A.H. Sovereign, for example, told the delegates at the Second Annual Convention of the Child Welfare Association of British Columbia in 1919 that the 41 per cent of recruits who were found to be unfit for service were a direct “result of our life before the war.”⁵⁰

Perhaps more importantly, a number of men rejected as medically unfit were turned away for reasons that even the most ardent eugenicist would have recognised had little, if anything, to do with their biological worth. Those who had either lost limbs due to accident or were outside the CEF’s age requirements are prime examples of such individuals. In relation, it should also be remembered that not all individuals necessarily

Surgeons of Ontario, 1918), p.89; Abeele, “The Infant Soldier”; Black, *War Against the Weak*, pp.80-85; McLaren, *Our Own Master Race*, p.58-62; Winter, “Military Fitness,” p.212; Winter, “Lost Generation,” p. 449.

⁴⁸ “[Bertha Winn] Discusses the Problem of Mental Defectives,” *Victoria Daily Colonist*, March 21, 1917, p.7.

⁴⁹ McLaren, *Our Own Master Race*, pp.150-154; Clarke, “Sacred daemons”, pp.61-89.

⁵⁰ Quoted in Veronica Strong-Boag, *The Parliament of Women: The National Council of Women of Canada, 1893-1929* (Ottawa: National Museums of Canada, 1976), p.345.

agreed with the military authorities' constructions of both disability and the perfect fighting stock.

Nevertheless, the dysgenic branding was a strong one. No matter if they were portrayed as a threat to the survival of society in and of themselves or symptomatic of a wider social illness that needed correction; rejected men were still portrayed in a negative light because of the way they were used in eugenicist fear mongering tactics and because of the groups with which they were linked. Indeed, rejected men became, for lack of a better term, 'poster boys' for the eugenics movement both in Canada and abroad. Thus, for a man to be classified as "unfit" for service led him to be tarred with a brush that blackened far more than his masculinity or personal bravery since his value as a human being was brought into question. However disturbing as it may have been, the growing eugenics discourse was not the only ghost that haunted rejected volunteers both during and after the war.

On May 17, 1916, Harold Innis enlisted in the Canadian Artillery. The twenty-one-year-old recent graduate of McMaster University told his sister that he had been motivated to enlist by three factors: (1) he believed it was his Christian duty to do so; (2) because it was better to enlist and choose the branch of the army in which one wanted to serve than be drafted and be placed in the infantry; and (3) because he felt that those who did not serve would have no chance at success after the war.⁵¹ Although suffering

⁵¹ Innis chose to serve in the artillery because he believed that it was safer than the infantry. He was wrong. Trained as an artillery spotter, Innis spent most of his time in the frontlines. Carl Berger, *The Writing of Canadian History: Aspects of English-Canadian Historical Writing since 1900*, 2nd ed. (Toronto: University of Toronto Press, 1986), p.86; Alexander John Watson, *Marginal Man: The Dark Vision of Harold Innis* (Toronto, University of Toronto Press, 2006), p.70

physical and psychological wounds as a result of his service,⁵² Innis survived the war and went on to become one of Canada's most influential academics.⁵³

Innis's observation about the postwar fate of men who did not serve was reflective of a discourse that held that men who failed to join up "would face discrimination and isolation...during the war and in the years...[that]...follow[ed]."⁵⁴ Men in Brantford were told in late 1915 that "the day [would] come within five, six, or eight years hence when you will be sorry you didn't grasp the opportunity. With you men who evade the call, in a few years the chickens will come home to roost." Echoing the famous Savile Lumley poster of 1915 which had a young girl asking her pensive father "Daddy, what did YOU do in the Great War?" [emphasis in original], an advertisement in the *Simcoe Reformer* in December 1915 asked its male readers "What Will You Say in Future Years when People Ask You, 'Where Did You Serve in the Great War?'" Calling attention to the shame they would feel, and hinting at the derision they would face, the mayor of St. Thomas, Ontario cautioned the young men of his city that they would be taking the back streets of the city if they did not enlist.⁵⁵

Such warnings contained more than a kernel of truth. At the end of the war, many rejected volunteers held precarious positions within Canadian society. As

⁵² Innis received a severe shrapnel wound to his right thigh at Vimy Ridge on July 7, 1917. He would spend eight months in various hospitals in England before returning to Canada in March, 1918. He was discharged as "medically unfit [for further military service] due to wounds, although fit for employment in civilian life," two months later. Although discharged from medical care in March 1918, Innis's thigh wound would take another seven years to heal completely. Innis was also psychologically scarred by his military service. Alexander Watson, Innis's most recent biographer, has argued - citing recurring bouts of anxiety and depression that Innis suffered in the postwar period, and his loss of his strong Baptist faith - that Innis never completely recovered from the psychological traumas he experienced in the trenches. #339852 Innis, Harold Adam, LAC, PF, Vol.4702-21; Watson, *Marginal Man*, pp.61-117. Also see Donald Creighton, *Harold Adams Innis: Portrait of a Scholar* (Toronto: University of Toronto Press, 1957).

⁵³ For a discussion of Innis's contribution to Canadian scholarship see Berger, *The Writing of Canadian History*, pp.85-111.

⁵⁴ Maroney, "The Great Adventure," p.96.

⁵⁵ Quoted in Maroney, "The Great Adventure," p.96.

Jonathan Vance has noted, “the young man who stayed at home...carried a stigma of failure...[and]... suffer[ed] by comparison with those men who had gone to the front and ‘gambled with the ultimates.’”⁵⁶ Indeed, as Vance demonstrates with reference to a variety of fiction and non-fiction sources “the shirker remained a significant element [of] postwar discourse...[that]...perpetuated the notion that men who failed should...hang their heads in shame.”⁵⁷

Questions about one’s character were not the only obstacles that a rejected volunteer had to contend with in the postwar period. Not having served in the military, they found many employment opportunities closed to them as both private and public employers offered available positions to returning veterans. By 1921, 95 per cent of the federal civil service’s postwar appointments had been reserved for veterans. Many patriotic employers in the private sector also aimed to fill the ranks of their businesses with Canada’s returning heroes. In the face of such realities, rejected volunteers did what they could, often grasping at the limited military service they had experienced as a means to ensure their employment. Gustave Johnson, for example, wrote to Ottawa in April 1935 requesting a copy of his discharge papers after having lost the originals. His motivation was simple; he had been offered a job on the proviso that he could prove he had (attempted) to serve.⁵⁸ As previously noted, rejectee Charles Garner requested a new copy of his discharge papers and a replacement service badge for similar reasons in 1951.

⁵⁶ Vance, *Death So Noble*, p.121.

⁵⁷ Vance, *Death So Noble*, p.113.

⁵⁸ Johnson had enlisted in the 106th Winnipeg Light Infantry in August 1914. He was rejected as medically unfit at Valcartier on September 4 of the same year and discharged 17 days later. No reason for Johnson’s rejection was provided, although his incomplete attestation paper indicates that his height and chest measurements were well above requirements. G.E. Johnson, LAC, FMR, Vol. 5.

Rejection for service could mean more than just the potential denial of long-term employment opportunities; it could mean that a man's avenues for socialisation with his peers were cut off. Roy Coates stated on his application for his replacement record of service that he required the record so that he could "join the Legion for recreation." Such an admission highlights the fact that, at least for some men, rejection for service could have potentially long-term social consequences. Entering into retirement, the sixty-eight-year-old Coates was still blocked in 1951 from one of the central places of his age and gender group's social interaction. This observation becomes extrapolated to include the numerous battalion reunions, which ran the gamut from refined dinners to raucous drinking parties, and numerous Remembrance Day activities, both official and unofficial, in which veterans took part.

In truth, other avenues of social interaction, such as church groups and working men's associations, would have remained open to Coates, but being barred from the Legion and the other veterans' activities would have, at the very least, acted as a constant reminder of his failure to serve, especially if the majority of his friends, neighbours, and colleagues were members. It would place an invisible, but nonetheless obvious, social barrier between him and those who had donned the khaki.

Rejected volunteers were also blocked from the educational opportunities offered to those who had served. This is especially evident with regard to the so-called Khaki University of Canada (KU), which offered educational training at all levels (basic literacy through to post-graduate studies) to soldiers serving in England and France.⁵⁹ Formed in early 1917 by the president of the University of Alberta, Henry Marshall

⁵⁹ Harold Innis, for example, completed most of the work for his Master of Arts through the KU while convalescing in England after being wounded in July 1917. Watson, *Marginal Man*, pp.92-93.

Tory, the KU was designed in part to stave off the boredom felt by troops when in rear echelon positions, while concurrently allowing serving men to work towards recognised academic qualifications while serving. As such, it acted as tool of morale and discipline, while preparing men for life after the war by allowing them to develop skills – ranging from motor mechanics to farming – that they would be able to use in civilian professions. Indeed, some soldiers would have the KU to thank for their literacy. In a time when education was not always considered a right, and, especially at its higher levels, financially out of the reach of many Canadians, the KU offered educational opportunities that many Canadian men left behind could only dream of.⁶⁰

It would be foolish to emphasise the advantages given to returned veterans. Two of the most influential works on veterans' postwar experiences were entitled *Winning the Second Battle* and *Unfit For Heroes* for very good reason. Discounting veterans who returned to Canada suffering very real physical and psychological wounds, most men (if not all) who returned from the horrors of the trench were permanently scarred by their experiences. This scarring was aggravated by the fact that many of their postwar expectations, and their government's promises, were seldom fulfilled.

The government jobs provided to veterans tended to be ill-paid and menial at best, offered little chance of advancement, and were often far from secure.⁶¹ Land settlement schemes were little better. Designed as a means to open Canada's undeniable land resources to farming, the land offered to veterans was often – despite the federal government's claim to the otherwise – isolated, difficult to access, and generally of poor

⁶⁰ Tim Cook, "From Destruction to Construction: The Khaki University of Canada, 1917-1919," *Journal of Canadian Studies*, Vol. 37, No.1, 2002, pp.109-143.

⁶¹ Gordon H. Josie, "Administration of the Veterans' Preference in the Canadian Civil Service," *Canadian Journal of Economics and Political Science/Revue canadienne d'Economie et de Science politique*, Vol.11, No.4, 1945, p.608.

quality.⁶² The veterans who returned to positions in the private sector also faced difficulties. Many returning to their prewar jobs often found themselves returning to their prewar wages, which were vastly inadequate in the face of massive wartime inflation, and they found themselves in subordinate positions to younger men who had not served; others faced the struggle of re-establishing their prewar businesses.⁶³ Others still found that identifying themselves as veterans, either in word or by wearing their veteran's badge, hindered their chances of finding employment.⁶⁴

Nevertheless, these realities took time to hit home and no matter what the result, veterans were offered opportunities that those who had not served were not. While these opportunities may have been fleeting, they were seen as worth pursuing by both veterans and others. The fact that such policies were *demand*ed by veterans' groups, and, as shall be discussed below, rejected volunteers, indicates that they were seen as advantageous rewards for services rendered. Moreover, while many veterans failed, a significant number succeeded. In 1931, 43 per cent of those granted farms under the government's land settlement scheme still remained on their farms, and more than a few had actually increased their holdings.⁶⁵ Likewise, many veterans did successfully reintegrated into society, often with the help of the veterans' preference. While some men may have believed their service badges hindered their chances of gaining employment, the cases of Garner and Johnson indicate that this was not always the case, even years after the conflict. Both men believed, or in Johnson's case, had been told, that wearing marks of service would aid them in their search for employment. Perhaps

⁶² Kent Fedorowich, *Unfit For Heroes: Reconstruction And Soldier Settlement In The Empire Between The Wars* (Manchester: Manchester University Press, 1995), pp.70-114.

⁶³ Morton and Wright, *Winning the Second Battle*, pp.117-118, 214 137.

⁶⁴ Johnson, *Canadian War Service Badges*, p.80; Morton and Wright, *Winning the Second Battle*, p.117.

⁶⁵ Fedorowich, *Unfit For Heroes*, pp.105-106.

the greatest indication of the perceived value of both the soldiers' preference and land schemes can be derived from the fact that the Canadian government instituted similar programs at the end of the Second World War.⁶⁶

Pursuit of these advantages, combined with a desire to not be linked with slackers and shirkers caused rejected volunteers to band together and form their own pressure group in 1918, the Honourably Rejected Volunteers of Canada Association. Structured along similar lines to the Great War Veterans Association (GWVA) – to which it claimed to be closely allied, but independent from – the HRVCA membership comprised of men who had, or were eligible for, class “C” and “D” war service badges . Vowing that it would be “entirely independent of any party politics”, the association stated that its aim was to safeguard both “the welfare and ... common rights of all its members.”⁶⁷ Of central concern to the membership of the HRVCA, and the driving force behind the association's creation, was the belief that there was “no discrimination [in the public sphere] between C and D men and the common ‘slacker’ who only has himself to blame.” In relation to this, HRVCA members also believed that there was far “too much discrimination between A and B men and C and D men.”⁶⁸ In light of these concerns, it was the HRVCA's stated aim to defend its members from “undue and unlimited” discrimination because they had not served in the trenches. In practice, this meant ensuring its members were not treated as slackers and received the recognition

⁶⁶ Morton, *Fight or Pay*, p.228.

⁶⁷ There was a one dollar entrance fee to the association, after which membership fees were two dollars per-annum. “Intend Organizing a Branch in Victoria,” *Victoria Daily Colonist*, November 6, 1918, p.7. The GWVA covered men who had class “A” and “B” badges. For a description of the different levels of war service badges see Chapter Six: “Not Visibly Different,” and Appendix 4.

⁶⁸ “Intend Organizing a Branch in Victoria.”

and rewards they were entitled to from the Dominion, from provincial authorities, and from the public more generally.

Government, public, and, perhaps most importantly, veterans' responses to the HRVCA are hard to measure in more than general terms. This is, in part, because not much information regarding the HRVCA seems to exist. Indeed, all evidence of the association stems from correspondence emanating from its British Columbia branch. Moreover, few references, and again only in British Columbia, were made to the association in the print media and despite this, few comments – either positive or negative – were made about the association's demands. For example, an article in Victoria's *Daily Colonist* reported on HRVCA's demands for compensation without including a comment.⁶⁹

The *Colonist's* silence is curious given that the HRVCA's demands were significant. Letters sent to Sir Robert Borden and to John Oliver, Premier of British Columbia, on November 30, 1919, written by the British Columbia branch of the HRVCA, indicate the extent of the association's claims. The letters called on the Provincial and Dominion governments to provide HRVCA members with "recognition in the matter of public appointments (government and civil service positions) and land settlement scheme and fishing licenses next to men of the Canadian Expeditionary Force." In effect, the HRVCA demanded that its members be granted almost the same rights and privileges that were being offered to men returning from the trenches.⁷⁰

⁶⁹ "Intend Organizing a Branch in Victoria."

⁷⁰ D. Robson, Provincial Secretary, The Honourably Rejected Volunteers of Canada to Robert Borden, LAC, RG 13, Series A-2, Vol. 244, File 1919-3013, "Honourably Rejected Volunteers of Canada Vancouver – That members be recognised for appointments" [Hereafter HRVA]; D. Robson, Provincial Secretary, The Honourably Rejected Volunteers of Canada to John Oliver, Premier of British Columbia, November 30, 1919, British Columbia Archives, "Premier's records 1883-1933," GR-0441, Box 206, File 49.

HRVCA members' belief that they were entitled to such privileges was based on a similar discourse to that used by returned veterans to buttress their claims for postwar recognition. The aforementioned letter of November 30, 1919, described HRVCA as "a body composed of men [who] voluntarily offered their services to the Empire...[only to be]...discharged or rejected as medically unfit for overseas service." Further driving the point home, the resolution also stressed that membership in the association was only open to those men who had attempted to enlist before the introduction of conscription in August 1917.⁷¹ The message was clear: HRVCA members were not "slackers and shirkers" who had ignored their obligations to their country. Rather, they were either loyal citizens who had *of their own free will* offered themselves for service only to have that offer rejected by the state, or they were men who had provided some form of service in Canada (having been deemed unfit to serve overseas) and had been honourably discharged due to old age, wounds, or sickness. In addition, and just as important, their offer to serve in the trenches had been *honourably* rejected. Ultimately, the underlining message was simple: unlike slackers and shirkers "who only had [them]selves to blame", HRVCA members were not at fault for their lack of service. Instead, they were denied their chance to face the guns by forces beyond their control.

In effect, the HRVCA used a discourse of retarded heroism in which the *willingness* to sacrifice oneself was almost as important as the act itself. This kind of discourse allowed rejected volunteers and discharged home service men to accept and justify their reasons for not having fought on both a personal and public level. In doing so, it reaffirmed their masculinity and honour, while implicitly condemning the ill treatment they had received from certain sections of Canadian society during the war.

⁷¹ HRVA

As noted above, it also allowed HRVCA to argue that since its membership had been willing to fight and die for Canada, it was deserving of recognition and reward. It should be noted that the discourse of retarded heroism constructed by the HRVCA is open to question since it ignored those men within the ranks of Canada's rejected volunteers who volunteered knowing (or hoping) that their physical impairments would cause them to be declared unfit to serve.

HRVCA proclaimed its member's loyalty visually in addition to proclaiming it verbally. At the center of the association's letterhead was the Union Jack, with the letters "H.R.V.C." emblazoned on the horizontal arm of the George Cross. Further driving home the association's claim of allegiance to king and country, the Tudor Crown, the traditional cipher of George V (Figures 10 & 11), rested between the "R" and "V" of the initials inscribed on the flag. Members were also provided with, at the cost of 50 cents, a lapel badge that not only identified them as belonging to the association but also stressed that the wearer had volunteered to serve his country. Twenty-one millimetres in diameter, the badge was made out of bronze. Running horizontally across the middle of the badge was a white enamel strip that was emblazoned with the letters H.R.V.C in red enamel. "Volunteered For Active Service 1914-17" was inscribed on the outside edge of the badge (Figure 12). As with the previously mentioned badges provided to rejected volunteers by individual battalions and later by the state, these badges were intended to indicate that the wearer had offered himself for service. By the end of 1919, a representation of this button had replaced the Union Jack on the association's letterhead (Figure 13).

Given the character of the HRVCA, and the discourses it used to buttress its position, it should come as no surprise that the association was vocal in its support of the GWVA with regard to most issues. Like the GWVA, the HRVCA not only insisted that all defaulters receive the full punishment allowed by the *Military Services Act 1917*, but also that they be disenfranchised for life and barred from holding any kind of public office in Canada. Also like the GWVA, the HRVCA called for all enemy aliens who had been interned to be repatriated to their homelands as soon as possible.⁷²

The Dominion government greeted HRVCA letters and demands with little enthusiasm. On December 7, 1918, the HRVCA's British Columbian branch sent a letter to the Prime Minister, the Minister of Justice, and the Minister of Militia detailing the resolutions passed by its membership in a meeting four days earlier which condemned draft evaders and demanded they not be allowed to escape punishment. The response that the association received was businesslike. Written by the Minister of Justice's private secretary due to the Minister's absence, the letter acknowledged the receipt of the HRVCA's letter and enclosed a statement made by the Minister of Justice which indicated the government's intention to punish those who had evaded their duty. "You will see by it [the statement]," the letter brusquely concluded, "that the government has no intention of allowing defaulters under the Military Service Act, to go

⁷² D. Robson, Provincial Secretary, Honourably Rejected Volunteers of Canada Vancouver to Minister of Justice, December 7, 1918 and December 14, 1918, LAC, RG13, Series A-2, Vol. 230, File 1918-2787 "Honourably Rejection Volunteers of Canada – Resolutions" [Hereafter HRVR]; Great War Veteran's Association to Sir Robert Borden, December 13, 1918, LAC, RG13, Series A-2, Vol. 230, File 1918-2775; Great War Veterans' Association to Arthur Mieghe, December 13, 1918, LAC, RG13, Series A-2, Vol. 229, File 2635.

unpunished.” Sent one week later, the British Columbia branch’s second letter to Ottawa was met with a similar response.⁷³

⁷³ Private Secretary, Minister of Justice to D. Robson, Secretary, Honourably Rejected Volunteers of Canada, December 13, 1918 and December 21, 1918, LAC, HRVR.

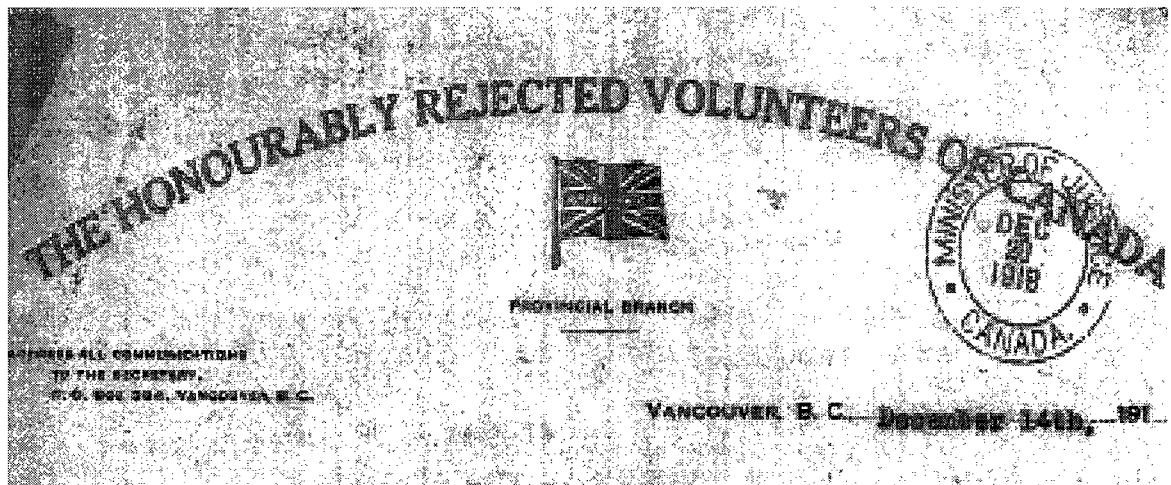


Figure 10: Letterhead of the HRVCA, 1918.

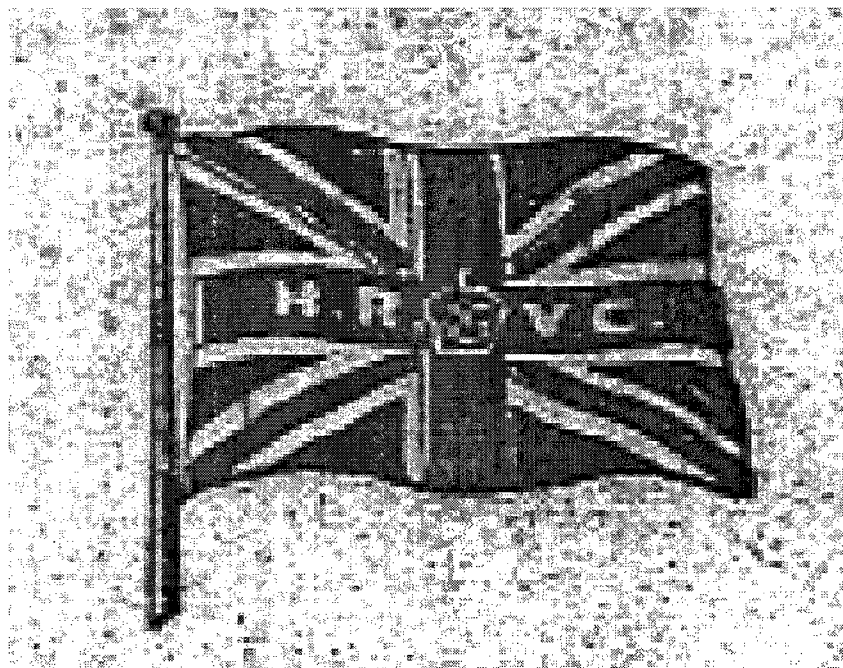


Figure 11: Detail of HRVCA's letterhead device, 1918.

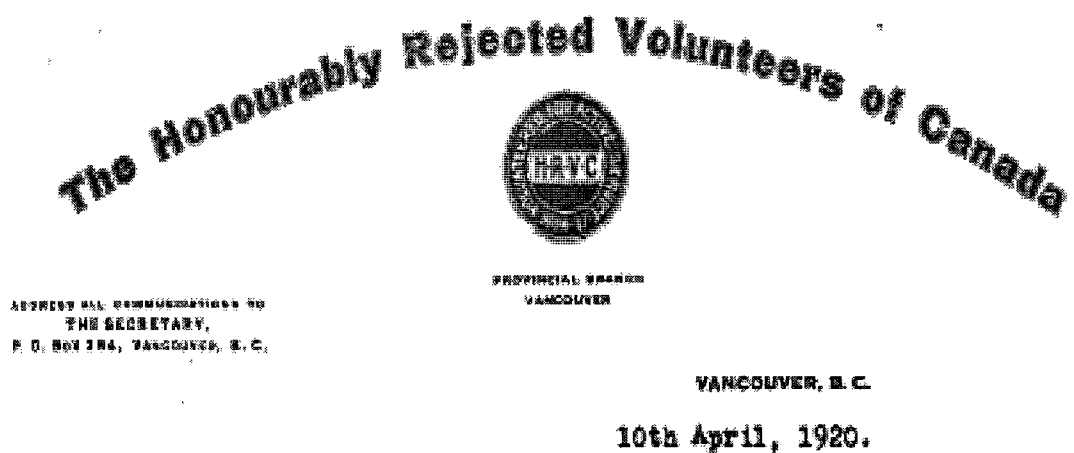


Figure 12: Letterhead of the HRVCA, post-1919.



Figure 13: Detail of HRVCA's letterhead device, post-1919. Note, this was also the format of the HRVCA badge.

The HRVCA was treated no differently by the British Columbian government. “Due consideration” was the only thing the provincial government was willing to promise to the association in regard to the HRVCA’s November 30, 1919 missive. When the association, after hearing nothing for four months, pressed the issue in April 1920, it would seem that Premier Oliver lost his patience. In a short letter the association was bluntly told “the opinion of the Executive Council is that those who saw overseas service should have first preference.” Oliver made no mention as to what, if any, preference the members of the HRVCA were to have.⁷⁴

Rejected volunteers never faced the hell of trenches, but this did not mean they escaped unscathed from the storm of the Great War. Like those who served, many of those who were turned away by the CEF were wounded, sometimes fatally, by their experiences. Moreover, as with the wounds suffered by those who served in France, the wounds endured by rejected men took a variety of forms that often continued to affect their victims long after the war ended. Denied the right to serve, rejected volunteers found themselves subject to accusations of cowardice and other acts of mistreatment since they were often identified as shirkers. Severe as such wounds could be, others had the potential to be even more serious. In a time increasingly dominated by eugenics ideologies, being labelled as unfit carried a stigma of defect and degeneration; an implication that one was a threat to the well-being of one’s community, if not one’s country. This stigma lasted long after the war ended. Indeed, the growth of the eugenics movement was, in part, powered by the “multitude” of unfits discovered during military medical examinations. Nor was this the only long-term impact rejection for

⁷⁴ The Honourably Rejected Volunteers of Canada to John Oliver, Premier of British Columbia, November 30, 1919, British Columbia Archives, “Premier’s records 1883-1933,” GR-0441, Box 206, File 49.

service visited on rejected volunteers. Rejection denied these men a chance at many of the official and unofficial opportunities, no matter how limited, that were offered to veterans.

The fact that rejected volunteers felt poorly treated by their situation and believed they deserved better is evident in the formation of the HRVCA in 1918. Mirroring veteran's associations, the HRVCA acted to defend rejected men's rights and push for the privileges its members believed they deserved. In doing so, the association's aim was to help alleviate the wounds many rejected men had suffered. This is not to say, however, that all men suffered as a result of their rejection. Indeed, some men actively sought to be rejected as unfit.

CHAPTER EIGHT

“He May Take You Officers for Germans in the Excitement”: The Employment of Claims of Disability as a Means to Avoid Military Service

Some men were happy to be rejected for service. Certain men sought the appellation not only as a means to avoid service in the trenches but also to escape public denigration. Moreover, some men enlisted as a form of social insurance, remaining in camp with a battalion until such time as they could find work or the battalion was to be shipped overseas. When they found a job or the battalion was to be sent abroad, these men would attempt to have themselves declared unfit for service.

The ways by which men attempted to be branded as unfit were varied. Evidence suggests that at least some men enlisted hoping that the impairments from which they suffered would cause them to fail the army's stringent medical examination, with a few seeking to ensure their rejection by helpfully pointing out their ailments to their examiners. Others, lacking impairments that they believed would cause them to be rejected, fabricated them – aided by both the limitations of the medical examination and, in some cases, by sympathetic medical examiners. Some individuals even resorted to criminal acts; either bribing doctors to provide false medical certificates stating that they were unfit to serve or stealing and then wearing the badges of legitimately rejected men and returned veterans.

While some reluctant enlistees did everything in their power to avoid service by branding themselves as unfit to shoulder a rifle, others used the impairments of their family members – be they physiological, psychological or, economic – to aid them in their quest to avoid the khaki embrace. Likewise, volunteers' family members also

made use of claims of impairment to counter their sons', brothers', husbands', and fathers' attempts to enlist. They did so in two ways: (1) by drawing the military authorities' attention to infirmities both physical and mental, that they argued made the man in question unfit to serve; and (2) by arguing their own disabling impairments necessitated that the individual in question remain home.

The employment of such assertions of disability – by both potential recruits and their families – started immediately after war was declared in August 1914 and carried through until the end of the conflict. Claims of disability were used even before the realities of trench warfare had become apparent to Canadians, and, more importantly, before the passing of the Military Services Act in late 1917. This suggests that these kinds of claims were not just a reaction to the Canadian government's introduction of compulsory military service, but instead were tools of resistance against wider public pressures to serve. The use of claims of impairment and disability in this manner complicates our understanding of the way impairment and disability was perceived in early-twentieth-century Canada. Being labelled or identifying one's self or loved ones as impaired and/or disabled could be, in some cases, a positive and empowering act.

On August 12, 1914, Robert George Johnston of Stouffville, Ontario, wrote directly to Sam Hughes, with whom he was very faintly acquainted, asking the minister, as a friend, for his aid.¹ The South African War veteran explained that a fit of military enthusiasm that overruled his better judgment had made him offer himself for active service, and his offer had been accepted. Now that his military ardour had cooled and

¹ The extent of Johnston's relationship with Hughes must have been minimal at best. Johnston, not only felt the need to remind the minister of who had introduced them (Johnston's cousin), but also to defend his decision to call the minister an acquaintance at all. R.G. Johnston to S. Hughes, August 12, 1914, LAC, EPW, Part 1.

he had come to see his enlistment as foolish, he hoped that Hughes could use his executive authority to have Johnston's name removed from the list of volunteers.

At the crux of Johnston's request was his contention that he was unfit to endure the rigours of combat. He explained to Hughes that while serving in South Africa he had contracted rheumatism and as a result he suffered from both lumbago and kidney problems. These problems, Johnston asserted, required almost constant medical treatment and limited both his physical mobility and endurance. As such, he would be much more of a hindrance than a help to his comrades in arms. Indirectly, Johnston implied his medical conditions would result in him being permanently confined to a base hospital rather than actually serving on the frontlines. Having established himself as a potential long-term invalid due to his pre-existing medical conditions, Johnston then played his trump card. Relying on the government's fears of the "great pension evil", he noted that Canada neither wanted nor needed any pensioners. His meaning was clear: if he was not removed from the list of volunteers, his many impairments would ensure that he would soon become a pensioner. Johnston's pleas to the Minister of Militia and Defence worked. Written in red pencil at the bottom of the veteran's letter rested the letters "O.K., S.H." in Hughes's confident hand.

For those who either did not have a connection, no matter how slight, to the halls of power or balked at the presumption such letters required, other paths of self-denunciation existed. The most obvious of these paths was the medical examination. In his postwar history of the medical services, Sir Andrew Macphail, professor of the history of medicine at McGill University, noted that men who wanted to evade their

duty exposed their ailments to medical examiners with “startling frankness.”² At Valcartier, nineteen-year-old Emile Leblanc told his examining MO that his back was very weak. Twenty-two-year-old J. Bunn, on the other hand, claimed to be unable to march or hop due to the after-effects of a recently fractured left clavicle and right tibia. Both men were rejected on the basis of their declarations, although in the case of Bunn, it was not without his examiner raising some questions about the truthfulness of his alleged impairment.³ Twenty-five-year-old James Varley, a labourer from Wentworth, Ontario, openly admitted that he became “dysphoric very easily.” In a period when such afflictions were seen, at best, as a serious character flaw and, at worst, as a marker of mental defect, the power of such a forthright admission should not be underestimated. Both the twenty-five-year-old W.H. Aikenhead and the thirty-four-year-old Cyrille Nadean openly confessed to the MOs who examined them that they did not want to go to war. Afflicted with varicocele, it is possible Aikenhead had enlisted thinking and hoping that his distended testicles would result in rejection and as such, employed his admission as a means to ensure his rejection. Nadean, however, had no such impairment to fall back on. Both men were rejected as unfit by the MOs who examined them; Aikenhead due to his varicocele and Nadean because he did not want to go.⁴

The rejection of Aikenhead and Nadean suggests that medical examiners could be Janus-faced when it came to judging recruits’ military fitness. Not only might a sympathetic medical examiner allow a sub-standard recruit to pass a medical examination, he might also find a way for a less than willing recruit to fail it. In the case of Aikenhead, the fact that his medical examiner, Capt. MacDermot, chose to record the

² Macphail, *Medical Services*, p. 158.

³ J. Bunn, LAC, FMR, Vol. 2.

⁴ W.H. Aikenhead, LAC, FMR, Vol. 1; Cyrille Nadean, LAC, FMR, Vol. 8.

prairie native's unwillingness to serve along with his impairment raises the question whether Aikenhead's swollen veins were a convenient medical excuse used by MacDermot to grant the twenty-five-year-old a means of escaping service. Such a possibility is supported by the case of Bunn whose examiner rejected the 22 year-old despite the fact that he could find no evidence of the injuries that the recruit claimed to have suffered. Fear was seen by at least some medical examiners at Valcartier as a legitimate reason for declaring an individual as unfit for service. Eighteen year-old Mark Purcell's list of reasons for rejection – which included bad teeth and being physically unfit – ended with “[h]as the German scare frightfully.” Similarly, thirty-seven-year-old J. M. MacFarland had “[a]fraid to go” recorded as a reason for rejection along with his substandard eyesight.⁵

While the surfeit of men volunteering for service in the heady days of 1914 meant that doctors could afford to make such decisions, evidence suggests that at least some doctors continued to declare unwilling men medically unfit throughout the entire period of the war. The November 1916 *Canadian Medical Association Journal* contained a short article reporting that the military authorities in Ontario had begun launching sting operations to catch physicians who they believed were providing, for a small fee, false certificates of ill-health to soldiers who wished to extend their leave. One doctor had already been caught, the article continued, and was now facing investigation by the Ontario Council of Physicians and Surgeons. The matter was revisited by the journal three months later in an article entitled “An Appeal to the Profession,” which reminded physicians that they must always exercise the greatest care in signing statements concerning the physical condition of individuals for purposes

⁵ J. M. McFarland, LAC, FMR, Vol. 7; Mark Purcell, LAC, FMR, Vol. 8.

connected with the military. Specifically, doctors must not accept statements about an individual's health "without thorough investigation or examination." Furthermore, the article warned members that knowingly and wilfully providing a soldier with a false medical certificate defrauded the government and therefore made physicians open to criminal prosecution.⁶

Although the appeal focussed on doctors who falsified medical certificates to aid returned soldiers in their pension claims or men seeking to extend their leave, the broad warning it provided to association members – about employing the greatest care when issuing medical certificates for any purpose connected to the military – seemed to indicate that the authors were concerned that some doctors were providing fraudulent certificates to men because they were seeking to avoid military service. It was, after all, only a short step from supplying certificates that allowed a soldier a few extra days' rest and relaxation to providing a certificate that enabled an individual to claim that he had an impairment that disqualified him from serving.

Such acts are further evidenced by a letter written to Sir Edward Kemp, Minister of Militia and Defence by J.A. Johnson, a mother of a serving soldier, in May 1917. Requesting Kemp's pardon for "offering a suggestion re medical examination[s]," the Nova Scotia native stated that she did not believe it was just to appoint local doctors to conduct the examinations of boys who come in under conscription. Her reasoning was simple: "local doctors were bound to show favour to local mothers or sisters" of recruits and declare them unfit to serve. Indeed, Johnson said she knew of "three or four [boys in her home town of Parrsboro] who would have been in France today had it not been

⁶ "Editorial," *Canadian Medical Association Journal*, Vol. 6, No. 11, 1916, p. 1021; "An Appeal to the Profession," *Canadian Medical Association Journal*, Vol. 7, No. 2, 1917, pp.142-143.

that the local examiner had been influenced by mothers.” She also noted that she did not think that her home town was “an exception to the rule” in this regard.⁷

Likewise, a circular letter sent to MDs by the Militia Council on December 21, 1917, stated that it had received information that in “many instances” men had been incorrectly categorised by medical boards, “either by reason of deception practised by the men or otherwise.” In any case that came to the attention of the districts’ authorities where it was suggested that a man had been wrongly placed in a category below “A”, it was to be “immediately communicated to the Register or Deputy Register of the Districts with a request that he order the man concerned to attend for re-examination by a medical board other than the one which he was originally examined.”⁸

While it is difficult to ascertain how common such acts were since few doctors and men were likely to admit their involvement in such escapades, it should be noted that such practices were not limited to Canada. In England more than one doctor – including those working as army MOs – were suspected of, and many were charged with, providing falsified medical certificates to men who did not want to serve. Some doctors were even willing to supply aid to their clients who were faking disqualifying impairments by providing them with “pills or an injection which would affect the action of the heart or cause swelling or contractions of the muscles of the arm.” Other methods included the somewhat uncomfortable practice of injecting sugar cane solution directly into the urethra in order to simulate diabetes or pouring rancid oil (or other substances

⁷ J.A. Johnson to Edward Kemp, May 23, 1917, LAC, MIRSC2.

⁸ 165: “Re-examination of men under Military Services Act,” December 21, 1917, HQ 1982-1-101, *General Instructions Administrative Staff*, December 31, 1917.

such as condensed milk or Vaseline) into one's ears to mimic ear infections⁹ Just as some men were prepared to physically mutilate themselves to get out of the trenches, others were just as willing to do so to avoid getting into them in the first place.

Other paths lay open to men who did not want to risk encountering a doctor who would not provide the sought-after diagnosis of ill health, or were unable or unwilling to pay the necessary bribe. Before the introduction of conscription, some men who signed up with one of the myriad recruiting sergeants who prowled the streets of Canada's towns and cities never reported to a recruiting depot to be enlisted. After this, in an attempt to conceal their deceit from friends and family, they would "make spurious expression...that for some imaginary reason the Recruiting Depot found them unfit for service."¹⁰ Others went a step further and either unlawfully obtained or counterfeited the identifying buttons given to legitimately rejected individuals and returned veterans by battalions and the federal government.¹¹ The fact that unwilling warriors could use these means of service avoidance is indicative of the haphazard nature of recruiting and,

⁹ MacPherson, *History of the Great War*, p.127; J. M. Winter, "Military Fitness," pp. 233-235; "Simulated Diabetes", *London Times*, November 11, 1918, p.3. For an example of a medical examiner charged with falsifying medical certificates reported in the press see "The White City Case," *London Times*, December 14, 1916, p.4; "The White City Case," *London Times*, December 21, 1916 p. 5; "White City Case," *London Times*, December 28, 1916 p.2; "The White City Case," *London Times*, January 11, 1917, p.3; "The White City Case," *London Times*, February 21, 1917, p.4; "White City Recruiting Charges," *London Times*, February 22, p.3; "White City Charges," *London Times*, February 24, 1917, p.5; "The White City Case," *London Times*, February 27, 1917, p.3; "The White City Case", *London Times*, February 28, 1917, p.3; "White City Case", *London Times*, March 1, 1917, p.3 "The White City Case," *London Times*, April 21, 1917, p.4; "Court of Criminal Appeal: The 'White City' Recruiting Scandal," *London Times*, April 24, 1917, p.4; "Court of Criminal Appeal: Recruiting Scandals: Dr. Caley's Conviction Quashed," *London Times*, April 24, 1917, p.4. Also see "The Synovitis Case," *London Times*, June 9, 1917, p.3; "The Synovitis Case," *London Times*, June 30, 1917, p.3; "The Synovitis Case," *London Times*, July 6, 1917, p.3.

More generally speaking, the fact that some British doctors were involved in such matters, or were believed to be involved in them, is evidenced by two Italian reservists' attempt to blackmail an English doctor, one Gustav Meyer, in 1915 by threatening to tell the British and Italian authorities he had offered to falsify their medical certificates in exchange for a bribe. "Doctor and Reservist," *London Times*, December 8, 1915, p.7.

¹⁰ "Force Bogus Recruits To Keep Their Pledges," *Toronto Star*, October 26, 1915, p.15.

¹¹ Chapter Six: "Not Visibly Different."

more importantly, that many legitimately rejected men were not visibly different from those fit to serve. Indeed, fit men wanting to avoid service relied on this fact as much as unfit men wanting to serve.

Dependence on the invisibility of many disqualifying impairments is further evinced by the ailments that a number of men wanting to avoid service claimed to be suffering from. Many men feigned poor eyesight. Due to the basic nature of the military's eye examination, which, as all already discussed, involved a man reciting letters written on a test board placed six metres in front of him, faking sub-standard eyesight was – just like faking good eyesight – a relatively easy task. All a recruit had to do was claim that he could not read the letters on the test board placed in front of him or deliberately misread them. Other unwilling warriors claimed that they suffered from either night blindness or colour blindness.

Although PS18 was to direct medical examiners that “in all doubtful cases [of visual impairment] a definite opinion...should be obtained by a specialist,” there was little the military authorities could do to combat these acts.¹² While night and colour blindness could be tested by specialists, few military medical examiners had the skills, time, or equipment to conduct the necessary tests. More importantly, as Sir Andrew Macphail would note, even though specialists could test for night and colour blindness, they lacked tests that would show the true visual acuity of an insincere man.¹³ While it is unknown how many men attempted to use this means of service avoidance or how many were successful, Macphail's comments and the directive in PS18 indicate the tactic was common enough to have come to the attention of the Canadian military

¹² PS18, p.15.

¹³ Macphail, *Medical Services*, p.283

authorities. Macphail was not the only high-ranking Canadian officer to comment on this means of service avoidance. Nor were these officers confined to the medical services.

In 1917, Brig. Gen. A.O. Fages, GOC MD5, noted that defective vision was one form of defect that could “be very easily simulated.” However, unlike the arguably more knowledgeable Macphail, Fages went on to imply that the ruse could be detected if a suspect were examined by an eye specialist: “My personal experience has been that recruits sent back [from England] for defective vision, have in each case, when brought before the Eye Specialist, and put through a variety of tests, been found to measure up to the standard of vision laid down.”¹⁴

Fages’s claim that many recruits returned to Canada due to sub-standard eyesight were frauds was echoed by a claim made by his Eastern Ontario counterpart, Brig. Gen. Hemming, in late 1916. Hemming responded to a query from the Militia Council about a number of men from the MD under his command who had been found unfit to serve on arrival in England by openly questioning the veracity of some individuals’ failed eye examinations. In two cases, those of Privates James Connors and Joseph McIntosh, he openly accused the men of faking. McIntosh’s visual acuity, the general stated, had been found to be above standard when tested in Canada, therefore “if his eye sight was defective overseas he must have been faking.” Hemming was even less subtle when it came to the nineteen-year-old Connors. “Pte. J. Connors is a fakir[sic],” the general bluntly stated, “[h]e has no eye trouble.”¹⁵

¹⁴ GOC MD 5 to The Secretary, Militia Council, January 9, 1917, LAC, PRE.

¹⁵ GOC MD3 to The Secretary, Militia Council, December 8, 1916, LAC, MIR2C2

While Hemming's comments need to be seen in light of the fact that he was responding to criticisms of his districts' medical examinations from his superiors, the surrounding evidence suggests he may have been right in suspecting Connors had deliberately failed his eyesight test in order to avoid frontline service.¹⁶ Hemming stated that Connors had already been returned to Canada once and it was after claiming he was suffering from sciatica – another medical problem commonly believed to be faked by men wanting to avoid the trenches.¹⁷ Upon arriving home, his back problems had miraculously disappeared and he re-enlisted in his local depot's ambulance and passed the eyesight examination "perfectly." When ordered overseas for a second time, Connors's sciatica had, according to Hemming, returned. Bad back or not, Connors was shipped to England in late October 1916, perhaps because his superiors – as Hemming's report implied – were dubious about his claims. After his initial means of battlefield evasion was thwarted, it is not outside the realm of possibility that Connors fell back on another sure/infallible way of getting out of the firing line.

This possibility is supported by an examination of Connor's service file. No mention is made in the file of Connors's alleged poor eyesight, nor of any other pre-conflict impairment that caused him to be unfit to serve. Given that Connors spent a considerable amount of time under the medical spotlight, both as a member of the CAMC and as a battlefield casualty; this kind of omission is telling to say the least. Upon arrival in England, the nineteen-year-old first served at Shorncliffe Military Hospital before being transferred to the 13th Canadian Field Ambulance in mid April

¹⁶ Hemming's report also questioned the rejection of other men found unfit for reasons other than poor eyesight. This questioning included a statement that indicated that he believed that the examinations conducted in England were not up to standard.

¹⁷ "Sciatica and Malingering," *Lancet*, Vol.187, Issue 4834, April 1916, p.872.

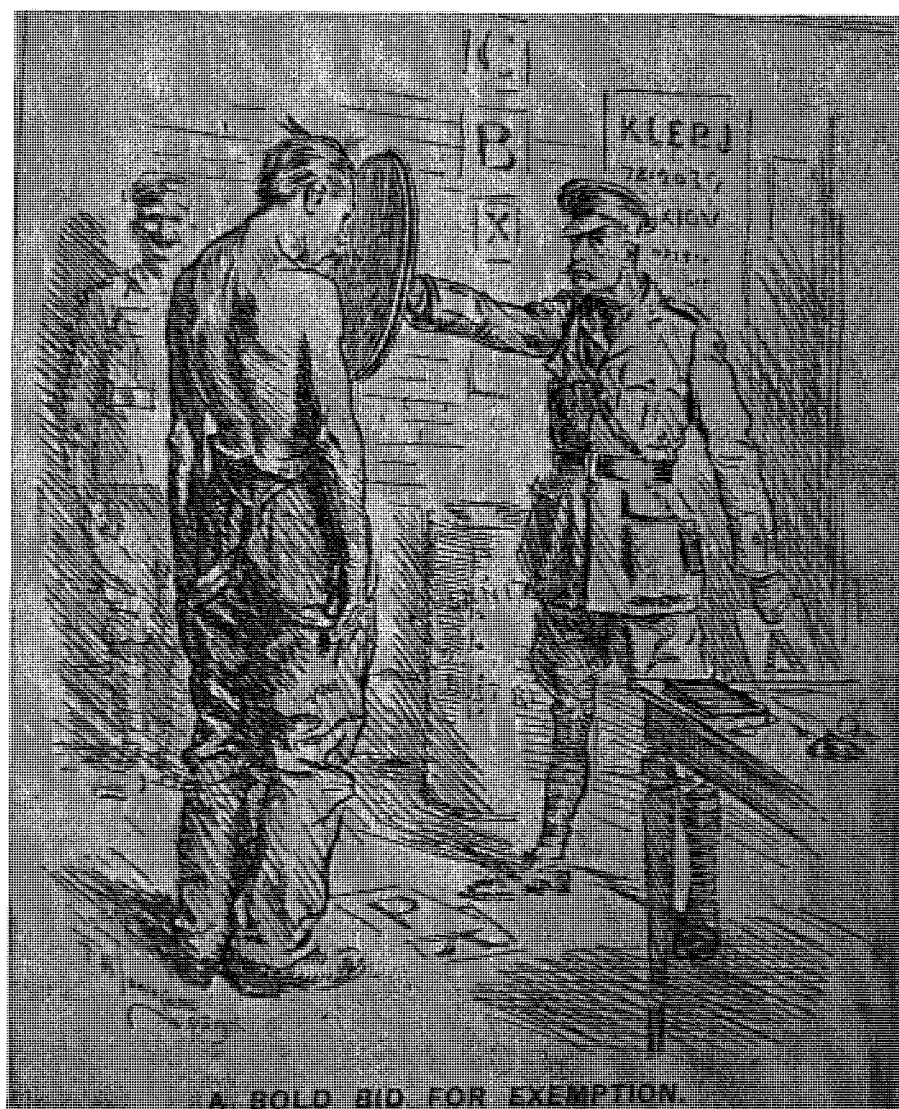
1917. Five months later he was invalided out of the trenches after being wounded by a gas shell. Although he survived, Connors was not left unscathed. He lost the hearing in his left ear as a result of an operation he had to combat an ear infection caused by the poison gas. Connors's lungs were also ravaged by the toxic fumes. Once again, despite a detail medical examination, no mention was made of any potential eyesight problems.¹⁸

If Hemming's suspicions about Connors seem to have been legitimate, his accusations about Macintosh were clearly off the mark. An examination conducted by a medical board on June 28, 1917, concluded that the thirty-three-year-old had myopia. Macintosh's right eye had a visual acuity of 20/200 while that of his left was slightly better at 20/120. With the use of glasses, his sight improved to 20/60. The board's findings were supported by tests conducted a year later by specialists at the Canadian Ear and Eye Hospital in Folkestone, Kent, and this time, Macintosh's left eye was found to be as weak as his right.

Faking eyesight to avoid service also drew the attention of satirists. The October 11, 1916, issue of *Punch* magazine contained a cartoon which glaringly outlined the issue for all to see. Called "A Bold Bid for Exemption", the cartoon depicted a MO almost hitting a British conscript in the face with the lid of a garbage can. "What is it?" demands the MO, "Two bob or 'alf-a-crown," is the willing recruit's response. Highlighting the recruit's claim to poor eyesight, visual acuity charts printed with

¹⁸ Connors recovered enough from his wounds to be placed back on active service, and, indeed, to involve himself in a riot. However, it is clear his lungs were permanently affected by his encounter with poison gas. He suffered bouts of pleurisy and pneumonia before succumbing to the Spanish flu in 1919. #536051, Connors, Jas., LAC, PF, Vol.1923-43.

ridiculously large letters – that have obviously been thrown on the floor in exasperation by the MO – lay between the two men (Figure 14).¹⁹



Exasperated Medical Officer (picking up lid of sanitary dushbin – to compulsory recruit).

“Can you see that?”

Compulsory Recruit. “Yes.”

Officer. “What is it?”

Recruit. “Two bob or ‘alf-a-crown.”

Figure 14: A detail of a cartoon from *Punch Or The London Charivari*, August, 1914.

¹⁹ *Punch Or The London Charivari*, Vol. 151, October 11, 1916, p.271.

Some men who were driven by economic necessity to enlist in August-September 1914 had no intention of seeing the trenches. Rather, they used enlistment as a form of social insurance. For these men, claims of disability became a useful tool to escape the colours when they had served their purpose. On March 31, 1915, Reverend H.A. Elliot, the Vicar of Port Hope's Saint John's Anglican Church wrote directly to Sir Robert Borden to draw his attention to the practice of men enlisting and then, just before final acceptance and deployment overseas, attempting to get dismissed from the ranks, either through acts of insubordination or claiming medical unfitness. These attempts were made after having drawn two or three months pay and enjoying free food, shelter, and public adulation. Once the men were dismissed, they would proceed to another recruiting centre where they were unknown and repeat the process. The vicar claimed to know of men who had been in all three contingents and, after being freed, were planning to enlist once again.²⁰

Elliot was not the only individual to draw the civilian and military authorities' attention to men employing claims of disability to gain discharge when their economic needs were met. Less than a month after the vicar had written his letter to Borden, Hemming, who was then a colonel, stated in a letter to the Secretary of the Militia Council that he believed that many of the men who had enlisted in the winter of 1914-1915 had done so to find a winter job. He noted that as soon as spring came, and with it a surfeit of new jobs, large numbers of men within his division, often with the support of family members, had begun to "demand their discharge for various unfounded

²⁰ Rev. H.A. Elliot to Sir Robert Borden, March 31, 1915, LAC, RG 24, Vol.856, File HQ 54-21-12-7 "Enlistment of men in CEF who have no intention of going to war."

reasons.”²¹ Often, the reasons used in these instances were either a claim that the soldier in question was unfit to serve, or that a family member suffered from a disability and required his support.

Maj. F.H. Honeywell, OC ‘A’ Squadron, 8th Canadian Mounted Rifles, wrote to the battalion’s commanding officer voicing his concern over the discharge of a number of men in the squadron on the grounds of family members’ illnesses or disabilities. Stating he “had serious doubt of the good faith of these cases” he drew his commander’s attention to the case of one Private W.H. Pearce who had recently re-enlisted after gaining a discharge six weeks previously on the grounds of his wife’s illness. When questioned during re-enlistment by Honeywell, Pearce had, the major claimed, openly admitted that his wife had not been ill at all. Rather, the real reason he had sought discharge was that he believed the economic conditions had improved enough so that he would be able to find work in his civilian profession of carpentry. When Pearce discovered that no work was available, he returned to the colours. Such acts, Honeywell despaired, were “interfering greatly with discipline in the Squadron.”²²

Private Walter Bryant of the 3rd Canadian Infantry Battalion had also joined the colours for economic reasons. However, unlike Pearce, when Bryant requested his discharge due to his wife’s illness, his claim seems to have been made in good faith. In the letter he wrote to his commanding officer requesting his discharge, Bryant went to great pains to stress his desire to serve. Stating that he wanted to do his duty, he explained he only wanted his discharge from overseas service because he feared what

²¹ OC 3rd Division to Secretary of the Militia Council, June 16, 1915, LAC, RG24, Vol. 823, EPW, Part 12.

²² Major F.H. Honeywell to Officer Commanding 8th Canadian Mounted Rifles, July 5, 1915, LAC, RG24 Vol. 824, EPW, Part. 14.

would happen to his wife, whose “health [was] pretty bad,” should he leave Canada. In such circumstances, his service on home defence, he believed, would be much better. As if to further indicate his unwillingness to leave the colours, Bryant went on, in a rather surprising but truthful admission, to state his discharge would be economically disastrous for him: “this [situation] is a bad job for me, as being out of work it [being discharged] only makes the matter harder for me.”²³

The cases of Private Pearce and Private Bryant indicate that volunteers could be debarred from service on the grounds of a family member’s impairment, be it physiological, psychological, or economic. Indeed, Department of Militia and Defence records demonstrate that the illness of a family member and/or the possibility of economic hardship for those left behind were accepted as valid reasons for discharging a man from service. John Boyd, for example, was discharged from service after showing his commanding officer a letter from his wife that seemed to demonstrate she was ill both physically and emotionally.²⁴ The aforementioned Robert Johnston further buttressed his request for discharge by claiming that his doctor believed that his ill sister would be “incalculabl[y] injur[ed]” by worrying if he were to serve overseas.

Such claims were grounded in constructions of gender roles, many of which implicitly contained disabling language or ideas. In the late nineteenth and early twentieth centuries, ideology considered women to be frail and emotional creatures who were incapable of responsible citizenship or of taking care of themselves. The anti-suffragettes in particular embraced this discourse, arguing not only that mental and physical deficiencies meant that women lacked the capacity to use the franchise in a

²³ Private Walter H. Bryant to Captain Munty, September 11, 1914, in Walter Bryant, LAC, FMR, Vol. 2.

²⁴ J. Boyd, LAC, FMR, Vol. 1.

responsible manner, but also that the pressures of such responsibilities would cause them to become ill, both physically and mentally. Similar arguments were used by those who opposed higher education for women, arguing that women were both physically incapable of withstanding the rigours of academic study and that subjecting women to such strenuous activity presented very real dangers to their mental health.²⁵ These constructions of women as physically and mentally inferior beings – which were strongly intertwined with the traditional gender discourses that portrayed the ‘ideal’ man as both provider for, and defender of, women and children – were actively repudiated by suffragettes. However, women not only used but embraced such discourses when seeking to have their family members discharged from service. Female correspondents claimed that the absence of the male breadwinner grievously impaired the family’s ability to survive both economically and socially. In this view, the family was, for all intents and purposes, disabled without its male head.

A. Birch, for example, wrote to the “Comanding [sic] Officer” of Valcartier Camp demanding her father be sent home because without him his family was starving, ill-clothed, and unable to pay the rent. In a letter memorable for its direct, defiant and accusatory tone, Ms. Birch ended by challenging her reader to “[p]ut yourself in my place and see what it is like.” Evidently, he did so. Ms. Birch’s father was released from service ten days after his daughter put pen to paper.²⁶ Likewise, the illiterate Mrs. John A. Pritchard of Battleford, Saskatchewan appealed to the only authorities she knew – the local division of the Royal North West Mounted Police – in an attempt to have her husband returned to her after he had joined the Saskatchewan Light Horse without her

²⁵ Baynton, “Disability and the justification of inequality in American History,” p.33, 41-44.

²⁶ A. Birch to Commanding Officer, Valcartier Camp, September 11, 1914, in A. Birch, LAC, FMR, Vol. 1.

consent.²⁷ John had, she explained, left her and their seven children destitute and she stated that she did not know what would become of them if he was not returned soon.

Mrs. Pritchard's case was taken up by the Royal North West Mounted Police (RNWMP) detachment commander, who wrote directly to the RNWMP commissioner in Regina stating he believed that Pritchard would "best serve his country" by returning to Battleford and supporting his wife and children. The commissioner in turn contacted his superiors in Ottawa who took up Mrs. Pritchard's case with the Department of Militia and Defence. Ultimately, all of the above action was unnecessary since the forty-five-year-old Pritchard had been rejected as medically unfit at Valcartier due to his rheumatism only four days after his wife had approached the RNWMP.²⁸

As well as sending men home, the Dominion government used other methods to alleviate the possibility of families suffering economic disablement due to the loss of their primary breadwinners to the CEF. Not only could soldiers assign up to four-fifths of their pay to their families, the families of CEF members also received a separation allowance of \$20.00 per month from the government.²⁹ Soldiers' dependants also received additional support from the Canadian Patriotic Fund (CPF).³⁰ While these measures took time and were not perfect, their creation provided the government with a powerful counter for claims of economic impairment on the part of a soldier's dependants and simultaneously easing a potential recruit's fears that volunteering for

²⁷ Mrs. Pritchard's letter took the form of a copy of a typed statement that was said the original was signed with her mark (X).

²⁸ Mrs. John A. Pritchard to Superintendent West of the RNWMP, September 12, 1914 and related correspondence, LAC, RG24 Vol. 821, EPW, Part 4; J.A. Pritchard, FMR, Vol. 8. For further examples see Desmond Morton, *Fight or Pay*, pp.30-31.

²⁹ As of April 1, 1915, noncommissioned ranks receiving separation allowance were obliged – barring special circumstances – to assign half their pay to their dependants. Morton, *Fight or Pay*, pp.30-49, 93.

³⁰ Morton, *Fight or Pay*, pp.50-132; Herbert Ames, *Our National Benefaction: A Review of the Canadian Patriotic Fund* (Ottawa: No publisher, 1915); Philip H. Morris, *The Canadian Patriotic Fund: A Record of Its Activities From 1914 to 1919* (Ottawa: No Publisher, 1920?).

service would impair his family's ability to survive. In fact, cards provided by the CPF to recruiters in 1915 for distribution to potential recruits stressed the economic support that a recruit's dependants would receive from the fund.³¹

Economic impairment was not the only gender-based impairment that some female correspondents employed when attempting to have their sons, brothers, or husbands discharged from service. On April 13, 1915, Aimee Clements of London, Ontario requested her husband's discharge on the grounds that she required his protection. Clements claimed she was being persecuted by her former landlord, one Joseph Fox of 213 King Street, London. Describing Fox as a "German Jew,"³² Clements stated that he had begun to victimize her and her four young children not long after her husband had joined the colours. Clements explained that due to a lack of money – because her husband was away and she had not received a government allowance – she was unable to pay her rent. As a result of this, Fox had, she claimed, "practically turned me out on the street." He had then approached the secretary of the local Patriotic Fund in an unsuccessful attempt to get the money she owed him, thirty dollars, drawn from her government allowance. As well as making her feel unsafe, Fox's constant harassment, Clements continued, had adversely affected both her and her children's health. "I am so weak and ill after all I have gone through these last few

³¹ Morton, *Fight or Pay*, pp.89-90. Susan Pedersen has made similar observations with regard to the provision of separation benefits by the British government. Susan Pedersen, "Gender, Welfare, and Citizenship in Britain during the Great War," *The American Historical Review*, Vol. 95, No. 4, 1990, pp.983-1006.

³² Clements repeatedly stressed that Fox was a German, even going to the extent of stating that "If all Germans are like him, I am sure the world will be well rid of them." In light of Clements's vitriolic denunciations, it should be noted that her identification of Fox's ethnicity was incorrect. The 1911 Census identified him as being ethnic Russian from Poland. Joseph's wife, Bertha, however, was identified as being ethnically German. Clements was correct in identifying Fox's religion. *1911 Census of Canada Indexing Project*, <http://auotmatedgenealogy.com/census11/View.jsp?id=152011&highlight=11&desc=1991+Census+of+Canada+page+containing+Joseph+Fox> (Accessed January 13, 2008).

weeks,” she declared, “I hardly know how to crawl around.” As a result of being forced to move in the rain, her four children were “all so sick with croup.” Clements ended her letter thanking her unidentified reader in advance because she felt sure he would do his best to get her husband free to protect her and her children from “such a man.”³³

Rapacious landlords were not the only dangers from which some women claimed they needed their men’s protection. Many of the newly minted Johnny Canucks were also seen as a threat by some. The wife of a career soldier serving in the Quebec Battery of the Royal Canadian Garrison Artillery, Mrs. H. J. Wood demanded her husband be returned to her on the grounds that barracks in which she and her five children lived was “full of volunteers [sic] and it is not safe for a woman living here alone.”³⁴

While some correspondents claimed that they needed their husbands at home for protection, others employed other gender-based impairments in their attempts to have men discharged, including a woman’s need for guidance and control. A.B. Higginson, for example, requested Leo Mills’s discharge from Valcartier due to the fact that the young soldier’s wife had been keeping bad company since his departure. While Higginson was loath to imply that the young woman had done anything wrong, he stated that he was “afraid that unless her husband is here to look after her she will be led astray.” Compounding Higginson’s fears was the fact that the young couple had a crippled child that needed almost constant care. In such circumstances it was best,

³³ Amiee Clements to unidentified correspondent, April 13, 1915, LAC, EPW, Part 10.

³⁴ Montréaler Herrick Duggan expressed similar fears to his mother about the safety of sending his sister, Margaret, to a private school in Kent, England. Mrs. H.J. Wood to Colonel Panet, September 12, 1914, in H. Wood, LAC, FMR, Vol. 11; Clarke, “He was my best subaltern,” p.23.

Higginson contended, that Mills be sent back home immediately so that he could “take charge of...[his wife and]... his infant and relieve others of the anxiety and trouble.”³⁵

The mixing of gender-based impairments with material physical impairments or illness, as evidenced by the letters of Amiee Clements and A.B. Higginson, was common. In many of these letters family members were portrayed as suffering from impairments that made their position especially precarious. These impairments were often used to explain, or further emphasise, the claimant family’s economic and social disabilities.

Mrs. William Brothers of Montréal, Quebec, requested that her son, William, be discharged in September 1914 on the grounds that the recent death of her husband had left her alone and without any form of support. She could not get along by herself because she was “completely blind.”³⁶ Likewise, Mrs. Joseph Martin of Toronto requested the discharge of her husband from the Fort Garry Horse on account of the fact that she was crippled. With her left foot amputated and often suffering from pains in her right leg, Martin was periodically unable to get around and as a result, could not provide for herself or her young son.³⁷

Older parents also sought to block their son’s enlistment or garner their discharge by claiming physical and economic disability. Private Charles Steele’s discharge was requested by his mother because he was his aged parent’s only support and because his father was exceptionally ill. “We need him home very badly,” Mrs. Steele explained, “his father is not well any time he is troubled with his heart he is liable to drop dead any minute now... you no [sic] what a mother and father are like in there

³⁵ A.B. Higginson to “The Colonel”, September 15, 1914, in Leo Mills, LAC, FMR, Vol.7.

³⁶ Mrs. William Brothers to Colonel Williams, September ?, 1914, in William Brothers, LAC, FMR, Vol. 2.

³⁷ Mrs Jas. Martin to Secretary of the Militia Council, August 21, 1915, LAC, EPW, Part 15.

[sic] old days no one can do as there [sic] own children for them.” In an effort to prove her good faith, Mrs. Steele offered to get the signatures of two doctors to support her statements about her husband’s health. Steele then changed tactics, choosing to finish her letter with what might be described as an attempt at emotional blackmail. “[H]e is in your hands and you can make us happy or miserable the rest of our days please let him come back home... I would plead on my knees if I was there but am not able to come.” Emotional blackmail or not, Mrs. Steele’s pleas worked; Charles was discharged on September 12, 1914.³⁸

In a less emotionally-charged letter, the law firm of Gagnon, Sasseville and Gagnon challenged the enlistment of their client Patrice Desgagné’s son, Joseph, on a number of grounds which included Patrice Desgagné’s inability to work. Identifying Joseph as Desgagné’s “fils unique,” Desgagné’s lawyers stated that Desgagné was “un homme agé et peu capable de travailler.” They further argued their case by saying that Joseph was a minor and that the young man was “plus sourd, faible et souffre de maladie de coeur.”³⁹ In a similar case, L.C. Belanger, a lawyer from Sherbrooke, Quebec, wrote directly to Sam Hughes in an attempt to have the minister discharge Joseph Gagnon from service. Joseph, Belanger explained, was “about the only support” his mother had because his father had been “paralysed for some years.” As well as being his family’s breadwinner, Joseph was also, Belanger continued, deaf.⁴⁰

The cases of Joseph Belanger and Joseph Gagnon indicate that soldiers’ families attempted to resist their husbands’, sons’, brothers’ and friends’ enlistments by

³⁸ Mrs. Steele to unidentified correspondent, September 2, 1914, in Charles Steele, LAC, FMR, Vol. 10.

³⁹ Gagnon, Sasseville & Gagnon to M. le Sous-Ministre de Milice, July 10, 1915, LAC, RG24, Vol. 824, EPW, Part 13.

⁴⁰ L.C. Belanger, K.C. to The Honourable Samuel Hughes, Minister of Militia, May 15, 1915, LAC, RG24 Vol. 823, EPW, Part 12.

portraying the men as unfit. Those family members protesting an individual's enlistment would draw the military authorities' attention to potential disabilities that had been missed (or ignored) during medical examinations. In many cases, correspondents would reinforce their claims by referencing statements made by their family physicians or including written statements signed by the medical practitioner. These tactics were often allied with either an implied or explicit attack on the medical examination that had passed their family member fit to join the colours.

Samuel E. Harris from Cooksville, Ontario wrote to the Department of Militia and Defence on 22 August, 1914, challenging his son Cleveland's recent enlistment in the Governor General's Body Guard on the grounds of the young man's ill health. Cleveland, Harris stated, had a heart condition from which his doctor believed he would never recover. This condition, which Harris never named, had on occasion caused his son to faint in the street. Cleveland's health problems did not end there. His father further reported that on occasion the young man had "spells" where he would go for 24 to 36 hours without eating; that he had a deformed toe that "trouble[d] him a great deal when he walk[ed]," and that he also suffered from severe bronchitis in the winter.

After doing his best to firmly place his son in an invalid's chair, Harris went on to criticize the Toronto doctor who had passed his son as fit to serve. Calling the doctor "queer," he stated both he and his neighbours were shocked his son had been considered fit to shoulder a rifle because the boy was "so thin and delicate." Further stressing his son's weak constitution and questionable heart, Harris went on to report that Cleveland's mother was "worrying terribly over him for she is afraid that if he does not get shot he will die from either excitement or exposure." Harris closed his demand that

his son be discharged by noting that his son would be more trouble to his battalion than he was worth: “they will have trouble enough without taking sick men out with them for soldiers.” Harris’s request met with a positive outcome; based on his letter his son was not included in the CEF’s First Contingent.⁴¹

While Samuel Harris’s claim about his son being thin was warrented – Cleveland stood 6 foot tall, had 34.5 inch chest and weighed 155 pounds – his assertion that his son was delicate and sickly appears unjustified. When Cleveland re-enlisted in 1916, the occupation recorded on his attestation paper was linesman. Far from being a job for those afflicted with a frail constitution, working on electrical wires high above the ground was both highly dangerous and physically demanding.⁴² Given these realities, “sinewy and strong” might have been a better description of the twenty-year-old volunteer rather than “thin and delicate.” However, the former characterisation of his son would not have helped Samuel Harris’s cause.

Furthermore, Cleveland’s service file indicates that the attacks his father referred to were somewhat dated and his physical impairments overblown. Although Cleveland suffered from bronchitis, the only serious attack he had experienced was in 1910 when he was sixteen years old and he had been in good health since that time. Moreover, despite his father’s claims that Cleveland’s hammertoe caused him trouble when he walked, examining MOs – who were always concerned about the state of a soldier’s feet – stated that the deformity was not disabling. Likewise, although noting that Cleveland’s heart was slightly enlarged, his examiners did not believe the defect was cause for concern or for rejection for service.

⁴¹ S.E. Harris to Officer in Charge of Militia Department, August 26, 1914, LAC, RG24, Vol. 820, EPW, Part 1.

⁴² #775939 Harris, Cleveland O., LAC, PF, Vol. 4084-13

While it is possible that these impairments may have seen Cleveland rejected as unfit if he had faced a medical examination at Valcartier in 1914, it would seem that the good doctors were at least partially correct in their diagnosis.⁴³ Rather than causing Cleveland to die from excitement or exposure, service seemed, at least at the beginning, to do the Ontarian some good as is evidenced by his weight gain of 25 pounds.⁴⁴ In fact, one doctor who examined Cleveland in mid-1919 described the then twenty-five-year-old soldier as both well built and well nourished, and this was after he had lost weight due to illness.⁴⁵

Ultimately, it was not exposure, excitement, or wounding that led Cleveland to be invalided out of the trenches, but bacteria. The Ontarian was hospitalized in England in October 1917 suffering from a severe case of trench fever. It would take him four months to recover.⁴⁶ To make matters worse, while enjoying his convalescence in

⁴³ Twelve (13, if the one instance of an individual with deformed toes is included) men in the sample set had hammer toes recorded as a reason for rejection. However, in all but one case these men suffered from multiple cases of the deformity, or had other unrelated impairments as well. Enlarged hearts were mentioned in five of the 161 cases when heart conditions were recorded as a reason for rejection. However, as enlarged hearts are often symptomatic of other conditions it is likely that many of the other 155 men rejected due to heart conditions also had enlarged hearts.

⁴⁴ Harris was not the only individual to gain weight while serving in the CEF. Nova Scotia author William R. Bird added sixteen pounds between his enlistment in April 1916 and his demobilisation in March 1919. Likewise, Saskatchewan native Alfred Andrews put on twenty-four pounds between enlisting in August 1914 and Christmas of the same year. Such physical changes were not confined to Canada. Robert Roberts noted the following in his memoir about life in Salford at the turn of the twentieth century:

In the first few months of hostilities many local recruits returning on their first 'furlough' ... astonished us all. Pounds – sometimes stones – heavier, taller, confident, clean and straight, they were hardly recognisable.

If nothing else, the military ensured that its troops were well fed. Will R. Bird, *Ghosts Have Warm Hands*, p. 170; #901552 Bird, William Richard, LAC, PF, Vol.748-27. Diary of Alfred Herbert John Andrews”; Roberts, *The Classic Slum*, p.152.

⁴⁵ At the time this comment was made Harris weighed 132 pounds. #775939 Harris, Cleveland O., LAC, PF, Vol. 4084-13

⁴⁶ Officially known as “pyrexia of unknown origins” (PUO) until its cause was discovered in 1918, trench fever was caused by the bacteria *Bartonella quintana* which was transmitted to its victims via infected body lice (*Pediculus humanus humanus*). The disease’s symptoms included fatigue, fever, eye sensitivity, headaches, high temperatures, nausea, pain in the legs (particularly the shins), and occasionally a maculo-

England, he contracted gonorrhea which – to his great misfortune – quickly manifested into a number of other serious ailments.⁴⁷

With that said, however, it is evident that Cleveland's respiratory condition did cause him some problems. As well as suffering from trench fever and venereal disease, doctors also suspected that Cleveland had contracted tuberculosis in the trenches. After repeated tests for the disease came back negative they changed their diagnosis – somewhat unwillingly and which much debate – to bronchitis. This judgment caused a medical board held at Moore Barracks, Shorncliffe on 14 October, 1918 to recommend that he be placed in category BIII: free from serious organic defects, and able to stand service conditions in the line of communications in France; only suitable for sedentary work. He was sent back to Canada in July 1919.

Samuel Harris was not the only parent to offer a critique of regimental medical examiners when attempting to get a son's enlistment overturned. On September 8, 1914, Mr. C. G. McWilliam, of Picton, Ontario wrote to Col. Victor Williams, Commandant of Valcartier Mobilisation Camp, requesting that his son, Willie, be discharged from service.⁴⁸ A sailor who did not mince his words, McWilliam bluntly stated that if his son had been examined when he enlisted he would not have been

popular pink rash that sometimes lasted for only a few hours. It was also common for the afflicted individual's spleen to be enlarged. Trench fever commonly affected its victims for 3 to 5 days, although severe cases, which were characterised by multiple relapses, could last months. Given the prevalence of lice in the trenches and the fact the disease's cause was unknown until 1918, most men suffered from trench fever at least once during their time in the trenches. With that said, however, the estimates provided by Macphail in his history of the Canadian Medical Services is much lower. Macphail stated that the CEF suffered from 15,355 cases of fever of unknown origin, 4,987 of which were confirmed as Trench Fever. See Cook, *At the Sharp End*, p.253; Macphail, *Medical Services*, pp.262-263; A.F. Shipley, *The Minor Horrors of the War*, 2nd ed. (London: Smith and Elder, 1915), pp.1-29; Geoffrey Miller, "Of Lice and Men: Trench Fever and Trench Life in the AIF," *Medical History of WWI*, <http://www.vlib.us/medical/liceand.htm> (accessed April 15, 2007).

⁴⁷ Harris's brush with gonorrhea also led him to suffer from lymphadenitis, epididymitis, and prolatitis. #775939 Harris, Cleveland O., LAC, PF, Vol. 4084-13

⁴⁸ C.G. McWilliam to Col. Williams, September 8, 1914, in the file of W. McWilliam, LAC, FMR, Vol. 7.

accepted. "Sickly since a small boy," Willie was, the mariner asserted, unfit to be a soldier. He suffered from bronchitis and weak lungs, a condition that as recently as the summer of 1914 had caused the nineteen-year-old to miss work on the grounds of ill health. Like Harris before him, McWilliam further supported his claim that his son was not fit for service by referring to the opinion of a medical professional. Willie's physician, Dr. Morley Currie, had advised the nineteen-year-old, so his father stated, "to be very careful of him self and keep from getting wet." McWilliam attempted to add further weight to Currie's words by noting that the doctor was a former member of parliament.⁴⁹ McWilliam closed by acknowledging that the department must have been getting "a lot of appeals to release men," but he defended his request by stating that his appeal was not for the release of "a healthy boy."⁵⁰ The department authorities obviously believed Mr. McWilliam, Willie was declared unfit to serve on the basis of his father's protest on September 12, 1914. Unlike the lean Cleveland Harris, there is no evidence that Willie attempted to re-enlist at a later date.⁵¹

Arthur Blake Clarke, from Plantersville, South Carolina went even further than Harris and McWilliam in his attempts to have his brother, one G.W. Clarke, dismissed from service. Clarke claimed his brother was unfit for the khaki due to a number of

⁴⁹ Morley Currie (1869-1944), served as the Liberal Member of Parliament for the Ontario riding of Prince Edward, in Canada's 11th Parliament (1909-11). He had previously represented Prince Edward in the Legislative Assembly of Ontario (1902-1908). "Currie, Morely" at *Parliament of Canada*, <http://www2.parl.gc.ca/Parlinfo/Files.Parliamentarian.aspx?Item=78018e26-7446-439c8ba6-2e01aa67bf05&Language=E&Section=FederalExperience> (Accessed November 30, 2007).

⁵⁰ For other examples of correspondents expressing surprise that the subject of their letter had been passed fit to serve and/or using doctors' letters to support their claims that the individual in question was unfit see John Fenn to E.G. Porter, August 22, 1914, and Mrs. H.T. Pritchard to Colonel Dunbar, August 14, 1914, LAC, RG24 Vol. 820, EPW, Part 1; and, James Scott to General Sam Hughes, August 15, 1915, LAC, RG24 Vol. 824, EPW, Part 15.

⁵¹ An examination of attestation papers under both McWilliam and McWilliams (the surname mistakenly attributed to the family in the 1911 census) did not reveal anybody fitting Willie's profile. It is, however, possible that Willie enlisted, as did many men, under an assumed name. *1911 Census of Canada Indexing Project*, <http://automatedgenology.com/census11> (Accessed June 5, 2007).

different impairments. The insurance agent not only claimed that his brother suffered, or had recently suffered, from a wide variety of physical ailments including pneumonia, diarrhea, and a defective ankle, but was also mentally unstable. He had, Clarke, contended, become “erratic” since falling into delirium while in hospital in Vancouver, British Columbia. Clarke further stressed the severity of his brother’s physical and mental flaws by stating that even he, in his role as an insurance agent, would not insure him. In a final flourish, Clarke offered to pay all expenses related to having his brother sent to him in South Carolina should he be rejected as unfit. G.W. Clarke was rejected as unfit soon after.⁵²

Arthur Clarke’s letter indicates that as well as using claims of undetected or ignored physical impairment as grounds for having their loved ones discharged from service, some family members also alleged that the man in question suffered from intellectual or psychiatric impairments. On August 13, 1914, George J. Lynch of Halifax, Nova Scotia, wrote directly to Sam Hughes regarding his older brother Thomas’s previously written request to the minister for the “privilege to go to the front.” George informed Hughes that his brother had only recently recovered from three years of illness during which time he had suffered from melancholia. As a result, his family, which George stated he spoke for, felt that he was not mentally responsible for his actions and desired that the minister both disregard Thomas’s request and ensure that he was not permitted to enlist.⁵³ Hughes did so.

Lynch’s letter was not the only one to cross Hughes’s desk claiming that a volunteer was mentally incompetent to serve. In a long letter addressed to “the Minister

⁵² Arthur Blake Clarke to Colonel V.A. Williams, August 31, 1914, in G.W. Clarke, LAC, FMR, Vol.2.

⁵³ George J. Lynch to Minister of Militia and Defense, August 13, 1914, LAC, RG24 Vol. 820, EPW, Part 1.

of Melisha [sic] at [sic] Ottawa,” Thomas W. Hicks of Magnetawan, Ontario, warned the military authorities that his son, Clifford, who, in a “state of excitement,” had walked 40 miles to Parry Sound one night after dinner to enlist, was “not always sain [sic],” and, as a result, was not “always accountable for his actions.” In an attempt to strengthen his claims about his son’s unstable mental condition, Hicks drew attention to the history of insanity in Clifford’s maternal ancestors. Not only had Clifford’s maternal uncle become crazy some 14 years prior and disappeared, but his maternal grandmother had also been committed to an “asylum for a time.” In addition, Hicks went to great pains to stress the potential danger that Clifford presented to his comrades and – perhaps in an attempt to further drive his point home to the officers reading his letter – his commanders by stating that Clifford “may take you officers for Germans in the excitement [of battle].”

In another less dramatic case, J. H. Fehrenbach of Berlin (now Kitchener), Ontario, turned to his local Member of Parliament, William G. Weichel, for assistance in getting his son, John, released from service. Telling Weichel that his son was “not a bright boy, in fact...dull mentally,” Fehrenbach stated that John was incapable of appreciating what enlistment really meant and of taking care of himself “in the circumstances that must necessarily follow.”⁵⁴

Neither Fehrenbach’s nor Hicks’s attempts to have their sons dismissed from the military were successful, most likely because the veracity of their claims were questionable at best. John’s and Clifford’s service records contained no evidence that either man suffered from any kind of psychological or mental impairment. Given that

⁵⁴ J. H. Fehrenbach to W.G. Weichel, 8/9/1915; Thomas W. Hicks to the Minister of Militia, October 11, 1915, LAC, RG24 Vol. 825, EPW, Part 18.

the military actively rejected recruits that were adjudged “mentally deficient,” and the length of time both men served (1915-1919 in the case of John, and 1915-1917 in the case of Clifford), this kind of observation must be seen as significant.⁵⁵ Even taking into account the possibility that such impairments may have been missed by a rushed and overworked MO during the men’s initial examination, the long period of time both men were under the military authorities’ gaze suggests that any “mental deficiency” suffered by either man would have ultimately been discovered. This position is further strengthened by the fact that both men experienced more than one medical examination during their time in the Canadian forces. In fact, it was during a later examination in January 1917 – more than a year after he had enlisted – that John was found unfit to be a combat soldier on account of the fact that he suffered from flat feet and slight varicose veins. Both Clifford and John saw action on the Western Front in the 75th Infantry Battalion and 256th Railway Construction Battalion, respectively. Although gassed on the Passchendaele, John survived the war. Clifford, however, was not as fortunate. He was killed on April 9, 1917, at Vimy Ridge.⁵⁶

Not all of those attempting to have their loved ones discharged from the military due to their unfitness to serve focussed on impairments based on physical or mental abnormalities, congenital or otherwise. Some correspondents used socially based impairments; the most obvious of these related to age. Numerous correspondents claimed their sons should be returned due to their being underage. The majority were under the minimum age required to sign up (18), and therefore, their parents had every

⁵⁵ For examples of individuals rejected as “mentally deficient”, “mentally unfit”, or “mentally incompetent”, see J. Niell, LAC, FMR, Vol. 8; Chester Vanderfoal, LAC, FMR, Vol. 9; Harry Tours, LAC, FMR, Vol. 9; Joseph Williams, LAC, FMR; Vol. 11.

⁵⁶ #657185 Hicks, Clifford Mallery, LAC, PF, Vol. 4323-11; #126080 Fehrenback [Sic], John Joseph, LAC, PF, Vol. 3026-21.

right to claim them back without any explanation. However, many chose to construct their sons' age as a form of impairment. Mrs. J. Cameron of Orangeville, Ontario, for example, stated that she did not want her eighteen-year-old son to be sent overseas because he had "not yet attained the strength of a man to endure hardship."⁵⁷ Similarly, Mrs. Annie Dash of Hillesdew, Saskatchewan, believed her eighteen-year-old son, Oliver, was too young to undertake the terrible ordeal of war.⁵⁸ In other cases, correspondences stated that the boy's youth had caused him to be influenced into joining. P. Boissel explained her sixteen-year-old brother's decision to join up by stating that she believed the glare of recruiters and the draw of the uniform may have been too much for the teenager to bear.⁵⁹ Mrs. Dash made a similar observation with regard to her own son, noting that the "glamour of the khaki seems to take the fancy of a boy before he is old enough to realize the seriousness of the thing."⁶⁰ Others used the legal disablement that all minors suffered from, stating they wished to claim their sons until they were old enough to speak for themselves.⁶¹

These tactics sometimes ended in controversy. Mrs. Margaret McGrath's attempts to pull her eighteen-year-old son, Michael, from the ranks of the 21st Canadian Infantry Battalion on the grounds that he was under the age of majority and therefore unable to contract an engagement to serve the state as a soldier without her consent, caused debate about when a young recruit was able to speak for himself. After her initial attempts at having Michael discharged failed, not the least because Michael

⁵⁷ Mrs. J. Cameron to OC Valcartier Camp, September 1, 1914, in D. Cameron, LAC, FMR, Vol.3.

⁵⁸ Mrs. A. Dash to AG, Ottawa, August 16, 1915, LAC, RG24 Vol. 824, EPW, Part 15.

⁵⁹ P. Boissel to The Commander or General of the 4 Section, B Coy, 106th Regiment, September 9, 1914 in G. Boissel, FMR, Vol.1.

⁶⁰ Mrs. A. Dash to AG, Ottawa, August 16, 1915, LAC, Vol. 824, EPW, Part 15.

⁶¹ Mrs. Edith Bessie Bradley to Officer Commanding 5th Battalion (?), September ?, 1914, in Leonard Bradley, LAC, FMR, Vol. 2.

wanted to stay in the battalion, Mrs. McGrath employed a lawyer, D. O'Connell, to add weight to her demands.⁶² After his letter to GOC MD3 was not answered, O'Connell wrote directly to Sam Hughes on December 23, 1914, implicitly threatening the Department of Militia and Defence with a writ of habeas corpus if Michael were not returned home immediately.⁶³ Countering O'Connell's threat, both the JAG and the AAG advised Lt. Col. Charles Winter, Militia Secretary, that based on British Common law, enlistment was "a valid contract, although entered into by a person under 21, who by ordinary rule of law...cannot, as a general rule contract any engagement."⁶⁴ Common law dictums did not, however, protect Michael from his mother's wrath. Not long after O'Connell wrote to the Minister of Militia and Defence, Mrs. McGrath arrived in Kingston and "succeeded in inducing the boy to ask for his discharged." It was duly granted.⁶⁵

Correspondents often took great pains to express their loyalty to king and country. More than a few stressed that they would be happy for their loved ones to serve in another capacity if they could stay at home or that if they were in a better position, they would support the enlistment. A number of those men who sought their own discharges made similar statements. Mrs. B.B. Gamble, for example, stated that if her son did not suffer from the after-effects of a childhood accident, she would think it was his duty to serve.⁶⁶ Gamble's words were echoed by those of Mrs. Robert Burleigh of Toronto who declared that her objection to her son William's service was not based

⁶² OC 21st Battalion CEF to Mrs. McGrath, November 10, 1916; and, OC 21st Battalion CEF to Mrs. McGrath, November 16, 1914, LAC, RG 24, Vol. 823, EPW, Part 6.

⁶³ D. O'Connell to Minister of Militia, December 23, 1914, LAC, RG 24, Vol. 823, EPW, Part 6.

⁶⁴ AAG to The Military Secretary, December 30, 1914; Judge Advocate General to The Military Secretary, January 5, 1915, LAC, RG 24, Vol. 823, EPW, Part 6.

⁶⁵ OC 21st Battalion CEF to Lt. Col. Chas. F. Winter, Militia Secretary, Ottawa, January 8, 1915, LAC, RG 24, Vol. 823, EPW, Part 6.

⁶⁶ Mrs. B.B. Gamble to Col. S. Hughes, September 3, 1914, in R.B. Anderson, LAC, FMR, Vol.1.

on any opposition to him “stand[ing] for his country,” but rather because there were “lots of others more fit for it than him [to serve].” As if to further stress her willingness for her son to serve were he able to, Burleigh went on to state that she did not mind “him be for home duty.”⁶⁷ Likewise, Mrs. B.L. Winegard of Collingwood, Ontario pleaded with Sam Hughes to not view her as a coward when she requested that he place her two sons on home duty due to her ill health. Acting as if to shield her sons from accusations that they were hiding behind their mother’s skirt, Winegard not only stated that her boys were brave (twice), but also that they were “true Y.M.C.A. members.”⁶⁸

Many others followed a similar path when they noted that their son or husband would better serve his country working in his chosen profession. The aforementioned Mrs. Dash told military authorities that she believed that by helping on the family farm – especially now that his aged father was unable to do the work – Oliver “would be doing his duty to his country, just as much here as there.”⁶⁹ Mrs. F. B. Campbell of St. John, New Brunswick – who insisted that her husband, Fred, be returned due to her ill health – made similar comments. Fred was, she declared, a machinist and as such could do much to help the war effort by making shells.⁷⁰

Some went a step further in their attempts to prove their loyalty to the cause. Mrs. William F. Orr ended her letter by objecting to her husband’s service overseas on the grounds that his small children needed his support by stating that “[i]f it were not for the babies I would say nothing, I would even volunteer as a nurse myself.”⁷¹ Likewise,

⁶⁷ Mrs. Robt Burleigh to Colonel Williams, September 9, 1914, in William Burleigh, LAC, FMR, Vol. 2.

⁶⁸ Mrs. B.L. Winegard to Colonel Sam Hughes, September 5, 1914, in C. Winegard, LAC, FMR, Vol. 11.

⁶⁹ Mrs A. Dash to AG, Ottawa.

⁷⁰ Mrs. F.B. Campbell to Maj. Gen. W. Gwatkin, July 1(?), 1915, LAC, RG24 Vol. 824, EPW, Part 13.

⁷¹ Mrs Wm. F. Orr to Sam Hughes, Militia Dept, Ottawa, August 20, 1914, LAC, RG24 Vol. 824, EPW Part 13.

C.M. Richardson of Milk River, Saskatchewan, who had challenged his son's enlistment, stated that should Canada need more men in the future he would not only support his son's enlistment, but also "serve personally in any capacity you desire."⁷²

Mrs. Dash made a similar statement with respect to her son Oliver, stressing that when he got older, she would have no objection to him serving if he was needed.⁷³

Despite doing his utmost to have his name removed from the ledger of volunteers, Robert Johnston took great pains to stress his loyalty, and his willingness to do his duty to the best of his ability. Stating that he was the pay sergeant of the 3rd Dragoons, Johnston told Hughes that should the unit be sent overseas "I will be ready to report for duty with it." This kind of promise was not at odds with Johnston's attempt to avoid becoming a soldier. The position of pay sergeant was based at headquarters and not in the front lines.

Not all correspondents were so diplomatic in their requests, as is evinced by the letter written by Adelaide Yuill to Sam Hughes in the summer of 1916. The sixty-year-old teacher demanded that Hughes stop her son Lionel, who had enlisted without her knowledge while studying law at McGill University, from serving at the front. In doing so, she launched vituperative attacks on a number of different targets including the Principal of McGill University, Sir William Peterson, and Hughes himself. "Principle Peterson's knighthood," she dramatically declared, "will be stained with the blood of the poor youths entrusted to his care...[h]e gets the honor & glory [by encouraging them to enlist]; they death in the shambles." Yuill then warned the minister that "you men at

⁷² C.M. Richardson to Col. Hon. Sam Hughes, August 29, 1914, in F.T. Williams, LAC, FMR, Vol. 10.

⁷³ Mrs A. Dash to AG, Ottawa.

head of affairs will have heavy accounting to answer if our children are wantonly slaughtered to further your ambition for name.”

After venting her spleen, Yuill softened her tone. Claiming that she could not eat, sleep, or work due to worrying about her “fine looking” son she declared she would go mad if he was not sent home. A widow who had the misfortune of having to bury her eldest son, Lionel was, she said, “the only living thing I have.”⁷⁴ Hughes was obviously willing to gamble with Yuill’s mental health. Lionel was not discharged. Instead, the law student served two and one-half years in Europe, obtaining a lieutenant’s commission in the process. Moreover, although receiving shrapnel wounds in the right leg and both feet, Lionel survived the war. German snipers obviously did not find the young man the compelling target that his mother believed him to be.⁷⁵

It is doubtful that Lionel approved of his mother’s attempts to have him discharged from the CEF. While some men worked in concert with their family members to obtain their discharge, other men strongly contested their families’ attempts to disable them. The aforementioned William Burleigh strongly objected to his mother’s attempt to have him discharged, telling his commanding officer that he was “unmarried, of age, and...there is no one who should protest.”⁷⁶ C.S. Calhoun chose another approach. Rather than stating his case to his commanding officer, it is evident that he took his case up with his mother, the person who had tried to have him discharged. It would seem he stated his position rather forcefully. In the letter his

⁷⁴ Adelaide Yuill to Major General Hughes, June 14, 1916, LAC, RG24 Vol. 823, EPW, Part 13.

⁷⁵ #410916 Yuill, Lionel Henry, LAC, PF, Vol. 10673-17

⁷⁶ Capitan (illegible) to Mrs. Robert Burleigh, September 18, 1914, in William Burleigh, LAC, FMR, Vol. 2.

mother wrote to withdraw her protest, she stated that he had been “not at all pleased” by her interference.⁷⁷

Such acts of resistance – especially if they were violent or threatened the family fabric – might explain why some correspondents asked the military authorities not to inform the recruit about the letter that caused them to be discharged. Herbert Polk and Garfield Boiling’s mothers requested that their sons be kept in the dark about the letters they had written in an attempt to get them declared unfit to serve.⁷⁸ Furthermore, it signifies that these acts were forms of resistance by those who were otherwise powerless to stop their husbands, brothers and sons from enlisting. In fact, more than one protest letter stressed that the recruit had enlisted without the writer’s consent, a requirement for married men before August 1915, or had forced them to provide it. Ethyl Weir of Hamilton told Sam Hughes that she had only signed the form consenting to her husband Fred’s service because he placed “considerable pressure” on her to do so. Ethyl then proceeded to present numerous reasons why Fred should be discharged including a dying three-week-old baby, her inability to provide for their children, and Fred’s own medical defect (a hernia).⁷⁹

Despite the examples of individual recruits contesting their families’ attempts to have them discharged from service, there is little doubt that some men employed claims of disability – whether their own or someone else’s – to avoid serving in the trenches. Although many men were wounded by their labelling as unfit and subsequent rejection for service, many welcomed the possibility of being rejected on medical grounds and

⁷⁷ J. Calhoun to The Minister of Militia, August 15, 1914, LAC, RG24 Vol. 820, EPW, Part 1.

⁷⁸ Mary Polk to The Military Department, August 14, 1914; and Mrs Boiling to the Department of Militia, August 20, 1914, LAC, RG24 Vol. 820, EPW, Part 1.

⁷⁹ Ethyl Weir to Col. Sam Hughes, September 9, 1914, in Fred Weir, LAC, FMR Vol.11

also actively sought it. Being declared unfit enabled a man a means of escape from the trenches without being condemned as a coward or shirker. In fact, it offered him the chance to take on the mantle of a frustrated hero. A man could, in the end, claim that he had volunteered to serve only to have been denied the chance either by the military's pedantic rules and measurements, or by his family. Roy Coates, for example, placed the blame for his failure to serve squarely on the shoulders of his wife in his 1951 letter to the Department of Veteran's Affairs. "We were," he wrote, "on the point of embarkation, when my wife snagged me, in those days we were supposed to have a paper signed by wife, I did not have one, I nearly made it [to France]." Coates, it should be noted, tendered no explanation as to why he did not offer himself for service when the requirement for married men to get their wives' consent to serve was lifted in August 1915.⁸⁰ Likewise, dependants' use of claims of impairment and disability – physical, mental, and economic – as a means to keep their fathers, brothers and sons from the colours provided them a means to stop a loved one from enlisting while still maintaining their loyalty to king and country.

As noted, the use of claims of impairment to avoid the bloody mire of the trenches or potential economic destitution complicates our understanding of the way people perceived disability and impairment in early twentieth century Canada. Claiming to be, or being labelled, disabled could be empowering as much as it could be limiting. Admittedly, these observations should not be pushed too far. Claiming to be unfit for the trenches did not necessitate one to claim that he was unfit for civilian occupations. While this might seem obvious, it is an important point. By professing one's inability to fight, a man was not declaring his incapacity to contribute to society or that he was an

⁸⁰ Roy Coates to ? [Department of Veterans' Affairs], June 20, 1951, in Roy Coates, LAC, FMR, 2.

economic, moral, or genetic threat to society. In a time that was not only increasingly infused with eugenics ideologies, but also conflated masculinity and morality with financial independence, the importance of this distinction cannot be overstated. Having said that, by employing discourses that infused perceptions of disability – weakness, inability, and abnormality – individuals who employed impairment as a means to escape the khaki either for themselves or their loved ones, were *acting* within, implying the validity of, and thereby supporting, Canadian society's wider negative constructions of impairment/disability. Such negative constructions certainly did, as has been discussed in the previous two chapters, impact on men labelled unfit to fight. Nonetheless, for those who wished to avoid serving, the advantages of being labelled unfit far outweighed the disadvantages.

Conclusion

Don't Tell Me I tried, And Don't Tell Me I Failed

I remember respectfully like others before me
 All those who fell in the war
 And I hear you singing songs of lamentation
 But I don't wish to hear them no more
 What did you do in the time of the war?
 It's a question asked by every one
 I stood in a line my screwdriver in hand making aircraft out at
 Laverton

CHORUS

So don't sing no songs about Waltzing Matilda
 Don't tell me I tried
 And don't tell me I failed
 'cause all I recall is the scorn of the women
 And the white feather that I received in the mail

I remember the day I went down to enlist
 And they said "Read this chart on the wall"
 I remember the tone of the voice of the doctor
 As he said to me "That will be all. Thank you very much"
 Riding home slowly I sat on the tram not sure if to laugh or to cry
 For to train in the camps, sure, a man needs his lamps
 And a good soldier he must have good eyes

CHORUS

Well it takes more than bullets to murder and maim
 Whether worn down or beaten a death's still a death
 And you know sometimes when I think back to the forties
 I pray for my very last breath
 You know I have nothing against those who fought
 But for Christ's sake we do what we can
 And there's more than one way you can skin a cat
 And there's more than one way you can cripple a man

CHORUS (Twice)

"Scorn of the Women"¹

The above lyrics from the song "Scorn of the Women" written by Australian musician Michael Thomas, reflect the pain, bitterness, and sneaking relief of an Australian man as he reflects on his rejection for service during the Second World War, years after the conflict. Although both geographically and temporally distant from

¹ Michael Thomas, "Scorn of the Women," *Scorn of the Women*, WEA Records, 1987.

Canada during the Great War, Thomas's lyrics powerfully encapsulate key issues explored in this study. Indeed, the angry warning, "[d]on't tell me I tried, and don't tell me I failed," might just as well have come from the lips of a Canadian rejected for service at Valcartier in 1914 as from the lips of an Australian rejected for service in Melbourne in 1939. Likewise, the observation that "there's more than one way you can cripple a man," points to the fact that an individual can be disabled by a system of categorisation as much as by physical impairment, and to the social, mental, and economic wounds that many rejected volunteers suffered as a result of being rejected for service. The postwar recollections of Will R. Bird and Martin Colby concerning their multiple rejections for service certainly reflect these realities, although in different ways. Bird's description of his acceptance in 1916 after numerous early rejection(s) as a "rank injustice," along with his concomitant deriding of medical examiners as "mosquito brained," is coloured with a palpable anger. Likewise, Colby's account of the "hell" he faced on the streets of Toronto reflects his resentment with regard to his treatment, notwithstanding the truck driver's much calmer tone.²

Bird's and Colby's accounts do more than reflect the anger some rejected volunteers felt about being labelled as unfit for service. They also engage with discourses and conflicts that surrounded the construction of military fitness during the period of the Great War and how these discourses impacted on those so labelled. Bird was angry that he was accepted in 1916 because he believed that he was being allowed to enlist with those who had shirked their duty by not joining up earlier; it stands to reason that he feared that he would be tarred with the same brush. Colby's life was "hell" because he was repeatedly tormented on the streets by people who believed he

² Read, ed., *The Great War and Canadian Society*, p. 103; Bird, *And We Go On*, pp. 13-14.

should be in uniform and who rejected his legitimate explanation as to why he was not. Both these realities indicated that rejected volunteers faced the very real threat of being labelled shirkers or cowards and of not doing their part for king and country. This was especially true in the case of rejected men who were either not visibly impaired or had been rejected due to impairments that civilian society did not consider made one unfit to shoulder a rifle. Montréal native Herrick Duggan's report to his mother that people he encountered in London "scarcely believed" he was unfit is a case in point.³

Duggan, Colby, and Bird were not exceptions. Data drawn from Valcartier in August-September 1914 demonstrates that rejected volunteers were similar in age, height, and general physical appearance to other volunteers. A large percentage of the impairments that caused men to be turned away would have been unnoticed by the casual observer: eyesight, bad teeth, and varicose veins. In fact, it is likely that some rejected men would not have considered themselves disabled until they were designated as unfit by a medical examiner. Moreover, many of these individuals roundly rejected their medical examiners' verdicts, as is evidenced by the significant number of men who tried to enlist repeatedly despite being pronounced unfit and by the critiques levelled at recruiting requirements.

The concept of military fitness was contested within Canadian society. Military authorities, medical professionals, and civilians had different views on what made an individual fit or unfit. These differences could, and did, lead to clashes. Newspapers from central Canada abounded with criticisms of the military's "old womanish hard-and-fast [medical] regulations" that were denying "prospective aspirant[s] to the V.C.

³ HD to MD, 4/11/14, "Duggan, Herrick S. Correspondence 1914," LAC, HDF.

[Victory Cross]” a chance to serve their country.⁴ These criticisms were especially marked when military medical regulations seemed to be in direct opposition to standard civilian medical practice or general perceptions of physical fitness. Many civilians were, for example, horrified and not a little angered when powerfully built loggers were turned away due to their teeth. The conflict between civilian and military constructions of disability was not only limited to the broadsheets. It is also evident in some volunteers’ medical examinations and was inscribed (literally) on their enlistment papers. Some Canadian MOs at Valcartier implicitly critiqued the regulations they were charged to enforce when recording their observations about a volunteer’s physical condition on his enlistment papers. They did so by stating that an impairment could be cured by resorting to methods the military had proscribed, or by opining that while a volunteer’s impairment may have made him unfit for frontline service, it would not hinder his ability to successfully operate in support positions. Others passed men as fit despite regulations.

The fluidity of the concept of military fitness is further substantiated by the evolution of physical and medical requirements as the war continued. Forced by the need to meet ever-increasing manpower requirements, military authorities lowered the minimum physical and medical requirements for entry into the CEF as the war continued. Furthermore, they moved to create a complex categorisation system based on physical and medical indicators that allowed for the most efficient use of the manpower resources available to them. By 1917, Canadian medical examiners were no longer using a dichotomous classificatory system, which directed them to label men as either fit or unfit to serve, but were employing a gradated system of categorisation that

⁴ “Unfit for Military Service,” *Toronto Globe*, January 27, 1915, p.4.

placed recruits in positions that, based on their physical attributes and specialised skills, they were deemed best suited for.

The development of the categorisation was also a reaction to the problems faced by military medical examinations. Early in the war, large numbers of men who should have been rejected for service according to the criteria of the time were passed fit. These men were passed due to numerous factors that ranged from inexperience to deliberate fraud. This reality caused considerable concern, as is evidenced by numerous reports including the infamous Bruce Report. As a result, the Canadian military continuously acted to reinforce and improve the system by which men were adjudged fit or unfit to serve. As a whole, these acts of correction were successful. There is little doubt that by 1917 the medical examination system was considerably more thorough than it had been 1914.⁵ Men incorrectly passed fit to serve at the local level were often discovered before being shipped to England, as were OC's attempts to circumnavigate the system. Problems remained – a fact made clear by the case of Elvin Wolf – but nonetheless one is forced to agree with Sir Edward's Kemp's 1917 claim that the medical examination process had significantly improved by the later years of the war.

As efforts were made to plug the holes in the medical examination system, efforts was also made to combat the negative treatment of rejected volunteers. Regiments, and later the Dominion government, made an effort to supply rejected men with identifying badges to set them apart from those who had not offered themselves for service. Concurrent pronouncements were also made that those who had offered themselves for service only to be rejected were to be treated with the same respect and

⁵ Ilana Bet-El has made the same observation with regard to the medical examination of English recruits. Ilana Bet-El, *Conscripts: Lost Legions of the Great War* (London: Sutton, 1999), p.37.

honour as those who wore the khaki. Both the success and popularity of these badges are difficult to judge. Robbie Johnson, an expert on Canadian war service badges, has noted that these badges' relative rarity today might suggest that they were not valued by their recipients.⁶ Certainly, newspaper evidence would seem to indicate that eligible men did not rush to collect the badge when it was offered and that others were sceptical with regard to their value and use.

The reason why these badges met with seemingly lukewarm responses can be grounded in the fact that few rejected volunteers would likely have wanted to wear them. Rejected volunteers such as Will Bird, and the many others who repeatedly attempted to enlist, did not believe they were unfit for service. To accept and wear the badge would have been tantamount to accepting one was unfit. It would also publicly brand one as disabled. In a time when the label "unfit" carried a considerable amount of negative baggage, primarily birthed from eugenics ideologies, few men were willing to be so labelled. Indeed, some of these badges became symbols of masculine and physical failure. This is no better evinced than by the 1917 Mutual Life Assurance Company advertisement which used a negative depiction of the Toronto Recruiting Depot's "A.R." badge and those who wore them as a means of encouraging people to purchase the company's life assurance policy. More widely, the declarations that acknowledged the honour of rejected men often carried negative undertones. For all its eulogising with regard to rejected volunteers' "soaring spirits", and great sacrifices, H.B. MacConnell's poem "Medically Unfit" presented the medically unfit as weak, broken half-men deserving of pity more than respect.

⁶ Johnson, *Canadian War Service Badges*, p.81

To make this kind of statement is not to deny that some rejected volunteers sought badges, nor to imply that all rejected men attempted to hide from society. Identifying badges were demanded by some rejected volunteers, and, one can assume, worn by some with a degree of pride. The fact that some rejected volunteers had pride in their identity as men who had offered themselves for service is evidenced by the founding of the HRVCA, which, it should be noted, had its own membership badge. The discourse surrounding this association included pride, honour, and, indeed, heroism.

The formation of the HRVCA further indicates the negative results of rejection for men deemed unfit to serve. Turned away from the ranks, rejected volunteers were denied the very real opportunities – economic, educational, and social – afforded to Great War veterans in the postwar period. Rejected volunteers simultaneously faced the implication that they had shirked their duty to king and country. The HRVCA acted to overturn these accusations by stressing its membership had volunteered to serve only to be turned away. The association did so by limiting membership to men who had been rejected before the introduction of conscription and by taking on the character of a pseudo veterans' group. Central to the adoption of this identity was the HRVCA's support of veterans' groups' demands that shirkers be punished. By attacking shirkers, the HRVCA differentiated its members from them; HRVCA members had answered the call, only to be turned away.

The above observations have important implications for both our understanding of the Canadian experience of the Great War and the broader field of disability history. In addition to highlighting a group that has long been overlooked in the historiography of the Great War, the study of rejected volunteers and the issues

surrounding them offers a new vantage point from which to survey and reconceptualise traditional and current historiographical interests including, but not limited to, recruiting and manpower mobilisation. An examination of military medical examination offers insight into one of the most fundamental facets of the recruiting experience as it was by passing (or beating) the medical examination that a recruit became an enlisted man.

With regard to manpower mobilisation, the Canadian military authorities' re-evaluation of the CEF's minimum medical standards and development of graded levels of fitness are important facets of their attempt to counter the manpower crisis. These acts not only provided the CEF with a wider pool of possible recruits, but also enabled the CEF to use its manpower resources more effectively by creating divisions of labour based on perceived ability.

The implications for our understanding of disability are just as important. Many rejected volunteers present a prime example of individuals disabled as a result of a categorisation system that deemed their often minor impairments to make them unfit to fight. This reality indicates that disability is not only made up of somatic and/or psychological characteristics, but is also composed of important socio-cultural elements. The evolution of this categorisation system as the war continued further stresses this point by demonstrating how concepts of (dis)ability – in this case martial fitness – can evolve in response to society's or a social group's changing situations. In relation, the conflicts between the Canadian military authorities, medical professionals, and lay people regarding what impairments made an individual unfit to fight indicates that (dis)ability can be defined in different ways by different groups within a society (and, by

extension, different societies) dependent on their material circumstances and value systems.

The way men reacted to being designated unfit, and the way rejected volunteers were viewed and depicted is also important. The myriad of negative connotations that orbited the label “medically unfit” during the Great War reflects early-twentieth-century Canadian society’s wider discomfort with disability and the disabled. In a period in which eugenics ideologies were spreading across Canada like wildfire, large numbers of men rejected for service on medical grounds not only seemed to confirm, but also fuelled fears of racial degeneration. However, the employment of claims of disability by men and their families to either avoid or counter enlistment serves as an important reminder that the label could be used as a means of empowerment despite, or perhaps because of, these negative connotations.

APPENDICES

Appendix 1

Databasing Rejection

The major pillars of this study include three research databases. Containing records for over 3000 individuals, these databases were created from different evidentiary sources – including attestation papers, government memorandum and reports – that directly related to men rejected for service during the Great War. This appendix discusses the creation of this research infrastructure by describing the sources used in the construction of these databases.

SOURCES

Library and Archives Canada (LAC) holds 3.3 metres of textual records pertaining to CEF volunteers who were not sent beyond Valcartier. Held in 11 volumes and entitled “Files of CEF volunteers who were rejected” (FMR) this record group contains the personnel files of men whose offers to serve in CEF were rejected, usually because they were deemed to be medically unfit.¹ Although the dates ascribed to this collection run from 1914 through to 1919, the records relate almost exclusively to men who were rejected during the formation of the First Contingent of the CEF at Valcartier in August and September, 1914. In fact, only 18 documents out of a total 3068 regard men who enlisted after 1914 or who had been rejected outside of the Valcartier mobilisation camp. In all, these 3000 individuals account for 60 per cent of the over 5000 men that were ejected from the camp.²

¹ LAC, FMR.

² Duguid, *Official History of the Canadian Forces in the Great War*, Vol.1, p.57.

Stored by surname in approximate alphabetical order, these personnel files contain information that varies widely. In the vast majority of cases a file contains the rejected man's attestation paper, and, not uncommonly, his pay card (the card used to record the individual's pay details). Double-sided documents, attestation papers are, in the preponderance of cases, only completed on the obverse page of the document (hereafter referred to as AP1) (Figure 15). This side of the document pertained to a recruit's physical description and religious denomination. As well as providing information about a recruit's physical characteristics and his religious beliefs, the unit to which he belonged is often also recorded in the top left-hand corner of the AP1 (Figures 17 & 18). While the obverse page of a rejected recruit's attestation is completed, the reverse page (hereafter AP2) is blank (Figure 16). This side of the document recorded a recruit's personal information, including his marital status, civilian occupation, next of kin, previous military experience, and place of birth. In some cases, AP1 was also incomplete.

Several factors explain the completeness of the forms for each individual. AP1 was completed during a recruited man's medical examination. An individual could be failed at any time during a medical examination for not meeting military requirements. Failure would not only lead to the recruit being declared unfit for service, but also might mean that the rest of the medical examination was not carried out. This was certainly the case in the latter years of the war, as is indicated by a letter written from the GOC MD11 to the Secretary of the Militia Council in March 1917. This letter was a response to a query concerning why some potential recruits were reported to have not been stripped of their clothing for their examinations, The AAG i/c MD11 stated that men

were stripped in all cases unless eye tests had indicated that there was no need to proceed with the examination.³ Given the sea of volunteers that faced medical examiners in 1914, and the physical evidence of incomplete attestation papers, it is likely that a similar policy was followed in Valcartier. With this in mind, if a recruit failed one of the early tests in the medical examination, later categories on AP1 would not have been completed because the tests would not have taken place. Likewise, if a recruit was declared unfit to serve he would not proceed to the final stage of attestation. AP2, which recorded this final act of enlistment, would thus remain uncompleted.

Human factors can also be held responsible for the incomplete or sparse nature of some of the AP1s. Some MOs at Valcartier were far more comprehensive when recording their observations on recruits' attestation papers than other MOs. Indeed, in the case of noting distinctive characteristics, responses ranged from MOs recording nothing or writing "none" to highly detailed descriptions that filled the space provided and flowed over into the surrounding margins. For example, while some doctors might note that a recruit was tattooed, another would take considerable time and effort to describe in considerable detail the position and nature of each tattoo (Figures 17 & 18).

The level of detail provided by MOs when describing the recruit's reason for rejection was also similarly wide ranging. Some MOs only stated the reason without providing any additional explanation or detail, while others went much further. Capt. Maynard, for example, generally provided only the most basic description of the impairment – "eyes", "weak heart", "lungs bad" – that caused him to reject a recruit.⁴

³ GOC MD11 to The Secretary, Militia Council, March 7, 1917, MIRSC2.

⁴ This is not to imply that Maynard was derelict in his duty. Medical officers were not required to offer a detailed explanation as why they had rejected a volunteer as unfit, but rather only to note the reason for

Other doctors provided the general reason for rejection while also describing the extent of the recruit's impairment. In the case of men rejected on account of their substandard eyesight, a number of doctors would include the unsuccessful recruit's visual acuity measurements. Likewise, in the case of recruits with respiratory and/or circulatory problems, many doctors would identify the exact nature of the illness. When rejecting C.A. McLuskey due to his eyesight, Capt. H.E. MacDermot recorded the twenty-year-old's vision as 20/60 in his right eye and 20/120 in his left eye. Similarly, when rejecting twenty-four-year-old William Keller for heart problems, Capt. J.S. Nelson identified the cause of the problem directly as endocarditis (inflammation of the endocardium).⁵ It would appear that medical examiners also used detailed explanations when seeking to defend their decisions to rejected men who appeared to be fit for service. Lt. C. Graham, for instance, wrote the following on the twenty-eight-year-old Stanley Norval's attestation paper: "[a]s he stands patient is fit except for slight stiffness in left leg due, he says, to a former attack of rheumatism. As a subject of rheumatism I consider him unfit" (Figure 19).⁶

his rejection. E. Armstrong, LAC, FMR, Vol. 1; W. Desjardins, LAC, FMR, Vol. 3; Anthony Mayers, LAC, FMR, Vol. 7; Zac Randell, LAC, FMR, Vol. 8; Richard Rice, LAC, FMR, Vol. 8.

⁵ William Keller, LAC, FMR, Vol. 6; C.A. McLuskey, LAC, FMR, Vol. 7.

⁶ Stanley Norval, LAC, FMR, Vol. 9.

Description of on Enlistment	
Apparent Age..... years..... months. (To be determined according to the instructions given in the Regulations for Army Medical Services.) Height..... ft..... ins. { Chest measure- ments { Girth when fully ex- panded..... ins. Range of expansion..... Ins. Complexion..... Eyes..... Hair..... { Religious denominations { Church of England..... Presbyterian..... Wesleyan..... Baptist or Congregationalist..... Other Protestants (Denomination to be stated.)..... Roman Catholic..... Jewish.....	Distinctive marks, and marks indicating congenital peculiarities or previous disease. (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)
CERTIFICATE OF MEDICAL EXAMINATION	
I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services. He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description. I consider him*.....for the Canadian Over-Seas Expeditionary Force. Date.....1914 Place..... Medical Officer. *Insert here "fit" or "unfit" NOTE - Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness: -- 	
CERTIFICATE OF OFFICER COMMANDING UNIT.	
.....Having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation. (Signature of Officer.) Date.....1914	

Figure 15: Obverse of a CEF Attestation paper, 1914 (AP1).

ATTESTATION PAPER. CANADIAN OVER-SEAS EXPEDITIONARY FORCE. QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.) 1. What is your name? 2. In what Town, Township or Parish, and in what Country were you born? 3. What is the name of your next-of-kin? 4. What is the address of your next-of-kin? 5. What is the date of your birth? 6. What is your Trade or Calling? 7. Are you married? 8. Are you willing to be vaccinated or re-vaccinated or inoculated? 9. Do you Now belong to the Active Militia? 10. Have you ever served in any Military Force? .. If so, state particulars of former service. 11. Do you understand the nature and terms of your engagement? 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	(Signature of Recruit) (Signature of Witness)
--	---

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services or untillegally discharged.

..... (Signature of Recruit)

..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Do make oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors and of all the generals and Officers set over me. So help me God.

..... (Signature of Recruit)

..... (Signature of Witness)

Date..... 1914

CERTIFICATE OF MAGISTRATE

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question be duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at..... this..... day of

..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... (Approving Officer)

Figure 16: Reverse of CEF attestation paper, 1914 (AP2)

R.C.R.

Description of Mr Norval D. Stepley on Enlistment.

Apparent Age <u>28</u> years <u>—</u> months. (To be determined according to the instructions given in the Regulations for Army Medical Services.)		Distinctive marks, and marks indicating congenital peculiarities or previous disease. (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)
Height	<u>5 ft 7 1/2 ins.</u>	<u>tattoo marks</u> chest, skull & cross bone, right arm ship, with letters B.B. to N.S. date 27/11/ & V.R.I. Cork badge, & Prince of Wales feathers, Rose & ensign, Hands across the border Left arm unity design & several others
Chest measure- ment	Girth when fully ex- panded <u>35 1/2 ins.</u>	
	Range of expansion <u>3 ins.</u>	
Complexion	<u>Dark</u>	
Eyes	<u>Hazel</u>	
Hair	<u>Black</u>	
Religious denominations.	Church of England	
	Presbyterian	
	Wesleyan	
	Baptist or Congregationalist	<u>X</u>
	Other Protestants (Denomination to be stated.)	
	Roman Catholic	
	Jewish	

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him unfit for the Canadian Over-Seas Expeditionary Force.

Date Sept 9th 1914.

Place Valcartier

"Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

As he stands patient is fit except for slight
stiffness in left leg due to a former
attack of rheumatism. As a subject of
rheumatism I consider him unfit.

CERTIFICATE OF OFFICER COMMANDING UNIT.

....., having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having

Figure 17: Detail of AP1 showing a comprehensive description of a rejected volunteer's tattoos. This attestation paper is also of interest because of the detailed reasoning the medical examiner gives for declaring the recruit unfit. Also note the unit designation "R.C.R" [Royal Canadian Regiment] in the top left corner of the page.⁷

⁷ Stanley Norval, LAC, FMR, Vol. 9.

647 Description of Little hailes H. on Enlistment.

Apparent Age <u>29</u> years, <u>10</u> months (To be determined according to the instructions given to the Regulations for Army Medical Services.)		Distinctive marks and marks indicating congenital peculiarities or previous disease. (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)
Height	<u>5 ft 3 1/4 ins.</u>	<u>Tattoos left forearm</u> <u>inside</u>
Girth when fully expanded	<u>32 3/4 ins.</u>	
Range of expansion	<u>ins.</u>	
Complexion	<u>Wet Fair</u>	
Eyes	<u>Blue</u>	
Hair	<u>Dark Brown</u>	
Religious denominations	Church of England <u>✓</u> Presbyterian <u>✓</u> Wesleyan <u>✓</u> Baptist or Congregationalist <u>✓</u> Other Protestants (Denomination to be stated.) <u>✓</u> Roman Catholic <u>✓</u> Jewish <u>✓</u>	

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and he declares that he is not subject to fits of any description.

I consider him unfit for the Canadian Over-Seas Expeditionary Force.

Date Sept. 1 1914.

Place Valcartier

"Insert here 'fit' or 'unfit'."

Note.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of rejection.

Chest expansion insufficient.

Bunions.

CERTIFICATE OF OFFICER COMMANDING UNIT.

having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Figure 18: Detail of an AP1 showing the cursory descriptions of distinctive marks provided on some rejected volunteers' attestation papers.⁸

⁸ H. Littlehailes, LAC, FMR, Vol.6.

Some of the more meticulous MOs did not stop at giving detailed descriptions of a rejected volunteer's impairment, but went on to provide mini-case and personal histories of the men they examined. Capt. MacDermot wrote the following when explaining his decision to reject forty-one-year-old W. Chavis: "Left eye almost sightless - had an iridectomy [removal of part of or the entire iris] two years ago. Has seen service in Boer war & seems a very good man. No other defects." Likewise, he noted the following on the attestation paper of one E. Lesaux: "Chest measurement only 31.5" Right lung shows rather deficient expulsion. Had pneumonia of the right lung six months ago. Hearing on right side defective."⁹ While some medical examiners recorded their subjects' histories, others provided their opinions about a recruit's suitability for service despite his impairment. Capt. Cockburn, for example, noted that although twenty-one-year-old Charles Holy's heart condition made him unfit for service overseas, he "would be alright for home service." Likewise, twenty-seven-year-old N. Thom's attestation paper stated "defective eyesight, try him in cook house."¹⁰

In a number of cases more than one, and sometimes three or more, reason(s) were provided by a medical examiner when explaining why a recruit was unfit to serve. Timothy Devonport, for example, was rejected as unfit not only on the grounds of his (very) poor vision, but also because he had varicose veins and a heart condition. Similarly, Harold Newbery was rejected not only because his right forefinger (his trigger finger) had been amputated at the first joint, but also because he suffered from eczema and hemorrhoids.¹¹ Medical examiners' methods of recording multiple impairments – usually one after the other with little in the way of explanation – makes it

⁹ W. Chavis, LAC, FMR, Vol. 3; E. Lesaux, LAC, FMR, Vol. 6.

¹⁰ Chas Holy, LAC, FMR, Vol. 5; N. Thom, LAC, FMR, Vol. 9.

¹¹ Timothy Devonport, LAC, FMR, Vol. 3; Harold Newbery, LAC, FMR, Vol. 7.

unclear if they considered any impairments they listed to be the pre-eminent reason for a recruit's rejection. What these lists do indicate, especially since the impairments included in them are not obviously connected, is that some medical examiners at Valcartier were conducting thorough examinations of the men who passed before them. Based on the list of Devonport's disqualifying impairments, for example, it is possible to ascertain that the thirty-year-old experienced an eye-test, had been examined naked, and had been subjected to a stethoscopic examination.

MOs' explanations offered hints to the nature of the tests conducted during the medical examination. Such information is of considerable importance given that little direct evidence exists on how the medical examinations were carried out in the summer of 1914. Twenty-year-old H. Bowden's attestation paper, for example, stated that he was unfit because he was "flat-footed, unable to hop across the room."¹² The observation that Bowden was "unable to hop across the room" is enlightening because it indicates that medical examiners at Valcartier were using a mobility test set down in the British medical examination, even though this test was not recorded in Canadian documentation.¹³

Uncommonly, other documents would be enclosed in the file. These documents included letters or telegrams written by a recruit or his family and correspondence between militia authorities regarding the recruit. On rare occasions, files would also include a recruit's full medical history or postwar correspondence between the individual and the Canadian government. When discovered, such sources often offer

¹² H. Bowden, LAC, FMR, Vol. 1.

¹³ See Chapter Two: "'Grading Blocks of Meat': Medical Examinations and the process of defining men as fit or unfit for service."

compelling insight into a volunteer's wider experiences and the ways his family might endeavour to subvert his attempts to enlist. They also provided a means by which to explore the mechanisms through which the Canadian military interacted with civilian society. Mrs. J.K. Shinn wrote directly to Sam Hughes asking him to have her son, Max, discharged due to her belief that "he was not strong enough," and because of an injury he had suffered to his toe. She further implied that Max had joined up in a fit of depression because he could not find any work. Not content to end her case for Max's discharge there, Mrs. Shinn attempted to pull on Hughes' heart strings. She closed her letter by stating "I just lost a dear daughter June a year ago and it is pretty hard now to loose [sic] a son too." Shinn was discharged soon after.¹⁴

In one heartrending case, J. W. Graham, Fire Chief of the City of Ottawa, wrote to Col. Victor A.S. Williams, Commandant of Valcartier, requesting the discharge of Ivan Thomas on compassionate grounds. Graham explained that Ivan's older brother, Bernard, had recently succumbed to injuries he had received while fighting a fire in the city. Bernard's death, Graham stated, had devastated his mother, leaving her on "the verge of collapse and...necessitat[ing] the constant care of her physician." As a result, Mrs. Thomas's family and friends "fear[ed] the result when Ivan [who had been granted compassionate leave] leaves her to return to camp." Given such circumstances, Graham requested, "[a]t the earnest solicitation of his [Ivan's] mother," that Ivan be relieved of his military duties and be permitted to remain with his mother. Showing considerable empathy for Ivan's position, the Fire Chief noted "the young man is in a very trying and unenviable position." Ivan was "keenly anxious to fight his country's battles at the front and took particular pride in being chosen for the First Canadian Expeditionary Force,"

¹⁴ Max Shinn, LAC, FMR, Vol. 9.

yet Graham believed that Ivan “would never forgive himself for not requesting permission to be allowed to remain at home on account of the subsequent occurrences and his mother’s grave condition.” Ivan, like Max Shinn, was soon discharged.¹⁵

If some letters offered insight into rejected volunteers personal experiences and family tragedies, postwar correspondence was especially enlightening since it indicated that the rejection for service in 1914 continued to affect men long after shot and shell had ceased to be fired in Europe. The files of Roy Coates and Charles Garner contained correspondence between the men and the DVA which took place in 1951. Both men were seeking proof that they had volunteered to serve only to have been turned away at Valcartier.¹⁶

While some files contain extensive material, others are much more limited. Some only contain a statement noting that the individual had been struck off the unit’s strength. Often handwritten, these struck-off-strength (SOS) statements followed a set formula, providing the date the recruit was struck off a unit’s books, and a general statement as to the reason he had been rejected for service. In some cases envelopes are empty, which it seems was a result of files not being replaced after having been removed for review, copying of files, or a recruit’s later acceptance for service. In the case of files that had been removed for review, the most information that can be gleaned about the individual is his name, unit, and reason for rejection.¹⁷ In the case of envelopes emptied because the individual had been later accepted for service, regimental numbers

¹⁵ Ivan Thomas, LAC, FMR, Vol. 10.

¹⁶ Roy Coates, LAC, FMR, Vol. 2; Charles Garner, LAC, FMR, Vol. 4. Also see Harold Delaney, LAC, FMR, Vol. 3.

¹⁷ In five cases, empty envelopes contained handwritten notes stating that the documents had been removed. All five envelopes had been removed during a two day period in late September 1917, perhaps indicating that files of rejected volunteers were reviewed with the introduction of conscription after the passing of the *Military Services Act* into law on August 29 of the same year.

and the battalion in which the individual was enlisted were noted on the envelope. Recorded under the “Rejected at Valcartier 1st Contingent”, Thomas Francis Daly’s empty file envelope is “for C.E.F. Documents see [regimental number] 1048094 Pte [Private] Daly Thomas Francis 242 Bttn [Battalion]” (Figure 5).¹⁸ Indeed, belying the lack of material they contain, the envelopes of rejected men later accepted for service often provide information about the fate of the individual to which they are attached. Written under George R. Manning’s regimental number and battalion is the stark comment “Died 6-5-18”.¹⁹ In another instance, J. Bramball’s SOS statement was accompanied in his otherwise empty file envelope with a notice from the Canadian Convalescent Hospital Record Card for Toyleth Hill, Liverpool. The card stated Bramball had been admitted to the hospital suffering from a gun shot wound to the back.²⁰ Likewise, C.E. Lamond’s equally sparse file noted that his left leg had been amputated at Granville Canada Special Hospital on the night of July 12, 1917, as the result of a gunshot wound he had received. This kind of data, limited as it may seem, is important since it proves that rejection at Valcartier in 1914 did not necessarily close the door to service.

As well as using and examining the files of the 3,068 men held in FMR, this study also used the files of CEF members who were rejected as unfit for service upon arrival in England. These men, all of whom had enlisted between 1914 and 1916, were drawn from a list of 355 rejected men contained the *Appendix to the proceedings of the*

¹⁸ Thomas Francis Daly, LAC, FMR, Vol. 3.

¹⁹ George R. Manning, LAC, FMR, Vol. 7.

²⁰ J. Bramball, LAC, FMR, Vol. 2; C.E. Lamond, LAC, FMR, Vol. 6.

*Report of the Board of Inquiry into the report on the Canadian Army medical Service by Colonel Herbert A. Bruce and the interim report of Surgeon-General G.C. Jones.*²¹

Although the list in the Babbie Report's appendix contains 355 entries, there are 5 cases of duplication, which means that the total number of men actually referenced in the report is 350. The entries vary in size and detail from individual to individual. The entry relating to E. Beech, for example, runs for a relatively long 25 lines, while the entry relating to A. Senior was only three and one-half lines in length.²² In general, entries provided the following information: regimental number; name; rank; unit; reason(s) declared unfit in England; date and place of enlistment in Canada; and the name of the MO or medical practitioner who examined the individual in Canada. As well as the preceding information, entries relating to soldiers found unfit on the basis of being too young or too old for service also included the enlisted man's age. Some of the entries, predominantly those relating to underage recruits, also recorded the soldier's height, weight and chest expansion. These measurements, many of which rested below the CEF's minimum standards, seem to have been provided to further demonstrate the individual in question's unsuitability for military service and as proof that the initial medical examiner had erred in his duty. Finally, in a few cases, individual entries contained relatively detailed descriptions of a recruit's history. These entries detailed particularly problematic cases. For example, after recording a litany of ill-health and serious injury, the entry relating to thirty-two-year-old Jake Kerr of Calgary, Alberta concluded by stating "it is hard to understand why this man was brought to England."²³

In another case, E. Beech's gastro-intestinal troubles – which had not only resulted in

²¹ Babbie Report; Bruce Report; BRA.

²² #175079 Beech, E. LAC, BRA, p.M27; #140184 Senior, A. LAC, BRA, p.M47.

²³ #117333 Kerr, J. LAC, BRA, p.M41.

two surgeries in 1915 but also led to his discharge from the British Army in the same year – were recorded in meticulous detail after which the following declaration was made: “As this man was discharged from the Imperial Army 1915, went to Canada 1916, and re-enlisted in February 1916, his condition must have been the same as when he was discharged from the Imperial Army...also...all the scars showing the operations that had been performed...should have raised suspicion...[an] investigation should be made to see why this man was allowed to enlist.”²⁴

²⁴ #175079 Beech, E. LAC, BRA, p.M27.

DISCHARGE DOCUMENTS		R. O. No.	H. Q. No.
Proceedings of Court of Inquiry or on men reported Missing on Active Service.....	Name <i>Daly, Thomas Francis</i>		
Attestation Papers.....	Regt. No. _____ Rank _____		
Declaration of change of name.....	Corps <i>7th Regt. 2nd Brigade</i>		
Authority for special enlistment.....	<i>Reported at Valcartier, 1st Battalion</i>		
Documents of re-enlisted men.....			
Regimental Conduct Sheet.....			
Compulsory Stoppages.....			
Casualty Forms.....			
Proceedings on discharge.....			
Corps History Sheet.....			
Date and No. of Deposit Receipt for Purchase Money and Amount.....			
Purchase Certificate.....			
Medical Report for Invalids.....			
Medical History Sheet.....			
Proceedings of Regt. Court Martial.....			
Copies of Convictions by Civil Power.....			
Company Conduct Sheet.....			
Clothing Transfer Certificate.....			
Inventory of Kit.....			
Last Pay Certificate.....			

See

1048094 Mr Daly Thomas Francis

242 "Batter"

Lot C. E. F. Documents

M. F. W. 22
R. O. No.
H. Q. No.

Figure 19: File envelope of Thomas Francis Daly.²⁵²⁵ Thomas Francis Daly, LAC, FMR, Vol. 3.

Since the information provided by the Babbie Report's appendix included each soldier's regimental number, it was possible in 298 of the 350 cases to reference the rejected individual's attestation paper and service record. In the other 52 cases the regimental number provided for the individual was not correct and the correct number could not be ascertained. The existence of these erroneous regimental numbers were most likely due to mistakes, typographical or otherwise, made during the transcription of an individual man's information for his original documents. For example, George Atkins's regimental number, 301178, was incorrectly recorded as 501178 in the entry relating to him in the Babbie Report.²⁶ The idea that the incorrect regimental numbers recorded for these individuals was caused by copying errors is supported by the fact that a number of other transcription errors also existed in the report. T.W. Olmstead's surname, for example, was incorrectly recorded as Clinstead, while John Bentley's initial enlistment was mistakenly recorded as August 4, 1916.²⁷

Admittedly, other factors might explain these erroneous regimental numbers. It is possible that when asked, the individuals in question erroneously provided those examining them with their Non-Permanent Active Militia numbers, or – in the case of men who had seen prior service – their old service numbers, rather than their official CEF regimental numbers.²⁸ Nor can one discount the possibility that some of the men's records have been lost.

²⁶ #501178 Atkins, G.S., LAC, BRA, p.M27

²⁷ #8047 Bentley, J., LAC, BRA, p.M8; #8047 Bentley, John, LAC, RG 150, Accession 1992-93/166, , "Personnel Files" [Hereafter PF], Box 6829 – 29; #455805 Clinstead, T.W., LAC, BRA, p.M19; #455805 Olmstead, T.W., LAC, PF, Box 7457-13.

²⁸ Although regimental numbers were not allocated to members of the First Contingent of the CEF until mid-to-late September 1914, some regiments had provided their recruits with temporary numbers before proceeding to Valcartier. H.M. Jackson, Director, War Service Records, Department of Veteran's Affairs, to Roy T. Coates, November 21, 1951 in Roy Coates, LAC, FMR, Vol. 2.

The attestation papers and service records of the 298 individuals whose regimental numbers were correct or could be ascertained provide a wide variety of information about these men. Since these individuals had been past fit for service in Canada, all the fields on AP1 and AP2 had been completed at the time of enlistment. This means that it is possible to garner information regarding these individuals' martial status; their civilian occupations; previous military experience; and their place of birth. Furthermore, it is possible to ascertain if their disqualifying impairments were noted during enlistment and to compare and contrast their general physical appearance as described on enlistment in Canada and upon rejection in England.

John Bentley presents an excellent example of how marrying an individual's attestations paper and his service record with the information contained in the Babbie Report provides greater insight into the character and personal histories of individuals listed in the report as well as discovering transcription errors within the Report. Along with recording Bentley's regimental number (8047), the Babbie Report indicates that the thirty-eight-year-old was rejected as unfit in England because he was missing his left eye and also records that one Capt. G.G. Greer passed him fit to serve at his initial place of enlistment (Kingston). It also, as noted above, records his date of enlistment as August 4, 1916. An examination of Bentley's attestation papers and service record indicate that this date is incorrect. Far from having enlisted in 1916, the thirty-eight-year-old had joined the ranks in 1914. After serving both in England and in France, Bentley had been shipped back to Canada and discharged on November 15, 1915, after a

medical board in England found him medically unfit. Bentley did not re-enlist until early 1917.²⁹

In addition to indicating transcription errors in Bentley's Babbie Report entry, his service record also provides information about his disqualifying impairment and his entry into the ranks. A Gas Experimenter by trade, the thirty-eight-year-old had lost his eye as a result of a gas explosion in 1912. This injury, which should have caused him to be rejected, was not only overlooked by Capt. Greer in Kingston but also by Bentley's medical examiner in Valcartier; the aforementioned Capt. Maynard. It was not; however, ignored by his examiner when he enlisted in a Forestry Battalion in March 1917. Passing Bentley fit to serve, the MO noted the loss of Bentley's left eye but stated that since his right eye had good vision and "he...[was]... a good drill instructor" who had seen service "I deem it wise to take him in."³⁰ In fact, Bentley's military experience extended far beyond the time he had spent with the First Contingent in 1914-1915. He had, his attestation paper indicates, served 12 years in the British Army and another eight years in the Canadian militia before the war broke out in 1914.³¹

DATABASE CONSTRUCTION

The information drawn from the aforementioned sources enabled the construction of three databases. The first two of these databases – called the Primary

²⁹ #8047 Bentley, John, LAC, PF, Box 6829 – 29

³⁰ Unlike Maynard and Greer, who should have rejected Bentley as unfit if they had been aware of the volunteer's missing left eye, the medical officer who passed Bentley as fit to serve in the Canadian Forestry Battalion in 1917 did not break any regulations as CEF visual standards, especially with regard to support battalions, had been considerably lowered by 1917. See Chapter Two "No Longer Cause For Rejection": Changing Constructions of Military Fitness; and Appendix 2B: "Physical Standards Required Of Support Units".

³¹ #8047 Bentley, J., LAC, BRA, p.M8; #8047 Bentley, John, LAC, PF, Box 6829 – 29

Database (PD) and the Reasons for Rejection Database (RRD), respectively – were based on the FMR. The third database, entitled the “Rejected in England Database” (RED) was constructed, as its title suggests, from the data gathered from sources regarding men rejected as unfit to serve after their arrival in England.

Designed to sketch a picture of the men rejected at Valcartier, the PD contains 39 fields. Twenty-eight of these fields are drawn directly from the questions asked on the 1914 attestation paper. The other 11 fields are derived from additional information that were able to be garnered from a recruit’s attestation paper and other documents within his file. The PD also includes a notes section that allows for the recording of additional information found in individual files that did not fall within the purview of one of the 39 fields.

All individual files contained in the FMR were assigned a unique numeric code based on the order in which they were entered into the PD. Files were entered into the database without regard to their level of completeness and there is suspicion that approximately 1% of the distinct files recorded appeared to reference the same individual. While this means some individuals may have been entered into the PD twice, the policy ensured that individuals were not lost to history because they shared a name with another rejected volunteer.³²

An auxiliary to the PD, the RRD is comprised of 75 fields derived from the PD’s “Reason Declared Unfit” field. These fields were used as a means to calculate the

³² This percentage compares favourably with the percentage of men estimated to have been counted twice by Canada’s official Great War historian Colonel A. F. Duguid when he processed attestation papers after the conflict in an effort to describe the character of the CEF. Of the 619,636 sets of attestation papers Duguid examined, *at least* 21,097 were those of men who had enlisted more than once. In other words, at a minimum 21,097 men (3.4 per cent of the total) were counted twice or more. Morton, *When Your Number’s Up*, pp.277-279.

proportional representation of differing reasons for rejection amongst the subject population.

Table 4:
Description of Primary Database (PD) Fields

Field	Description
Direct Fields	
Place of birth	Records the recruit's stated place of birth
Next of kin	Records the recruit's stated next of kin
Date of birth	Records the recruit's stated date of birth
Trade	Records the recruit's occupation
Married (Yes/No)	Records the recruits marital status
Member of the active militia (Yes/No)	Records whether or not the recruit is a member of the active militia
Military Experience (Yes/No)	Records whether or not the recruit has previous military experience
Military force previously served in	Records the name of any military force(s) the recruit has served in
Length of previous service	Records the length of any previous military service
Willing to serve overseas (Yes/No)	Records whether or not the recruit was willing to serve overseas
Witness	Records the name of the person who witnessed the recruit's attestation
Justice of the Peace	Records the name of the justice of the peace who witnessed the recruit's attestation
Unit	Records the unit the recruit is serving in/enlisting in
Name	Records the recruit's name (Surname, followed by given names)
Apparent Age	Records the apparent age
Height	Records the recruit's height.
Diameter of the recruit's chest when expanded	Records the diameter of a recruit's expanded chest in inches
Range of chest expansion	Records, in inches, the difference between a recruit's inflated and deflated chest
Complexion	Records the recruit's complexion
Eye Colour	Records the recruit's eye colour
Hair Colour	Records the recruit's hair colour
Religious Domination	Records the recruit's religious domination
Distinctive Marks	Records any distinctive marks (scars, tattoos, moles, and the like) that the recruit is said to bear
Date of examination	Records the date of a recruit's examination
Place of examination	Records the place (city/township) where the recruit's examination took place
Fit/Unfit	Records whether a recruit was found fit or unfit
Reason declared unfit	Records the reason a recruit was declared unfit
Name of medical examiner.	Records the name of the recruit's medical examiner
Derived Fields	
Tattooed (Yes)	Records if the recruit was tattooed
Vaccinated (Yes)	Records if the recruit was said to be vaccinated
Re-examined (Yes)	Records if the recruit was re-examined
Name of re-examining medical officer	If the recruit was re-examined, records the name of the re-examining medical officer
Date of re-examination	If the recruit was re-examined, records the date of the re-examination
Result of re-examination	If the recruit was re-examined, records the result of the re-examination
Request (Yes)	Records if the recruit was discharged at his request
Reason for request	If the recruit requested a discharge, records the reason the recruit used to support his request
Protest (Yes)	Records if a recruit's enlistment was protested
Reason for protest	If a recruit's enlistment was protested, records the reason for the protest
The identity of the protester	If a recruit's enlistment was protested, records the identity of the protester

Table Five:
List and description of fields in the Reasons for Rejection Database (RRD)

Field	Description
Amputation	Includes all men rejected because they had a body part amputated. The level of amputation covered varied from the tip of a single digit to entire limbs.
Anaemia	Includes all men rejected due to the fact that they were considered to be anaemic.
Appearance	Includes all recruits rejected due to their general appearance. Responses include "sickly appearance", "appears physically weak", "looks delicate", and "un[der]developed" and "puerile".
Arm problem, not elsewhere categorized	Includes men rejected due to arm problems that did not fit within one of the other categories.
Arthritis	Includes all men listed as suffering from arthritis.
Back Problems	Covers men rejected due to the fact that they suffered from sciatica or lumbago. Responses relating to scoliosis (curvature of the spine) were not included, but rather counted under the "Deformity" field.
Blackouts / convulsions	Encompasses all volunteers who were rejected because they suffered from blackouts, fainting spells or convulsions. While such symptoms might have been indicative of epilepsy, they could equally be indicative of a number of other medical conditions. For this reason they were given a separate field.
Commanding Officer's Recommendation	Covers all men discharged or rejected on the recommendation of their commanding officer. See "undesirable" below.
Cancer	Includes all men rejected because they suffered from cancer.
Cannot carry on	Includes all responses that intimate that the individual was unable to continue in his military duties.
Chest:	Includes all men rejected due to having an expanded chest measurement below the CEF's minimum standard. Note: men whose chest measured below requirements but were recorded as being rejected due to being "undersize" or "too small" were not included in this count since many often also had substandard height measurements and, thus, it was impossible to tell if the MO was referring to the individual's height or physique more generally. A separate field was created for such responses.
Chest lesions	Encompasses men who were rejected because they were said to suffer from chest lesions.
Chronic ulcers	Includes volunteers who were rejected because they had chronic ulcers.
Clinical history bad	Includes all men rejected because they were said to have bad medical histories.
Deformity/atrophied limb	Includes all men rejected due to the fact that they had a deformity or atrophied limb. Both congenital and traumatic deformities were included in this count. In the case of deformities caused by trauma (injuries) the impairment was also listed in the injury column.
Does not speak/read English	Includes all individuals rejected due to the fact that they did not speak English. Some of these men were not British subjects.
Does not want to go	Includes all men who stated they did not want to serve overseas.
Duty Complete	Includes all men discharged from service, because they were said to have completed their required duties. In a number of cases the men so discharged were medical officers whose services were no longer needed.
Enlarged testicles	Includes all men rejected due to their enlarged testicles.
Flat Feet	Includes men rejected due to being flat footed.
Gall Stones	Includes all men rejected due to the fact that they suffered from, or were suspected to suffer from, gall stones.
General Debility	Includes those volunteers rejected due to the fact that they were considered to demonstrate general debility.
General Foot Problem	Includes all men rejected due to foot problems that were not related to flat feet or described as having been caused by an injury. Responses include "bunions", "corns", "sore foot", and "weak ankles".
Genital problem, not elsewhere categorized	Includes men rejected due to the fact that they suffered from a variety of genital impairments, including phimosis and urethral strictures.
Hearing	Includes all responses relating to individuals being rejected due to being deemed to have substandard hearing, including those described as being deaf.
Height	Includes all men rejected due to their height. As with the chest field above, and for the same reason, this field did not include those men with height below the minimum requirements but were recorded as being rejected due to being "undersize" or "too small".
Haemorrhoids	Includes all men rejected due to the fact that they suffered from haemorrhoids ("piles").

Field	Description
Hernia	Includes all men rejected due to the fact that they were suffering from hernias or ruptures.
Heart Condition	Includes all men rejected due to the fact that they suffered from heart problems. Included in this count were such conditions as mitral and aortic stenosis (the narrowing of the mitral and aortic valves of the heart, respectively), heart murmurs, heart lesions, irregular pulse as well as more general statements such as "weak heart", "disease of the heart", and "heart".
Hydrocele (accumulation of serous fluid in body cavities)	Includes individuals suffering from hydrocele.
Inflamed Lymph Node	Includes volunteers rejected due to inflamed lymph nodes.
Inflamed Vaccination Scar	Includes volunteers rejected due to inflamed vaccination scars.
Injury	Includes all men rejected due to injury. Included in this field were men with broken bones, and individuals still suffering from the after affects of old injuries, such as skull fractures. Eye injuries were not recorded in this field, but rather, following the precedent set by medical officers at Valcartier, were treated as vision problems, and, therefore, are recorded under Injury. ³³
Kidney problems	Includes men suffering from kidney related impairments, such as nephritis.
Leg problem, not elsewhere categorised	Includes men rejected due to leg problems that could be placed within one of the other categories.
Lungs	Includes all men rejected due to the fact that they suffered from lung related problems such as asthma, bronchitis, crepitation (cracking/popping sound) in the lung, emphysema, rales (abnormal respiratory sound), thickening of the pleura (the membrane around the lungs), pleurisy, pneumonia. Also included are general statements such as "lung infections", "weakness of lungs", and "hard respiration". Dyspnoea (shortness of breath) was not included in this count because it can be symptomatic of heart problems as well as lung disease. While it is possible that statements regarding lung infections were referencing tuberculosis, it was felt that it was unwise to make such an assumption without further evidence. This was especially so because these statements could potentially reference a number of other illnesses. Tuberculosis was not included because the disease can affect more than just the lungs.
Malaria	Includes all men rejected due to the fact that they suffered from malaria.
Medically unfit, not otherwise specified	Includes all men whose rejection as unfit was only justified with the statement "medically unfit". This term was used as a general descriptive label/catch-all phrase for men who, for whatever reason, failed to meet the military's minimum physical requirements for service.
Mental Competency	Covers all men rejected because they were not considered mentally competent to serve. Following period constructions of mental defects, this field included epilepsy within the count. ³⁴
Myalgia (muscle pain)	Includes all responses where myalgia was recorded as a reason for the recruit being found unfit to serve.
Not approved	Includes volunteers who were rejected/discharged because their enlistment was said to have been "not approved." It was unclear who disapproved of the enlistment and for what reasons.
Ostitis	Includes all men rejected due to suffering from ostitis.
Overage	Includes all men rejected due to being over the CEF's maximum age limit of 45 years-old.
Overplus	Includes men who were discharged from battalions with full complements and refused to serve on another unit.
Pain, cause not defined	Includes men rejected due to suffering from pain, where the cause of the pain was not stated.
Paralysis, facial	Includes all men rejected due to suffering from facial paralysis.
Paralysis, infantile	Recorded all cases of recruits stated to suffer from the effects of infantile paralysis. This term was often used to denote the long term effects of poliomyelitis.
Physically unfit	Includes all men rejected because they were said to be physically unfit. It is possible that this term was being used by medical examiners interchangeably with "medically unfit". However, because "physically unfit" could have been used by a medical examiner to indicate that the volunteer was considered to be out of shape, and not as a general label, it was decided that this response would have its own field.
Post-operative pain / recent	Includes all men who were either recovering from a recent operation or suffered from

³³ See, for example, W. Chavis, LAC, FMR, Vol. 2.

³⁴ McLaren, *Our Own Master Race*, p.13; Black, *War Against the Weak*, p.55.

Field	Description
operation	pain due to an operation.
Poorly nourished	Includes volunteers rejected because they were poorly nourished.
Protest	Includes all men whose families attempted to either block their enlistment, or whose families attempted to have them discharged.
Recent appendicitis	Includes all men rejected due to suffering from, or had in the past suffered from, appendicitis.
Refused examination	Includes all men who were rejected because they refused to submit to a medical examination.
Refused for family reasons	Includes all individuals stated to be refused for family reasons. In these cases it was unclear whether or not the individual had requested he be discharged or his family had protested his enlistment.
Refused Oath	Includes all men rejected because they refused to take the final oath of allegiance to King George V.
Request	Includes all men who requested to be discharged from the CEF while at Valcartier.
Rheumatism	Includes all men listed as having rheumatism.
Sexually Transmitted Disease:	Includes all men rejected because they had been infected with a sexually transmitted disease. Men rejected because they suffered from urethritis were not included in this field, but rather were provided with their own field. Although urethritis is often caused by sexually transmitted diseases, Gonorrhoea and Chlamydia in particular, it can also have a number of non-infectious causes including urethral stricture, trauma, and allergic conditions.
Sinus problems	Includes all men rejected because they had bad sinuses.
Skin Condition	Includes men described as suffering from psoriasis, eczema, dermatitis, or as having a rash on their bodies. Also included were suffering from parasitic skin infections such as scabies and pediculosis (lice).
Stomach/Bowels	Includes all responses where gastro-intestinal problems were recorded as a reason for the recruit being found unfit for service.
Teeth	Includes all responses that listed the poor state of a recruit's teeth as a reason for rejection.
Thyroid	Includes all men rejected due to thyroid related problems.
Tuberculosis	Includes men suffering from all forms of tuberculosis.
Undesirable	Includes men rejected due to being considered undesirable, inefficient, incorrigible, or men discharged at Valcartier for acts of misconduct. Men discharged at their commanding officer's recommendation were not included in this field because it was uncertain on what basis the officer's recommendation was based. Indeed, although other evidence indicates that commanding officers often recommended a recruit's discharge because he was considered to be a troublemaker, other sources indicate that officers would also recommend a recruit's discharge because the recruit had experienced a family tragedy.
Underage	Includes all individuals rejected due to being below the CEF's minimum age limit of 18 years-old.
Undersize/Too Small	Includes all men who were listed as having been rejected due to being "undersize" or "too small". For further discussion see the "Height" and "Chest" fields above.
Underweight	Includes all men who were rejected due to being below the required minimum weight.
Undescended Testicle	Includes all men rejected because they had an undescended testicle
Urethritis	Includes all men rejected because they suffered from urethritis.
Varicose Veins	Includes all men rejected due to varicose veins.
Varicocele (abnormal enlargement of the veins in the scrotum that drain the testicles)	Includes all men suffering from varicocele.
Vision	Includes all responses referencing vision problems as a reason for rejection. Included were individuals rejected due to having levels of visual acuity below the required standard, and men suffering from strabismus (squint). Also included, following the example set by medical examiners, were individuals who had lost an eye.
Illegible/unclear	The recorded response was either indecipherable or its meaning was unclear.
No reason	No reason for rejection was provided

Founded on data drawn from the Babbie Report, attestation papers, and service records, the RED combined fields used in both the PD and RRD. In addition, a number of RED-specific fields were used.

Table Six:
RED-Specific Fields

Field	Description
Number	Records the subject's regimental number
Rank	Records the subject's rank
Weight (lbs)	Records the subject's weight
Place of Enlistment	Records the municipality or camp in which the subject was enlisted
Province of Enlistment	Records province of enlistment. Those responses recording Cape Breton as the province of enlistment were cleaned to Nova Scotia
Report	Records comments made with regard to the subject and his enlistment by author of the Babbie Report's Appendix
Medical examination procedures not followed or criticised (Yes/No)	Records if the Report Field contains either a criticism of the medical examination of the subject, a statement by the subject indicating he was not correctly examined
Previously Rejected or recommended for discharge (Yes/No)	Records if the subject had been deemed unfit for service prior to the enlistment discussed in the Babbie Report Appendix.

APPENDIX 2A

Changes in the Physical Requirements for Canadian Combat Units, 1910-1918

Date	Min. Height	Min. Chest	Eyes	Other Factors	Notes
Pre-War Active Militia (1910)	5'4"	34"			
Pre-War Permanent Force (1910)	• 5'4" • 5'6" Garrison Artillery	34"	A recruit is considered fit if he has D=20 vision in both eyes without glasses, or D=15 vision in one eye and no less than D=30 vision in the other eye without glasses	Use of dentures grounds for rejection Recruit must have "good" hearing	
17/08/1914	• 5'3" • 5'7" Artillery	33.5"			These requirements superseded those in the <i>Regulations for the Canadian Medical Service, 1914</i> with regard to minimum height and chest expansion, which were the same as those recorded for 1910
Mid 1915				Men are no longer rejected due to defective teeth but are enlisted and then sent to a camp dental surgeon for treatment. Men with dentures are now considered fit to serve	
21/07/1915	• 5'2" • 5'4" Artillery	• 33" for 18-30 year olds • 34" for 30-45 year olds			
19/11/1915			• Men with D=60 vision with each eye without glasses are considered fit.		See Appendix 2B

Date	Min. Height	Min. Chest	Eyes	Other Factors	Notes
			Men with D=20 vision in their right eye without glasses, and not less than D=80 vision in their left eye without glasses, are considered fit.		
29/11/1915 Bantam Battalions	5'1.5"	30"			The 143rd (B.C.) Overseas Battalion (Bantams) was authorised on 29/11/1915 and began recruiting on 20/2/1917. The 216th (Toronto) Canadian Infantry Battalion was authorised on 17/2/1916 and began recruiting immediately. Both battalions were broken up for reinforcements after arriving in England.
16/03/1916			Soldiers (not recruits) who have lost an eye but are otherwise fit should be returned as fit for service		
16/06/1916			Serving soldiers were not to be discharged for defective vision unless the defective vision is due to: a squint; a morbid condition of the eyes or lids of either eye, liable to aggravation or recurrence; or cannot be corrected by the aid of glasses up to the standard required for recruits on enlistment.		
PS 1917	5' Infantry		Men with D=80 vision or better in both eyes without glasses are	<u>Hearing</u> Men who can hear an ordinary voice	See Appendix 3B

Date	Min. Height	Min. Chest	Eyes	Other Factors	Notes
	• 5'4" Artillery • 5'4" Cyclist Corps • 5'2" Other corps		considered fit. • Men with D=80 vision in their right eye, and no less than D=200 vision in their left eye, without glasses, are considered fit. • Men with D=80 vision in one eye without glasses, and whose right eye can be brought up to D=40 with glasses are considered fit.	at 15 feet or better in each ear. • Men who can hear an ordinary voice 21 feet or better in one ear, but have little or no hearing in the other ear are considered fit. Men with organic diseases of the ear are to be rejected <u>Nasal Conditions</u> Men suffering from severe nasal obstructions are to be rejected	
Sept. 1917	Heavy, Garrison, and Siege Artillery: • 5'7" Gunners • 5'4" Drivers Horse and Field Artillery: • 5'6" Gunners • 5'2" Drivers				
PS 1918			• Men with D=80 vision or better in both eyes without glasses are considered fit. • Men with D=80 vision in their right eye, and no less than D=200 vision in their left eye, who can be improved with glasses to shoot are considered fit.		Refer to Appendix 3B to see how CEF fitness categories were utilised

Sources:

Army Medical Corps Instructions: General Orders, Militia Orders and Precis of Headquarters Letters bearing upon the administration of the Canadian Army Medical Service published between August 6th, 1914, and December 31st, 1916, Ottawa: Militia Council, 1917

Canadian Expeditionary Force Units: Instructions Governing Organisation and Administration, Ottawa: Government Printing Bureau, 1916

Militia Orders, 1914, Ottawa: Department of Militia and Defence, 1914

Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force and for the Active Militia of Canada, 1917, Ottawa: King's Printer, 1917

Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force and for the Active Militia, Ottawa: King's Printer, 1918

Regulations for the Canadian Medical Service, 1910, Ottawa: Government Printer, 1910

Regulations for the Canadian Medical Service, 1914, Ottawa: Government Printer, 1915

The King's Regulations and Orders for Canadian Militia, 1910, Ottawa: King's Printer, 1910

The King's Regulations and Orders for Canadian Militia, 1917, Ottawa: King's Printer, 1917

Note:

- 1) Refer to Appendix 2B for physical requirements for specialist units.
- 2) Refer to Appendix 3B to see how different physical standards were graded under the CMCC.

APPENDIX 2B:

Physical Standards Required of Support Units

Date	Min. Height	Min. Chest	Eyes	Other Factors	Notes
19/11/1915 CASC; CAMC; COC; forestry battalions; and, for drivers in the Canadian Artillery or Canadian Engineers.			Men with D=20 vision in their left eye, without glasses and no less than D=120 vision in their right eye without glasses are considered fit.		
16/06/1916 Forestry Battalion Requirements				Absence of one or two toes on either or both feet, provided it is not the great toe, will not be cause for rejection	Maximum age set at 48 years (3 years above infantry maximum), provided the recruit in question had specialised skilled (millwright, saw filer, or the like).
Early 1917 CAMC; CADC; Pioneers, Labour, Construction, Forestry, and Railway Battalions	4'11"	Proportional to Height	Men with no less than D=200 vision in their right eye, without glasses, and no less than D=80 with their left eye without glasses are considered fit. Also consider fit for these units are: - Men who have lost one eye, or the sight thereof, provided the vision in their remaining eye equalled D=60 and they were passed by an Ophthalmic Medical Officer. - Men with squints, provided the vision in their fixing eye equalled D=60 and they were passed by an Ophthalmic Medical Officer.	<u>Hearing</u> Men who can hear an ordinary voice at 15 feet, but have little or no hearing in the other ear are considered fit for CAMC; CADC; Pioneers, Labour, Construction, Forestry, and Railway Battalions <u>Flat Feet</u> A moderate degree of flat feet was considered acceptable. <u>Hands</u> A man who had lost one or two fingers on either hand could be accepted provided an examining medical board considered that the loss of the digits did not incapacitate the individual from active manual labour.	As with 19/11/1915, drivers for the Canadian Artillery or the Canadian Engineers are covered by minimum visual acuity standards Maximum age for CAMC; CADC; Pioneers, Labour, Construction, Forestry, and Railway Battalions set at 48 years.

Date	Min. Height	Min. Chest	Eyes	Other Factors	Notes
1918 Railway Construction Battalions			- Men with D=80 vision or better in both eyes without glasses are considered fit. - Men with D=80 vision in their right eye, and no less than D=200 vision in their left eye, who can be improved with glasses to shoot are considered fit.	Maximum age set at 43 Men from categories lower than "A" provided they were, - Specially qualified; - Able to perform a full day's work of 10 hours; and, - Had a physical development that fitted them for heavy work.	
1918 Forestry Battalions				Men below Category A were accepted, provided they were specially qualified and able to perform a full days' work of 10 hours.	

Sources:

Army Medical Corps Instructions: General Orders, Militia Orders and Precis of Headquarters Letters bearing upon the administration of the Canadian Army Medical Service published between August 6th, 1914, and December 31st, 1916, Ottawa: Militia Council, 1917

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APPENDIX 3A: Categories Used by Canadian and British Forces to Classify Recruits and Soldiers, 1914-1918

British Classifications

British Classificatory Categories for recruits and soldiers as of March, 1915

- A. Fit for service home or abroad;
- B. Temporarily unfit for service abroad
- C. Fit for service at home only
- D. Unfit for service at home or abroad.

British Classificatory Categories for recruits and soldiers as of December, 1915

- 1. Fit for general service
- 2. Fit for field service at home
- 3.
 - (a) Fit for garrison service abroad;
 - (b) Fit for garrison service at home
- 4.
 - (a) Fit for labour, such as road-making, entrenching and other works
 - (b) Fit for sedentary work only, such as clerical work
- 5. Unfit for any military service.

British Classificatory Categories for recruits and soldiers, June 1916.

A- Fit for general service

- i. Men actually fit for despatch overseas in all respects, as regards training, physical and mental qualifications
- ii. Recruits who should be A(i) as soon as trained
- iii. Returned Expeditionary Force men who should be fit for A (i) as soon as 'hardened'¹
- iv. Men under 19 years of age who should be fit for A(i) or A(ii) as soon as they are 19 years of age

B- Fit for service abroad (but not fit for general service)

¹ The term 'hardening' referred to the physical reconditioning of men who had recovered from illness or wounds with the aim of enabling them to return to their reserve battalions. It consisted of marching for the first week without arms for 1 mile in the morning and the afternoon. In the second week this was increased to a 2 mile quick march in the morning and afternoon. In the third week men marched 4 miles morning and afternoon under the same conditions. Full duty was resumed in the fourth week. By the fifth week men were considered ready to be drafted back into their reserve units. MacPherson, *History of the Great War*, p.123; David W. Love, *A Call To Arms: The Organisation and Administration of Canada's Military in World War One* (Winnipeg: Bunker To Bunker Books, 1999), p.180.

- i. In Garrison or Provisional Units
- ii. In Labour units or on Command Garrison or Regimental outdoor employments
- iii. On sedentary work as clerks or storemen only

C- Fit for Service at home only

- i. In Garrison or Provisional Units
- ii. In labour or on Command Garrison or Regimental outdoor employment
- iii. On sedentary work as clerks, storemen, batmen, cooks, orderlies, sanitary duties &c.

D- Temporarily unfit for service in categories A, B, or C, but likely to become fit within 6 months and meanwhile either

- i. In Command Depôts,² (Regular Royal Artillery, Royal Engineers, and Infantry and Territorial Force Infantry)
- ii. In Regimental Depôts, (Regular Cavalry, Royal Artillery, Royal Engineers, and Infantry only)
- iii. In any unit or depot under or awaiting medical or dental treatment (who on completion of treatment will rejoin their own original category)

E- Unfit for service in categories A, B, or C, and not likely to become fit within 6 months.

Awaiting discharge or reclassification

British Classificatory Categories for recruits and soldiers subsequent to October 1917

A- Fit for general service

- i. Men actually fit for general service in any theatre of war in all respects, as regards training, physical and mental qualifications
- ii. Recruits who should be A(i) as soon as trained
- iii. Men who have previously served with an Expeditionary Force who should be fit for A (i) so soon as 'hardened'
- iv. Men under 19 years of age who should be fit for A(i) or A(ii) as soon as they are 19 years of age

B- Not fit for general service, but fit for service at home (and abroad in the case of men passed fit for service overseas)

² Command Depôts were usually associated with one or more military camps. They were intended to provide concentration areas for soldiers that had been discharged from the hospital, but were not yet ready to rejoin their units. When sent to a command depot, a soldier was subjected to "hardening" and would also receive any required remedial treatments for his illness/wound. Love, *A Call To Arms*, p.103.

- i. In Field Units (at home only) and in Garrison units, or on duties of analogous nature
- ii. In Labour units or Garrison or Regimental outdoor employment
- iii. On sedentary work as clerks, storemen, batmen, cooks, orderlies, on sanitary duties &c., or, if skilled tradesmen, at their trades

D- Temporarily unfit for service in categories A or B, but likely to become fit within six months, and meanwhile either

- i. In Command Depôts
- ii. In Regimental Depôts
- iii. In any unit under or awaiting medical or dental treatment (who on completion of treatment will rejoin their own original category)

E- Unfit for service in categories A or B, and not likely to become fit within six months.

Awaiting discharge, reclassification or invaliding home from abroad

As well as the categories listed above, the following categories were employed by the BEF in Flanders and France:

Class TB (Temporary Base): Temporarily unfit for general service

Class PB (Permanent Base) – Unfit for general service at the Front, but fit for service on the lines of communication and in army corps areas and capable of being regarded Class A.

Class PU (Permanently Unfit): Those in Class PB who are never likely to become Class A, but employed in the same way as Class PB

Classificatory Categories for Officers and other ranks serving in France subsequent to December 15, 1917

A – Fit for General Service

B – Not fit for general service but liable to be reclassified as “A”

- i. Fit for Garrison Units, Divisional Employment Companies, Area Employment (Garrison Guard) Companies, Labour Companies employed at the Front, NCOs as permanent staff of Reinforcement Camps and Convalescent Depots. Men for employment in lieu of RAMC. Nursing or General Duty orderlies and stretcher bearers in L. of C.
- ii. Fit for Labour Corps Units employed in L. of C. or other duties of an analogous nature
- iii. On sedentary work as clerks, storemen, batmen, cooks, orderlies other than RAMC, Sanitary duties, or, if skilled tradesmen, at their trades

E – Unfit for service in France or at home.

The classifications TB, PB and PU were discounted by this document.³

British Ministry of National Service Classifications (November 1917-November 1918)

Grade I: Those who attain the full normal standard of health and strength and are capable of enduring physical exertion suitable to their age. Such men must not suffer from progressive organic disease, nor have any serious disability or deformity. Minor defects which can be remedied or adequately compensated by artificial means will not be regarded as disqualifications.

[Comparable to Category A]

Grade II: Those who for various causes, such as subject to partial disabilities, do not reach the standard Grade I. They must not suffer from progressive organic disease. They must have fair hearing and vision; be of moderate muscular development, and be able to undergo a considerable degree of physical exertion of a nature not involving severe strain.

[Comparable to Categories Bi and Ci of]

Grade III: Those who present marked physical disabilities or such evidence of past disease that they are not considered fit to undergo the degree of physical exertion required for the higher grades. Examples of men suitable for this Grade are those with badly deformed toes, severe flat foot and some cases of hernia and varicose veins...The Third Grade will also include those who are fit only for clerical and other sedentary occupations, such as tailoring or bootmaking.

[Comparable to Categories Bii, Cii, Biii and Ciii]

Grade IV: All those who are totally or permanently unfit for any form of Military Service.

[Comparable to Category E]

Note:

Although recruits were handed over to the military authorities bearing the grades assigned to them by the Ministry of National Service, the military would place these recruits into its own categories and then post them to units accordingly.

³ Minor changes were made to this classification system on November 17, 1918.

Canadian Classifications

After 15th May, 1917, the degree of fitness of all warrant officers, non-commissioned officers, enlisted men, and recruits in the CEF were classified by army medical boards according to five categories (A-E), the majority of which contained a number of subdivisions. The aim of this categorisation system was to prevent unfit men from proceeding overseas as well as to allow the military to utilize its manpower resources “to the best purpose”. To aid in this endeavour a nominal roll of men on the strength of a unit was to be made and kept up to date in the orderly room of every overseas unit and company or depot in which CEF men are serving. The five categories were defined as follows:

- A. Fit for general service⁴
 - 1. Men actually fit for despatch overseas, both as regards training in Canada and physical and mental qualifications
 - 2. Recruits who should be fit for A.1. as soon as trained
 - 3. Returned overseas CEF who are not quite fit for A.1.
 - 4. Men under 19 years who should be fit for A.1. when nineteen
- B. Fit for service abroad (but not fit for general service)
 - 1. Not applicable
 - 2. In CAMC, CADC, Forestry, Pioneer, Labour and Construction Units, and Sections Skilled Railway Employees
 - 3. Not applicable to men proceeding from Canada
- C. Fit for service in Canada only
 - 1. In special service company
 - 2. Special service companies and CAMC.
 - 3. On sedentary work as clerks, storemen, batmen, orderlies – sanitary duties, etc.
- D. Temporarily Unfit
 - 1. Not applicable
 - 2. Not applicable
 - 3. In any unit under, or awaiting medical, including dental, treatment, who, on completion, will rejoin their original category⁵
- E. Unfit for service in categories A. B. or C.
 - Awaiting discharge or reclassification

To ensure that medical boards correctly classified the men, they were provided the following guidelines:

⁴ The subdivisions within Category ‘A’ were only to be used in Canada. All men overseas, or proceeding overseas in this category were simply classified as ‘A’ men.

⁵ Men in quarantine remained in their original categories and were not placed in D.3.

A. Men already serving, recruits when trained or returned CEF men when their physical condition warrants it. Able to march, see to shoot, hear well and absolutely well able to stand active service conditions

B. Men already serving, recruits when trained or returned CEF men when their physical condition warrants it. Free from serious organic defects, able to stand service conditions in the line of communications in France.

B.1. Able to march at least 5 miles, see to shoot with glasses and hear well

B.2. Able to walk to and from work at least five miles, see and hear sufficiently for ordinary purposes and fulfilling conditions laid down in special instructions

B.3. Only suitable for sedentary work

C. Free from serious organic disease, able to stand service conditions in Canada

C.1. Able to march at least 5 miles, see to shoot with glasses and to hear well

C.2. Able to walk to and from work, a distance not exceeding 5 miles

C.3. Only suitable for sedentary work

After November 3, 1917, the categories used to classify the degree of fitness of all warrant officers, non-commissioned officers, and enlisted men in the Canadian Forces serving in Europe were altered by abolishing the distinction between categories B and C. On this date all soldiers serving in Europe who were categorised as C.(1), C(2) and C(3) were promoted to the corresponding subdivision of Category B. Likewise, all existing instructions referencing Category C were to be read as referring to Category B and any instructions which differentiated between Categories B and C are cancelled, so far as they referred to Category C.

As a result, soldiers' degrees of fitness were defined as categories:

A. Fit for general service.

1. Men actually fit for general service. Overseas in all respects, both regards training, and physical and mental qualifications.

2. Men who have not been overseas who should be fit for A(1) as soon as trained.

3. Overseas casualties on discharge from hospital on Command Depots who should be fit for A(i) as soon as hardening and training is completed in Reserve Units.

4. Men under 19 years of age who should be fit for A(1) or A(2) so soon as they are 19 years of age.⁶

⁶ Medical officers were directed to classify men under 19 years of age who were not physically or medically fit for category A, in either category B or E according to their fitness. The minimum age limit for trumpeters, drummers, or pipers was 18.

B. Not fit for general service, but fit for service overseas or in British Isles under the following conditions:

1. In Railway and Forestry Units and upon work of a similar character.
2. In Forestry, Labour, CASC, CAMC (Base Units), Veterinary Units and on garrison or regimental outdoor employment.
3. On sedentary work, in the British Isles only, as clerks, storemen, batmen, cooks, orderlies, on sanitary duties, etc., or, if skilled tradesmen, at their trades.

D. Temporarily unfit for service in categories A or B, but likely to become fit within six months, and meanwhile either:

1. In Command Depots.
3. In any unit under or awaiting medical or dental treatment who on completion of treatment will rejoin their own original category.⁷

The following standards were laid down as a guide in placing men in the various categories:

A. Able to march, see to shoot, hear well and stand active conditions.

B. Free from serious organic disease; and, in addition, if classified under:

B.1. Able to march at least five miles, see to shoot with glasses and hear well.

B.2. Able to walk to and from work a distance not exceeding five miles, see and hear sufficiently for normal purposes.

B.3. Only suitable for sedentary work, or on such duties as storemen, batmen, cooks, orderlies, sanitary duties, etc. Also, if skilled tradesmen, fit to work at their trades.

Sources:

Adjutant-General, Canadian Militia, May 3, 1917, LAC, RG24, Vol.6536, HQ 649-1-79, "Treatment Generally of C.E.F. Soldiers found medically unfit (1917-19)."

General Routine Orders by Field-Marshal Sir Douglas Haig, December 15, 1917 and November 17, 1918, LAC, RG 24, Vol. 1836, LAC, G.A.Q 9-25, "Copies of Correspondence Etc. Bearing on the Physical Standards of Recruits for CEF, European War".

Routine Orders By Lieut-Gen. Sir R.E.V. Turner, November 2, 1917, LAC, RG24, Vol. Vol. 4616, File 4, HQ.54-21-4-35, "Classification of Men by Categories."

⁷ Category D (iii) was a temporary category. Men were placed in this category if under medical or dental treatment. When the treatment was completed they automatically rejoined their original category until reclassified (up or down) by their unit medical officer or a medical board.

David W. Love, *A Call To Arms: The Organisation and Administration of Canada's Military in World War One*, (Winnipeg: Bunker To Bunker Books, 1999)

W.G. MacPherson, *History of the Great War: Medical Services General History*, Volume One, (London: King's Printer, 1921)

Charles Messenger, *Call-To-Arms: The British Army 1914-18*, (London: Cassell, 2005)

Appendix 3B:

Examples of the Utilisation of the CEF's May 1917 Classification System in *Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force and for the Active Militia,* 1918

Standard of Vision

Category "A": A soldier with 20/80 (6/24) or better vision in each eye shall be placed in Category "A" as fit for duty.

A soldier with 20/80 (6/24) or better vision in the right eye and with 20/200 (6/60) in the left eye, who can be improved with glasses to see to shoot, shall be fit for duty.

Category "B": 20/80 (6/24) or better vision in the right eye and less than 20/200 (6/60) in the left eye and can be improved with glasses shall be placed in Category "B".

Exceptional cases such as some special training in Category "A".

20/200 (6/60) or less in the right eye and 20/80 (6/24) or better in the left eye and can be improved with glasses, shall be placed in Category "B".

Category "B": 20/60 (6/18) or better in either eye, the other eye being amblyopic or blind with traumatic cataract, scar tissue, or other condition, should blindness not be due to general constitutional disease, shall be placed in "B(2)".

Category "C": Less than 20/60 (6/18) in either eye but not less than 20/200 (6/60) which can be improved to useful vision, the other eye being blind may be placed in "C". Soldiers who have lost one eye but with 20/60 (6/18) or better in the other eye if such loss is due to the removal of the eye or serious injury should be placed in Category "C" for at least four months of convalescence and might then be transferred to Category "B" and in exceptional cases to Category "A" (i.e. specially trained and the eye has been lost in service).

Soldiers with 10/200 (3/60) in each eye or 20/200 (6/60) in one eye with less than 10/200 (3/60) in the other, which can be improved with glasses, should be placed in Category "C".

A soldier who, after recovery from severe inflammatory disease of the eyes, or from serious injuries of the eyes, when discharged from Hospital or Convalescent Hospital should be placed in Category "C" for one or two months before being transferred to Category "B" or "A".

Category "E": If, however, the vision in the weaker eye is due to diseased condition that is likely to endanger the other better eye, he should be placed in Category "E" for discharge from service.

It is, however, to be understood, that in all doubtful cases a definite opinion regarding such cases should be obtained from a specialist and that all men complaining of poor vision and who on testing are found to have poor vision shall be sent to a specialist and, if improvement can be secured, should be fitted with glasses.

Hearing and Ear Conditions

Category “A”: A soldier who can hear fifteen feet or better in each ear by ordinary voice and who has no organic disease of the ear shall be placed in Category “A”.
A soldier who has hearing of twenty-one feet in either ear, but with little or no hearing in the other ear, but without active organic disease, shall be placed in Category “A”.
No soldier with a discharge from his ear shall be placed in Category “A”.

Category “B”: A soldier who has hearing of fifteen feet in either ear, and little or no hearing in the other ear and has no active disease in either ear will be placed in Category “B(2)”.

Category “C”: A soldier who has better hearing than twelve feet in each ear but has discharge from either ear of a moderate degree or is subject to frequent recurring discharge from the ears of a moderate degree may be placed in Category “C”.
Soldiers who show symptoms of chronic ear conditions such as hearing reduced to less than fifteen feet, with free discharging ear or ears or shell concussion deafness, shall be placed in Category “C”.
A soldier who has fully and recently recovered from a mastoid operation shall be placed in category “C” for three months and then re-graded

Category “E”: Cases that show repeated signs of recurring serious ear conditions, such as recurring mastoid, free formation of granulation tissue, indications of bone disease, or free, foul and offensive discharge from the ears, should be reported upon by a specialist with the view of being placed in Category “E” for discharge as permanently unfit.

Source:

Adjutant-General, Canadian Militia, May 9, 1917, LAC, RG 24, Vol. 1836, LAC, G.A.Q 9-25, “Copies of Correspondence Etc. Bearing on the Physical Standards of Recruits for CEF, European War.”

Physical Standards and Instructions for the Medical Examination of Recruits for the Canadian Expeditionary Force and for the Active Militia, 1918. Ottawa: King’s Printer, 1918.

Appendix 4: Evolution of Canadian War Service Badges 1916-1919

Order in Council	Date	Class	Eligibility	Misuse Penalties	Notes
P.C. 1944	16/08/1916			A fine not exceeding 100 dollars, or imprisonment for a period not exceeding 30 days	
		A	Men honourably discharged from the Expeditionary Force		
		B	Men who offered themselves for active service in the present war and have been rejected		
			Men who desired to or offered to enlist who were refused upon the ground their services are of more value to the state in the employment in which they are engaged than if they should enlist for active service in the naval or military forces		
		C			
P.C. 275	27/02/1917			A fine not exceeding 500 dollars, or imprisonment for a period not exceeding 6 months	
			Those who have seen active service at the front in the Canadian Expeditionary Force, and who have been honourably discharged, or, if Officers, whose services have been honourably dispensed with		
		A	Those not included in Class 'A', who have served in the present war with the Canadian Expeditionary Force, and who have been honourably discharged, or, if Officers, whose services have been honourably dispensed with after six months service, or after less than six months service, provided, in the latter case, that the discharge is for disability due to military service		
		B	Those not included in Class 'A' or Class 'B' who have served in the present war with the Canadian Expeditionary Force, and who have been honourably discharged, or, if Officers, whose services have been honourably dispensed with; and those who have offered themselves for Active Service Overseas, and have been rejected as medically unfit, provided that no badge shall be issued to any person who has been discharged or rejected, or whose services have been dispensed with on account of a temporary disability, or who is obviously unfit for service in the Canadian Expeditionary Force		
		C			
			Those who themselves offered for Active Service Overseas, and have been refused upon the ground their services are of more value to the State in the employment in which they are engaged than on Active Service Overseas		
		D			
P.C. 2199	10/08/1917			A fine not exceeding 500 dollars, or imprisonment for a period not exceeding 6 months	
		A	Members of the Canadian Expeditionary Force who have seen active service at the front in the present war, and who, in the case of Officers,		

Order in Council	Date	Class	Eligibility	Misuse Penalties	Notes
			have honourably retired or relinquished their commissions in the Canadian Expeditionary Force, or who have been returned to Canada on duty; or, in the case of non-commissioned officers and men, have been honourably discharged from the Canadian Expeditionary Force, or have been returned to or retained in Canada on duty, provided their claims are duly approved		
		B	Members of the Canadian Expeditionary Force who have been active service in the present war in England or at the front, and who, in the case of Officers, have honourably retired or relinquished their commissions in the Canadian Expeditionary Force, or, in the case of non-commissioned officers and men, have been honourably discharged from the Canadian Expeditionary Force on account of old age, wounds or sickness, such as would render them permanently unfit for further military service, provided their claims are approved		
		C	Members of the Canadian Expeditionary Force not included in Class 'A' or Class 'B', who have served in the present war and who, in the case of officers, have honourably retired or relinquished their commissions in the Canadian Expeditionary Force, or, in the case of non-commissioned officers and men, have been honourably discharged from the Canadian Expeditionary Force on account of old age, wounds or sickness, such as would render them permanently unfit for further military service, provided their claims are duly approved.		
		D	Those who, prior to the date hereof, have offered themselves for active service in the Canadian Expeditionary Force, including members of the Canadian Expeditionary Force excluded from Classes 'A', 'B' and 'C'..and have been rejected as, and still are, medically unfit		Class 'D' badges issued under the direction of P.C. 1296 withdrawn
P.C. 1242	22/05/1918				Cancels authorisation for the issue of Class 'D' badges created by P.C. 2199
P.C. 2816	15/11/1918				Extends eligibility for Class 'C' badges to men on active service in Canada under arrangements authorised by P.C. 1569 (22/06/1918), but not technically members of the Canadian Expeditionary Force
P.C. 777	12/04/1919				Extends eligibility for war service badges to Canadians who served in the Imperial Forces provided they were resident in Canada on August 4, 1914 and had returned to live in the Dominion

Sources

Military Service Act (1917)

Robbie Johnson, *Canadian War Service Badges, 1914-1954*, Surrey: Johnston Books: 1995

Appendix 5: Canadian Military Districts

1914

Military Division	Headquarters	Counties
1	London	Essex, Kent, Lambton, Elgin, Middlesex, Oxford, Waterloo, Perth, Huron, Bruce
2	Toronto	Lincoln, Welland, Haldimand, Norfolk, Brant, Wentworth, Halton, Peel, York, Ontario, Grey, Simcoe, the districts of Muskoka, Parry Sound, Algoma and Nipissing, north of the Mattawa and French Rivers
3	Kingston	Curham, Northumberland, Victoria, Peterborough, Hastings, Prince Edward, Lennox, Addington, Frontenac, Haliburton, Carleton, Dundas, Glengarry, Renfrew, Russell, Stormont, Grenville, Lanark, Wright, Labelle, Pontiac, Leeds, Prescott, the district of Nipissing south of the Mattawa River exclusive of the townships of Ferris and Bonfield
4	Montréal	Jacques Cartier, Hochelaga, Laval, Soulanges, Napierville, Beauharnois, Chateaugay, Huntington, Laprairie, Argenteuil, Terrebonne, Two Mountains, Montcalm, L'Assomption, Joliettem Bertheir Masinonge, St. Maurice, Three Rivers [Trio-Rivières], St Johns, Iberville, Missisquoi, Brome, Shefford, Rouville, Chambly, Vercheres, St. Hyacinthe, Bagot, Drummond, Richelieu, Yamask, Nicolet, Arthabaska, Sherbooke, Stanstead
5	Quebec City	Wolfe, Richmond, Compton, Beauce, Bellechasse, Bonaventure, Dorchester, Gaspé, Kamouraska, Lévis, L'Islet, Champlain, Charlevoix, Chicoutimi, Montmorency, Quebec, Portneuf, Saguenay, Lotbinière, Montmagny, Matane, Megantic, Rimouski, Temiscouata
6	Halifax	Provinces of New Brunswick, Nova Scotia, and Prince Edward Island
Military Districts	Headquarters	Counties
10	Winnipeg	Provinces of Manitoba and Saskatchewan, the territory of Keewatin and Districts of Thunder Bay and Rainey River
11	Victoria	Province of British Columbia and Yukon Territory
13	Calgary	Province of Alberta and the Territory of Mackenzie

Note: Instituted in 1911, the above organisation of the Canadian Militia was based on recommendations made by Sir John French, Inspector General of the British Imperial Forces, in 1910. This system, which was based on the more populous Eastern Canada supplying personnel to establish six divisions, was meant to both create a better proportion between the various arms of the militia and ensure a more equitable territorial distribution of units. It was abolished in early 1916.

1917

Military District	Headquarters	Counties
1	London	Essex, Kent, Lambton, Elgin, Middlesex, Oxford, Waterloo, Perth, Huron, Bruce
2	Toronto	Lincoln, Welland, Haldimand, Norfolk, Brant, Wentworth, Halton, Peel, York, Ontario, Grey, Simcoe, the districts of Muskoka, Parry Sound, Algoma and Nipissing, north of the Mattawa and French Rivers
3	Kingston	Curham, Northumberland, Victoria, Peterborough, Hastings, Prince Edward, Lennox, Addington, Frontenac, Haliburton, Carleton, Dundas, Glengarry, Renfrew, Russell, Stormont, Grenville, Lanark, Wright, Labelle, Pontiac, Leeds, Prescott, the district of Nipissing south of the Mattawa River exclusive of the townships of Ferris and Bonfield
4	Montréal	Jacques Cartier, Hochelaga, Laval, Soulanges, Napierville, Beauharnois, Chateauguay, Huntington, Laprairie, Argenteuil, Terrebonne, Two Mountains, Montcalm, L'Assomption, Joliettem Bertheir Masinonge, St. Maurice, Three Rivers [Trio-Rivières], St Johns, Iberville, Missisquoi, Brome, Shefford, Rouville, Chambly, Vercheres, St. Hyacinthe, Bagot, Drummond, Richelieu, Yamask, Nicolet, Arthabaska, Sherbooke, Stanstead
5	Quebec City	Wolfe, Richmond, Compton, Beauce, Bellechasse, Bonaventure, Dorchester, Gaspé, Kamouraska, Lévis, L'Islet, Champlain, Charlevoix, Chicoutimi, Montmorency, Quebec, Portneuf, Saguenay, Lotbinière, Montmagny, Matane, Megantic, Rimouski, Temiscouata
6	Halifax	Provinces of New Brunswick, Nova Scotia, and Prince Edward Island
10	Winnipeg	Provinces of Manitoba, and in the Province of Ontario, the Districts of Kenora, Thunder Bay and Rainy River
11	Victoria	Province of British Columbia and Yukon Territory
12	Regina	Province of Saskatchewan
13	Calgary	Province of Alberta and the Territory of Mackenzie

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