

Unwanted Warriors
The Rejected Volunteers of the Canadian
Expeditionary Force, 1914–18

Nic Clarke



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CANADIAN WAR MUSEUM
MUSÉE CANADIEN DE LA GUERRE

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Introduction

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.

– DIALOGUE FROM THE FILM *PASSCHENDAELE*¹

LIKE THE FICTIONAL David Mann, many Canadian men who volunteered for service in the Canadian Expeditionary Force during the Great War were turned away from recruiting stations because they were considered medically unfit for service. It is impossible to know exactly how many men were rejected on these grounds between 1914 and 1918, but evidence suggests that they may have numbered well over 100,000, perhaps even 200,000. The Department of Militia and Defence estimated in early 1917 that in 1916 alone over 50,000 men – almost 25 percent of those who volunteered – had been deemed unfit to serve. Stunning as this figure may seem, this estimate was rough at best. Rejection-rate data provided by Military District 13 (Alberta) were so fragmented that they were not included in the department's final calculations. Other districts stated that they were unable to provide information regarding men who had been rejected by civilian practitioners conducting examinations outside the military's purview.

Moreover, the framers of the report were also careful to point out that the statistics related only to men who had failed the medical examination and did not include those who had been turned away by recruiting sergeants even before they crossed a recruiting station's threshold. On the other side of the ledger, it was (and still is) equally impossible to know how many of these rejections represented multiple unsuccessful enlistment attempts by a single individual.²

No matter what the exact figure, these numbers indicate that rejected volunteers were a significant minority within Canada's wartime population. Their numbers dwarfed those of many other wartime minorities, such as conscientious objectors.³ In addition to (and in part because of) this, rejected volunteers also occupied a central place in the public consciousness. These men and issues relating to them were routinely featured in cartoons, private letters, diaries and memoirs, newspaper articles, military policy documents, and government debates and memoranda during the Great War. Questions relating to fitness for military service, and specifically to men who had been deemed fit when they should not have been, featured prominently in the greatest controversy that surrounded the Canadian Army Medical Service both during the war and immediately after: Colonel Herbert A. Bruce's "Report on the Canadian Army Medical Service," otherwise known as the Bruce Report, of 1916.⁴

Besides comprising a significant social and numerical minority, rejected volunteers were also some of the Dominion of Canada's first casualties of the war. Labelling them as casualties highlights the fact that the deleterious impact of the Great War reached far beyond the sharp end of the conflict. Far from being insulated from its effects, many of those on Canada's home front also suffered – albeit in different ways from those in the trenches – as a result of the war. The emotional, social, and economic injuries inflicted upon families by the loss or serious wounding (be it physical or psychological) of a loved one in battle could be both long-lasting and severe.⁵ However, less visible but often equally cruel forms of wounding also existed, including the psychological, social, and, in some cases, physical injuries suffered by conscientious objectors or so-called enemy aliens as a result of persecution by both the state and private individuals.⁶

The experiences of many rejected volunteers fit within this wider rubric of wounding. Although their injuries were different from those suffered by soldiers in the trenches, they could be just as debilitating, and some were even fatal. Condemned as cowards and slackers by those who did not understand why they were not in uniform, many rejected volunteers endured ostracism or worse. As though this were not enough, the nagging guilt and often all-consuming self-doubt about their masculinity and social and biological worth experienced

by many rejected men could be crippling. Faced with such external and internal assaults, some rejected volunteers chose social exile. Others chose to end their lives. Eighteen-year-old Daniel Lane, for example, took strychnine after failing the Canadian Expeditionary Force medical examination in September 1914.⁷ He was by no means the only volunteer to choose death after being rejected for service.

Despite having been a highly visible and important group in Canada during the Great War, rejected volunteers, generally speaking, are virtually nonexistent in both public and academic memories of the war. With the notable exception of Paul Gross's 2008 film, *Passchendaele*, dramatic and literary works about the war have largely ignored them. Likewise, when historians have mentioned individuals who were rejected as being medically unfit, they have generally done so in passing, in the course of exploring other issues, such as recruiting or the postwar eugenics movement.⁸

There is also a paucity of material relating to *how* men were deemed fit or unfit for service. The Canadian military's minimum physical standards for service – not to mention military medical examination – have received little scrutiny from historians other than, as with rejected volunteers, through the exploration of other matters. The relative invisibility of the military medical examination as well as the minimum standards for service is reflective of period literature. Although a key experience in an individual's transformation from civilian to soldier, the examination is only infrequently mentioned, let alone described, in soldiers' wartime letters or postwar reminiscences. When discussed at all, it is portrayed as either dehumanizing and insulting, or laughably lax and easily defeated. Little is said about how it worked. Likewise, physical standards for service are generally derided as unrealistic and stupid regulations that were better ignored than followed. Much the same can be said with regard to wider public discussions of these subjects. For example, Canadian newspapers were inundated with letters to the editor criticizing the "old-womanish" regulations that prevented potential recruits from taking their place in the growing pantheon of Canadian military heroes.

That the history of rejected volunteers has received so little attention is unfortunate not only because of their numbers but also because they present an important opportunity to augment our understanding of the Canadian experience of the Great War, both civilian and military. Most obviously, their experiences and the issues surrounding them provide us with a lens through which to examine how the concept of military fitness was constructed and understood and how it evolved in early-twentieth-century Canada. More broadly, the myriad, often bitter conflicts between civilians, the medical profession, and the military authorities over what made an individual fit to fight can

be a springboard for exploring the often strained state of civil-military relations in Canada during the Great War.

At the outset of the war in the summer of 1914, Canadian military authorities had, on paper at least, a black-and-white model of military fitness. An individual was either fit or unfit to serve. There was no middle ground. Moreover, the physical standards an individual had to meet to be deemed fit to serve were exceptionally high. By the end of the war, however, the military authorities' definition of military fitness had changed radically. This transformation took the form of both a lowering of the minimum physical standards for service in many units and a wider reconceptualization of what it meant to be fit for military service.

The changes in minimum height and visual acuity criteria are but two of many examples of how standards for service were lowered between 1914 and 1918. At the start of the war, recruits were required to be at least 5 feet, 3 inches tall. By the end of the war, this had been lowered to 5 feet for infantrymen, and some support units could accept men standing 4 feet, 11 inches. Visual acuity standards also became less stringent as the war progressed. Whereas recruits were expected to have perfect vision in 1914, this was certainly no longer the case by the time Canadian troops stormed Vimy Ridge in April 1917. Furthermore, by the end of the conflict recruits were permitted to use glasses to meet the Canadian Expeditionary Force's new, lower standards, an allowance that only officers could avail of at the start of the war.⁹

The lowering of physical standards for combat infantry was accompanied by a change in the way Canadian military authorities conceptualized military fitness more generally. By 1918, they had shifted from the dichotomous system (fit/unfit) it used to categorize recruits in 1914 to a complex taxonomy of military fitness that recognized multiple levels of ability. This metamorphosis came about in part because of the realization that even if a recruit might not possess the physical attributes of a successful combat soldier, he could still play an important role in uniform. For example, he could usefully fill one of many mid- and rear-echelon positions that the Canadian Expeditionary Force required in order to operate effectively. An increasingly complex organization, the force needed men for typing and carrying out other administrative and logistical tasks as much as it needed them for operating machine guns and launching trench raids. Men with physiques deemed unsuitable for combat were progressively employed in these positions as the war continued. In its waning years, recruiting staff were instructed to direct potential recruits found unfit for combat to apply for positions in support units. Importantly, employing such men in these positions would enable those soldiers deemed to have the physical attributes necessary for combat to be placed at the frontlines rather than behind a desk at the rear.

Thus, by 1917 the military authorities had begun carefully combing through the rear echelons looking for men fit for the trenches whom they could replace with those who met a lower standard of military fitness.

Such seemingly judicious use of manpower resources had its critics, however. A number of officers in command of support units complained when one or more of their men were reassigned to combat units and replaced by men deemed unfit for combat. Headquarters also received complaints from officers when they lost men who had been accepted but later judged unfit for military service. In both instances, the officers' complaints were founded on concerns that they were losing men who, because they had important skills that were rare in the general population, could not be easily replaced. For these officers at least, definitions of military fitness came second to the important skills an individual brought to the table. Such complaints highlight the fact that the multiple categories of military fitness developed during the war could *hinder* as much as support the efficient use of manpower resources. The military authorities did recognize useful skill sets, and on occasion made allowances for men based on their specialist skills and experience, but the set categories of military fitness remained the benchmarks by which men were defined and their roles in the war effort determined.

Note that the reconceptualization of military fitness did not reflect a panic-driven, pell-mell race to the bottom of the recruiting barrel in the face of manpower shortages. In 1918, as in 1914, men were still turned away at recruiting stations if they did not meet the requirements of service, while those in uniform who were found to be unfit were often discharged from the ranks regardless of their skills or experience. Moreover, the first changes to the Canadian military's minimum physical standards occurred in 1915, well before the Expeditionary Force experienced a manpower crisis. To be sure, changes to the minimum dental standards, for example, were designed to significantly broaden the recruiting pool available to the ever-growing Canadian Expeditionary Force, but they were also a direct recognition of, and reaction to, the general dental health characteristics and practices of the Canadian population as well as related civilian constructions of health. Military authorities had to change their dental standards in light of how Canadians perceived dental health, particularly the role they attributed to teeth in the general health of an individual. The same can be said of the aforementioned changes in visual acuity standards and the related move to allow troops to wear glasses.

The perceptions of health held by medical professionals and civilians sometimes collided violently with military regulations as they intersected in the bodies of recruits. Civilians and some medical professionals were often shocked by the military's rejection of men for characteristics, such as bad teeth, that they

believed to be minor impairments, unlikely, in their minds, to impinge on an individual's ability to become an efficient soldier. Such disagreements with the military's definitions of fitness caused many people – recruits, recruiters, civilians, and medical professionals alike – to attempt to undermine the medical examination, and indeed to ignore military regulations. Often successful, especially at the beginning of the war, these attempts were aided by the inexperience of medical examiners, the limited resources the military had to invest in the medical examination of recruits, and pressure to fill the ranks. As a result, many unfit individuals, including men who had undergone amputations or suffered from mental illness, made it into the ranks. Twenty-four-year-old Cecil Hamilton, for example, arrived in England minus his right arm. “Weeded out” in England or, in some cases, upon arrival in France, the presence of these men in the ranks of the Expeditionary Force caused Canadian military authorities considerable consternation, especially since some units saw over 40 percent of their strength deemed unfit for service upon arrival in England.¹⁰ As a result of these concerns, military authorities worked steadily throughout the war to improve the systems for assessing a recruit's fitness for service. By the end of the war, recruits were undergoing multiple medical examinations before leaving Canada, not to mention before being shipped from England to France. This was accompanied by better training and instruction for medical examiners as well as growth in the amount of paperwork that accompanied medical examinations. Although they never completely eliminated the problem of unfit men entering the ranks, these changes were largely successful. By the end of July 1917, Sir Edward Kemp, Minister of Militia and Defence, could inform the House of Commons, with considerable justification, that the myriad problems that had characterized the medical examination of troops in 1914–15 had been corrected.¹¹

There is little doubt that the decline in unfit men arriving in England trumpeted by Kemp in 1917 was partly due to the lowering of physical standards required for service in some units. It should be noted, however, that the lowering of standards did not occur across the board. The minimum physical requirements for some specialist units *increased* as the war continued. For example, after a brief dip, the minimum height requirement for heavy artillery gunners rose; likewise, the physical standards for a Royal Flying Corps pilot were far above those for an infantryman and did not shift as the war continued. In addition, we should be careful not to attribute an overly negative connotation to the word “lowered” when discussing the changes to the Canadian Expeditionary Force's minimum physical standards. Although these standards were lowered in the sense that less was required of some recruits, the changes implemented did not impact negatively on the ability of individual recruits to successfully

carry out their mission or that of the force as a whole. The victories at Vimy Ridge and Passchendaele and during the Hundred Days were achieved with many men who would have been rejected as unfit to serve in 1914.

These observations directly challenge the common belief – evident as much today as it was during the war – that Canadian Corps was composed of muscle-bound supermen who were, to paraphrase the film *Passchendaele*, the only ones capable of getting anything done. Indeed, far from being the British Empire’s *übermensch*, many members of the Corps had distinctly uninspiring physiques.¹² More broadly, these observations also raise a number of compelling questions about how military fitness was defined during the Great War. In particular, how did the military authorities come to define what constituted the minimum physical standards for service? How did medical examination work? In what ways, and why, did concepts of military fitness differ between Canadian military authorities, Canadian medical professionals, and laypeople? How did such differing constructions impact on recruiting, recruits, and those rejected for service? How did civilian society view, and treat, those deemed unfit to serve? How did those turned away as unfit navigate their rejection for service?

This book is the result of my exploration of these questions. The first four chapters examine the interrelated factors that led to an individual’s being deemed fit or unfit to serve and how these factors evolved over the period of the conflict. In particular, they examine the general characteristics that Canadian military authorities believed made a man fit to fight, the factors on which they founded their constructions of military fitness, and how and why these constructions evolved over the course of the war. The chapters also undertake an in-depth exploration of the mechanics of the military medical examination, its many problems, and how the military authorities moved to mitigate those problems.

The final chapters focus on rejected volunteers as a group. They offer a description of men rejected for service at Valcartier in 1914, demonstrating that the vast majority of those turned away were not visibly different from their successful colleagues. In light of this reality, these chapters also explore the impact that being rejected for service had on men, and how they navigated rejection.

Structuring the book in this manner has enabled me to provide a detailed examination of the wider bureaucratic and material means through which Canadian military authorities defined men as fit for service during the Great War, while retaining a sharp focus on the experiences of individual rejected volunteers and their families. This approach is informed by, reflects, and builds on public and academic interest in the “roots level” experience of 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 homefront in a concerted effort to discover how societies of belligerent nations were transformed by their experience of the war. This repositioning to the homefront has given rise to a 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.¹³

Those scholars who have remained at the firing step have also recalibrated their sights. Increasingly, researchers have included, if not focused 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 gained not only a new vantage point from which to survey the battlefield – the soldier's-eye view – but also 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, one 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.¹⁴ His earlier study of gas warfare focused on how the use of chemical weapons in the Great War impacted on, and was perceived by, the average soldier.¹⁵ Likewise, Bill Rawling has explored the relationship between soldiers and the technologies of industrialized warfare. In doing so, he has argued convincingly that the decisive factor on the battlefields of the Great War was not technology but rather how soldiers adapted to and employed it.¹⁶

In conjunction with historians' move to substitute the views and experiences of generals, diplomats, and politicians' with those of common soldiers and civilians,¹⁷ there has been a surge in the publication or republication of soldiers' memoirs, diaries, and letters. Edited by experts and family members alike, and published by both academic presses and private individuals, these works have given further voice to those who directly experienced the war, and provide deep insight into life at the "sharp end" of the conflict. They highlight the oft-overlooked fact that life in the trenches was characterized as much by boredom and petty inconvenience as by mud, blood, and machine gun fire. They also give us some measure of access to the human relationships and emotions, both good and bad, that coloured Canadian troops' views of the battlefield, the homefront, and the war in general.¹⁸

Taken as a whole, this shift in focus has helped to humanize a conflict that was, and often still is, described and understood in mechanistic and dehumanizing terms, and to democratize it.¹⁹ 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, the situations in which they found themselves.

This was, as we shall see, certainly the case with rejected volunteers. Many men turned away as unfit steadfastly refused to accept rejection and travelled across the country visiting recruiting station after recruiting station until they were finally accepted. Others called in favours from powerful friends, or employed all manner of skullduggery to get in. Those who were unable to pass the medical examination in spite of their best efforts actively sought to counter the potential negative impact of their rejection by creating their own pressure group, the Honourably Rejected Volunteers of Canada Association. Acting as a pseudo-veterans group, the association lobbied the provincial and Dominion governments on behalf of its members. Employing a discourse of hindered heroism, members differentiated themselves from both shirkers and conscripts while concurrently arguing for the same benefits afforded to veterans.

Importantly, other men actively sought to be rejected. Indeed, some went so far as to fabricate impairments with the aim of being turned away by medical examiners. Some family members also advanced claims of disability to keep their loved ones from serving. Far from being a reaction to the horrific realities of trench warfare or to the imposition of conscription in 1917, the use of these tactics began almost immediately after war was declared in August 1914. Thus, for some, claiming disability could be seen as a form of resistance against pressures to enlist.

The persistent invisibility of rejected volunteers in current Great War historiography – and indeed wider public memories of the war – despite the move towards highlighting roots-level experience of the war might suggest a scarcity of material pertaining to these men. The truth is quite the opposite, however. Newspapers, government debates and reports, military memoranda, and the letters and memoirs of individual Canadians contain a plethora of material directly and indirectly touching on rejected volunteers and related issues. This book utilizes all these materials, especially two collections held by Library and Archives Canada: (1) Files of CEF Volunteers Who Were Rejected, and (2) the William Babbie Fonds.²⁰ This is the first time that the files of rejected volunteers have been subjected to close historical examination and that the Babbie Fonds have been used in order to examine rejected volunteers. The former consist of the personnel files of 3,068 men who were rejected for service, usually on medical grounds, by the Canadian Expeditionary Force. The vast majority – 3,050 – were turned away at Valcartier mobilization camp in August and September 1914, and represent approximately 60 percent of the total number of men rejected at Valcartier during the formation of the First Contingent of

the Canadian Expeditionary Force. The collection contains the rejected men's attestation papers, pay information, and, on occasion, personal letters and other documentation.²¹

The William Babtie Fonds contain documentation relating to the 1916 board of inquiry called by the Dominion government to examine the claims made in the Bruce Report. Lieutenant General Sir William Babtie, VC, director of medical services for the British Imperial Forces, presided over the inquiry. The documentation includes a list of 350 men who were rejected as unfit for service upon arrival in England.²² These men are of interest not only because they were considered some of the best representative examples of the "unfit" individuals arriving in England as part of the Canadian Expeditionary Force but also because the entries relating to each individual contain both a description of his impairment and his regimental number. These numbers made possible the referencing of the men's attestation papers and service records.

The information contained in these sources enabled me to examine the physical and social characteristics of men rejected for service at Valcartier in 1914 and to analyze the reasons they were rejected. They also enabled me to construct detailed personal histories – some extending well beyond 1918 – for a number of the men. These histories often included multiple enlistment attempts throughout the period of the war, as well as postwar efforts to gain recognition. The physician's notes in the files provide great insight into individual medical examiners' views of certain impairments, the medical examination, and the minimum physical requirements for service.

Both the rejected-volunteer files and the Babtie Fonds present useful vantage points from which to examine how the position of rejected volunteers changed as the war continued, and how the military authorities' definitions of fitness for service evolved and expanded between 1914 and 1918. Indeed, when used in concert with other sources, the data that they provide can be extrapolated to paint a broad-brush picture of the characteristics and experiences of rejected men during the entire period. Although definitions of military fitness and the nature of the medical examination evolved in various ways as the war progressed, government memoranda, unit reports, newspaper articles, service records, and individual memoirs strongly suggest that little changed on the most basic levels with regard to many men rejected as unfit for service, regardless of when they were turned away.