

# From Enlistment to the Grave

## The Impact of the First World War on 52 Canadian Soldiers

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Because they have clearly demarcated beginnings and endings, wars tend to be studied in isolation. Studies are made of the events leading up to wars, the wars themselves, and their aftermaths as though each could be easily pigeon-holed. The majority of work done on the First World War, for example, has concerned itself solely with the events of 1914-1918, as though the war ended with the Armistice. What this approach forgets is that wars exact a profound and lasting influence on those who live through them. For many - and in particular for many veterans - the Great War did not end with the cessation of hostilities, it continued to influence the rest of their lives.

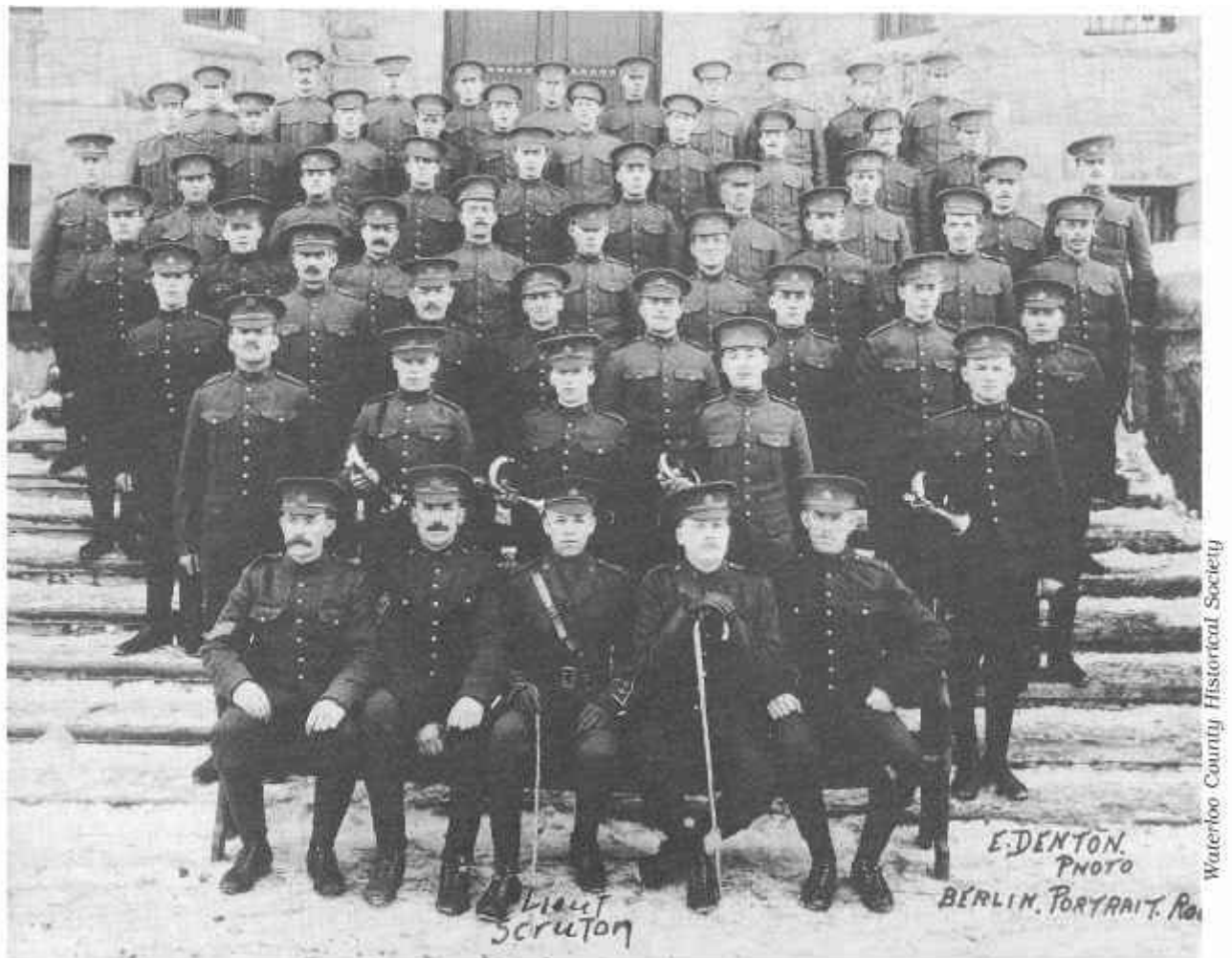
To arrive at an understanding of the life-long impact of the First World War, this paper tried to find out what happened to a group of soldiers who enlisted in the 34th Battalion in what was Berlin, and, after 1916, Kitchener, Ontario. The Berlin/Kitchener 34th enlistees were chosen from Waterloo County's Muster Roll for no reason other than keeping the sample a manageable size for an undergraduate thesis. Approximately 75 men signed up with the 34th in Berlin/Kitchener. The Personnel Records Centre of the National Archives was able to find personnel files for 52 soldiers. The lives of each of these soldiers was traced from enlistment until death - either in the war or later in civilian life - to measure what kind of impact it had on this group.

None of the men were still living at the time of study, so the bulk of the paper's evidence is derived from personnel records from the National Archives, pension records from the Department of Veterans Affairs, letters home published in the local newspapers, obituaries, and funeral home files. While there is plenty of information available

about soldiers still in uniform, tracing their post-war experiences is very difficult.

Historians have paid too little attention to First World War veterans. Faced with a scarcity of sources, this study relied on obituaries and pension records to provide information on post-war lives. Attempts were made to locate relatives of the veterans but met with little success; the older generation who knew the veteran were also deceased while the younger ones did not know them well enough to add to the study.

Because the information provided in an obituary comes from the family of the deceased, cause of death is sometimes omitted or only referred to vaguely. Funeral home records, however, usually list cause of death and were most useful. However, the best source on veterans' lives after the war came from the pension records found in the care of Veterans Affairs. These records span the entire life of the veteran and include all reports of medical examinations, correspondence between the pensioner and the authorities, as well as correspondence between the local Board of Medical Officers and the Board of Pension Commissioners in Ottawa. Besides clearly documenting the individual's physical health and mental state of mind through transcripts of regular medical examinations, the pension records provide insight into the system of disability assessment. Furthermore, the correspondence between the pensioner and the authorities, and, between the local and head office of the Pension Commission in Ottawa, documents attitudes towards veterans, veterans' feelings about themselves, and the interrelationship between the local and central departments.



*The 3rd contingent of the 34th Battalion photographed on the front steps of the Guelph Armoury.*

The purpose of this paper is to argue that the casualties suffered in the Great War continued long after its armistice, and that for many veterans, the war significantly affected the rest of their lives.

All 52 men in this sample group served overseas. Of these, 46 saw active service in the trenches. The 34th Battalion did not fight as a unit in France, but was broken up to reinforce other battalions already in the line. For those who did make it to France, the price was high. Of 46 who saw frontline action, 39 were invalided out by wound or disease. Fully 41 of the 46 were casualties at least once, leaving only five to escape the war physically unscathed. This casualty toll included ten who were killed in action or died of wounds.

A close examination of a soldier's exact entrance into the field serves as further testimony of the Great War's horrific toll. Eight members of the 34th were in the front lines by October 1915. Twenty-nine more followed in 1916, seven

in 1917 and two in 1918. This total includes the two whirlwind tours by William Bates, who was invalided out of service on 4 June 1916, was discharged, re-enlisted, and made it back into the trenches by 19 June 1917. Three months later Bates was again invalided out of active service because of debility.<sup>1</sup>

Joseph Millwood was one of the first to enter the field on 3 August 1915. Less than two months later, Millwood suffered a gunshot wound to the left hip.<sup>2</sup> Only in the line for eight days, Arthur Card was struck in the head by shrapnel, leaving him "dangerously ill" and "somewhat neurasthenic."<sup>3</sup> By the end of 1915, five of the eight serving in the trenches had been wounded or taken sick. All would return to the line.

There were 38 soldiers in the field in 1916. Nineteen, including two killed, would be invalided out of the line through wounds, sickness, or disease. Twenty-eight of the 38 came out of the line briefly due to wounds, sickness or disease.

While the casualties of 1916 were dispersed throughout the year, the bulk of the casualties

took place during *two* engagements: the Battle of Mount Sorrel in June and the Battle of Somme. Between June 3 and 15, with 26 men in the field, the group sustained ten wounded and one killed.

Private Ostell of the 1st Battalion is a prime example of the serious fighting at Mount Sorrel. Already suffering from shell shock and a contusion of the right thigh from a mine explosion at St. Eloi on 26 April 1916, Ostell was hospitalized for three weeks before returning to the line. "On June 3rd as a result of a shell explosion was again somewhat shocked. Did not report sick. On June 13th, was knocked unconscious by shell explosion - after recovering consciousness he returned to duty." Private Ostell injured his foot a month later and was removed permanently from active service for reasons of shock and trauma.<sup>4</sup>

The Somme campaign, September to November 1916, would be even more costly than Mount Sorrel. The difference at the Somme was that casualties were spread out over two months worth of fighting. Ten of 19 serving in the field were wounded including one killed.

In 1917, six more entered the field for the first time. They joined 20 still serving, or returned to the line, for a total of 26 serving in the field. Over half of those serving in the line were invalidated out: 11 permanently, four temporarily. Overall, the group suffered 18 incidences of wound, disease, and injury spread over 26 individuals. This included four killed.

In 1918, the last two soldiers of this sample entered the trenches. Out of 44 who saw action

between 1915 and 1917, only 15 remained. Ten of the remaining 17 were invalidated out before the war's end, including four killed.

The most bitter fighting occurred over The Hundred Days (August - November, 1918). With 16 soldiers still in the line by the beginning of the Battle of Amiens, ten would fall wounded including three killed. Private Darling suffered a gunshot wound to the right arm on 10 August,<sup>6</sup> Private Harmer - shell shocked in April and diagnosed as neurasthenic - was struck off strength and sent to England on 16 August.<sup>6</sup> Private Bissett was killed 17 August,<sup>7</sup> Private Varah was wounded on 22 August.<sup>8</sup>

On 2 September, Private Fleming<sup>9</sup> and Lance-Corporal Buller<sup>10</sup> were killed. On 3 September, Private Hoy was wounded with a gunshot to the head.<sup>11</sup> September 4 saw Private Brett receive a gunshot wound to the left arm,<sup>12</sup> while on 9 September, Lieutenant Gough was shot in the neck.<sup>13</sup> Both Brett and Gough would return to action before war's end, only to be wounded again. Gough suffered a gunshot wound to the arm on 3 October, while Brett was shot through the back and side on 25 October.

The last soldier in the group to die was Private White. White was shot in the stomach on 2 October while serving with the 1st Battalion and succumbed to his wounds 19 days later.<sup>14</sup> His wife, however, would not learn the details of his death until late February 1919. In a letter to his wife published in the *Kitchener Daily Telegraph* on 1 March 1919, section commander Lieutenant Frith, described how White met his death:

*Wounded Canadian soldier being taken to an aid-post during the Battle of Passchendaele, November 1917.*





▲ NAC PA 1064

▼ NAC PA 1660

*Left: A wounded Canadian receives first aid. at Vimy Ridge, April 1917*



*Below left: Wounded Canadians en route for Blighty (England), July 1917.*

saw active service only five made it through the war physically unscathed. Ten were killed in battle or died of wounds afterwards, while 31 of 36 survivors became casualties at least once. Twenty-two were wounded twice or more.

Soldiers in this group logged approximately ten months of frontline duty. The average length of service before becoming a casualty was seven months. Nineteen soldiers served six months or less in the field while 14 served seven to 12 months. Only 11 of the 34th lasted more than a year in the trenches. Of the ten who served more than a year in the field, seven were invalided out, including three killed. Private Bissett survived 31 months before being killed at Amiens on 17 August 1918.<sup>16</sup> Private White served 27 months before dying of wounds in October 1918,<sup>17</sup> while Private Buller was killed on 2 September 1918 after 20 months in the field.<sup>18</sup> Privates Hoy and Whan<sup>19</sup> were invalided out after 17 months in the field. Hoy would sustain three gunshot wounds before being sent home: right buttock at the Somme, left thigh just before Vimy Ridge, and to the head during the Hundred Days. Amazingly, he was discharged without disability.<sup>20</sup>

Private Whan would not be so fortunate. Over the course of his 17-month service in the trenches, Whan contracted valvular disease of the heart, was shot in the right elbow and gassed.<sup>21</sup> He would survive the war but died of his wounds in 1922.<sup>22</sup>

Jim was wounded on the night of Oct. 2-18 in the woods near Hausuon, France, when we were following up the Huns and it was the last time that the battery was under fire, he received a bullet wound in the stomach, we got him on a stretcher and carried him 500 yards and got him on an ambulance right away. Within half an hour of being wounded he was in the Field Ambulance and as I thought out of danger, you can therefore imagine my surprise and the shock I got when a few days later he was reported as died of wounds, on Oct. 21-18, and buried in the French cemetery at Coumaino.<sup>15</sup>

The gruesome toll of service faced by this group can be summed up as follows. Of 46 who

Only five members of the 34th group made it through the war physically unscathed. Privates Young and Downer saw active service for 12 and eight months respectively. Downer, who enlisted in February 1915, did not make it to the field until November 1917, due to, among other things, a bout with syphilis. He was struck off strength in June 1918, but his personnel file does not say why.<sup>23</sup> While he served on the Western Front, Private Young was not fit for active service. He worked for the military police and performed fatigue and kitchen duties.<sup>24</sup> Privates Davis<sup>25</sup> and

Cooper<sup>26</sup> logged 21 and 20 months in the field respectively without injury, but Private Martin managed to survive over three years in the trenches without injury.<sup>27</sup> Martin, who first saw action in January 1916 as a signaller for the 5th CMRs, wrote home about a close brush with death in action at Vimy Ridge.

...we lost three of our signallers from a small shell, one killed and two wounded. The latter were friends of mine, and came to this battalion the same time as I did..The man who was killed was directly in front of me, and the others behind me. Directly I heard the whiz, I dropped flat and the piece of shell went over my back and wounded the fellow behind me in the arm.<sup>28</sup>

Not only was the war's impact felt by its participants, but it was shared by the people at home. Through the reporting of the Berlin/Kitchener *Daily Telegraph* and the Berlin/Kitchener *News Record*, the people of Waterloo County were kept informed of the horror of the Great War both on a local and a global scale. The *Daily Telegraph* regularly published reports on its local soldiers on its front page.

Until the failure of the German Spring offensives in 1918, Allied prospects for winning the war looked quite grim. However, press censorship put a very positive spin on the Allied cause. The intended optimistic portrayal of the good fight was often betrayed by the layout of the paper which placed the deaths and wounding of local soldiers on the front page beneath the top stories. The *Daily Telegraph*, like other newspapers, shared in the community's losses with its readers. The longer the war went on, the higher the casualty lists became, and the more the newspaper became

filled with reports of local wounded and dead. And, contrary to the shielding efforts of

censorship, the war's horrific reality was brought home to the people of Waterloo County.

**Obituary**

**Milton Garfield Whan**

Death came to another war veteran last Friday in the person of Milton Garfield Whan, beloved son of the late Wm. Whan and Mrs. Whan. He was born at Belle Ewart, in 1894, being 28 years of age. After attending the public schools and the Collegiate Institute in Orillia, he entered the employ of the Union Bank, at New Dundee, in 1912. In January 1915, while the teller of this branch, he enlisted with the 21st Battalion at Kitchener. The deceased fought through the important battles of St. Eloi, Somme, Ypres, Cologne, in 1916, Vimy Ridge in 1917 and was wounded and gassed, the gas causing weak heart and more trouble than the wounds received at Fresnoy, in May, 1917. After a year in the hospitals in England, he was invalided home. Mr. Whan had been up town the day before his death, and had breakfast on Friday morning as usual, when about 11 o'clock he went upstairs to get something, and his mother, thinking he had been a little longer than usual called to him, but the answer was only a groan. When she reached his side he had collapsed and was unconscious. He leaves to mourn his loss a widowed mother, who is unable to be up, four brothers and two sisters.

The Orillia Packet,  
Thursday, June 15, 1922

The front page headline on 5 January 1917 read "Sergeant George Kropf Returns From Front Minus Left Hand,"<sup>29</sup> reflecting both the horror of the war and the relief associated with the safe return of one of its heroes. Kropf, wounded in fighting at the Somme in September 1916, was interviewed by a *Telegraph* reporter the day after his return. According to the story, Kropf "is still carrying his left arm in a sling, but states that it is getting along famously.... In an interview last night at his home the returned soldier talked but little of his experiences but told some very interesting incidents he had seen."<sup>30</sup>

Kropf chose not to elaborate on his time in the trenches but instead talked about the battles in the air, the new tanks and his journey home trying to escape the German submarines. The reporter asked the Sergeant "whether the war would be over this year [and] Sergt. Kropf said that he did not think so, that the task was a big one and progress, although sure, was slow." Yet, despite the optimistic efforts of Kropf and the *Telegraph* reporter, the dark reality of the war clouds the text. Not only did he lose a hand, but Kropf chose not to talk about his experiences in the trenches. Kropf, who returned to a city rioting over the conscription issue, told the reporter that the war's progress was slow and that the men in the

trenches strongly favoured forced military service to bring it to an end.<sup>31</sup>

Just over a week after after Kropf's return, the city honoured the return of two more 34th soldiers, both wounded in fighting at Mount Sorrel. In an official address by Mayor Gross of Kitchener, Privates Sotiroff and Noble were given gold pieces.<sup>32</sup> But for Sotiroff, who had been honoured with gifts and speeches the previous day by his company - The Jacques Furniture Company - the return home only led to more hospitalization. He would spend eight months in sanatoriums recovering from symptoms of tuberculosis.<sup>33</sup>

Just as the *Daily Telegraph* was there to report on the happy return of 34th soldiers, so too was it there in darker moments. The first to fall from this group was Corporal Hoyland. On 16 May 1917, the front page of the *Daily Telegraph* announced "Gave Up Their Lives For King and Country."<sup>34</sup> Hoyland was killed at Vimy Ridge while serving with the 15th Battalion. The newspaper published both the Office of Records official notice to his wife and elaborated on the loss further:

Mrs. Bertha Hoyland  
24 Breithaupt St., Kitchener.-

A.T. 1:00 deeply regret to Inform you 602 139,  
Charles Henry Hoyland, infantry, officially  
reported killed in action, April 10th.

Office of Records, 1917

It fell to the *Daily Telegraph* to fill in the details:

The above message was received by Mrs. Hoyland on Sunday conveying the sad intelligence that her husband had been killed..The deceased was born in England and came to Canada with his young wife about six years ago.. He had been in *the* firing line since a year ago in April. The last letter received from her husband by Mrs. Hoyland was dated April 7th in which he spoke of the impending action. Corp. Hoyland is survived by his young wife and two small children, Constance and Harry. He was a kind and thoughtful husband and

father and the supreme sacrifice he made for his King and Country will be keenly felt by the bereaved family.<sup>35</sup>

Just below Hoyland's obituary appeared the news that Private Britton had been wounded. Once again the *Daily Telegraph* published the official notice from the Office of Records and elaborated on the news with this writeup.

Sincerely regret to inform you that 602113, Pte. Jack Britton, infantry, officially reported admitted to 22 General Hospital, Camier, May 4, 1917, contusion of neck. Will send further particulars when received. Pte. Britton who is a brother-in-law of the returned soldier, Bert Ostell, enlisted with the 34th Battalion and left for Overseas with that unit in October 1915. He has been in the trenches since last spring. The heroic soldier has many friends in this city who are anxious for his speedy recovery.<sup>36</sup>

In actual fact, Britton had been buried by a shell explosion and sprained his neck. He was diagnosed as shell shocked, later neurasthenic, and would not return to the line though he would serve in the Forestry Corps until war's end.<sup>37</sup> His brother-in-law and fellow 34th comrade, Bert Ostell, was also shell shocked and had already returned to Kitchener in early 1917.<sup>38</sup>

The case of Private McGinnis, discharged in early 1917 after suffering a bullet wound to the head, illustrates the continuing impact of wounds on veterans. In a front-page article on 6 July 1917, the *Daily Telegraph* printed "Is Suffering From His Wound."<sup>39</sup>

Pte. Harry McGinnis, who returned home from the front after receiving a gunshot wound through the forehead, was found unconscious in his room at an early hour this morning and later passed into convulsions. Dr. J.E. Hett was

immediately summoned and after a primary examination had the young soldier rushed to K-W Hospital in the ambulance. The condition of the young man is critical and little hope was entertained for his recovery this morning. At noon, his physician, Dr.

## Veteran of War Dies Suddenly

### Harry McGinnis Seized With Epileptic Fit While In Lexington; Was Wounded in Brain

The sudden death of Harry McGinnis, aged 26, war veteran, occurred in Lexington yesterday from epilepsy. Deceased, while serving his country in the Great War, was shot thru the brain but as a result of surgical skill was spared death. The wound however affected his system to such an extent as to cause periodic attacks of epilepsy. It was while visiting Lexington yesterday that he was seized with a fit and died....

*Kitchener Daily Record, Tuesday, April 29, 1924*

Hett, stated that the returned soldier was resting more comfortably and showed signs of improvement. The young soldier's sudden illness comes as a result of his wound which was received in the temple, a bullet passing through the brain and coming out on the other side of his head.<sup>40</sup>

McGinnis, an 80 percent disability pensioner at discharge, would suffer from periodic bouts of epilepsy. He died in 1924 at the age of 28.<sup>41</sup>

All told, the war's toll on the group was nothing short of devastating. Of 46 who saw active service, ten were killed or died of wounds. Forty-one of 46 became casualties at least once, while 20 of 46 were wounded twice or more. And of the ten that were killed, nine died on first instance of being hit.

### Life After the War

With the war brought to a close and all of the 34th returned, it was time to pick up the pieces of civilian life and start again. However, for many of the forty-two surviving veterans, the legacy of the war could not easily be forgotten. The enormity of the casualties suffered by this group, both dead and wounded, went far to keep the war's memory alive. The people of Waterloo County understood the huge toll of the war, thanks to constant newspaper attention throughout its duration. On the basis of this understanding, the toll of the war continued to climb in the following years. Injuries worsened and service-related deaths continued to occur.

As was noted in the previous section, a consensus was formed between veterans and the public who both saw the war as being profound in impact and long-lasting in duration. The government, for its part, initially adopted a policy of limited liability concerning its war disabled; but over time it too was pressured into broadening its responsibility.

Public sympathy for veterans, which was firmly entrenched during the war, continued long afterwards. Society, on the basis of these soldiers' obituaries, seems to have agreed with the veterans' position of seeing the war as continuing. The best example of the public's perception of the ongoing legacy of the First World War can be seen in the death of Charles Talmage. Talmage,

who died 27 years after the end of the First World War, had his demise linked to his service in the Great War. His obituary claimed that he had "suffered for many years from a heart ailment which resulted from his service in the last war."<sup>42</sup>

Including Talmage, five out of 34 obituaries of veterans in this group attributed death or failing health to service in the Great War. The obituaries of William Bates and Albert Gough, who died in 1934 and 1937 respectively, implicate service in the Great War with their physical demise. Bates' noted that the "deceased succumbed to injuries received in the Great War,"<sup>43</sup> while Gough's claimed that he had "been unable to work since 1932 because of wounds received overseas."<sup>44</sup>

Nineteen of 42 survivors received disability pensions at some point in their lives. Three received temporary disability pensions until their conditions improved after discharge, but 16 veterans came out of the war with permanent disabilities. It should be stressed that getting wounded did not guarantee a disability pension. Canadian pensions, by definition, were directly related to a loss of the ability to work in the general labour market. Wounds, injuries or conditions that did not affect the soldier's ability to work were not pensionable.

The process of assessing pensionable disability was quite involved. An army medical officer, using the Medical History of An Invalid form, would identify the claimant's present wound or disability. After establishing whether or not the condition was pre-enlistment in origin, the medical officer had to determine if the condition had been caused or aggravated by the soldier. Following an assessment of the probable duration of the disability, the medical officer was asked to estimate the extent to which the disability would "...prevent his earning a full livelihood in the general labour market?"<sup>45</sup>

Because the First World War was Canada's inaugural attempt at devising a pension policy for war disabled, the government wanted to avoid the mistakes of neglect and abuse haunting the veterans of Great Britain and the United States. In a March 1917 article appearing in the *Canadian Medical Association Journal*, E.M. von Eberts, Surgeon to the Montreal General

Hospital, summed up the Canadian approach towards care of its disabled veterans.<sup>46</sup>

The old sentimentality displayed towards disabled soldiers, which quickly expended itself and left the recipient with a depleted stock of moral stamina, is giving place to the healthier and essentially more sympathetic view, that an incapacitated soldier can and must again become self-supporting, and that the state, in addition to giving him a pension, must provide the educational means for such an economic rehabilitation.<sup>47</sup>

Canadian pension officials were determined that pensions "should merely span the gap between the normal wage and that which, in the opinion of the government, the disabled individual should command. It is in no way intended to replace the normal wage, except in cases of complete incapacity."<sup>48</sup>

Pension policy was designed as a humane policy, but one that nonetheless was aimed at limiting governmental liability. Ironically, the effects of such a policy geared towards striking a balance between individual and state efforts seems to have made the government more aware of the veteran as an ongoing concern. Canadian pension policy, as developed during the First World War, necessitated close observance of the individual for the system to work. This put the government in the position of having to keep a close eye on its veterans and made it more responsive to their complaints. As a result, the on-going experience of the war, which shaped veterans medical history also shaped governmental policy.

Close scrutiny of the veteran was the responsibility of the Department of Soldiers' Civil Re-establishment and the Board of Pension Commissioners. These two departments helped the emergence of the veteran as a "type." Faced with the reality of readjusting from a war of unprecedented size, in terms of numbers mobilized, killed and wounded, the Board of Pension Commissioners operated in a manner that kept both the horrific memory of the war and its soldiers firmly entrenched in the minds of both the government and public.

The First World War's toll on survivors of the 34th group can be summarized as follows: 19 of 42 qualified for disability pensions. Soldiers like Henry Doughty, Alfred Pollard and George Kropf

returned from France with limited disabilities of 50 percent or less, but unable to resume their former occupations. Doughty, who died in a car accident in England in 1928, reported to pension officials that he spit blood when he tried to do physical labour after the war.<sup>49</sup> In March of 1916, he was struck in the back by a bullet that ricocheted off the trench wall, passing through his left lung and lodged permanently in his ribs.<sup>50</sup>

Alfred Pollard was hit with shrapnel in the upper left arm during a counterattack at Ypres on 13 June 1916.<sup>51</sup> The impact broke his arm and destroyed most of the muscles surrounding it. Pollard would suffer from agonizing pain for the rest of his life. In 1939 he complained to pension officials:

This past winter the arm has been much more painful. The cold and wet weather seem to have had more effect than ever before. The pain sometimes kept me awake nights. It is always worse if I am tired. The pain is most severe just below the hump. The hand goes white and cold. It goes numb and the forefingers are white and have no feeling to rely on. I can bend them but could not pick anything up with them.<sup>52</sup>

Stewart Ohlheiser contracted tuberculosis after he was shot in the chest and lung in October of 1916. The Canadian Pension Commission ruled that the epilepsy he developed after discharge was not attributable to service. Though he lived to be 67, Ohlheiser was in receipt of a 90 percent disability pension when he died in 1965.<sup>53</sup>

George Kropf, who lost his left hand after being hit by an exploding bullet, was unable to resume his career as a fireman.<sup>54</sup> Pensioned at 50 percent disabled, Kropf's fate was better than Horace Darling who lost the use of his right arm after being shot in action near Amiens in August 1918.<sup>55</sup> Amazingly there is no record of Darling ever receiving a disability pension.

While some veterans managed to live long lives with obvious reminders of their wounds, seven of 19 pension recipients ended up being rated at 75 percent disabled or higher. In fact, in addition to ten killed overseas, one can make a case that the Great War was responsible for six additional deaths.

Milton Whan was the first of the 34th group to pass away after the war. Suffering from valvular

disease of the heart, a gunshot wound and gassed, Whan was receiving a 20 percent pension at discharge. However, by the time of his death four years later in 1922, the 28-year-old was totally disabled.<sup>56</sup> His obituary in the 15 May edition of the *Orillia Packet*, (reproduced on page 47) says it all about his debilitated state.<sup>57</sup>

Two more 34th veterans would die in 1924: Harry McGinnis (mentioned earlier) died from an epileptic seizure resulting from a gunshot wound to the head,<sup>58</sup> while Ed Ryan would succumb to pneumonia.<sup>59</sup> Officially, the death of Ed Ryan on 29 May 1924 was not attributed to his military service. He was not deemed pensionable upon discharge in 1919 despite suffering from chronic bronchitis and a gunshot wound to the left knee. At a medical examination on 6 June 1918 Ryan complained of "general weakness, not able to stand the strain and fatigue he used to, slight shortness of breath on exertion. Bronchitic symptoms." However, while acknowledging the same symptoms, his medical examiner summed up his patient as having "...very little disability."<sup>60</sup> According to his obituary, only five years after discharge, the 41-year-old veteran had been ill for some time and died in K-W Hospital of severe pneumonia.<sup>61</sup>

Charles Morgan was hit in the head by shrapnel on 12 June 1916.<sup>62</sup> He laid in no-man's-land for two days before he was rescued. Suffering from chronic nephritis, Morgan was invalided home after spending five months in hospitals in England. Throughout 1917 and 1918, he continued to be treated for nephritis in hospitals in Whitby, London and Guelph. Morgan, who vomited 5 or 6 times a day, suffered from dull aching pains in his legs, back and head, and had difficulty with feeling in his feet, legs and hands due to numbness, was assessed as being 100 percent incapacitated. He could not walk and was confined to bed rest from discharge until his death in 1932 at the age of 61.<sup>63</sup>

The case of William Bates is one of clear-cut physical decline after service in the war. Bates, who was 46 when he first enlisted in the 34th, lasted only eight days in the trenches before spraining his back.<sup>64</sup> He was discharged as medically unfit and sent home. After only three months of being

discharged, Bates re-enlisted with a Railway Construction Battalion and made it back to active service in France. He served another three months before being discharged a second time for poor health. Upon discharge in 1919, Bates was suffering from tuberculosis and early senility. Medical officials felt that his senility was not a direct result of his military service but rather as an aggravation of due to his "advancing years."<sup>65</sup> In October 1922, Bates was listed as being 100 percent disabled. His death 12 years later from tubercular pneumonia was attributed to his military service.<sup>66</sup>

The death of Albert Gough raises a number of questions concerning veterans. Gough, who died at the age of 41 in 1937,<sup>67</sup> would appear to be a textbook case of death due to service. During the war, Gough rose from the rank of Corporal to Lieutenant in the Royal Canadian Regiment. Over the course of his seven months of service in the field, Gough came down with trench fever and sustained gunshot wounds to the neck and left arm. After nine months of hospitalization in England, Gough was invalided home and discharged on the vague notion of "strain of service conditions" with no disability.<sup>68</sup> His obituary on 1 May 1937 told a different story.

"He was a former employee of the Merchants Rubber Co., but has been unable to work since 1932 because of wounds sustained overseas."<sup>69</sup>

In addition to an increased death toll, the Great War continued to exact a heavy price on the longevity and quality of life of veterans in this group. In 1927 an inter-departmental committee of the

**The Departed**

**William S. Bates**

The death of William Samuel Bates, 66 Samuel Street, occurred at K-W hospital yesterday, the deceased succumbing to injuries received in the Great War.

Mr. Bates was born in London, England, on March 8, 1868, and came to Canada in 1906. He joined the 34th Battalion at the outbreak of the Great War and during service at the front was gassed. He was a member of the Canadian Legion.

*Kitchener Daily Record, Saturday, April 14, 1934*



government estimated that the war had aged veterans by ten years.<sup>70</sup> Five of the soldiers in this group saw their pensionable benefits increase significantly over the years as their physical conditions deteriorated and their ability to work decreased.

John Noble, a 50 percent disability pensioner at discharge - reduced to 25 percent in 1924 - passed away in 1930.<sup>71</sup> Noble, who was 54 at the time, logged approximately six months of active service while serving with the 1st Battalion. He contracted gastritis and was wounded in the left leg. Discharged in 1917 for a damaged kidney and nephritis,<sup>72</sup> Noble went before the Department of Soldiers Civil Re-establishment in 1926 complaining of blood in his urine.

patient [sic] states he had cystoscopic examination in London Ont[sic] by Dr. Busby D.S.C.R. Doctor. About 18 months ago and ever since he has had this bleeding with his urine. He complains of pain in both kidneys but more severe on left side. Never had to call a doctor, pain [sic] would leave him after he would lay down for a while. He first noticed this pain while in France the latter part of 1915. patient [sic] received pension for his left kidney 40 dollar a month up to the time he was examined by Dr Busby, and [sic] he has been put to 20 dollars since then.<sup>73</sup>

Noble's condition was classified as being permanent in duration unless removed by operation. The doctors recommended this to him, however, Noble put it off to keep working. He was released to resume his job as a stone cutter with "reduced efficiency" and died four years later from a pulmonary tuberculosis haemorrhage.<sup>74</sup>

The case of George Hanley illustrates the battle veterans often had with the Board of Pension Commissioners. A 2nd Battalion veteran, Hanley was wounded twice: gunshot wound to the head at the Somme, and a gunshot wound to the chest in May 1917.<sup>75</sup> Forty-one years old at discharge in 1918, Hanley's overall physical condition was surmized as head wound fully recovered, his chest showing "impairment and diminution and irregularity of breathing," plus an aggravation of a pre-enlistment stuttering problem. The Medical Examiner described Hanley's condition as "...stutters badly but occasionally speech is normal. .. Man looks somewhat debilitated and more than his age."<sup>76</sup>

His chest wound was seen as a permanent disability that would improve some and his stutter "permanent lessening." He was viewed as being able to resume his former occupation with lessened efficiency.<sup>77</sup>

In 1920, Hanley was in receipt of a 20 percent disability for his gunshot wounds.<sup>78</sup> Twelve years later his head wound began acting up and his disability pension was increased to 35 percent. By March of 1936, Hanley's disability was increased to 40 percent even though a request to attribute arthritis in his right foot was denied. Two years later, Hanley submitted another claim, this time for hearing loss related to his head wound. The medical examiner denied his claim citing:

There is no record of complaint of defective hearing on the service documents. After discharge he was examined for pensioner assessment on several occasions and the first record of defective hearing was in July 1936. [sic] specialist expressed the opinion that there is no relationship between G.S.W. head and defective hearing. The evidence fails to establish... and application is not granted.<sup>79</sup>

Five months later Hanley brought in a witness to substantiate his claim that they were together when they were blown up in a shell burst in 1916. While the affidavit signed by fellow veteran William Hughes failed to satisfy the commission, they saw that Hanley was in need. By 1939, Hanley was upgraded to a 60 percent disability and when he died four years later, he was receiving an 80 percent pension.<sup>80</sup> While the Pension Commission ruled that his death was not related to service, the steady rise in his pensionable disability - from 20 to 80 percent - indicates that his physical condition was deteriorating and officials recognized their responsibility.

Charles Talmage was in the field less than two months before he was stricken with pyelitis (an inflammation of the kidney), and a gunshot wound to the head in 1916.<sup>81</sup> He was hospitalized for approximately 20 months in France, England and Canada. At his discharge in 1918, Talmage was described as being in a debilitated state suffering from pyelitis, valvular disease of the heart, back weakness and deafness in the right ear. He was rated at a 42 percent, 20 percent for pyelitis and back weakness as a result of active

service; the valvular disease of the heart and deafness, both pre-enlistment in origin, were clocked at 20 and 22 percent respectively. Medical officials estimated that Talmage's wartime disabilities would last six months, while his heart disease and deafness would be permanent. They believed that active service had aggravated his heart condition by only five percent.<sup>82</sup> When he passed away in 1945 at 63 years of age, Charles Talmage's family made note of their view of his poor health when they wrote that he had been "...seriously ill for the past three months, and had suffered for many years from a heart ailment which resulted from his service in the last war."<sup>83</sup>

Alfred Thompson never should have made it into uniform in the first place. Only in Canada for two years when he enlisted in 1915, Thompson was deemed fit for active service even though his medical file lists a slew of ailments including bronchitis, two bouts of pneumonia, defective vision and hearing.<sup>84</sup> He lasted just two months in the field before coming down with bronchitis. Discharged in 1918, he was given a mere five percent pension for the war aggravating his hearing.<sup>85</sup>

One year later, the government tried to dissolve itself of Thompson. His pension was discontinued and he was given a \$100 gratuity.<sup>86</sup> But it would not be that easy. Eleven years later, 1930, Thompson went for a medical and told the doctor that he "...has been continually taking cough medicine since discharge... confined to bed periodically. Has never been able to do anything but the lightest work. Has recently been discharged from Kitchener Hospital after two months treatment for chest condition."<sup>87</sup> By March 1930, Thompson's pension was increased to 20 percent.

Six months later, the Department of Pensions and National Health sent out a field worker from the Soldiers Services Branch to investigate Thompson as a possible case for war veterans allowance. According to the report:

Owing to the fact that applicant was unable to pay his board he had to vacate at the Waterloo address and is now located as mentioned above. When interviewed Thompson could furnish no evidence as to age, however he would state he is old, very deaf and without a doubt unable to do a good days [sic] work.



Applicant is trying to live on pension and the odd job he can pick up but owing to disabilities stated above nobody will hire him and generally gets in debt with the boarding house....Many people are of the opinion applicant is T.B. case owing to the chronic cough and for that reason do not care to have him in their homes.

In conclusion would state applicant is in need of help, old worn out and unable to work, a case deserving [sic] of much sympathy. The Chief of Police, Waterloo, describes him as a harmless old man who fought for his country and should now be looked after.<sup>88</sup>

At the end of October, Thompson was taken to London, Ontario, for a medical exam where Dr. Douglass concluded "Due to chronic bronchitis, defective hearing and vision (presbyopia) in my opinion this applicant is not continuously employable." Douglass' sympathetic report was challenged by Dr. Bowie at head office in Ottawa. In response, Douglass stood by his assessment that Thompson "...is aged considerably beyond his years. He is a prematurely old man." Finally convinced, Bowie recommended on November 22 that Thompson be classified as permanently unemployable and qualify for War Veterans' Allowance.<sup>89</sup>

Six months later, and in the midst of the Depression, the debate over Thompson's ability to work resumed. A case worker sent to investigate Thompson noted that even though he was "...registered with employment service of Canada, the Superintendent informs me that he could not send a/n [sic] (above mentioned) to any employer...especially when there are at present so many physically fit unemployed." While the local committee pleaded his case, they were overruled by their supervisor who felt that Thompson should be able to work. Three days later he was cut off War Veterans' Allowance and was told he would no longer be considered "permanently unemployable."<sup>90</sup>

# Summary of Soldiers in Survey

| Name     | Date/Place of Birth | Date of Enlistment    | Overseas Battalion | In Field                                 | Wounded   | Time until 1st wound in months | Total months in field | Died |
|----------|---------------------|-----------------------|--------------------|--|---|--------------------------------|-----------------------|------|
| Bates    | Eng 1869            | Jan 1915;<br>Feb 1917 | 2 CMR<br>CRT       | 26 May 1916<br>17 Jun 1917               | Sprained back 4 Jun 1916<br>Debility 23 Sep 1917  | 0<br>4                         | 4                     | 1934 |
| Betzner  | Can 1896            | Jan 1915              | 1st                | 24 Aug 1915<br>8 Apr 1916<br>12 Sep 1918 | appendicitis, 1 Nov 1915<br>SW back, 12 Jul 1916<br>discharged, 25 Mar 1919                           | 2<br>3<br>6                    | 11                    | 1970 |
| Bissett  | USA 1892            | Jan 1915              | 1st                | 9 Feb 1916                               | Killed 17 Aug 1918  | 31                             | 31                    | 1918 |
| Bond     | Eng 1883            | Jan 1915              |                    | England only                             |   |                                |                       | 1941 |
| Brett    | Eng 1878            | Jan 1915              | 85th               | 7 Apr 1918                               | GSW l. arm 4 Sep 1918<br>GSW back, side 25 Oct 1918   | 5<br>2                         | 7                     | 1962 |
| Britton  | Eng 1893            | Jan 1915              | 2nd                | 1 May 1916<br>Nov 1916                   | SW jaw, l. arm Sep 1916<br>Shell shock/neurasthenia 3 May 1917  | 5<br>6                         | 11                    | 1976 |
| Buller   | Eng 1882            | Jan 1915              | 10th               | 13 Jan 1917                              | killed 2 Sep 1918   | 20                             | 20                    | 1918 |
| Card     | Can 1893            | Jan 1915              | 1st                | 26 Oct 1915<br>3 Nov 1916<br>3 Apr 1917  | SW head (neurasthenia), 24 Nov 1915<br>adonitis groin, 31 Jan 1917<br>SW r. arm, 29 July 1917         | 1<br>3<br>4                    | 8                     | 1967 |
| Coomber  | Eng 1882            | May 1915              |                    | England only                             | appendicitis, tonsillitis, hernia   |                                |                       | 1962 |
| Cooper   | Eng 1882            | Jan 1915              | 42nd               | 29 Jun 1917                              | to England 18 Feb 1919  |                                | 20                    | 1951 |
| Darling  | Eng 1876            | Jan 1915              | 49th               | 10 Feb 1918                              | GSW r. arm 10 Aug 1918  | 6                              | 6                     | 1941 |
| Davis    | Eng 1897            | Jan 1915              | 1st                | 10 Jun 1917                              | to England Mar 1919   |                                | 21                    | 1962 |
| Doughty  | Eng 1890            | Jan 1915              | 1st                | 25 Jan 1916                              | GSW back 16 Mar 1916  | 2                              | 2                     | 1928 |
| Downer   | Eng                 | Feb 1915              | 85th               | 10 Nov 1917                              | SOS to Canada 28 Jun 1918   |                                | 8                     | 1969 |
| Ferguson | Can 1894            | Feb 1915              | 5 CMR              | 2 Apr 1916<br>5 May 1916                 | C.S. fever 30 Apr 1916<br>killed 30 Oct 1917  | 1<br>18                        | 19                    | 1917 |
| Fleming  | Can 1896            | Sep 1915              | 1st MMG            | 29 Jun 1916<br>Nov 1917<br>27 Apr 1918   | Shell shock 25 Aug 1916<br>SW shoulder, side, face 7 Nov 1917<br>killed 2 Sep 1918                    | 2<br>0<br>4                    | 6                     | 1918 |
| Gamer    | Eng 1876            | Jan 1915              |                    | England only                             |   |                                |                       | 1953 |
| Gooding  | Can 1892            | Sep 1915              | 4th                | 5 Jul 1916                               | GSW r. thigh, r. and l. foot 6 Apr 1917   | 9                              | 9                     | 1969 |
| Gough    | Eng 1896            | Jan 1915              | RCR                | 2 Dec 1916<br>16 Aug 1917                | trench fever 18 Apr 1917<br>ict penis 17 Aug 1917<br>gsw neck 9 Sep 1918<br>gsw l. forearm 3 Oct 1918 | 5<br>estimate<br>estimate      | 7                     | 1937 |
| Hanley   | Eng 1877            | Feb 1915              | 2nd                | 23 Mar 1916                              | GSW head 9 Sep 1916<br>GSW chest 3 May 1917   | 4<br>1                         | 5                     | 1943 |
| Harmer   | Eng 1894            | Jan 1915              | 21st               | 19 Jan 1916<br>5 May 1916<br>18 Oct 1916 | Shell shock 22 Apr 1916<br>neurasthenia 15 Sep 1916<br>SOS to England 16 Aug 1918                     | 3<br>4<br>22                   | 29                    | 1956 |
| Haskins  | Eng 1893            | Jan 1915              | 16th               | 28 Nov 1916                              | Died of wounds (GSW arm and neck) 28 Jul 1917   | 8                              | 8                     | 1917 |
| Hoy      | Eng 1896            | Jan 1915              | 10th               | 25 May 1916<br>29 Nov 1917               | GSW r. butt 14 Oct 1916<br>GSW l. thigh 26 Mar 1917<br>GSW head 3 Sep 1918                            | 5<br>3<br>9                    | 17                    | 1960 |
| Hoyland  | Eng 1890            | Jan 1915              | 15th               | 23 Apr 1916<br>8 Feb 1917                | Influenza 13 Dec 1916<br>Killed 10 Apr 1917   | 8<br>2                         | 10                    | 1917 |

CAMC Canadian Army Medical Corps  
 CMR Canadian Mounted Rifles  
 CRT Canadian Railway Troops  
 GSW Gun Shot Wound  
 MGC Machine Gun Company

MMG Mounted Machine Guns  
 NYD Not Yet Diagnosed  
 SOS Struck Off Strength  
 SW Shrapnel Wound

|                |             |          |       |                            |   |         |    |      |
|----------------|-------------|----------|-------|----------------------------|---|---------|----|------|
| King           | 1895        | Jan 1915 | 1st   | 3 Aug 1915                 | SW r. hand, 14 Jun 1916   | 10      | 10 | 1949 |
| Kropf          | Can 1889    | Jan 1915 | 27th  | 2 Apr 1916                 | GSW r. forearm 15 Sept 1916   | 5       | 5  | 1975 |
| Latimer        | Can         | Sep 1915 | 2nd   | 25 May 1916                | Influenza 30 Oct 1916<br>GSW l. leg 17 Apr 1917   | 6<br>6  | 12 |      |
| McGinnis       | Can 1896    | Jan 1915 | 1st   | 3 Aug 1915                 | GSW head, 14 Jun 1916   | 10      | 10 | 1924 |
| McIntosh       | Can 1889    | Jan 1915 | 5 CMR | 17 Jun 1916                | GSW l. shoulder 17 Jul 1916   | 3       | 3  | 1940 |
| Martin         | Eng 1877    | Jan 1915 | 5 CMR | 20 Jun 1916                | SOS to England 13 Feb 1919  |         | 37 | 1943 |
| Merser         | Eng 1876    | Jan 1915 |       | England only               |   |         |    | 1946 |
| Millwood       | Eng 1894    | Feb 1915 | 1st   | 3 Aug 1915<br>2 Feb 1916   | GSW l. hip, 27 Sep 1915, trench<br>fever/Influenza, 29 Dec 1918   | 2<br>23 | 25 | 1948 |
| Morgan         | UK 1871     | Jul 1915 | 15th  | 23 Apr 1916                | GSW head, chronic nephritis 12 June 1916  | 2       | 2  | 1932 |
| Noble          | UK 1876     | Jan 1915 | 1st   | 3 Aug 1915<br>21 Feb 1916  | Gastritis, 27 Sep 1915<br>SW l. leg 15 Jun 1916   | 2<br>4  | 6  | 1930 |
| Norris         | Eng 1877    | Jan 1915 |       | England only               |   |         |    |      |
| Ohlweiser      | Can 1898    | Jul 1915 | 4 MGC | 28 Jul 1916                | lice infestation 5 Sep 1916<br>GSW back 4 Oct 1916  | 1<br>1  | 2  | 1965 |
| Ostell         | Eng 1882    | Oct 1915 | 2nd   | 23 Mar 1916                | Shell Shock (mine explosion) 26 Apr 1916<br>Shell Shock (shell explosion) 3 June 1916<br>knocked unconscious (shell) 13 June 1916<br>injured foot 7 July 1916 | 1       | 3  | 1949 |
| Pashley        | Eng 1879    | Jan 1915 |       | England only               |   |         |    | 1946 |
| Pollard        | Eng 1893    | Jan 1915 | 1st   | 3 Aug 1915                 | SW l. arm, 11 Jun 1916  | 10      | 10 | 1962 |
| Pequegnat      | Can 1889    | Sep 1915 | 6 MGC | 18 Jul 1916                | Syphilis Aug 1917 ( hospital 9 Aug-5 Sept)<br>Killed Nov 1917   | 3       | 3  | 1917 |
| Ryan           | UK          | Jan 1916 | 1st   | 3 Aug 1915<br>29 Nov 1915  | GSW knee 6 Nov 1915, Debility Mar 1916  | 2<br>3  | 5  | 1924 |
| Simpson        | Eng 1890    | Jan 1915 | 21st  | 19 Jan 1916                | killed 12 Jun 1916  | 5       | 5  | 1916 |
| Smith, W.H.    | Eng 1895    | Jan 1915 | 1st   | 19 Jan 1916                | SW shoulder 13 Jun 1916, Concussion,<br>inflammation of the ear   | 5       | 5  | 1957 |
| Smith, William | Eng 1874    | Sep 1915 | 5 CMR | 6 Jun 1916                 | Died of wounds (GSW head) 11 Oct 1916   | 4       | 4  | 1916 |
| Sotiroff       | Serbia 1888 | Jan 1915 | 2nd   | 23 Mar 1916<br>28 May 1916 | Fractured upper arm 28 Apr 1916<br>GSW l. arm 4 June 1916   | 1<br>0  | 1  | 1942 |
| Thompson       | Eng 1878    | Jan 1915 | 19th  | 28 Jun 1916<br>21 Aug 1916 | NYD, Debility<br>Bronchitis 21 Aug 1916   | 0<br>2  | 2  | 1948 |
| Trott          | Eng 1893    | Jan 1915 | 13th  | 12 Apr 1916                | Shell shock Aug 1916  | 4       | 4  | 1950 |
| Talmage        | Eng 1881    | Jul 1915 | 2 CMR | 8 Jun 1916                 | GSW head, debility, pyelitis 25 Jul 1916  | 2       | 2  | 1945 |
| Varah          | Eng 1886    | Jan 1915 | 24th  | 26 Dec 1917                | Wounded 22 Aug 1918   | 8       | 8  | 1956 |
| Whan           | Can 1893    | Jan 1915 | 21st  | 19 Jan 1916                | Valvular disease of the heart Jan 1917<br>Gassed, GSW r. elbow May 1917   | 12<br>5 | 17 | 1922 |
| White          | Eng 1889    | Jan 1915 | 1CMG  | 11 Jul 1916                | Died of wounds (stomach) 2 Oct 1918   | 27      | 27 | 1918 |
| Young          | Eng 1895    | Jan 1915 | CAMC  | 4 Dec 1917                 | SOS to England 17 Dec 1918  |         | 12 | 1988 |

A 40 percent pensioner by 1936. Thompson wrote the Department of Pensions and National Health requesting re-examination in the hopes of securing more money:

Dear Sir

I am now making a request for re-examination as I am unemployable and gradually getting

worse and I am not getting enough pension to get what I require. When I have paid my landlady for my board I have practically nothing left for clothing and other personal needs. My case is practically 100% disability.

Hoping to receive due consideration

Yours truly

Alfred Thompson<sup>91</sup>

Thompson would have his disability pension edge up gradually to 80 percent by the time of his death in 1948. He died of myocarditis, contributory cause being bronchitic asthma. His death was not related to service according to the Canadian Pension Commission.<sup>92</sup>

When Walter Smith died in 1957 at 61 years of age, he was in receipt of a 55 percent disability pension.<sup>93</sup> Originally pensioned at 15 percent disabled for deafness, Smith would make seven claims to have his pension increased over the course of his life.<sup>94</sup> Only three would be successful. As he struggled to make ends meet during the depression of the 1930s, he saw the government as his only hope for survival.

Smith, a 1st Battalion veteran who served five months in the field before being blown up and buried by a shell in 1916,<sup>95</sup> requested to be examined for nerves in 1936. Under a neuro-psychiatric exam his complaints were noted as: "Easily excited. Is somewhat worried and depressed at times." The report surmised:

Subject works as cutter for Dominion Rubber, shoe dept. Makes about \$25 per week but only gets work for about four months a year. Is on relief part of the time...He is rather poorly nourished.

He is now working and at the examination he does not exhibit a clinical picture which would warrant a diagnosis of psychoneuroses.

He has in the past lived moderately in comfortable financial circumstances. He has evidently been worried and at times depressed by his ineffectual struggle to (master) his nervous standard of living in the face of prolonged lay offs. [sic] and this is accentuated or re-info reed by his dullness of hearing, by his physical debility and by his dread of having to live in the reduced circumstances of other unemployed drat he sees about him.

His condition may be described as a mild depression of reactive type, a reaction almost physiological under the circumstances, in one who is ambitious and not indifferent.<sup>96</sup>

Smith's plight was one shared by thousands of Great War veterans during the Depression of the 1930s. As Desmond Morton noted in *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930*, service in the war "...robbed ex-servicemen of training, experience, seniority, and energy, the only qualities employers valued in their own struggle to survive."<sup>97</sup> The cases of Walter Smith, Alfred

Thompson, Charles Talmage, George Hanley and John Noble all hit upon the fundamental rift between pensioner-government relations. From the veteran's perspective, government pension philosophy lacked the same commitment that they gave to their country to win the war. Whereas the soldier sacrificed everything in his life to serve his country, upon his return, wounded, sick and damaged, the government doled out pensions based upon the tenet of limited liability. Worse still, it was up to veterans to continually apply for re-examination when they found their pensionable disability did not cover their needs.

Furthermore, the Board of Pension Commissioners seemed to make it policy to give out the minimum of pension rates. As Desmond Morton noted "Barely 5 percent of pensioners ever qualified as 100 percent disabled; the majority were rated under 25 percent."<sup>98</sup> Smith, Thompson, Hanley and Noble all made requests for pension increases. Noble delayed a necessary operation to continue working in 1926. Two years before, he had his pension cut in half and it is probable that he simply could not afford to take the time off to get the necessary treatment. There would be no guarantee that his employer would hold his job, and without proper compensation or insurance, delaying the operation would be his only choice. He would die four years later.

Smith, Thompson and Hanley all made numerous requests for increased compensation over the course of their lives. Each saw small but steady increases to their pensions, but it is clear from the evidence of the medical examiners that all three suffered psychologically and physically as they lived in constant need. Alfred Thompson found himself in the middle of a political battle over War Veterans Allowance that clearly did not address the real issue of an ex-soldier needing more help than was being provided.

Whereas Thompson, from discharge until death, continually pleaded for assistance on the grounds that he was unable to provide for himself, Walter Smith made seven applications for increased assistance in an apparent attempt to raise his war-related disabilities to an acceptable level. While he was pensioned for deafness only, Smith had been hit with shrapnel in the shoulder and received a concussion from a shell explosion in fighting around Mount Sorrel. And, while the medical examiners found him to

be mal-nourished, debilitated, and economically insecure in 1936, Smith did not try to blame every ailment on his war experience. In the years before his death, Smith was diagnosed with a heart condition, something for which he did not file a claim.

The government's juggling act to distinguish between what they saw as real imagined casualties, caused a large number of legitimate disability cases to fall through the cracks of the pension system. Two cases already discussed in this sample, Albert Gough and Ed Ryan, appeared to have had their deaths related to service. And even though Zare Sotiroff was discharged with debility from tuberculosis and a lessening ability to close his left hand, due to a gunshot wound, he would not receive a pension." The medical examiner documented that due to his wrist wound he would be unable to resume his prewar trade as a carpenter. He died in 1942 at age 63 but unfortunately his obituary was exempt of any details of his cause of death.<sup>100</sup>

Similarly, John Hoy, who received three gunshot wounds during his war experience - including one to the head - was discharged with no disability.<sup>101</sup> Hoy, who logged more than 17 months of frontline service, would live to the age of 63. His obituary noted that he was forced to retire at age 56 due to illness.<sup>102</sup>

## Conclusion

The legacy of the First World War is firmly entrenched in the cultural makeup of Canada. Though it was fought on foreign soil, Canada's massive contribution to a war of unprecedented size and destruction meant very few could have lived through it without feeling its impact in some way, shape or form. The principal question this paper attempted to solve was to measure the true impact of the war on the health of a particular group of soldiers. To accurately measure the war's real toll on 52 recruits from Kitchener, Ontario, both the war and post-war experiences of these soldiers were studied.

Though the sample was small, it is clear that the First World War's casualty toll on this group of soldiers who served in various battalions and saw action at different times, was nothing short

of horrific. Even along conventional measuring lines, 1914-1918, the toll on this group is devastating. Of 46 who saw frontline action, ten were killed or died of wounds while 31 of 36 survivors became casualties at least once.

However, it is the contention of this paper that the war's toll did not end in 1918. Of the 42 who survived, it can be argued that six additional veterans died from wounds received in the war. Though only the deaths of Milton Whan, Harry McGinnis and William Bates were confirmed "death due to service" candidates by pension authorities, it also seems likely that Edward Ryan, Charles Morgan and Albert Gough succumbed to conditions resulting from service in the war. Ryan, discharged in 1919 with chronic bronchitis and in a debilitated state, died in 1924 at age 49 after a lengthy bout with pneumonia.<sup>103</sup> Charles Morgan was assessed as 100 percent incapacitated arising from a gunshot wound to the head and nephritis contracted while laying wounded for two days in no-man's-land.<sup>104</sup> Albert Gough, who died at 41 years of age in 1937, had been ill and unable to work for the five years prior to his death.<sup>105</sup> Even though he had received a gunshot wound to the head, neck and was diagnosed with pyrexia of unknown origin, he was discharged for "strain of service conditions" and no disability.<sup>106</sup>

In addition to these six, four other veterans' lives were either cut short or marred by physical deterioration from active service. John Noble, George Hanley, Charles Talmage and Alfred Thompson all battled with pension authorities as they struggled to make ends meet. Noble felt he could not afford to risk losing his job and lost wages to get an operation he desperately needed. As a result, he died four years later.

Alfred Thompson and George Hanley both saw their pensionable disabilities rise to eighty percent because both were incapable of providing for themselves. And Charles Talmage never recovered from heart trouble caused by active service.

Therefore, when the war and post-war casualties are tallied up, 16 of 52 recruits died from wounds received in the war, while four more suffered miserable lives filled with debilitating health, financial insecurity and a lack of compassion from the government they so proudly

served. This would bring the Great War's final toll on this group to 20 of 46 who saw active service - double what has gone down as the official toll measured between 1914-1918.

### Notes

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11. NAC, PRC, Hoy, John.
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13. NAC, PRC Gough, Albert.
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50. NAC PRC, Doughty, Henry.
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92. *Ibid.*
93. VA, Smith, Walter.
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