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Medicine and Obedience: Canadian Army Morale, Discipline, and Surveillance in the

Second World War, 1939-1945.

by

William John Pratt

A THESIS

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Abstract

In the Second World War Canadian Army, medicine and discipline were inherently linked in a system of morale surveillance. The Army used a wide range of tools to monitor morale on medical lines. A basic function of Canadian medical officers was to keep units and formations up to strength, not only by attending to their basic health, but also by scrutinizing ailments under suspicion of malingering.

Mental health was a broad category linked to morale surveillance where experts of psychiatry and psychology consulted in aid of the Canadian Army in its disciplinary regime. Mental ability and stability became key ways to classify and categorize men in relation to their utility to the Army. Psychiatrists participated to various degrees in the screening process during the war, and treated those who were suffering from combat stress reaction, or as it was known during the war, “battle exhaustion”, considered a medical indicator of poor morale interrelated with discipline.

Venereal disease was another medical factor monitored out of concern for its detrimental effect on manpower, morale and motivation. Treatment could take men out of the line for weeks, and contracting sexually transmitted infections proved disobedience of Army regulations which extended to the most intimate moments of a soldier’s leave. Provost and venereal disease control officers alike extended venereal disease surveillance from Canadian soldiers to their sexual contacts in Europe.

The study of the morale monitoring system exposes a great deal about the Army and how it interacted with the medical profession and soldiers’ health. Using

bureaucratic means to codify and quantify soldiers and their behaviour, the Army used a wide range of surveillance techniques to gather data on personnel. It is clear that as the Canadian Army was professionalized, enhancing its powers of observation, that the medicalization of morale was a key aspect of this process.

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Dedication

To Canadian soldiers who served in the Second World War.

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Chapter 1: An Introduction to Canadian Army Morale in the Second World War

1.1 Defining Morale

The critical importance of morale to military forces has long been accepted by commentators and practitioners alike.¹ Consideration of military morale rose with the Enlightenment, placing value on the individual soldier beyond his mere physical function.² In the years leading up to the First World War, many major powers thought that strong morale could compensate for the problems of infantry advancing into the firepower of new weapons technology.³ During the Second World

¹ The commentator-practitioner category includes: Carl von Clausewitz, often associated with mechanistic concentration of force, who accepted that battle, “is rather a killing of the enemy’s spirit than of his men.” Carl von Clausewitz, edited by Michael Howard and Peter Paret, *On War* (Princeton: Princeton University Press, 1984), 259; his contemporary Napoleon Bonaparte noted that in war, “The moral is to the physical as three is to one.”, and Montgomery of Alamein noted “The morale of the soldier is the greatest single factor in war.” Quoted in Douglas E. Delaney, “When Leadership Really Mattered: Bert Hoffmeister and Morale During the Battle of Ortona, December 1943.” ed. Bernd Horn *Intrepid Warriors: Perspectives on Canadian Military Leaders* (Dundurn: 2007), p. 139; Tami Davis Biddle suggests Napoleon’s 1808 quote translates as, “In war the moral forces are to the physical as three to one”, noting that Clausewitz stated that “Fighting...is a trial of moral and physical forces through the medium of the latter.” Tami Davis Biddle, “British and American approaches to strategic bombing: Their origins and implementation in the World War II combined bomber offensive”, *Journal of Strategic Studies* 18:1 (1995), 94-95; Clausewitz is more often associated with his strategic analysis. As John Keegan writes, “There was nothing about rum in Clausewitz, or about commanding officers having nervous breakdowns, or about one sort of warrior being better than another, or about officers bullying their subordinates.” John Keegan, “Towards a Theory of Combat Motivation”, in Paul Addison, and A. Calder *Time to Kill: The Soldier’s Experience of War in the West, 1939-1945*. (Pimlico, 1997), 4; in the ancient world, Xenophon claimed that, “in action, the sustaining of morale was an imperative.” Jonathan Fennell, “In Search of the ‘X’ Factor: Morale and the Study of Strategy”, *The Journal of Strategic Studies* 37:6-7 (2014), 800.

² Roger J. Spiller, “Morale” in *The Reader’s Companion to Military History* eds. Robert Cowley and Geoffrey Parker (Boston: Houghton Mifflin, 1996).

³ Tim Travers, *The Killing Ground: The British Army, the Western Front and the Emergence of Modern War, 1900-1918*, British Army, Western Front & Emergency of Modern War (Barnsley: Pen & Sword Military Classics, 2003), 69.

War, morale was institutionalized like never before. For the Army, morale was willing obedience, and its value was clear. It was a serious factor to be considered in assessing the efficiency of the Army and the institution devoted significant administrative effort to the monitoring of soldiers' morale in Canada and overseas. Army efforts to control citizen-soldiers featured: rationalized bureaucracy and personnel categorization; statistics and quantification; liaison with experts in the emerging social sciences and medicine; and a broad range of surveillance.⁴ The study of the archival record of this disciplinary system — the results of postal censorship, administrative statistics, and the medical record — offers a new perspective on how the Army observed soldiers and attempted to control them. The Army's files suggest that while the Canadian Army never had a widespread disciplinary crisis on its hands, many civilians had difficulties adjusting to Army life.⁵ As Terry Copp and Bill McAndrew wrote, "Individual needs more or less gratified in society were not easily met within a conformist military structure."⁶ This being said, a certain sense of solidarity was fostered within the military environment. The German sociologist Emil Lederer, speaking in the context of the mass mobilization in 1914, wrote

The army turns out to be a form of society alongside society proper and independent of it.

⁴ For a historical and sociological analysis of military organizations as leading modern societies towards bureaucratization and surveillance see, C. Dandeker, *Surveillance, Power and Modernity: Bureaucracy and Discipline from 1700 to the Present Day* (New York: St. Martin's Press, 1990), viii.

⁵ It must be acknowledged that the Terrace Mutiny of November 1944, the VE Day riots in Halifax of May 1945, and the Aldershot riots of July 1945 were considered serious enough breaches of discipline at the time.

⁶ Terry Copp and Bill McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945* (Montreal: McGill-Queen's University Press, 1990), 150.

It is, moreover, a universal form of society. And with mobilization, it takes on the social form of a community, because mobilization has been decreed as a response to the threat to the existence of all, and by arousing every social force in the defence of the nation. And for this reason, combining the disparate social groups of the nation into a unified army appears in the consciousness of the individual not as coercion by the state, and indeed not even as the consequence of any action by the state, but as an overwhelming act of destiny.⁷

Caution needs to be taken in applying Lederer's universal maxims of the relation of army and society, inspired by the mass conscript armies of 1914, to the Canadian Army of 1939-45. While some Canadians may have felt this sense of destiny, their struggle was less a defence of their state's very existence, and more a defence of abstract values manifesting themselves in a sense of duty of the citizen. Motivations for service varied, but for each of those who were caught as transgressors in the administrative webbing of the medical and disciplinary system, many more soldiered on, buoyed by duty, identity, group bonds and personality.

This work will focus on the two major interrelated aspects of what might loosely be called the Canadian Army's "morale system" during the Second World War: medicine and discipline. For the Canadian Army in the Second World War, morale became medicalized in a number of ways. At the unit level, the will of a soldier to continue regular duties instead of reporting on sick parade, showed the willpower to accept army duty and discipline. Here the regimental medical officer performed the surveillance function, attempting to separate those who were actually ill from suspected shirkers and malingerers. Beyond basic illness, a number of specific maladies were also considered morale indicators, and their diagnoses were quantified

⁷ Emil Lederer, "Zur Soziologie des Weltkrieges", in *Kapitalismus, Klassenstruktur und Probleme der Demokratie in Deutschland 1910-1940* (Göttingen: 1979), 121, cited in Hans Joas, *War and Modernity: Studies in the History of Violence in the 20th Century*, trans. Rodney Livingstone (Wiley, 2003), 79.

and compiled in statistical reports for senior commanders to examine with an eye to the interconnected spheres of morale and manpower. A host of medical experts were employed by the Army to categorize mental and physical aptitudes, and determine who was fit for duty in the fighting line, and who would be relegated to lines of communications or garrison duty in Canada. A host of other aspects of the “morale system” will be left for other works to explore. While the supply of food, welfare, and entertainment, and men’s motivation by religion, identity, and leadership are all important aspects of morale in the Second World War, the centrality of the spectrum of medicine and discipline to how the Canadian Army conceptualized morale justifies in depth study here.

Historian John Baynes in his classic *Morale: A Study of Men and Courage* used broad philosophical terms when he emphasized morale’s importance, writing that

In the broadest terms, morale is concerned with the way in which people react to the conditions of their existence....The maintenance of morale is recognized in military circles as the most important single factor in war... The truth is that a brilliant plan of battle in the tactical sense can be a complete failure if morale is bad, while a poor plan can be made to work well if morale is good.⁸

Baynes saw morale as a force multiplier for the 2nd Scottish Rifles at the Battle of Neuve Chapelle (10–13 March 1915). He wrote, “What is worth stressing is that where morale remains high, as in the 2nd Scottish Rifles, something can always be achieved. The plan can be bad, the conditions appalling, the task hopeless: a good battalion will make something of it.”⁹ For Baynes,

⁸ John Baynes, *Morale: A Study of Men and Courage*, Art of Command Series (Avery Publishing Group, 1987), 92.

⁹ *Ibid.*, 94.

High morale is the most important quality of a soldier. It is a quality of mind and spirit which combines courage, self-discipline, and endurance...its hallmarks cheerfulness and unselfishness...In time of war it manifests itself in the soldier's absolute determination to do his duty to the best of his ability in any circumstances. At its highest peak it is seen as an individual's readiness to accept his fate willingly even to the point of death, and to refuse all roads that lead to safety at the price of conscience.¹⁰

Baynes' concept of morale is far-ranging, incorporating aspects of mood and motivation. A more specific definition will allow more clarity in the present work.

The term morale is used in everyday language to denote satisfaction, but for the Canadian Army, morale meant more than contentedness or happiness: a happy soldier who went away without leave, contracted venereal disease, or got drunk and into trouble, did not qualify as having high morale.¹¹ The distinction made by Clausewitz between an army's mood and its spirit, as historians Jonathan Boff and Gary Sheffield remind us, is important.¹² While mood changes on a daily basis, spirit was more closely associated with endurance, bravery, and discipline. Boff then rejects the American Army's 1983 definition as too subjective. For the US Army, morale is, "the mental, emotional, and spiritual state of the individual. It is how he feels – happy, hopeful, confident, appreciated, worthless, sad, unrecognized, or depressed."¹³ Mere contentedness is not a sufficient definition of military morale, yet grasping just what morale is,

¹⁰ Ibid., 108.

¹¹ Baynes suggests, however, that cheerfulness is a key morale indicator. Ibid., 94.

¹² Jonathan Boff, *Winning and Losing on the Western Front: The British Third Army and the Defeat of Germany in 1918*, Cambridge Military Histories (Cambridge University Press, 2012), 94; G.D. Sheffield, *Leadership in the Trenches: Officer-Man Relations, Morale and Discipline in the British Army in the Era of the First World War*, Studies in Military and Strategic History (Palgrave Macmillan, 2000), 180.

¹³ US Department of the Army, "Field Manual on Leadership" (1983) as cited in Boff, *Winning and Losing on the Western Front: The British Third Army and the Defeat of Germany in 1918*, 95.

and separating it from mere military discipline is difficult. Timothy Bowman, in his work *The Irish regiments in the Great War: Discipline and morale* (2003) explained that he opted for a straightforward definition due to the problems of limited historical source material. Bowman wrote, “I have decided to stay with basic definitions, concluding generally that morale is the force which comes from within which makes a soldier carry out his duty but which can be influenced by external administration, good leadership and patriotism. Meanwhile discipline is an external force which carries out the same function.”¹⁴ For Bowman, part of the problem was discerning how exactly the British Army calculated discipline and morale. Boff favors the definition of morale by Thomas Britt and James Dickinson as, “a service member’s level of motivation and enthusiasm for accomplishing mission objectives.”¹⁵ Ultimately, however, Boff prefers the definition used by historian Jonathan Fennel, as his statement refers to collective morale, instead of just the motivations of the individual.

Jonathan Fennel produced the most recent full-length study of Second World War military morale in *Combat and Morale in the North African Campaign: The Eighth Army and the Path to El Alamein* (2011). He provides a useful definition for morale in the military context, writing that morale,

can be defined as the willingness of an individual or group to prepare for and engage in

¹⁴ Timothy Bowman, *The Irish Regiments in the Great War: Discipline and Morale* (Manchester, England: Manchester University Press, 2003), 10.

¹⁵ Thomas W. Britt and James M. Dickinson, “Morale during Military Operations: A Positive Psychology Approach” in Britt, Carl Andrew Castro and Amy B. Adler eds. *Military Life: the Psychology of Serving in Peace and Combat Volume I: Military Performance* (Westport: Praeger, 2006) 157-184, 162, as cited in Boff, *Winning and Losing on the Western Front: The British Third Army and the Defeat of Germany in 1918*, 95.

an action required by an authority or institution; this willingness may be engendered by a positive desire for action and/or by the discipline to accept orders to take such action. The degree of morale of an individual or army relates to the extent of their desire or discipline to act, or their determination to see an action through.¹⁶

Many of Fennell's key terms can be found by selectively borrowing from Webster's dictionary.

Here morale is defined as:

2a : the mental and emotional condition (as of enthusiasm, confidence, or loyalty) of an individual or group with regard to the function or tasks at hand.

b : a sense of common purpose with respect to a group : esprit de corps

3 : the level of individual psychological well being based on such factors as a sense of purpose and confidence in the future¹⁷

These descriptors indicate that morale is conceptualized in terms of an accepted duty of the individual to the group. More recently, Fennell has surveyed a broad range of definitions of morale, rejecting affective states or aspects of group dynamics as unhelpful.¹⁸ Similarly, John Sparrow, who was a key figure in British morale surveillance during the Second World War, defined morale as an attitude towards military service. Sparrow writes that morale is, "all those things which make the soldier more, or less, keen to carry out his job of soldiering, and readier or less ready, to endure the hardships, discomforts and dangers that it entails."¹⁹ When the

¹⁶ Jonathan Fennell, *Combat and Morale in the North African Campaign: The Eighth Army and the Path to El Alamein* Cambridge Military Histories, (Cambridge University Press, 2011), 9.

¹⁷ Merriam-Webster's Collegiate Dictionary, 11th Edition, 2003, p. 807.

¹⁸ Jonathan Fennell, "In Search of the 'X' Factor: Morale and the Study of Strategy," *Journal of Strategic Studies* 37, no. 6–7 (November 10, 2014): 802–805, doi:10.1080/01402390.2013.846856.

¹⁹ Cited in J.A. Crang, "The British Soldier on the Home Front: Army Morale Reports, 1940-45 Paul Addison and A. Calder, *Time to Kill: The Soldier's Experience of War in the West, 1939-1945*, Pimlico (Series) (Pimlico, 1997), 61; Taking a similar approach, Vanda Wilcox defines morale as simply "the willingness to prepare for and perform any task required by the armed forces." Vanda Wilcox, "Morale and Battlefield Performance at Caporetto, 1917," *Journal of*

Canadian Army in the Second World War dedicated an arm of bureaucracy to the study of morale, it came up with a very similar definition.

1.2 The Canadian Army and Morale Surveillance

The Canadian Army itself developed its own simple working definition of morale. In a March 1943 manifesto on the purpose of the Directorate of Special Services, (the sub-department tasked to monitor and advise on morale on the Army in Canada), Director C.H. Hill wrote that the

Definition of Morale is more or less the same in most dictionaries and covers moral tone relating to Manners and Conduct. It applies to citizenship in peace time and is a desirable characteristic in citizen soldiers at war. However we must add other qualities to make citizen soldiers into fighting men. For purposes of war these are,

The Will to Fight

The Will to Endure

The Will to Understand

The Will to Obey.²⁰

This last point, "The Will to Obey", touches upon one of the major ways that the Army conceptualized morale, and is central to how morale will be defined in this work.

Associating morale with discipline may beg the question what the difference is between the two. The definition of military discipline is another difficult task. The concept of discipline could expand beyond a strict obedience to command and law, and in doing so approach the

Strategic Studies 37, no. 6–7 (November 10, 2014): 830, doi:10.1080/01402390.2013.846855.

²⁰ C. R. Hill, "Report on the State of Morale in the Canadian Army (AF) in Canada with appropriate Recommendations", Folder "Directorate of Spec. Services. Morale - Generally." HQ 650-99-86. Vol. 1, Library and Archives Canada (LAC), Record Group (RG) 24, Volume 63, 31 March 43.

concept of morale as outlined above: willing obedience. In fact, during the Second World War, Canadian doctrine sought to create a holistic definition of military discipline which encroached upon the notion of morale. Brooke Claxton was the author of a pamphlet on military law and discipline that was originally created for the McGill University contingent of the Canadian Officer Training Corps, but later published and distributed more widely. Claxton's definition of discipline was broad:

The definition of discipline formerly made in King's Regulations as 'a willing, prompt, and implicit obedience of all ranks to superior authority charged with responsibility' does not go far enough. Discipline is the composite of all those qualities which enable a soldier to be led to attain some military objective with others or alone. It facilitates teamwork and co-operation, and it promotes self-control and individual initiative. Discipline is the keystone of military organization. Without it the other factors of skill, courage and power cannot be brought into effective use. This is more true in this war than ever before, as success to-day depends on the perfect co-ordination of large numbers of units, each acting in the field to a considerable degree upon individual initiative.²¹

It is clear that both in the King's Regulations and in Claxton's expanded definition, discipline approaches morale. While morale is more focused on the soldier's acceptance of rules, regulations and duties, both collectively and individually, crime was the clear way to discover its absence. Disciplinary infractions then, were obvious indicators with which the Army could quantify discontented and disorderly soldiers, and adjust its policies accordingly. Using a wide range of surveys, censorship and statistics, the Army charted military crimes, dedicating much staff work and entire directorates to do so. Infractions such as going away without leave (AWL), drunkenness on duty, or self-inflicted wounds, were all studied in the interest of improving personnel policies and training programmes, and ultimately cultivating morale, combat

²¹ Brooke Claxton, "Notes on Military Law and Discipline For Canadian Soldiers", 1940, 30.

motivation, obedience, and effectiveness.

At first glance, morale seems an undeniably qualitative aspect of military life linked to positive attitudes, behaviours and well-being. The Canadian Army, however, had the resources at its disposal to establish a broad quantitative picture. The Army employed a broad range of surveillance to acquire information on morale, and applied social-scientific methodologies to categorize and manage its personnel.²² In the Second World War, administrative officers felt that by generating statistics on health and discipline, personnel policies and service conditions could be altered accordingly to provide an environment where the Army would get the most out of its soldiers. Surveillance, in the sense of systematic “gathering of information about and the supervision of subject populations”, was inherent to the personnel system of the Canadian Army.²³ Each soldiers' personnel file is a testament to the close monitoring of a soldiers' body, mind, aptitudes and behaviours, compiled in a system designed to control and codify the soldier for optimum use as military manpower. Many methods beyond this basic administrative filing system, however, were used to gather information on individual soldiers, units and formations. Opinion polls were used to gauge soldiers' reactions to policy. Human intelligence units, basically army investigative units or spies, were the major covert manner of surveillance. Postal censorship was used under the guise of security purposes, to analyze soldiers' personal thoughts,

²² These processes had precedents in an earlier mobilization. As Desmond Morton and Glenn Wright write, Canadian soldiers in the First World War, “shared in the profoundly modernizing experience of submission to a vast, highly regulated bureaucracy.” Desmond Morton and Glenn T. Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930* (University of Toronto Press, 1987), 116.

²³ Dandeker, *Surveillance, Power and Modernity: Bureaucracy and Discipline from 1700 to the Present Day*, vii.

reactions, and behaviour.

At the beginning of the war, morale monitoring in Canada was a function of the internal surveillance of intelligence officers in the various military districts and camps.²⁴ These would send their monthly reports to the Directorate of Intelligence where they were analyzed along with all other intelligence sources. Like many other aspects of the war effort, however, morale was eventually further bureaucratized and rationalized. This process parallels morale monitoring in the British Army, where in January 1942, responsibility shifted from the Directorate of Military Intelligence to a dedicated Morale Committee.²⁵ In Canada, the Directorate of Special Services was initiated in May 1942 by the Adjutant General's office and was tasked with monitoring and improving the morale of the Canadian Army on the home front. The directorate had three main functions: surveillance of Canadian soldiers and forwarding recommendations to higher authorities; acting on troop welfare problems; and supplying troops with pamphlets which legitimized and explained the war effort and improved their morale. By 1943, the directorate had a staff of over forty, and was reporting that, "For the first time in the Canadian Army a scientific attempt has been made to evaluate its morale."²⁶

²⁴ R. H. Roy, "Morale in the Canadian Army in Canada: During the Second World War", paper presented to the Canadian Historical Association annual meeting, University of Guelph, Directorate of History and Heritage manuscript copy, June 1984, 4-5. This paper was later published as: Reginald Roy, "Morale in the Canadian Army in Canada during the Second World War," *Canadian Defence Quarterly*, Autumn, 1986.

²⁵ Jeremy A. Crang, "The British Soldier on the Home Front: Army Morale Reports, 1940-45", in Addison and Calder, *Time to Kill: The Soldier's Experience of War in the West, 1939-1945*, 60-61.

²⁶ Reg H. Roy, "Morale in the Canadian Army in Canada: During the Second World War", paper presented to the Canadian Historical Association annual meeting, University of Guelph,

One method of investigation for the Directorate of Special Services was the Unit Morale Report, which conducted monthly polls on all units in Canada with strengths over two hundred soldiers. The Directorate had a Research and Information Section which was responsible for the morale reports. In his 1983 study of the Directorate, Reg Roy noted that the men enjoyed filling out the anonymous surveys.²⁷ An indication of the large number of soldiers whose opinions were captured by the reports is suggested by a commentator who criticized a report of spring 1944 for surveying less than ten thousand other ranks.²⁸ The number of respondents in the larger surveys approached two hundred thousand soldiers. The forward to the monthly reports which summarized and distributed this data made broad statements on the general "attitudes, views, and behaviour" of soldiers in Canada. The reports generated both anonymous personal testimony in excerpts from the comments section and a considerable amount of data on the quantifiable aspects of army life which were considered morale indices. For the Research and Information section's Unit Morale Report, the two major categories which were monitored to keep track of Canadian Army morale on the home front were discipline and health. Disciplinary indicators included rates on: away without leave (AWL); Drunkenness; Other Offences Disposed of by

Directorate of History and Heritage manuscript copy, June 1984, 7.

²⁷ Reg H. Roy, "Morale in the Canadian Army in Canada: During the Second World War", paper presented to the Canadian Historical Association annual meeting, University of Guelph, Directorate of History and Heritage manuscript copy, June 1984, 10.

²⁸ Brigadier A. E. Nash, V.A.G., to Adjutant General (AG), "'Trends in the Thinking of Army Units' Vol. III No. 2", S.8917-3-6 (VAG), microfilm reel C-5289, file 8917-3-6, folder, "Morale Reports - Monthly Summary", Record Group (RG) 24-C-1, Library and Archives Canada (LAC), 16th March 1944. A report from January 1944 contained health reports on as many as one hundred and eighty-one thousand soldiers. Research and Information Section, A.G. Branch, "Trends in the Thinking of Army Units", Volume III, No. 1, File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, January 1944.

Unit Officer Commanding; Courts Martial; and Civil Offences. Medical indicators included Minor Illness; Hospitalization; and Venereal Disease. The rates were calculated on a per capita basis, so the fluctuations in the total population²⁹ of the Canadian Army at Home do not skew the figures. These reports have languished on microfilm at Library and Archives Canada, and have received scarce examination since Roy's 1983 article. As the most important source on the morale of the Canadian Army at home, the reports on these polls, and the correspondence surrounding them merit in depth examination.

While the Canadian Army had used traditional disciplinary methods inherited from its British model since its inception, during the World Wars, technologies such as statistics were further rationalized, computerized, and employed on hitherto unknown scales to develop a current picture of morale. In the compilation of vast amounts of data on discipline and health, the Army sought to monitor the collective "Will to Obey" of its formations. Tim Travers has written about the British Army in the First World War as encountering problems, "finding the right connection or linkage between man and technology, between morale and fire-power, and [...] the difficulty of making the shift from a qualitative image of war to a quantitative image."³⁰

²⁹ Stacey writes, "The Active Army reached its greatest strength on 22 March 1944 — 495,804 all ranks, including 74,391 men compulsorily enlisted under the National Resources Mobilization Act and 15,845 women. Its strength in the European zone was then 242,463 all ranks." Total male population in Canada of ages 18-45 was 2,474,000, of which 41.2 percent enlisted in one of the armed services, and 28.6 percent (708,535) in the Army. C.P. Stacey, *Arms, Men and Governments: The War Polices of Canada, 1939-1945* (Ottawa: Queen's Printer, 1970), 48, 590. Figures for 21 Aug 1940 record 114,225 soldiers in the home force and 39,550 overseas. DND File HQS-5199-U Vol. 2 "Chief of Staff Committee Reports for the Information of the Prime Minister", RG24 Vol. 2702.

³⁰ Travers, *The Killing Ground: The British Army, the Western Front and the Emergence of*

Travers cites John Wilkinson in his introduction to Jacques Ellul's *The Technological Society* (1964) who claimed that the thrust of modern enumeration was "to compel the qualitative to become quantitative, and in this way to force every stage of human activity and man himself to submit to its mathematical calculations."³¹ For Travers, the British Army's predilection for the quantitative is shown in the financial terminology in wastage calculations, and in the mathematics of artillery timetables. By the time of the Second World War, quantitative codification of men's moods and opinions in postal censorship reports and opinion polls, and the development of medical/disciplinary statistics sought to bring morale into the quantifiable realm of technological warfare.

Bruce Curtis takes a skeptical view of the practice of social historians who use administrative statistics, (such as censuses or army reports), as "data". Curtis dismisses the concerns of Canadian social historians with the accuracy of census data as "naively realist", and it must be admitted that there are numerous problems in accepting the administrative statistics of the Canadian Army as a "true" indicator of morale.³² Various officers may have applied military law to their unit in different ways. Army medical officers could diagnose patients differently, throwing off the value of comparison. Local circumstances may bring statistical figures into question. As the officer commanding a key unit compiling statistics on venereal disease wrote, "In many cases, owing to special training being carried out by units, it is felt that there has been

Modern War, 1900-1918, 77.

³¹ Ibid.

³² Bruce Curtis, *The Politics of Population: State Formation, Statistics, and the Census of Canada, 1840-1875* (University of Toronto Press, 2002), 16.

some laxity in all forms of reporting and it is not considered wise to compare figures further between the two months.”³³ Sometimes numbers compiled by administrative headquarters and medical headquarters did not add up.³⁴ A psychiatrist working for the American government reportedly faked his data when necessary, claiming, “You have to have a graph when you go to see a general.”³⁵ Another American complained that “the higher command [...] apparently composed of men impressed by figures and much too busy to look behind them and inquire into their meaning.”³⁶ This study will examine greater trends in the statistics on the Canadian Army with a skeptical eye on their accuracy. In the case of army administration, it is possible in many cases to follow Curtis’ warning that, “unless researchers manage to reconstruct observational practices at the local level, such aggregate census returns should certainly *not* be invoked as factual evidence.”³⁷ Examining *how* the Army saw is a vital component of determining *what* they saw.

The study of military morale has taken the quantitative approach in the past. Before the easing of restrictions on the British archival record in 1995, Timothy Bowman writes of the study of British Army morale and discipline in the First World War that, “only those prepared to

³³ Maj. E. L. Davey, OC No. 7 Canadian Field Hygiene Section, to 3CID ADMS, “Epidemiological and Sanitary State – 3 Cdn Inf Div – September 1943”, 3CID ADMS September War Diary, Appendix 11, LAC, RG24 Vol. 15661, 5 October 1943.

³⁴ In January 1945, sick figures did not agree within the three Canadian divisions in Europe. 3CID ADMS War Diary, LAC, RG24 Vol. 15661, 19 January 1945.

³⁵ The psychiatrist was Frederick Hanson, who signed up with the Canadian Army, but as an American found his way to the fighting in North Africa. Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Harvard University Press, 2001), 217.

³⁶ Shephard, *A War of Nerves*, 218.

³⁷ Bruce Curtis, *The Politics of Population: State Formation, Statistics, and the Census of Canada, 1840-1875* (University of Toronto Press, 2002), 17.

make speculative assumptions based on incomplete court martial records or medical statistics were brave or foolish enough to tackle this complex subject.”³⁸ Jonathan Boff’s *Winning and Losing on the Western Front* (2012), in its analysis of morale and military effectiveness of the 100 Days campaign of 1918 combines what he called, “traditional qualitative and more statistical approaches.”³⁹ In homage to Scottish critic and poet Andrew Lang, Boff notes that “statistics are too often employed as a drunk man uses lamp-posts, for support rather than illumination.”⁴⁰ Yet by combining statistics from a number of sources, Boff provides a convincing picture of British and German morale in the final days of the First World War. In a more recent article, Boff continues this quantitative approach, tabulating medical indicators such as nervousness and sickness to show there was no general collapse in morale in the German Second Army up to August 1918.⁴¹

The second major category of morale surveillance, one which was interrelated with disciplinary categorization, was medical. The medicalization of morale focused on sick parade, venereal disease, and battle exhaustion rates. A report of the Directorate of Special Services in August of 1942 made the claim that "health is undoubtedly related to morale."⁴² The

³⁸ Bowman, *The Irish Regiments in the Great War: Discipline and Morale*, 2.

³⁹ Boff, *Winning and Losing on the Western Front: The British Third Army and the Defeat of Germany in 1918*, 19; For the combined methodology on morale see also Ashley Ekins, “Fighting to Exhaustion: Morale, discipline and combat effectiveness in the armies of 1918”, in *1918 year of victory: the end of the great war and the shaping of history* ed. Ashley Ekins (Auckland: Exisle, 2010), 111-129.

⁴⁰ Ibid.

⁴¹ Jonathan Boff, “The Morale Maze: The German Army in Late 1918,” *Journal of Strategic Studies* 37, no. 6–7 (November 10, 2014): 866–867, doi:10.1080/01402390.2013.846854.

⁴² C.R. Hill, Director of Special Services, "Morale in the Canadian Army - (August 1942)"., File

presumption that incidence rates of medical maladies such as venereal disease, or sick parade, were related to the morale of troops, implies that doctrine accepted that these afflictions were either voluntary, or related to a depreciation of personal or corporate esteem. Experts and professionals, such as psychiatrists and psychologists were increasingly advising the Army that some men had their psychological limits. Tensions existed between the traditional approach to "man management" of older Permanent Force soldiers and the new experts who were applying psychological ideas to administration.

A major contribution of psychology to Canadian Army surveillance was personnel testing and categorization. Themes of categorization and scientific understanding characterize the surveillance of Canadian soldiers, and these processes of separation were aided by Canadian social sciences and psychiatrists. These processes further standardized the personnel system on a functional basis, in hopes to effectively deploy manpower in tasks from the home front to lines of communication to the combat zone.

In the field, statistics on battle exhaustion, (a catch-all term that covered men with acute fear reactions, anxiety, depression and lack of self-confidence due to combat stress) confirm some of Curtis' skepticism with the numbers. Comparison between formations and units cannot be accurately rendered due to the varied policies of diagnosis. A man with the same symptoms in the 1st Canadian Corps in Italy would perhaps be categorized and treated differently in 2nd Canadian Corps in North-West Europe. Terry Copp has noted that in the Normandy campaign men were forbidden to report themselves as neuropsychiatric casualties, making it impossible for

8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, October 15th 1942.

historians to compile accurate battle exhaustion statistics.⁴³ Statistics are more likely to add something to the historical record within a single formation where diagnosis and epidemiology was more consistent. In their attempts to quantify relative strain on units, neuropsychiatric advisers developed the neuropsychiatric ratio. This was a simple mathematical function which recorded neuropsychiatric casualties in relation to total battle casualties. In the Mediterranean theatre a ratio of 23 percent of neuropsychiatric casualties to battle casualties was considered normal.⁴⁴ Figures generated within a singular administrative and surveillance system can show relative strain within these formations, while comparison with other formations may be too problematic to be taken as sound evidence.

In Britain, Canadian Military Headquarters used postal censorship as a key source for monitoring morale. In the First World War, postal censorship had been used to great effect by a number of countries, in the role of morale and disciplinary surveillance.⁴⁵ Andrew Watson has

⁴³ Terry J. Copp, "Battle Exhaustion and the Canadian Soldier in Normandy" *British Army Review* 85 (1987), 48-50.

⁴⁴ Terry J. Copp, "Battle Exhaustion and the Canadian Soldier in Normandy" *British Army Review* 85 (1987), 47; Terry Copp, "'If this war isn't over, And pretty damn soon, There'll be nobody left, In this old platoon...': First Canadian Army, February-March 1945.", Addison and Calder, *Time to Kill: The Soldier's Experience of War in the West, 1939-1945*, 149.

⁴⁵ For the Italians, "postal censorship became an 'invisible collaborator' in the ever-constricting coils of the military justice system." John Gooch, *The Italian Army and the First World War, Armies of the Great War* (Cambridge University Press, 2014), 143, 253, 257, 259; since at least 1915, French soldiers' letters were opened by their superiors. In 1916, "surveillance of correspondence became centralized under a new office attached to the General Staff, the *Service du Renseignement aux Armees*. L.V. Smith, *Between Mutiny and Obedience: The Case of the French Fifth Infantry Division During World War I* (Princeton University Press, 1994), 169; the British also centralized postal censorship during the First World War. Andrew Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918* (Cambridge: Cambridge University Press, 2008), 8.

argued in *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918* (2008), that censorship reports produced by the British Army from the end of 1916 and for the Germans from the middle of 1917 are “the most valuable” sources on morale during the conflict.⁴⁶ In Canada during the Second World War, the Directorate of Special Services' Research and Information section used postal intercepts in cooperation with intelligence and censorship agencies of the Department of National Defence, but this was discontinued in September 1944.⁴⁷ Overseas, intelligence units sent reports on large quantities of letters that were examined. While the official justification for reading soldiers' mail was for security purposes (to ensure that intelligence that could be of use to the enemy was not included in Canadian letters), it is clear that the authorities were also using these sources to monitor the attitudes and behaviour of Canadian soldiers. Following the approach that Jonathan Fennel in his study of British Army morale in *Combat and Morale in the North African Campaign: The Eighth Army and the Path to El Alamein* (2011), censorship reports can be used to trace the collective will to soldier of Canadian formations. Censors in North-West Europe read an average of 10,146 Canadian letters in every two week period from 15 June 1944 to 14 April 1945.⁴⁸ The reports' cover page included a numerical breakdown of the percentages of letters which could be classified under various categories. Categories which were featured as relevant

⁴⁶ Alexander Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918*, Cambridge Military Histories (Cambridge University Press, 2008), 10.

⁴⁷ R. H. Roy, "Morale in the Canadian Army in Canada: During the Second World War", paper presented to the Canadian Historical Association annual meeting, University of Guelph, Directorate of History and Heritage manuscript copy, June 1984, 10.

⁴⁸ From Base Censors Reports, North-West Europe, LAC, RG24 Vol. 10,706.

to morale included: bored vs contentedness; desire and expectation of action; relations with British troops and civilians; relations with American troops; and attitudes towards the progress of the war. A whole host of categories were dedicated to aspects of army life including: training, leave, officers, welfare organization, sport, food, camp conditions, and mail. An idea of the low priority of security issues (officially the reason for censorship in the first place) is their inclusion near the end of the report. For the reports during the campaign in North-West Europe, from June 1944 to April 1945, the average number of letters rated as showing bad general security was 145 letters, or 1.4 percent of the total average two week read letter count.⁴⁹ An average of 1.7 percent of letters showed minor indiscretions revealing unit locations and other secret information. After the quantitative data, which showed the figures of the previous report as a grounds of comparison, the reports moved on to a summary of the various topics identified along with excerpts from letters which were considered typical of Canadian attitudes on the given subject. Finally a section included a unit by unit report on general morale, which highlighted specific issues within individual units.

Two major works have used the field censors' reports for the Canadians in Britain, both of which largely focus on the relationship between Canadians and Britons, showing that from a low point in the winter of 1941-42, the relationship steadily improved.⁵⁰ Jonathan Fennel's work

⁴⁹ From Base Censors Reports, North-West Europe, LAC, RG24 Vol. 10,706.

⁵⁰ C.P. Stacey was also privy to censorship reports during the war due to his role as official historian. C.P. Stacey and B.M. Wilson, *The Half-Million: The Canadians in Britain, 1939-1946* (University of Toronto Press, 1987), 79; Jonathan F. Vance, *Maple Leaf Empire: Canada, Britain, and Two World Wars* (OUP Canada, 2012), 178; The censorship reports have also been used by Jeff Keshen in a work which argues against the consensus of a patriotic “good war”, in

on the Eighth Army in 1942 is the first work to systematically use British censorship reports to analyze morale during the Second World War.⁵¹ The quantification of morale under these various topics, by categorizing how many letters qualified under each topic (positive opinions of officers, favourable opinions towards welfare services, etc.) is another aspect of the bureaucratic method as applied to Canadian soldiers. The phenomenon is not unique to British censorship. French postal censorship was centralized under the *Service du Renseignement aux Armées* (SRA) in 1916. Leonard Smith casts a sceptical eye on the use of quantitative aspects, however, suggesting, “These reports seem too linked to a prearranged bureaucratic agenda for them to be analyzed quantitatively, despite frequent attempts to do so both during the war and subsequently. Staff officers, I would suggest, wrote the reports more to please than to inform.”⁵² Smith notes that postal censorship reports became more formulaic towards the end of the war, suggesting that French morale in the First World War was reported by the censors as holding up well, despite the evidence to the contrary. Smith writes,

Displeasing sentiments were frequently cited, but most often as exceptions that prove the

its exposure of crime, grousing, and corruption. J. Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, Studies in Canadian Military History (UBC Press, 2004).

⁵¹ Fennell argues that the notion of a soldiers' primary group has been overemphasized in the literature on combat motivation and morale, and that morale is a complex phenomenon influenced by: perceptions of weapons; supplies of food and water; leave; terrain; news and contact with home and loved ones; welfare for “mitigating the discomfort and boredom of army life”; troops belief in a cause; quality of leadership and command; troops experience of victory and defeat; training and discipline; immediate group integration; and casualty rates. Fennell notes that morale is also observable in rates of desertion, sickness, surrender and breakdown. J. Fennell, *Combat and Morale in the North African Campaign: The Eighth Army and the Path to El Alamein*, Cambridge Military Histories (Cambridge University Press, 2011), 244.

⁵² Smith, *Between Mutiny and Obedience: The Case of the French Fifth Infantry Division During World War I*, 169, 223, 226.

rule of soldierly docility. In short, postal censorship records are neither more or less 'representative' than published memoirs...They serve most usefully as another form of literary evidence...Letters constitute a unique form of literary evidence, since they were not intended for publication and were not written by literary figures. As letters were destined for a personal rather than a collective readership, they tended to be shorn of the public artistic ambitions that influence even the most self-consciously humble published accounts.⁵³

Despite these cautions, Smith notes that postal censorship reports were the best source for examining soldiers' demands during the mutinies of 1917.⁵⁴ Another caution at the use of censorship excerpts at face value comes from a reading of John Baynes' *Morale: A Study of Men and Courage – The Second Scottish Rifles at the Battle of Neuve Chapelle* (1967). Baynes pointed out that the experience of the First World War was varied, not only between individuals, but also within each soldier. As Baynes puts it,

there is the awkward fact that those who fought in the War varied in their reactions to it from sharp and real enjoyment through different frames of mind to utter loathing of every moment of every day. They probably varied within themselves many times during the course of each week in France. Satisfaction, boredom, elation, misery, eagerness, frustration would follow each other in quick succession. In times of stress these emotions are very strong, and also transient. Within an hour a man could easily say 'This is fun', and 'This is hell', and genuinely mean it both times.⁵⁵

In a study of British Army morale reports on the Second World War home front, historian Jeremy Crang cautions that, "Censorship reports of soldiers' letters depended on the circumstances and surroundings of the individual writer and tended to feature whatever issue happened to be uppermost in his mind at the time of writing, rather than what he thought of most

⁵³ Ibid., 169.

⁵⁴ Ibid., 188.

⁵⁵ Baynes, *Morale: A Study of Men and Courage*, 6.

constantly or felt most deeply.”⁵⁶ When a Canadian in the Second World War reported he was in a funk, it may have passed with the weather.

While it is important to maintain a skeptical view of postal censorship as representative of morale in a positivist sense, recreating the data allows us to observe the information that senior officers were offered at the time. As figure 1.1 shows, for the Canadians in Britain, censorship figures appeared to agree with Stacey and Vance that after the bitter winter of 1941-42, as relations with Briton’s improved, so too did morale.⁵⁷

⁵⁶ J.A Crang, “The British Soldier on the Home Front: Army Morale Reports, 1940-45”, Addison and Calder, *Time to Kill: The Soldier’s Experience of War in the West, 1939-1945*, 73.

⁵⁷ C.P. Stacey and B.M. Wilson, *The Half-Million: The Canadians in Britain, 1939-1946* (University of Toronto Press, 1987), 52.

Field Censors Reports on General Morale of Canadians in the United Kingdom. March 1942- February 1944

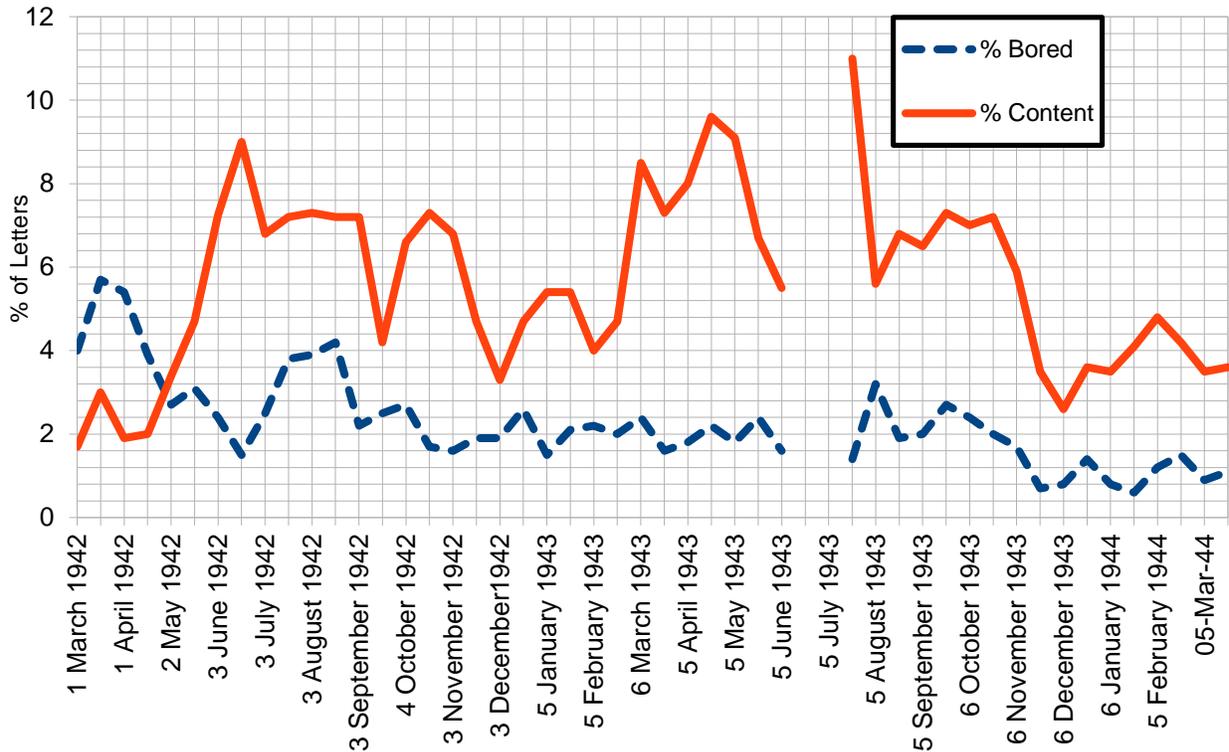


Figure 1.1: “Field Censors Reports on General Morale of Canadians in the United Kingdom. March 1942 – February 1944.” No data is available for 19 June 1943 and 5 July 1943. From October 1943, "Bored" changed to "Browned Off". Source: Compiled from RG24 Vol 10705.

Vance suggests that the arrival of the Americans in 1942 changed the Canadians attitude towards the British.⁵⁸ With the boisterous and unfamiliar Americans now in Britain, the British and Canadians drew closer together and saw more similarities between themselves. Interestingly, however, in the postal censorship reports, the adverse comments towards the British are only

⁵⁸ Jonathan F. Vance, *Maple Leaf Empire: Canada, Britain, and Two World Wars* (OUP Canada, 2012), 182–183; Stacey traces the origins of this thesis to Charles Murphy’s February 1944 *Fortune* article. Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 86.

significantly reduced after the August 1942 Dieppe raid.

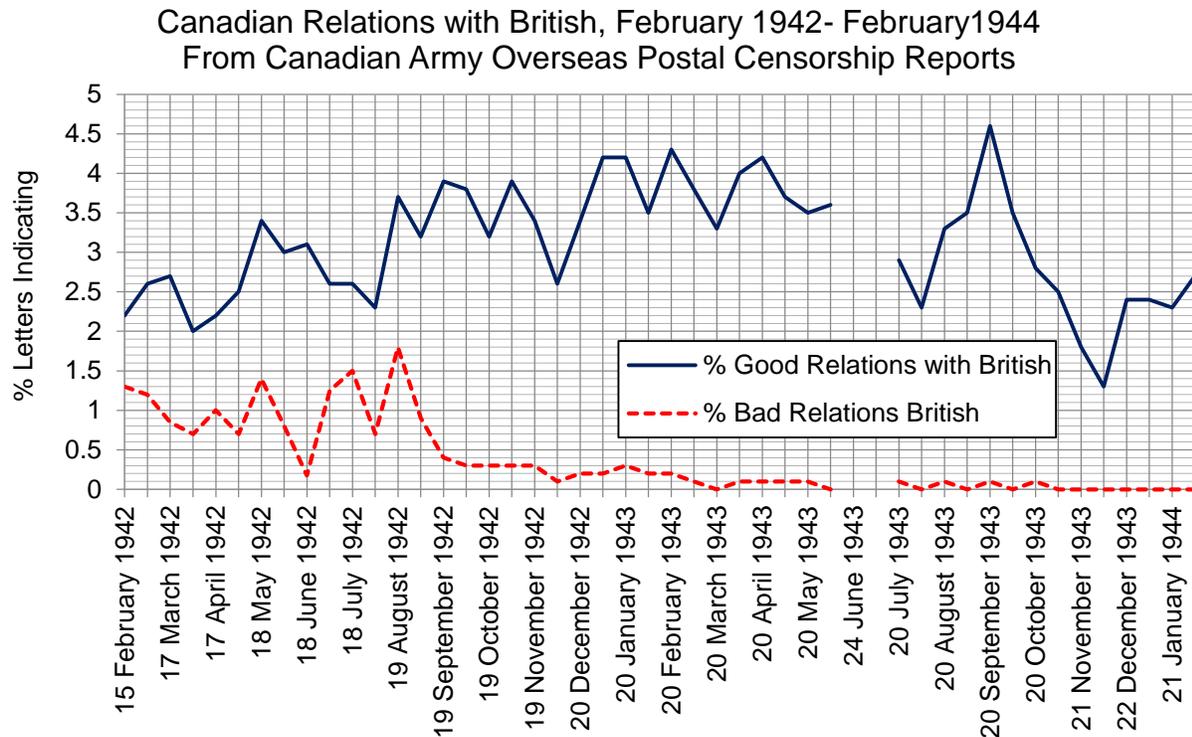


Figure 1.2 “Canadian Relations with British, February 1942- February 1944 From Canadian Army Overseas Postal Censorship Reports.” No data is available for 19 June 1943 and 5 July 1943. Source: Compiled from RG24 Vol 10,705.

The message from postal censorship then, was that including Canadians on the raid was good for Canadian morale, or at the very least Anglo-Canadian relations. Despite the tragedy of the raid, losing thousands of Canadians killed, wounded and captured, active participation in the war seemed to have reduced the sting of British jibes that the Canadians were simply a glorified home guard. The censorship reports for the Army in operational theatres of war have scarcely been used by historians to date, and provide a rich source on the major issues affecting troops in

theatre.⁵⁹

In keeping with statistical reduction then, the Army censors classified and quantified the letters they examined. Fennel takes a positivist approach in his analysis of censorship data in that he believes that the censors, by reading thousands of letters, had an accurate and representative perspective on troop morale. Using their quantifiable results, however, does pose serious problems. How did censors determine a letter qualified as displaying a bored or content attitude? Does a passing comment on the subject qualify a letter as being categorized as such? How often did censor personnel change? Each individual censor must have had their own standards of classification, so what kind of errors and biases creep into the figures due to the happenstance of censor tasking and routine?

A further aspect of morale surveillance was the cultivation of the feeling that soldiers' were being observed. The field censors' analysis of Canadian mail in Britain worked on a representative sample, usually examining upwards of ten thousand letters in a two week period, or around 5 percent of the total mail.⁶⁰ Postal censorship was a feature of military life which was constantly kept in mind.⁶¹ Canadian soldiers were not aware that such a low percentage of their

⁵⁹ Copp provides a summary of the censorship reports during the Battle of Normandy. Terry Copp, *Fields of Fire: The Canadians in Normandy* (Toronto: University of Toronto Press, 2004), 119–120.

⁶⁰ During the Crimean War, during 1855, over three quarters of a million letters were sent to the British Army and Navy in combat with the Russians, while 1.2 million were sent back. In the First World War, the British Army on the Western front was sending home 8.15 million letters weekly. Peter B. Boyden, *Tommy Atkins' Letters: The history of the British Army Postal Service from 1795* (London: National Army Museum, 1990), 10, 28.

⁶¹L. B. Goodyer, Chief Base Censor, CMF, "Appreciation & Censorship Report No 39 For Period 16-29 Feb 44 Inclusive.", DND Folder 46-3-5/INT Censorship Reports – CMF Nov 43 –

mail was monitored, and assumed that the censors would read their letters, limiting what they expressed in their only communications with their homes. In January 1944, in Italy, a great number of soldiers referenced censorship, but the Chief Censor wrote that they accepted it cheerfully enough, and that the main complaint was that after censorship restrictions there was very little to write about.⁶² That month the censors noted an increasing use of the green envelopes which were to be sent directly to base for censorship instead of read by unit officers.⁶³ As one soldier wrote, “It would be just my luck to have some officer censor it who I know personnaly. [sic] It's not that I write anything that I shouldn't but – well you know how it is – when you are writing to your best girl you just don't want one reading over your mail.”⁶⁴ This impediment of expressions of affection to those at home was a psychological barrier to intimacy

April 45, 215C1.98(D334) Censorship Reports, LAC RG 24, Volume 10,705, 2 March 1944; The base censor section was not strictly a postal unit, coming under the command of military intelligence. E. B. Proud, *History of the British Army Postal Service. Vol III – 1927 – 1963* (Proud-Bailey: Dereham, 1982), 7.

⁶² Chief Base Censor, CMF, CMF-BNAF, “Appreciations & Censorship Report No. 36 For Period 1-15 Jan 44 Inclusive.”, and “Appreciation & Censorship Report No. 40 for Period 1-15 Mar 44 Inclusive.”, DND Folder 46-3-5/INT Censorship Reports – CMF Nov 43 – April 45, 215C1.98(D334) Censorship Reports, LAC RG 24, Volume 10,705.

⁶³ L. B. Goodyer, Chief Base Censor, CMF, “Appreciation & Censorship Report No. 38 for Period 1-15 Feb 44 Inclusive.”, DND Folder 46-3-5/INT Censorship Reports – CMF Nov 43 – April 45, 215C1.98(D334) Censorship Reports, LAC RG 24, Volume 10,705, 17 February 1944; only one green envelope per man per week was issued to soldiers of Eighth Army in North Africa. J. Fennell, *Combat and Morale in the North African Campaign: The Eighth Army and the Path to El Alamein*, Cambridge Military Histories (Cambridge University Press, 2011), 163; the green envelope was a holdover from the British in the First World War. Jessica Meyer, *Men of War: Masculinity and the First World War in Britain*, Genders and Sexualities in History (Palgrave Macmillan, 2012), 16.

⁶⁴ L. B. Goodyer, Chief Base Censor, CMF, “Appreciation & Censorship Report No 39 For Period 16-29 Feb 44 Inclusive.”, DND Folder 46-3-5/INT Censorship Reports – CMF Nov 43 – April 45, 215C1.98(D334) Censorship Reports, LAC RG 24, Volume 10,705, 2 March 1944.

with loved ones. A member of the Calgary Tank Regiment (presumably writing in a green envelope) wrote in April 1944, “Honey, I don't want you to feel badly if I don't tell you in every letter how much I love you, as our own officer censors our letters – all but the white airmail and this kind of letter.”⁶⁵ In May in Italy, the chief censor's report recorded that, “Unit censorship continues to be as unpopular as ever and the mail is never free of the men's feeling of embarrassment and resentment respecting it”.⁶⁶ Unit censors could be far from discreet. One man wrote, “I have refrained from using the ordinary air mail letters because at the present time we have some censors who are not so good when it comes to forgetting what they read and after hearing them on several occasions discussing other people's mail, I decided not to give them the opportunity of discussing mine.”⁶⁷ In North-West Europe, censors examining letters found that a negligible number mentioned resentment of censorship. On average, four times the number of soldiers’ mentioned resentment towards unit censorship, but this was still only 0.8 percent of letters analyzed.⁶⁸ In the early days of the invasion of the continent, there was much more concern about censorship in the letters of Canadian soldiers, but they grew to accept the practice in due course. In light of security and censorship, Canadian wartime letters and postal

⁶⁵ L. B. Goodyer, Chief Base Censor, BNAF & CMF, “Appreciation & Censorship Report No. 43 for Period 16-30 Apr 44 Inclusive.”, DND Folder 46-3-5/INT Censorship Reports – CMF Nov 43 – April 45, 215C1.98(D334) Censorship Reports, LAC RG 24, Volume 10,705, 2 May 1944.

⁶⁶ L. B. Goodyer, Chief Base Censor, “Appreciation & Censorship Report No. 44 for Period 1-15 May 44 Inclusive.”, CMHQ File 4/Censor Repts/3, “Censorship Reports from AAI”, LAC RG24 Volume 12,323, 17 May 1944.

⁶⁷ L. B. Goodyer, Chief Base Censor, “Appreciation & Censorship Report No. 44 for Period 1-15 May 44 Inclusive.”, CMHQ File 4/Censor Repts/3, “Censorship Reports from AAI”, LAC RG24 Volume 12,323, 17 May 1944.

⁶⁸ From Base Censor reports, North-West Europe, LAC, RG24, 10,706.

ensorship excerpts themselves need to read with a critical eye. The bulk of wartime letters were written under constraint. As a nursing sister recalled after the war, “obeying security rules when writing home was difficult: You mentioned only the mundane happenings, when you were just *dying* to tell your family all about the last combined operations field exercise of the whole Corps...Imagine not being allowed to mention, either by name or unit, the boys from home whom you were caring for!”⁶⁹ Historian Cynthia Toman suggests that nurses internalized limitations on expression to such a degree that they still had not spoken about their experiences fifty or sixty years later. At times, behaviour acceptable overseas was not relayed to those in Canada due to more restrictive social norms. As historian Jonathan Boff wrote of First World War letters, “Soldier’s letters home were written for an audience and did not always portray naked truth. Also the possibility exists that censorship officers consciously or subconsciously warped their reports to meet their seniors’ expectations.”⁷⁰ Andrew Watson suggests that soldiers’ letters were, “most likely to be frank about their feelings and experiences when the recipient was male and least likely when writing to a child.”⁷¹ Female family or partners could also be sent a genuine account of the war.

Attempts to get information home without the censors noticing took various forms, following precedents set by British (and presumably Canadian) soldiers in the previous war. For

⁶⁹ Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*, Studies in Canadian Military History Series (UBC Press, 2008), 72–74.

⁷⁰ Boff, *Winning and Losing on the Western Front: The British Third Army and the Defeat of Germany in 1918*, 96.

⁷¹ Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918*, 8.

the British in the First World War, postal censorship had begun at the outbreak, but many letters managed to pass through to Britain without censorship.⁷² Men would take friends' letters home with them on leave where they were posted in civilian mail, or send them through the Red Cross where they were not read by censors. Attempts to post mail in French or Belgian civil Post Offices was usually caught. Field Service Post Cards were one manner to send information without censorship, yet these basic messages of a soldier's condition were readable by all that handled them. The Red Envelope began in 1914, which was a form used for emergency communications. In 1915, the "Green Envelope" was introduced, which required a signed declaration that the contents related only to personal or family affairs. These were occasionally examined at base level, but were guaranteed not to be read by unit officers.

For the Canadians in the Second World War, using civilian mail was one manner of avoiding censorship which usually was caught by authorities. Using code was another. At times these attempts were crude. Censors mentioned in Italy that men would make reference to city names as fictional people. A soldier wrote, "By the way, you have never spoken of Florence lately. I guess she has forgotten and left you wondering. She was a good looking woman, too."⁷³ Others wrote locations under the stamp of letters, or otherwise hid information. Such resistance and contravention shows soldier's attempts to avoid the constant gaze of the authorities were often futile.

⁷² Peter B. Boyden, *Tommy Atkins' Letters: the history of the British Army Postal Service from 1795* (London: National Army Museum, 1990), 29-30.

⁷³ Major C. C. B. Rice, Chief Base Censor, CMF, "Appreciation & Censorship Report No. 51 for Period 16-31 Aug 44 Inclusive.", 5 September 1944.

Surveillance in its tactical sense of spying also took place, with Field Security Officers reporting on rumours, security breaches, and suspicious or illicit behaviour. These officers, working out of Field Security Sections, would track down those who were careless talkers, put areas out of bounds that were considered unfit, or whose proprietors were considered "unfavourable" for soldiers, liaised with civilian police on security issues, and trained unit security officers to keep vigilant on security. While these units did report on morale issues such as "The Army's Relation with Civilians", it seems slightly ironic that of the myriad of sources that the Army deployed to gather information on its soldiers, that its own spooks, its investigative officers, stuck largely to security issues and left personal information gathering under the guise of morale to others.⁷⁴ Certainly the Field Security Sections would have a deterrent value, as they contributed to the feeling of being watched at all times. Individual units also had security officers, often a task delegated to the second-in-command or intelligence officer, to train their men on security and keep an eye out for breaches. NCOs selected to help the unit security officer were to "have the confidence of the men to the extent that they are not looked upon as akin to the 'Gestapo'"⁷⁵ In other correspondence regarding internal security, field security personnel were referred to as "a cross between policemen and [...] Gestapo agents!"⁷⁶

⁷⁴DND File 46-6-1/INT, "Security Reports – Gen. May 42 – Aug 43", 215C1.98(D339) Security Reports – General, RG24, Volume 10,706, LAC.

⁷⁵ E. W. Sansom, GOC 5CAD, to FCA Attn GSO 1(Int), "Security Trg Tps – General", File 44-4-0/INT "Security Training, Dec 42 – Oct 43", "215C1.98(D311) Security Training", RG24 Volume 10703, LAC, 27 November 1942.

⁷⁶ P. J. Montague, note to FCA Int Offr, ", File 44-4-0/INT "Security Training, Dec 42 – Oct

It should be acknowledged that security was a real concern for the Canadians and their Anglo-American Allies, and that beyond disciplinary motivations, there was a very real need for the control of information. During the final movement of the 1st Canadian Corps to North-West Europe, the extent to which security precautions were maintained is observed in the long period which the move was banned from publication and announcement. Despite the fact that the troop movement had become common knowledge in Canada, the Supreme Commanders in Europe and the Mediterranean had advised the Combined Chiefs of staff that only when the enemy knew of the movement would the information be freely released. Hoping to announce the reunion of Canadian forces in parliament when it met on 19 March 1945, Mackenzie King wrote to Churchill that the news, “through interruption of the mails from Italy and other causes became known to a considerable number of people including our press whose silence is being maintained only through censorship.”⁷⁷ A Canadian Press dispatch broke the publication ban on 3 April, but despite this, it was not until 20 April that the Allied Force Headquarters gave the clearance.

Jeremy Crang, in his study of the British Army on the Second World War home front, concluded that morale reports were a window into military thought. He writes, “...even if they do not always provide an entirely accurate assessment of morale, they are, nevertheless, important because they reveal what the military authorities *thought* was the state of morale of the army at any particular moment, regardless of how valid that judgement ultimately was.”⁷⁸ We

43”, “215C1.98(D311) Security Training”, RG24 Volume 10703, LAC, 13 November 1942.

⁷⁷As cited in G.W.L. Nicholson, *The Canadians in Italy 1943-1945*, vol. 2, Official History of the Canadian Army in the Second World War (Ottawa: Queen’s Printer, 1956), 666.

⁷⁸J. A. Crang, “The British Soldier on the Home Front: Army Morale Reports, 1940-45”,

might take this analysis one step further, and say that for the Canadian Army, the data of the morale surveillance system informs us of *how* the Army thought about morale. It shows us the manner in which the will to obey was considered, and betrays a medicalization of the Army's gaze. Quantification and surveillance were crucial parts of how Canadian officers conceptualized the collective morale of the Army. On all theatres and fronts, the Canadian Army surveyed, categorized, and recorded its soldiers, reducing their experiences, transgressions, and maladies to figures in statistical reports. Through a vast process of quantification, subjective human experiences were reduced to statistical representations. The Army conducted one of the largest projects of medical categorization in Canadian history, reducing the well-being of soldiers to a series of numbers corresponding to various physical abilities and mental aptitudes. This rationalization of personnel could serve to allot men to trades that suited them, but could also serve as a formal means to shift men who were unstable to labour battalions or the disciplinary system. Through overt means such as the home front morale survey, or covert methods such as postal censorship conducted under the guise of security, army administration peered into the minds of Canadian soldiers, in hopes to control them by knowing them. Despite problems in taking their figures at face value, recreating their findings on morale can help restore the representation of attitudes and behaviours which the institution originally sought. This snapshot of morale, as observed through the Army's lens, is of interest in itself, as it can inform us of the trials and tribulations of citizens in uniform and may shed light on key strategic decisions during the Second World War. It is even more useful, however, to cast light on the

Addison and Calder, *Time to Kill: The Soldier's Experience of War in the West, 1939-1945*, 74.

creator of this picture, the staff of the administrative and operational sections, whose surveillance and statistical rendering are of great interest to the study of the Canadian Army as an institution. Medicine and discipline were central to this process, and it is to the system of disciplinary surveillance in Canada and its findings that we first turn.

Chapter 2: Away Without Leave, the Directorate of Special Services and the Disciplinary Cycle in Canada

2.1 The Disciplinary Context of Morale

Discipline is central to morale. The “will to obey” was one way that the Canadian Army defined morale during the Second World War and military forces have historically associated morale with discipline. Disciplinary infractions allowed the Army to quantify morale, and enabled it to construct a view of collective obedience in formations.⁷⁹ Historically, draconian corporal or capital punishment has been used to achieve obedience in military forces, but, the Canadian Army, like many liberal states of the era, attempted to encourage the desire to obey in its citizen soldiers through more moderate means.⁸⁰ Part of this cultivation of obedience was the implementation of fair and proportional military justice. In Canada, a large proportion of soldiers were those in the training centres, who were experiencing their first few months of military life. They were being hardened, sharpened, and subjugated to a rigorous regime of authoritarian social order. Not all Canadians were willing to be subdued by the rules and regulations of the British Army Act, or its various Canadian interpretations. The most common

⁷⁹ By October 1941, the British were reporting a fundamental relationship between military crime and low morale. Robert H. Ahrenfeldt, *Psychiatry in the British Army in the Second World War* (London: Routledge and Kegan Paul, 1958), 117.

⁸⁰ While hard-handed corporal punishment in the German context dates back to the Prussian Army, the extremes of discipline on the Eastern Front of the Second World War contributed to troops' “profound brutalization” and atrocities. While the Germans executed forty-eight soldiers in the First World War, during the Second they executed between thirteen and fifteen thousand men. Omar Bartov, *Hitler's Army: Soldiers, Nazis and War in the Third Reich* (Oxford: Oxford University Press, 1991), 59, 95–96.

offence by far was when soldiers simply left their posting, going away without leave (AWL).⁸¹

It was found that many men simply overstayed their leave, especially that of the Christmas holidays, and a seasonal cycle of AWL offences can be observed. The Army developed the Directorate of Special Services to monitor morale on the home front, further institutionalizing the study of soldiers' will to obey. Their Unit Morale Reports offered the commanding officers and administrative staff a quantitative picture of disciplinary and medical offences alongside soldier's opinion polls in hopes to inform policy. Canadian soldiers in Canada during the Second World War cannot be characterized as docile saints preparing to vanquish the Nazi demon. There were plenty of disciplinary incidents to keep district officers commanding and the provost staff busy. The interaction of ordinary Canadians with state disciplinary apparatus is crucial to our understanding of the development of Canadian law and society, as observed in the key Canadian institution of the Canadian Army. As obedience is central to morale, this work will begin with a survey of discipline on the home front during the Second World War.

Various forms of military discipline have been shown by historians to have been fruitful in maintaining obedient soldiers.⁸² The disciplinary function is complex, however, and stricter punishment and surveillance does not necessarily result in better morale. For instance, Italian

⁸¹ In a sample of 23,329 courts martial charges prosecuted by the Canadian Army during the war, Jackson found that 12,198 (52.3 percent) were for desertion, fraudulent enlistment, and absence without leave, charged under Army Act sections 12-15. Of these, 8,080 (34.6 percent) were AWL charges. Paul Jackson, *One of the Boys : Homosexuality in the Military during World War II* (Montréal ; Ithaca: McGill-Queen's University Press, 2010), 280.

⁸² For the German case in the First World War see Benjamin Ziemann, *Front und Heimat. Ländliche Kriegserfahrung im südlichen Bayern 1914-1923* (Essen: Klartext, 1997), 120, 462-72 as cited in Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918*, 3.

Army morale during the First World War was at rock bottom after the rout at Caporetto saw 280,000 prisoners taken, only 40,000 battle casualties, with an additional estimated 350,000 deserters and stragglers.⁸³ General Luigi Cadorna's harsh disciplinary regime, which resulted in around 750 executions by firing squad and 330,000 other military charges (6.4 percent of the Army during the war) did not prevent this defeat. The improvement of morale and effectiveness in 1918 has been attributed, in part, to the relaxing of Cadorna's harsh disciplinary regime by his replacement. The Germans in the Second World War, as might be expected of the Nazi regime, were even more brutal. Historian David French suggests that the thirteen to fifteen thousand men the Germans executed during the war, many of which were deserters, deprived the Wehrmacht of much needed military manpower.⁸⁴ Hitler and his commanders additionally ordered retribution against the relatives of deserters as a deterrent.⁸⁵

Historical studies also betray the problem of reading disciplinary statistical figures at face value. Despite the strictures of military law and well formulated rules of punishment, it is possible that errant men were dealt with outside the military justice system. Canadian soldiers

⁸³ Ashley Ekins, "Fighting to exhaustion: Morale, discipline and combat effectiveness in the armies of 1918" in *1918 Year of Victory: The end of the Great War and the shaping of history* (Auckland: Exisle Auckland, 2010), 122; there were only 2248 Canadian prisoners taken in the North-West Europe campaign of 1944-45. Another 1946 were taken prisoner during the Dieppe Raid. C.P. Stacey, *Victory Campaign*, 642; it has recently been argued that only after defeat on the battlefield did morale truly collapse at Caporetto. This suggests that poor morale was not the cause of military collapse, but a result of it. Vanda Wilcox, "Morale and Battlefield Performance at Caporetto, 1917", *Journal of Strategic Studies*, 37:6-7 (2014), 829-854.

⁸⁴ David French, "Discipline and the Death Penalty in the War against Germany during the Second World War," *The Journal of Contemporary History* 33, no. 4 (October 1998): 545.

⁸⁵ J. T. Copp, *Cinderella Army: The Canadians in Northwest Europe, 1944-1945* (Toronto: University of Toronto Press, 2006), 110.

were variously subject to the rules of the Canadian Militia Act, the British Army Act, the King's Regulations for the Army, and other statutes, which many private soldiers would only know by word of mouth.⁸⁶ The 1939 *Field Service Pocket Book*, the *Manual of Military Law*, and various pamphlets and primers, such as the popular *Corporal to Field Officer*, sought to condense military law to a palatable level for officers. The interpretation of military law, however, is always left up to both the individual soldiers and their commanders. Leonard Smith addresses this exchange in his study of the French Army in the First World War noting, "the citizen-soldier will not entirely relinquish the rights of the citizen. Authority and obedience will be thus constantly subject to questioning and negotiation from below."⁸⁷ Military discipline then, is much more complicated than the figures compiled by military statisticians in the administrative branches. The ability of commanders, especially at lower levels of the military hierarchy, to make the decision for formal trial and punishment or other informal punishments and reprimands means that crime rates are not perfect representations of soldierly behaviour.

It is clear that military morale needs to be considered in a separate sense than contemporary usage associated with satisfaction. In reductionist terms, morale is the will to obey military commands. Historian John Baynes suggests, however, that bad behaviour is not

⁸⁶ The struggle for Judge Advocate General Reginald Orde in the interwar years was to educate Canadian military officers on military law. Madsen, *Another Kind of Justice: Canadian Military Law from Confederation to Somalia*, 55–71, 80; The Canadian Militia Act referred to the British Army Act for its code of offences. Brigadier Reginald J. Orde, "Some Aspects of Canadian Service Law and of the Office of the Judge Advocate-General in Canada", *The Judge Advocate Journal* 1:3 (December 1944), 9

⁸⁷ Smith, *Between Mutiny and Obedience: The Case of the French Fifth Infantry Division During World War I*, 14.

necessarily the same thing as bad morale. He notes that soldiers of a first-rate battalion could cause troubles in their local garrison town. Despite their disturbances being contrary to their commander's wishes, they still may be good soldiers. Baynes writes, "The experienced officer knows almost by instinct whether the trouble is due to poor morale or high spirits. Good soldiers must have a bit of devilment in them, and it is no good becoming alarmed at occasional outbursts of misbehaviour."⁸⁸ Unit solidarity can, in fact, act against military morale as conceptualized as willful obedience. Richard Holmes suggests that the Salerno Mutiny of September 1943, which saw hundreds of British soldiers refuse service, is a warning against the bonding of men into tribal groups who might collectively disobey.⁸⁹ For small-scale breaches of discipline in a strongly bonded regiment of the Canadian Army, see the regimental history of the Cape Breton Highlanders who, "did not take kindly to the strictly-disciplined, hierarchical ways of the military."⁹⁰ Official historian C.P. Stacey also writes of regimental bonding as a potential source of poor discipline. He notes of the occasional brawls in England that,

It is not surprising either that men systematically trained to use the most extreme forms of violence against their countries' enemies should occasionally use violence against those who ought to have been their friends. Nor can the influence of *esprit de corps* be forgotten. When soldiers are told as a matter of policy that their regiment is in all respects Number One and must always be so, clashes with members of other regiments that have been told exactly the same thing about themselves are not wholly unnatural.⁹¹

Morale, then, is not strictly obedience or discipline. As a report by the Directorate of Special

⁸⁸ Baynes, *Morale: A Study of Men and Courage*, 95.

⁸⁹ Richard Holmes, "The Italian Job: Five Armies in Italy, 1943-45", in Addison and Calder, *Time to Kill: The Soldier's Experience of War in the West, 1939-1945*, 212.

⁹⁰ Alex Morrison and Ted Stanley, *The Breed of Manly Men* (Canadian Institute of Strategic Studies: Toronto, 1994), 78

⁹¹ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 75.

Services, the department concerned with Army morale in Canada, put it, "building morale is not the same as enforcing discipline."⁹² Despite these reservations against a direct definition of discipline as morale, military crime was generally observed by British and Canadian officers as an indicator of morale. An early Canadian Second World War pamphlet on military law and discipline wrote that, "The absence of 'crime' does not necessarily denote a first class unit, but the continued prevalence of crime may show that its discipline is weak."⁹³

As early as the summer of 1940, military authorities in Canada became concerned with "a widespread slackening in discipline through the Forces."⁹⁴ The rates of away without leave were particularly troublesome and it was realized that both sound administration and a well framed code of military law were essential to improving the situation. A circular from Adjutant-General Major-General B. W. Browne to all commanders of military districts emphasized that

What is wanted is effective action to inculcate discipline, not as an artificial rule but as a fundamental of soldiering and of any organized enterprise as well. Discipline will save lives and win battles. Absence without leave is a manifestation of lack of discipline. Whether the remedy is by drastic action or by administration, or both, is for decision in the particular circumstance. Results must be obtained.

The scale of punishment should be checked very carefully. Where necessary severe punishment should be administered.⁹⁵

⁹² Brigadier James Mess, DAG(C), to A.G., "Trends in the Thinking of Army Units - Vol. III No. 2", Ottawa, microfilm reel C-5289, file 8917-3-6, folder, "Morale Reports - Monthly Summary, RG24-C-1, LAC, 21 March 1944.

⁹³ Brooke Claxton, "Notes on Military Law and Discipline For Canadian Soldiers", 1940, 40.

⁹⁴ Quoted in Lt-Col. T.M. Hunter, Report No. 91, Historical Section, Army Headquarters, "Some Aspects of Disciplinary Policy in the Canadian Services, 1914-1946", Directorate of History and Heritage, 15 July 1960, 35.

⁹⁵ AG's circular letter to D.Os.C., HQ 54-27-63-1, 8 August 1940, quoted in Hunter, "Some Aspects of Disciplinary Policy", 35. Browne was Adjutant-General until February 1942, when he was replaced by H. F. G. Letson.

Care should be taken, however, not to characterize Canadian Army discipline as draconian.

There were warnings to officers that the transition to military life should be taken into account in sentencing.

Civil and military codes of law certainly had their differences. French Prime Minister George Clemenceau famously noted that, “Military justice is to justice, what military music is to music.”⁹⁶ While a common assault could be a minor offence in civil law, striking one’s officer could be a very serious offence in military law.⁹⁷ Going away without leave might only break a contract in civil life but could approach desertion and the serious penalty in the military. The Kings’ Regulations of 1939 warned that, “Care must be taken to discriminate between offences due to youth, temper, sudden temptation or unaccustomed surroundings, and those due to premeditated misconduct.”⁹⁸ It was hoped that police magistrates and justices of the peace would inform the military authorities when a soldier was charged in civil jurisdiction, so that in certain cases, officers could pay fines levied on the soldier, and bring them under the military justice system.⁹⁹ In 1940, the Judge Advocate General, Reginald Orde,¹⁰⁰ advised against the transfer of

⁹⁶ Madsen, *Another Kind of Justice: Canadian Military Law from Confederation to Somalia*, 3.

⁹⁷ Lt-Col. T. M. Hunter, Report No. 91, Historical Section, Army Headquarters, “Some Aspects of Disciplinary Policy in the Canadian Services, 1914-1946”, Directorate of History and Heritage, 15 July 1960, 101; Brooke Claxton, “Notes on Military Law and Discipline for Canadian Soldiers”, 1940, 12; For a similar disparity between civilian and military crime see, Timothy Bowman, *The Irish regiments in the Great War*, 39.

⁹⁸ Canada, Department of National Defence, *King’s Regulations and Orders for the Canadian Militia, 1939 – Amendment*. (Ottawa: King's Printer, 1944), 105.

⁹⁹ Hunter, “Some Aspects of Disciplinary Policy”, 36-37.

¹⁰⁰ Reginald Orde had been employed in the Judge Advocate General’s branch since December 1918, and was promoted to Judge Advocate General in February 1920. He served for three decades in the position. Madsen, *Another Kind of Justice: Canadian Military Law from*

those serving sentences of hard labour in overcrowded detention barracks into civil prisons where they would be stigmatized and associate with civilian criminals.¹⁰¹

2.2 Discipline and Morale in Canada

Training was considered a key factor in fostering morale in a number of ways, but only a brief survey will be offered here before an examination of the central issue of military crime in Canada. Giving soldiers the confidence that they were well prepared to conduct their military tasks was important. Training was for many Canadian soldiers what they spent the majority of their time in the Army doing, and it was to introduce them into army life, and bond them with their fellow soldiers. As an early military pamphlet wrote,

A military unit consists of some hundreds of individuals with different habits, feelings and aims, each hitherto accustomed to do much what he wanted, when he pleased. Upon giving up the ways of private life, the soldier must be conditioned to a hard life in crowded association with others. [...] But it is of paramount importance to-day that the process of training should not make men into unthinking automatons. Robot soldiers will not win the kind of war we are now fighting. [...] From the outset, their training should habituate them to obey orders, of course, but also to use their own initiative and their own intelligence to gain the desired military objective.[...] To gain such an objective, the training of the educated soldier of to-day should be treated as a genuine adventure and it should be made as interesting, as exciting, as possible.¹⁰²

Fitness was another way that men's self confidence in their military abilities was increased.

Jessica Meyer notes that reports of improved physical fitness were a common feature of British First World War soldiers' letters home. Meyer writes that soldiering was seen as a "praiseworthy development to masculine identity" and that "Men used their letters home to

Confederation to Somalia, 55.

¹⁰¹ JAG to D.Org, HQ 54-27-63-1, 2 December 1940, as cited in Hunter, "Some Aspects of Disciplinary Policy", 37.

¹⁰² Brooke Claxton, "Notes on Military Law and Discipline For Canadian Soldiers", 1940, 33.

describe how, through their experience of soldiering, they were changing, physically, mentally and spiritually, becoming hardened to danger and learning how to endure.”¹⁰³ Physical fitness was the most obvious way that training and campaigning changed soldiers.

The integration of psychiatry into the training system appears to have been more in the British purview rather than the Canadian. The Southborough Committee on Shell Shock in 1922, the British parliamentary committee that addressed the scandal of mental breakdown during the First World War, was to note that, “As the production of good morale is the most important object in military training...the best possible training should be given to every man intended to serve as a soldier and...by such means...he will be protected against the occurrence 'of shell-shock'”¹⁰⁴ In the Second World War, British psychiatrists were dedicated to training establishments to research potential avenues of improvement.¹⁰⁵ Training was an opportunity to assess men’s psychiatric ability to soldier. A Canadian pro forma entitled “Report on a case referred for psychiatric examination”, had a heading for “Efficiency and Response to Training” alongside “Mental Outlook and Personal Habits”, and “Behaviour and Influence in the Unit/Company.”¹⁰⁶

Training was also a period when men were socialized into army culture and their primary groups. Bonds formed during training could enhance the willingness to carry out military tasks.

¹⁰³ Jessica Meyer, *Men of War: Masculinity and the First World War in Britain*, Genders and Sexualities in History (Palgrave Macmillan, 2012), 23.

¹⁰⁴ Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, 196.

¹⁰⁵ *Ibid.*, 21.

¹⁰⁶ To all Med Units, all RMOs 3CID, “Psychiatric Examinations”, 3CID ADMS February 1944 War Diary, 14 March 1944.

Brock Chisholm¹⁰⁷, who was to rise to Director General of Medical Services later in the war, wrote an early pamphlet for junior officers called, *Morale: A Platoon Commander's Responsibility for the Morale of his Men*. This primer suggested that a key role of early training was to integrate men into a group. He claimed that the most important method of bonding groups together was section and platoon drill. Chisholm took an extreme view towards the importance of these primary group bonds, writing “It takes a minimum of three men to make a group, and no man in the army, once integrated into a group, should ever be left in the emotionally precarious position of being alone among strangers.”¹⁰⁸

Another aspect of discipline encountered during training was the strict regulation of dress and display. John Baynes writes that the prevalence of saluting is one of the best guides to

¹⁰⁷ Chisholm was a decorated First World War veteran, who had won the Military Cross with bar, but also suffered from “shell-shock” in 1915. In 1919, he began med school at the University of Toronto, graduating in 1924. He had a general practice in Oakville from 1925-31, then took up a psychiatric specialty, training in England. In 1934, he opened up a private practice in Freudian psychotherapy in Toronto. He continued his association with the military, rising to become the commanding officer of the Lorne Scots. He began the Second World War as a staff officer recruiting in Toronto, but quickly rose to Director of Personnel Selection in September 1941. He served as Director General of Medical Services from 7 September 1942 to 2 November 1944 when he resigned from the army and became deputy health minister in the new Ministry of Health and Welfare. J. Farley, *Brock Chisholm, The World Health Organization, And The Cold War* (University of British Columbia Press, 2008); W.R. Feasby, *Official History of the Canadian Medical Services 1939-45: Organization and Campaigns*, vol. 1 (Ottawa: Queen's Printer, 1956), 545.

¹⁰⁸ Colonel G. Brock Chisholm, “Good Morale – A Military Necessity: Addressed to Officers of the Canadian Army”, Folder HQ-54-27-2-12, RG24, Volume 2053, received 19 February 1941. This manuscript is an early draft of, G. Brock Chisholm, *Morale: A Platoon Commander's Responsibility for the Morale of his Men.*”(National Committee for Mental Hygiene (Canada): Toronto, n.d.), DHH 93/28.

morale in peacetime or for soldiers out of the line.¹⁰⁹ He notes that good turn-out, smartness of dress, is a good guide to morale as well, but adds exceptions in the smart shirker and untidy man who soldiers on. Timothy Bowman, writing of the British Army in the First World War, contrasted, “traditional and unquantifiable issues such as the dress and cleanliness of troops, the frequency of saluting and chats with battalion commanders, or varying degrees of formality” with statistical methods of monitoring morale.¹¹⁰ In Canada, soldiers would come into contact with spit and polish discipline as soon as they entered the Army. Boots and brass buttons were to be polished, and uniforms were to be worn according to regulation. An example from overseas shows that the degree of enforcement of what soldiers called “bull”, varied with institutional culture and commanders’ beliefs. In Italy, the culture of Eighth Army was much less concerned over disciplined appearance. A clash occurred when Harry Crerar arrived to briefly command the 1st Canadian Corps in late 1943. General Chris Vokes, the new commander of 1st Canadian Infantry Division claimed that Crerar, “stood for shining buttons and all that chickenshit ... We had taken to British Corps Commanders and their staff officers. They were not only great extroverts but competent.”¹¹¹ Lt.-Gen. Guy Simonds, who was to command the 2nd Canadian Corps in North-West Europe, stressed discipline and saluting when he took the Canadian divisions under control in mid-July 1944.¹¹²

Training then, had both factors that would encourage men to willingly obey commands,

¹⁰⁹ Baynes, *Morale: A Study of Men and Courage*, 94.

¹¹⁰ Bowman, *The Irish Regiments in the Great War: Discipline and Morale*, 10–11.

¹¹¹ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 66.

¹¹² Copp, *Fields of Fire : The Canadians in Normandy*, 118.

and those which would test their ability to do so. The 1937 British manual *Infantry Training* wrote that soldiers, “...*must be highly* disciplined, for by discipline alone can morale be maintained; it is the bedrock of all training. It is the ingrained habit of cheerful and unhesitating obedience that controls and directs the fighting spirit, and is the backbone of a unit in a moment of crisis.”¹¹³ The Canadian Army institutionalized a directorate to monitor collective morale during the training process. The disciplinary role of the Directorate of Special Services, and especially its Research and Information Section, was surveillance of the Canadian Army and not enforcement. The branch was to examine and poll soldiers in Canada and process these observations into legible reports, leaving all action to policymakers in Ottawa and officers commanding the districts, depots, and camps across the nation. Action was not to be taken on specific units and districts, as men would be reticent in reporting in further surveys if they felt their responses were used against them.¹¹⁴ Special reports looked at comparisons of specific types of units, or poll soldiers on pressing morale issues such as leave policy. In November 1942, a comparison of the top ten and lowest ten units on the grounds of AWL incidents show that medical and disciplinary morale factors were interrelated.¹¹⁵ The worst ten units had an AWL rate of 10.4 percent, and had 4.7 times as many French-Canadians than the obedient group. All other offences (except for drunkenness) were high when AWL rates were high, and venereal

¹¹³ Cited in French, “Discipline and the Death Penalty in the War against Germany during the Second World War,” 535.

¹¹⁴ Brigadier J. A. DeLelanne, D.A.G.(A), to A.G., "Trends in the Thinking of Army Units Vol. III No. 2", HQS 8917-3-6, microfilm reel C-5289, file 8917-3-6, folder, "Morale Reports - Monthly Summary, RG24-C-1, LAC, 26 February 1944.

¹¹⁵ C. R. Hill, Director Special Services, "Morale in the Canadian Army - (November, 1942)", File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 11 January 1943.

disease incidence was four times more frequent in the group considered to have low morale. The reason why French-Canadians were seemingly less obedient was left unexplained, but the cultural transition from civilian life to an Anglo-Canadian military institution is clearly a factor here.¹¹⁶

The British *Manual of Military Law*, widely prescribed to Canadian officers due to the incorporation of the British Army Act into Canadian military law, notes that, “Drunkenness and absence without leave are the two offences which require to be most frequently dealt with by the commanding officer.”¹¹⁷ Being away without leave was by far the crime with the highest incidence in Canada, ranging between 2.9 and 5.4 percent of total personnel from August 1942 to January 1944.¹¹⁸ Seasonal variations could impact a number of morale indicators including AWL rates.¹¹⁹ Away without leave rates always climbed from December to January due to several factors related to leave policy. The Army worked to allow leave time around the

¹¹⁶ Robert Tooley speculated on the higher rates of crime in the French-Canadian Royal 22nd Regiment (Vandoos) during the Italian campaign. He noted lower Mentality and Stability PULHEMS scores (see chapter 5) observed in Quebec recruits in 1944 as one potential reason for higher crime rates, inferring lower quality reinforcements were less likely to obey. He concludes that variance in commanding officers’ attitudes towards crimes and charges caused the higher rates. Robert Tooley, “Appearance or Reality? Variations in Infantry Courts Martial: 1st Canadian Division, 1940-1945: Part I,” *Canadian Defence Quarterly* 22, no. 2 (October 1992): 33–39; Robert Tooley, “Appearance or Reality? Variations in Infantry Courts Martial: 1st Canadian Division: 1940-1945, Part 2,” *Canadian Defence Quarterly* 22, no. 3 (December 1992): 40–47.

¹¹⁷ Great Britain. War Office, *Manual of Military Law, 1929, Addendum*. (Wildy and Sons, Limited, 1939), 39.

¹¹⁸ RG24-C-1, LAC, Microfilm Reel C-5289.

¹¹⁹ Curiously, a nineteenth-century study of soldier suicides in Europe discovered that spring, (April-June) was the period that most soldiers took their own lives, and that admissions to mental hospitals were more frequent in the months May, June and July. L. Jacques-Elie Mesnier, *Du suicide dans l'armée: étude statistique étiologique et prophylactique* (O. Doin, 1881), 84.

Christmas holiday, and soldiers would attempt to maintain a good record so they would be allotted the maximum amount of leave. Being under detention for a military crime could result in the cancellation of leave, so in December soldiers were generally on their best behaviour. After their holiday leave was up, however, the incentive to return to their units for more military routine was gone, and many soldiers overstayed their leave and were charged AWL upon late return. As the Directorate of Special Services Morale Report commented on the high AWL rates in January 1943, there was a "general slump in spirit following upon the festivities and leaves of the holiday season."¹²⁰ Polls in that year ranked off-duty time and leave as the top two positive influences on morale.¹²¹ In the spring of 1942 it was noted that leaves that were too short encouraged soldiers in going AWL when they felt they did not have enough time off.¹²² As one correspondent explained, "Soldiers feel that the sacrifices they made when they joined the army, and the sacrifice they might yet be called upon to make, entitle them to every possible minute with their families."¹²³

Family welfare was a major concern. A junior officer wrote to the Army's public relations department that, "Money is still the predominant root of all evil. It is the old story. No soldier can give his best when he's worried about his family's poverty. Increased dependants'

¹²⁰ C.R. Hill, Director, Special Services, "Morale in the Canadian Army - (January, 1943)", File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 10 March 1943.

¹²¹ Good food ranked third as a positive morale factor. "Morale Summary for October, 1943", File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, October 1943.

¹²² "Summary of Monthly Unit Morale Reports (For the Month of May, 1942), File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 3rd July 1942.

¹²³ 2nd Lieutenant (2/Lt.) Seth Dalton to Mr. Mortimer Little, Assistant Director Public Relations (Army), "Morale Report", RG24 Vol. 175, LAC, 10 October 1942.

allowances, or possibly a cost of living bonus, would remedy the situation."¹²⁴ The Dependants' Board of Trustees was established to provide grants for soldiers' dependants on numerous grounds: large families; illness; death; change of domicile; education; social problems; and "calamity".¹²⁵

Various reports indicated that rising AWL rates were functions of the transition to army life itself. As one study noted,

Analysis of these data shows there to be definite though broad aspects of army life out of which recurrent and infinitely various problems emerge. [...] Within an army drawn from civilian life, it is inevitable that there should be a goodly number which has difficulty in adjusting to the comprehensive changes introduced upon enlistment; sometimes maladjustment results from unfortunate circumstances, sometimes from the type of individual called.¹²⁶

Education and proper employment were the main recommendations to alleviate the stress and boredom of army life. Of those soldiers deemed unsuitable, the Director of Special Services

¹²⁴ 2/Lt. Seth Dalton to Mr. Mortimer Little, Assistant Director Public Relations (Army), "Morale Report", RG24 Vol. 175, LAC, 10 October 1942.

¹²⁵ "Memorandum for consideration of all concerned in connection with the [] to provide the greatest measure of assistance to Servicemen's relatives during the war." Folder "Special Services Directorate Citizens Committee - Morale", HQ 650-99-4, RG24 Vol. 175, LAC; In August 1939, the dependants' allowance program was instated, giving money to soldiers' wives and children, and as the rates were rather lower than officers', they were also required to assign half their pay to their wives. Jeff Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, Studies in Canadian Military History (Vancouver: UBC Press, 2004), 122.

¹²⁶ "Morale in the Canadian Army - (June 1943)", HQS 8917-3 (DSS), File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 12th August 1943; To emphasize the problems of maladjustment, Ahrenfeldt uses the example of the soldier that goes away without leave to visit his ailing wife. Military crime is not necessarily socially unacceptable in civilian life. A British officer felt that "in relation to the community as a whole, military crime is not necessarily anti-social conduct. Certain forms of behaviour which in a civilian setting might well be regarded as socially desirable and commendable, in the Army would essentially be regarded as a serious military crime..." Ahrenfeldt, *Psychiatry in the British Army...*, 97.

wrote, "some men are constitutionally unable to resist going A.W.L. If, after being referred to a psychiatrist, discharge is not warranted, appropriate punishment should be administered. Other absentees are mentally not prepared for Army service. Education (for example at the Depot level) and effort on the part of officers are required to make soldiers of these men."¹²⁷ In the same survey, problems with Army life were listed as: misinformation about provisions for handling family problems; ignorance regarding AWL; poor allocation; boredom; and problems in the selection and training of officers. Special Services suggested remedies including leadership training, improved selection techniques, and the distribution of information regarding provisions for dependants. The department advocated for a handbook to be distributed to all recruits regarding the transition to army life and the services available to the soldier. The Army was well aware of the problems men faced in their newfound military environment, and hoped to improve soldiers' situations by keeping them informed of both the services available to them, and the rules and regulations regarding infractions, and by making military life more amenable. Army psychiatrists had accepted that acute neuroses could be brought on by army life despite no previous mental instability.¹²⁸ Speaking of soldiers with criminal records, an officer noted, that, "the aggressive psychopath with a criminal record in civilian life has proven of little value in the Army. Reports from the active theatres would indicate that many of these are valueless in action

¹²⁷ C. R. Hill, Director, Special Services, "Morale in the Canadian Army - (March 1943)", HQC 8917-3 (DSS), File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 7 May 1943.

¹²⁸ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 8.

and are often AWL when needed."¹²⁹ Even those who thought that disciplinary cases without too much time in detention could turn into good soldiers felt that those with civilian criminal records should remain in Canada.

In June 1943, a change was made in Research and Information's instructions for recording AWL rates. From that date, the units were asked to report all cases involving the "immediate forfeiture of pay". This suggests that previous to the summer of 1943, rates were inflated by minor indiscretions. Men who went AWL were to forfeit a day's pay for each day that they were absent.¹³⁰ A period of absence shorter than six hours could still count for a day if it prevented fulfilling military duty. Members of the Active Militia called out on active service who were AWL longer than seven days could be tried by court-martial as deserters. Leave policy was gradually relaxed to allow men larger blocks of time away from military life. As historian Jeff Keshen writes, "The minimum four months of training in Canada unfortunately also produced many men with a pent-up need to cut loose from drills, route marches, inspections, picayune regulations, shouting NCOs, spartan living conditions and, in some cases, isolated bases."¹³¹ A soldier reported that letting a recruit out on leave was like, "tying up a dog and letting him loose; he'll run all over the place."¹³²

Even after changes in statistics and surveillance were made to eliminate minor lapses of

¹²⁹ Lt.-Col. W.A. Hawke, "Psychiatric Selection in Canada", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 8 January 1945.

¹³⁰ Brooke Claxton, "Notes on Military Law and Discipline For Canadian Soldiers", 1940, 16.

¹³¹ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 130.

¹³² *Ibid.*

discipline, figures were interpreted to show war weariness for the Army training on the home front. In January 1944, Research and Information wrote that an increased number of AWLs was normal for January, but that the increase of twenty-five per thousand men monthly (shown in figure 2.1) was "all out of proportion".¹³³ The rate was the highest in the eighteen months for which figures were available. Policy changes were recommended for both government and Army. The government hoped to make vocational guidance available. It was suggested that family pressures to go AWL would be relieved if leave periods were not so short.¹³⁴ Another report suggests that men should be allowed more flexibility in their leave, and be given 96 hours every two months rather than be restricted to 48 hours monthly.¹³⁵ Relatives and family were considered responsible for many men going AWL, and this was interpreted as either low civilian morale, or a lack of understanding of the rules and repercussions.¹³⁶ Frequent changing in job or location was recommended for Home War Establishment personnel. The rhetoric of the liberal nation state crept into suggestions for other ranks at training centres who were to "receive intense

¹³³ "Summary of recommendations made in "Trends in the Thinking of Army Units", Vol. III, Nos I, II, III (Jan. Feb. Mar. 44)." HQS 8917-3-6 (D.A.G.(C))., microfilm reel C-5289, file 8917-3-6, folder "Morale Reports - Monthly Summary, RG24-C-1, LAC, 21 March 1944.

¹³⁴ "The re-vamping of policies so as to retain the administrative advantages of CIC, and at the same time the tradition of regiments.", remains a cryptic suggestion. "Summary of recommendations made in "Trends in the Thinking of Army Units", Vol. III, Nos I, II, III (Jan. Feb. Mar. 44)." HQS 8917-3-6 (D.A.G.(C))., microfilm reel C-5289, file 8917-3-6, folder "Morale Reports - Monthly Summary, RG24-C-1, LAC, 21 March 1944.

¹³⁵ C. R. Hill, Director, Special Services, "Morale in the Canadian Army - (March 1943)", HQC 8917-3 (DSS), File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 7 May 1943.

¹³⁶ C. R. Hill, Director, Special Services, "Morale in the Canadian Army - (March 1943)", HQC 8917-3 (DSS), File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 7 May 1943.

indoctrination concerning Canada's role in the war and their responsibilities as citizens."¹³⁷

Canadian Army at Home Away Without Leave rates,
compiled from Unit Morale Reports, August 1942-January 1944

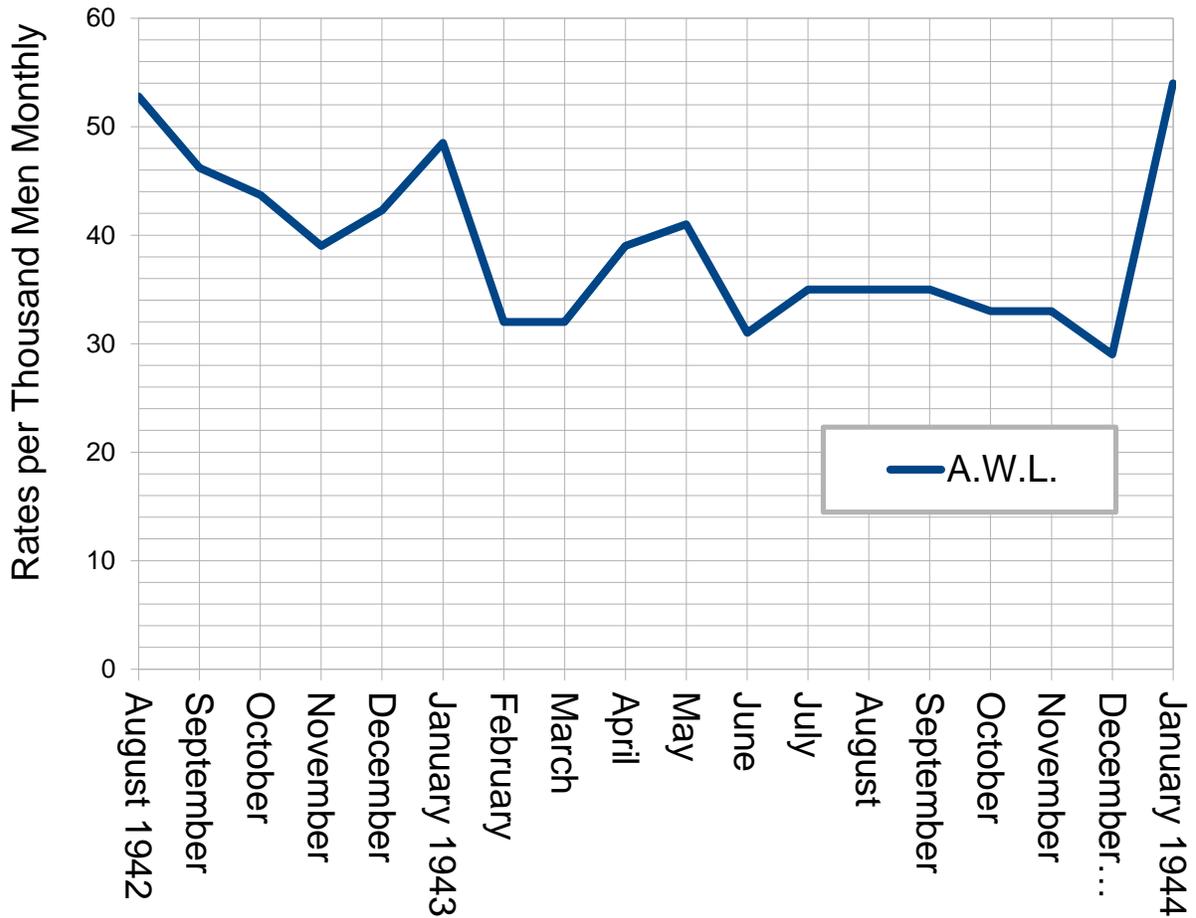


Figure 2.1 "Away Without Leave Rates, Canadian Army at Home, August 1942-January 1944."
Source: Compiled from "Morale Reports - Monthly Summary." R112-552-8-E, RG24-C-1, LAC, Microfilm Reel C-5289.

A study of one major military establishment shows some typical Canadian problems with

¹³⁷ "Summary of recommendations made in "Trends in the Thinking of Army Units", Vol. III, Nos I, II, III (Jan. Feb. Mar. 44)." HQS 8917-3-6 (D.A.G.(C))., microfilm reel C-5289, file 8917-3-6, folder "Morale Reports - Monthly Summary, RG24-C-1, LAC, 21 March 1944.

keeping morale high during the training phase. A report on the high AWL incidence at Camp Petawawa in the spring of 1944, noted that the isolated position of the camp, and difficulty in winter connections were in part to blame for a high rates.¹³⁸ The Camp Commander, Brigadier W.O. Thackray, noted that local commanders' strict interpretation of routine and camp orders relating to leave also resulted in higher rates. He suggested the high levels of drunkenness and other offences were due to "the vigilance of Provost personnel within this Command and the determination of Commanding Officers to strictly enforce discipline".¹³⁹ This interpretation of the camp policies and their effect on misconduct clearly suggests there were variances in disciplinary philosophies in the Canadian Army. It also cautions against reading the statistical figures at face value, especially when comparing bases or formations. Stricter disciplinary attitudes in Petawawa raised offence tallies due to the lack of lenience (which subsequently caused men to become "brownd off"). It is more likely that minor offences which may have been treated with a reprimand but without charges in other camps, resulted in disciplinary treatment in Petawawa. Commanding officers had the power to administer summary justice.¹⁴⁰ They could send men to detention for periods up to twenty-eight days, fine soldiers up to \$16 for drunkenness, make deductions or pay stoppages for loss of equipment, or when on active duty could order forfeitures of pay not exceeding twenty-eight days, all without a trial. Soldiers could

¹³⁸ Brigadier W. O. Thackray, Commander, Petawawa Military Camp to the Secretary, DND, Ottawa, "Offences in Health Statistics - January 1944", File HQS 8917-3-5-3, Folder "Offences and Health - Petawawa - Morale", RG24-C-1, Microfilm Reel C-5289, LAC, 4 March 1944.

¹³⁹ Ibid.

¹⁴⁰ Brooke Claxton, "Notes on Military Law and Discipline For Canadian Soldiers", 1940, 16.

elect before trial, however, to be tried by the court of the military district.¹⁴¹ The attitude of a commanding officer towards discipline and morale, then, could shape both a soldier's wartime experience and how the unit appears in the quantitative historical record.

While disciplinary problems for the Canadian Army in the United Kingdom have been addressed by historians, there is little work on those in the training camps and depots in Canada.¹⁴² An examination of the considerable volume of material in the "Disturbances M.D. No. 6" National Defence Headquarters (NDHQ) file, shows that boredom, disenchantment and more often than not, alcohol, could lead to confrontations between soldiers and civilians in the maritime region.

At the war's end, Halifax was the scene of a spectacular collapse of discipline. The Victory in Europe Day riot of 7-8 May 1945 was committed largely by one thousand naval personnel, who looted five hundred stores and stole an estimated sixty-five thousand quarts of liquor.¹⁴³ Early closing times, which denied personnel food and drink after 8 p.m., and the settling of scores in a town where civilian-sailor tension had long existed, have been cited as reasons for the looting. Evidence suggests that discipline was a problem before 1945.¹⁴⁴ The NDHQ files hold a clipping from the *Halifax Daily Star* of 3 June 1944, which complains that,

So far as most citizens can see, the Provost Corps is more concerned with raising vegetables within the precincts of Citadel Hill than in patrolling the streets and

¹⁴¹ Great Britain. War Office, *Manual of Military Law, 1929, Addendum.*, 36.

¹⁴² Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 46, 75, 156-170; Vance, *Maple Leaf Empire: Canada, Britain, and Two World Wars*, 177-186.

¹⁴³ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 130.

¹⁴⁴ R. H. Caldwell, "The VE Day Riots in Halifax, 7-8 May 1945", *The Northern Mariner* 10:1 (January 2000), 3, 12.

apprehending offenders. [...]

The plain fact of the matter is that discipline among military personnel in this community just isn't being maintained in the manner that citizens have a right to expect.

Far too many instances of women being accosted, insulted and exposed to ridicule have taken place for authorities to admit of the least complacency.¹⁴⁵

That the city was overcrowded and lacked recreational facilities was cited as the main problem.¹⁴⁶ The *Daily Star* suggested the ambivalence of the provost corps was to blame for the lack of discipline and mentioned talk of forming vigilante committees for protection against sailors. The military reaction to this public criticism, as it was to many accounts of civil-military disturbances in the Maritimes, was to adjust scanty provost resources to coordinate better with civil authorities. The Army factored in Halifax discipline as well, where a Canadian Provost Corps member was to be placed on duty at the Central City Police Station to assist with any calls related to Army personnel.¹⁴⁷

Other civil disturbances by soldiers in the Maritimes ranged from brawls with civilians, soldiers and the provost corps; to property damage (often related to the refusal of service at restaurants); to armed robbery. Some soldiers were clearly causing trouble for the Army and surrounding communities, and the Army sought to ameliorate these outbreaks by increasing provost concentrations at problem areas, and occasionally placing certain hotels and restaurants

¹⁴⁵ "Disgraceful Conduct", "Extract from Halifax Daily Star of Friday, June 3rd, 1944" "Disturbances M.D. No. 6 - Canadian Active Service Forces", Folder HQ-54-27-63-7, RG24 Volume 2,189, LAC.

¹⁴⁶ J. E. MacDermid, D. of Admin to A.G., "ARTICLE IN DAILY STAR - HALIFAX Complaint about Provost Cops in M.D. 6", "Disturbances M.D. No. 6 - Canadian Active Service Forces", Folder HQ-54-27-63-7, RG24 Volume 2,189, LAC, 6 June 1944.

¹⁴⁷ D. A. White, DOC, MD No. 6 to the The Secretary, DND, "Newspaper Article - Halifax Daily Star - 3rd June", "Disturbances M.D. No. 6 - Canadian Active Service Forces", Folder HQ-54-27-63-7, RG24 Volume 2189, LAC, 9th June 1944.

out of bounds to soldiers.

Many problems occurred due to idle soldiers getting rowdy in local restaurants. Often alcohol was involved. An Italian-Canadian bootlegger's store was the target of soldiers' vandalism in Sydney Mines in June 1940, when a local woman sought to incite a mob to destroy Italian businesses, suggesting that because her son was in uniform, so too should the proprietor's.¹⁴⁸ In early February 1941, at New Glasgow, Nova Scotia, an African-Canadian bootlegger was involved in a fight with soldiers from the Essex Scottish who were denied beer.¹⁴⁹ When soldiers were beaten up by the proprietor and his friends when they forced entry into his residence-cum-beer-parlour, they returned with reinforcements and drove the family out of the house and proceeded to destroy it. Terry Copp suggests that by the summer of 1941, enthusiasm for training was waning, "the patience of many of the young men, numbed by the boring routines of army life, was wearing thin", and "discipline began to sag."¹⁵⁰ There were brawls in the streets of Truro, Nova Scotia involving members of the 3rd Canadian Infantry Division. Violent crime would continue after the five fighting divisions were trained and dispatched overseas. In 1944, in Kentville, Nova Scotia, a series of fights between some forty members of a Nova Scotia unit were broken up by the local military police. Some eighteen

¹⁴⁸ "Proceedings of a Court of Inquiry assembled at Sydney Mines, N.S. on the 16th June, 1940. by order of Lieut.-Col. W.H. Dobbie, D.S.O., R.C.A. Commanding Sydney Fortress. for the purpose of inquiring into and reporting upon the circumstances surrounding a disturbance in Sydney Mines, N.S. on Friday, 14th June 1940 in which troops of the Sydney garrison are alleged to have taken part.", Folder "Disturbances M.D. No. 6 - Canadian Active Service Forces", Folder HQ-54-27-63-7, RG24 Volume 2189, LAC, 16 June 1940.

¹⁴⁹ "COURT OF INQUIRY - Disturbances in New Glasgow", Folder "Disturbances M.D. No. 6 - Canadian Active Service Forces", Folder HQ-54-27-63-7, 29 April 1941.

¹⁵⁰ Copp, *Fields of Fire : The Canadians in Normandy*, 22.

soldiers were jailed and sentenced to twenty-eight days detention and restaurants were closed at 11 p.m..¹⁵¹ The soldiers were fighting amongst themselves and blockading the restaurant.

At detention barracks across the country there was a cell capacity for 1308 soldiers who had contravened military law.¹⁵² The general principle was held that the daily routine for a detainee would be as rigorous as that in his unit on its worst day. Throughout the process, the Army conceptualized these disturbances as a disciplinary problem, but also a problem of morale. To the Canadian Army the two aspects of military life were inseparable.

According to the British *Manual of Military Law* the term mutiny “implies collective insubordination, or a combination of two or more persons to resist or to induce others to resist lawful military authority.”¹⁵³ Collective disobedience is another aspect of military life which is much more serious than its civilian counterpart. In the South African War in June 1901, Christopher Pugsley notes that when men of the Sixth New Zealand Contingent called for a general strike through the regiment due to lack of food, lodgings and pay that they were dealing with a grievance as they would have, “in the shearing sheds, mines or factories back in New Zealand, but such actions in the British Army were mutinous.”¹⁵⁴ The Canadian Army¹⁵⁵ would

¹⁵¹ "Give Battle to Provosts", clipping, *The Halifax Herald*, ", "Disturbances M.D. No. 6 - Canadian Active Service Forces", Folder HQ-54-27-63-7, RG24 Volume 2189, 20 March 1944; CW Clarke DAPM MD6 to A.Q. M.D. 6, "DISTURBANCE - TOWN OF KENTVILLE 18 March, 1944", Folder "Disturbances M.D. No. 6 - Canadian Active Service Forces", Folder HQ-54-27-63-7, RG24 Volume 2189, LAC, 22 March 1944.

¹⁵² Andrew R. Ritchie and Canadian Provost Corps Association, *Watchdog: A History of the Canadian Provost Corps* (Burlington, Ont: Canadian Provost Corps Association, 1995), 120–121.

¹⁵³ Great Britain. War Office, *Manual of Military Law, 1929, Addendum.*, 15–16.

¹⁵⁴ Christopher Pugsley, *The ANZAC Experience: New Zealand, Australia and Empire in the*

not have a problem of large-scale mutiny during the Second World War, but there were moments when such collective disobedience was troubling.

One of the more sensational moments where discipline broke down in Canada was the Terrace Mutiny of November 1944, where men of the 15th Infantry Brigade protested conscription. When news that sixteen thousand National Resources Mobilization troops, originally conscripted for home defence only, were to be sent overseas, members of the Fusiliers du St. Laurent regiment organized resistance, refused to go on parade, and broke into stores seizing arms.¹⁵⁶ The revolt spread to other units, and from 24-29 November 1944, 1,500 troops paraded through the town in defiance, demanding an end to conscription.¹⁵⁷ A handful of regiments in garrisons and training centres across British Columbia joined in the disobedient actions.¹⁵⁸ On 25 November, in Vernon, two officers were treated roughly as 200 men demonstrated in the streets. Camp Vernon had been the site of particularly coercive pressures on

First World War (Reed Pub., 2004), 46.

¹⁵⁵ There were at least nine mutinies on Royal Canadian Navy vessels during the war, but historians suggest that, despite anecdotal accounts, discipline was largely maintained. Mutiny often took the form of “lock-ins”, or refusals to work, due to grievances about work conditions. See, Bill Rawling, “Only ‘A Foolish Escapade by Young Ratings’? Case Studies of Mutiny in the Wartime Royal Canadian Navy”, *Northern Mariner* 10:2 (April 2000), 59-70; Michael J. Whitby, “Matelots, Martinets, and Mutineers: The Mutiny in HMCS Iroquois, 19 July 1943.” *Journal of Military History* 65:1 (January 2001), 77-103; and Richard Gimblett, “What the Mainguy Commission Never Told Us: The Tradition of Mutiny in the RCN Before 1949,” *Canadian Military Journal* 1 (Summer 2000), 85-92.

¹⁵⁶ Daniel German, “Press Censorship and the Terrace Mutiny: A Case Study in Second World War Information Management,” *Journal of Canadian Studies* 31, no. 4 (1996): 124-42.

¹⁵⁷ Reginald H. Roy, “From the Darker Side of Canadian Military History. Mutiny in the Mountains - The Terrace Incident,” *Canadian Defence Quarterly* 6, no. 2 (Autumn 1976): 48.

¹⁵⁸ C.P. Stacey, *Arms, Men and Governments: The War Polices of Canada, 1939-1945* (Ottawa: Queen’s Printer, 1970), 475-77.

men to convert from home defence to full active service overseas.¹⁵⁹ Men who were considered unconvertible were transferred to an outlying camp under canvas, referred to as “Zombieville” (Zombies was the disparaging term for NRMA men on home duty only), and senior NCOs who refused to go active were reduced in rank. Many of the hold-outs were transferred to Les Fusiliers du St. Laurent and found their way to Terrace. George Pearkes, commander of the Pacific Command at the time, suggested that high morale, discretion of regimental officers, and common sense resulted in little damage being done during the riots.¹⁶⁰ Morale was also cited as a factor in lenient sentencing. When men charged with crimes during the mutiny later showed good behaviour in Britain, it was suggested that charges should be dropped to keep their morale up.¹⁶¹ Back in Canada in January 1945, out of eighty-nine men charged in the Fusiliers du St. Laurent regiment, sixty-eight were AWL.

In his study of Canadian Army morale at home Reginald Roy concludes:

One should not be left with the impression, because of the emphasis in this paper, that the Army in Canada was seething with discontent and ripe for revolution or riot. All things considered, its morale was remarkably high. Much of this was due to the common sense and acceptance of authority by the average Canadian soldier together with the patience, tact and sense of duty of the officer corps.¹⁶²

To add contour to this thesis, we might see late 1944 as a fragile point for morale in Canada.

¹⁵⁹ Peter A Russell, “BC’s 1944 ‘Zombie’ Protests against Overseas Conscription,” *BC Studies*, no. 122 (1999): 49–76.

¹⁶⁰ Stacey, *Arms, Men and Governments: The War Polices of Canada, 1939-1945*, 475–77.

¹⁶¹ Roy, “From the Darker Side of Canadian Military History. Mutiny in the Mountains - The Terrace Incident,” 54.

¹⁶² R. H. Roy, “Morale in the Canadian Army in Canada: During the Second World War”, paper presented to the Canadian Historical Association annual meeting, University of Guelph, Directorate of History and Heritage manuscript copy, June 1984, 26.

There was considerable war weariness in the Army in Canada by late 1944. There was enough discontent that fed-up troops in B.C. protested conscription. While these might have revolted due to the change of service policy, the numbers of soldiers recorded as AWL climbed at a rate that raised eyebrows amongst the officers monitoring discipline at the Directorate of Special Services. Yet overall, it must be conceded that Roy's broad stroke which paints the Army in Canada as obedient to paternal authority is sound. Overseas, the stakes would be higher in the disciplinary regime the closer a soldier marched towards the enemy.

Chapter 3: Crime and Punishment Overseas

3.1 Crime in Britain

An examination of the disciplinary record of the Canadian Army in England and Europe shows that not all soldiers had the will to obey that is central to military morale. By the end of the war, thousands of men were imprisoned, had deserted their units, or had been charged under the military justice system. Much like the Canadian Army at home, there was no catastrophic collapse of morale overseas. There were the Aldershot riots at the end of the war, and particularly low morale and high crime rates during the second winter in the Italian campaign, yet no widespread mutinies or collective disobedience. Military crime was a clear way that the Army could monitor its soldiers' morale, and the study of the reaction to self-inflicted wounds, desertion, or friction with civilians shows that officers were concerned with willing obedience and with implementing a balanced system of military justice. In several ways, the criminal record of the Canadian Army in the Second World War is inseparable from the medical record, and these connections, be they special units for unstable men, a concern for self-inflicted wounds, or psychiatric views on discipline will begin to be made here.

The major distinction of disciplinary jurisdiction overseas between British and Canadian commanders were laid out in Canada's Visiting Forces Act of 12 April 1933. This provided for Canadian forces "serving together" with British forces or "in combination". In active theatres, Canadian forces generally were "in combination" with other forces, which legally meant that British high command had authority over them.¹⁶³ In Britain, however, Canadian forces were

¹⁶³ Stacey, *Arms, Men and Governments: The War Polices of Canada, 1939-1945*, 211–212; C.P.

generally under the “serving together” clause, which was eventually interpreted to mean that the British would have control over “movements, quartering, sanitation, passive air defence and the allocation of training facilities”, but that Canadian authorities would maintain control over “all matters relating to training policy, discipline and internal administration” of the Canadian Forces.¹⁶⁴ Official historian C. P. Stacey notes that with the passing of the *Visiting Forces (British Commonwealth) Act 1933*, that, “complete control of punishment in the Canadian forces finally passed to the Canadian government”, either directly or by authority delegated to another Commonwealth officer.¹⁶⁵ In the case of Canadian forces in active theatres who were serving “in combination”, there was some lack of clarity in regards to disciplinary authority. In the Mediterranean, court-martial warrants were given to both Canadian commanders and the British commanders of 15th Army Group and Eighth Army. Serious sentences, where punishment could include the death sentence, penal servitude or imprisonment, or cashiering (dismissal from the services) would still need to be confirmed by the Senior Combatant Officer of the Canadian Army Overseas. In the North-West Europe theatre, however, no Canadian warrants for court-martials were given to British officers such as General Montgomery, commander of 21st Army Group. Stacey concludes that Canadians tended to shy away from British control over Canadian discipline during the war, and that the larger the force was, the more Canadians wished to

Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, vol. 3, Official History of the Canadian Army in the Second World War (Ottawa: Queen’s Printer, 1960), 42.

¹⁶⁴ Stacey, *Arms, Men and Governments: The War Polices of Canada, 1939-1945*, 214.

¹⁶⁵ *Ibid.*, 248.

maintain this control themselves.¹⁶⁶ Beyond the practical ease of establishing a courts system within larger formations, there was likely a heightened feeling of national importance and jurisdiction over larger bodies of Canadian troops.

Stacey writes that it would not be difficult to assemble a file of English newspaper clippings on poorly behaved and criminal Canadians in England during the Second World War. In the official history he explains, "A modern army is a cross-section of the nation, and every nation has its proportion of trouble-makers; and 'single men in barracks' were no more likely to grow into plaster saints during the Second World War than they were when Kipling wrote."¹⁶⁷ In his work on the Canadians in Britain he writes, "It would be pleasant if one could record that the half-million Canadians who found themselves dwelling in the United Kingdom in 1939-45 were universally well-behaved and moral people. Humanity being what it is, that was not the case."¹⁶⁸ In June 1940, the Canadian Provost Corps came into being, and many Royal Canadian Mounted Police officers were integrated into No. 1 Provost Company and its seventeen following units.¹⁶⁹ Members of the Canadian Provost Corps' No. 6 Provost Company would be kept busy patrolling London, with detachments in Glasgow, Aberdeen and Liverpool, watching for Canadians misbehaving during leave. No. 6 Provost grew to four officers and 314 men. In 1940, General McNaughton received a number of complaints of Canadians acting drunk and disorderly, and

¹⁶⁶ Ibid., 251.

¹⁶⁷ C. P. Stacey, *Six Years of War : The Army in Canada Britain and the Pacific* (Ottawa: Edmond Cloutier, 1955), 425.

¹⁶⁸ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 168.

¹⁶⁹ Ritchie and Canadian Provost Corps Association, *Watchdog: A History of the Canadian Provost Corps*, 13, 31, 40; Jackson, *One of the Boys : Homosexuality in the Military during World War II*, 43.

sent a strong letter on 15 October to units, threatening officers that if they were not up to the task of discipline, they could be weeded out.¹⁷⁰ Stacey suggests that it was the adjustment of Canadian soldiers to their new surroundings, and not tough words from the commander-in-chief that improved discipline.

Stacey argued that for the Canadians in England, morale reached its lowest ebb in the winters, and that disciplinary trouble went along with these lulls in military activity and long blackout hours. The third of these very cold winters in 1941-42 was likely, “the most difficult time of the war”.¹⁷¹ Instead of the Blitz’s bonding effect, Britain now felt like a backwater. The 1st Canadian Infantry Division was very discouraged in Sussex, and the Deputy Chief Constable of Brighton was quoted in the newspapers claiming police had to “draw their truncheons in self-defence” against Canadian soldiers.¹⁷² Fights between British and Canadian troops were frequent.¹⁷³ British Army morale reports reveal that British soldiers training at home were jealous of the headlines that the Royal Air Force, the Americans and the Canadians received in Britain.¹⁷⁴ Presumably these were not the same articles on military crime that Stacey refers to above. Terry Copp acknowledges that for the Canadians in England, a break from army discipline and routine was desired by all. He records, “the focus of everyone’s life was leave”,

¹⁷⁰ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 46.

¹⁷¹ Stacey, *Six Years of War : The Army in Canada Britain and the Pacific*, 425; Historians have suggested that the winter of 1914-15 was the low point of morale in the BEF. Bowman, *The Irish Regiments in the Great War: Discipline and Morale*, 41.

¹⁷² Stacey, *Six Years of War : The Army in Canada Britain and the Pacific*, 425.

¹⁷³ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 79.

¹⁷⁴ J. A. Crang, “The British Soldier on the Home Front: Army Morale Reports, 1940-45”, in Addison and Calder, *Time to Kill: The Soldier’s Experience of War in the West, 1939-1945*, 68.

and, “Those few soldiers who survived the years in England without an AWL blackmark on their records probably owe it to a sympathetic orderly officer.”¹⁷⁵

As the British *Manual of Military Law* stated, a soldier, “is not only a soldier but a citizen also, and as such is subject to the civil as well as to the military law.”¹⁷⁶ In the first year in Britain there were 221 offences charged against Canadian soldiers, but only sixty-three of these had enough evidence for convictions.¹⁷⁷ In comparison to British soldiers, however, only crimes of drunkenness and speeding had higher rates among Canadians. In September 1942, a report noted that the most common civil offences for Canadian soldiers were theft, larceny and burglary, followed by assaults.¹⁷⁸ By this time there had been 923 convictions by civil courts, and 156 soldiers serving sentences awarded by British civil courts. In the six months ending on 5 July 1943, the counties of Sussex and Surrey convicted 297 soldiers of civil offences. The King’s Regulations of 1939 stated that officers should pay men’s fines in civil court if they were up to six months’ pay, but beyond this, the soldier was on his own.¹⁷⁹ Overall, however, crime was reported as decreasing and the vast majority of crimes (around 90 percent) were those charged under military law. While six soldiers in Britain were hanged due to sentences from British civil courts, British judges generally tended towards leniency.¹⁸⁰ Canadian authorities actually protested this, thinking that soft treatment would fail to deter more crime. At the end of

¹⁷⁵ Copp, *Fields of Fire : The Canadians in Normandy*, 17.

¹⁷⁶ Great Britain. War Office, *Manual of Military Law, 1929, Addendum.*, 103.

¹⁷⁷ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 159.

¹⁷⁸ Stacey, *Six Years of War : The Army in Canada Britain and the Pacific*, 426.

¹⁷⁹ Canada, Department of National Defence, *King’s Regulations and Orders for the Canadian Militia, 1939 – Amendment*. (Ottawa: King's Printer, 1944), 90

¹⁸⁰ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 158.

the war, mirroring events of 1918-19, there were riots in Aldershot in 4-5 July 1945. C.P. Stacey notes the town was never a particularly popular station with Canadians.¹⁸¹ Desmond Morton suggests that at the heart of the 1918-19 riots, was “widespread reluctance to follow military norms after the Armistice of 11 November 1918. Sensible officers of the CEF understood that fact: they were not always in command.”¹⁸² For Canadians in the Second World War, the official historian concludes that, “The picture of the morale and behaviour of the Canadian soldier in the United Kingdom has its dark spots, but viewed as a whole it is remarkably bright and satisfactory.”¹⁸³

While the impact of assessments of Army morale on strategic considerations are best left to historians dealing with the papers of key decision-makers, it is interesting to note that judging by the postal censorship reports alone (see figures 1.1 and 1.2), there was no Army morale crisis which would justify the dispatch of Canadian forces on the Dieppe raid or the dispatch of troops to the Mediterranean. Further study of the disciplinary record in Britain would help clarify whether concern over Canadian morale was due to sensational press reports or a real rise in military crime.¹⁸⁴ From the spring of 1942, General Harry Crerar, had justified inclusion of the

¹⁸¹ Ibid., 170.

¹⁸² The Kinmel Park riots of 4-5 March 1919 resulted in five dead soldiers and twenty-five wounded. Desmond Morton, “‘Kicking and Complaining’: Demobilization Riots in the Canadian Expeditionary Force, 1918-19,” *Canadian Historical Review* 61, no. 3 (September 1980): 334, 350; Vance suggests that the 1918-19 riots were due to frustration at slow repatriation, poor conditions in camps, continued heavy discipline, and delays in pay. Vance, *Maple Leaf Empire: Canada, Britain, and Two World Wars*, 123.

¹⁸³ Stacey, *Six Years of War: The Army in Canada Britain and the Pacific*, 427.

¹⁸⁴ Dickson notes “Many senior officers believed morale was a serious issue, of no small importance to the future operational effectiveness of Canadian forces. This concern was not

Canadians in raiding operations, as they were “browned off” due to inactivity.¹⁸⁵ In late 1942, even after the Dieppe raid, figures such as Defence Minister J.L. Ralston, along with members of the press, continued to argue that both civilian and Army morale were low due lack of operational commitments, which was only exacerbated by the feeling of missing out on Operation Torch, the invasion of North Africa.¹⁸⁶ The data from the Army’s morale surveillance system, however, seems to favour the arguments of the Chief of the Army, General Andrew McNaughton, who noted “there was no reason to doubt that morale could be maintained even if we had to remain in England on guard for another year; that this was therefore no reason in itself for advocating active operations for their own sake; that anything we undertook should be strictly related to military needs and objectives.”¹⁸⁷ To a certain extent, however, Canadian troop morale in late 1942 was improved by the rumours and thoughts that they would be in action in 1943, a sentiment that was likely reinforced by Mackenzie King's promise on the first day of that year that all the Canadian forces would be in action by the end of the year. Nevertheless, Harry

alleviated by the heightened awareness and reports, if not reality, of Canadian disciplinary problems in the harsh winter of 1941-2.” Paul.D. Dickson, *A Thoroughly Canadian General: A Biography of General H.D.G. Crerar* (University of Toronto Press, 2007), 199.

¹⁸⁵ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 16; J.N. Rickard, *The Politics of Command: Lieutenant-General A.G.L. McNaughton and the Canadian Army, 1939-1943* (University of Toronto Press, 2010), 63.

¹⁸⁶ G.W.L. Nicholson, *The Canadians in Italy 1943-1945,.....*, Official History of the Canadian Army in the Second World War (E. Cloutier, 1957), 21; for the details on the decision to commit the 1st Canadian Infantry Division and later the 5th Canadian Armoured Division and 1st Canadian Corps to Italy, see, Stacey, *Arms, Men and Governments: The War Polices of Canada, 1939-1945*, 229, 234; Rickard notes that Ken Stuart pressured Mackenzie King to send troops to the Mediterranean as “morale simply could not hold any longer”. Rickard, *The Politics of Command*, 77.

¹⁸⁷ G.W.L. Nicholson, *The Canadians in Italy 1943-1945*, 23.

Crerar's biographer, Paul Dickson, writes that as late as January 1943, "the difficulties of maintaining morale were a constant refrain" in the general's correspondence.¹⁸⁸ When it came to discipline, the eventual dispatch of Canadian troops to the European theatres would afford a whole host of opportunity for military crime.

3.2 Crime on Campaign

Civilians are at great risk as armies advance through their homeland. While the behaviour of twentieth-century armies of the liberal states were a vast improvement upon the scourges of previous armed forces, there was still friction, especially when soldiers attempted to supplement army rations with civilian goods. Such friction has its precedents in Canadian military history. During the South African war, Australian and New Zealand troops had claimed that the Canadians were the "most accomplished 'looter' in all the world".¹⁸⁹ A Trooper of the 1st Canadian Mounted Rifles wrote on 27 April 1900, "Off back to Bloemfontein. Burning every house and commandeering all the sheep and cattle we could lay our hands on. Also taking all the poultry wanted and looting the houses."¹⁹⁰ Lord General Roberts warned that seizure of property was only permitted with proper authority. Whether Canadians were any worse than other Dominions awaits further research.

¹⁸⁸ Dickson, *A Thoroughly Canadian General: A Biography of General H.D.G. Crerar*, 214.

¹⁸⁹ Pugsley, *The ANZAC Experience: New Zealand, Australia and Empire in the First World War*, 46.

¹⁹⁰ Chris Madsen, "Between Law and Inhumanity: Canadian Troops and British Responses to Guerilla Warfare in the South African War", eds. Stephen J. Rockel and Rick Halpern, *Inventing Collateral Damage: Civilian Casualties, War and Empire* (Toronto: Behind the Lines, 2009), 152.

The Army Act directly dealt with those who went “in search of plunder” when on active duty, and allowed for penal servitude as punishment.¹⁹¹ Speaking of the Normandy invasion, Major-General A.W. Walford suggested that discipline in relation to civilian property was lacking. He recalled later in 1944 that,

In the early days of the invasion, there was a certain amount of souvenir-hunting which might have been called looting, and even some wanton destruction of property. This sort of thing is probably inseparable from the first operations of inexperienced troops. Many of the complaints received, however, were from places which had been exposed to looting by the Germans, by French civilians and by many of our own miscellaneous rearward elements in addition to the fighting troops. On the whole there was surprisingly little trouble.¹⁹²

Upon entry into Germany in March 1945, the looting of foodstuffs increased. Troops were reported as more than satisfied with supplementary fresh meat and eggs.¹⁹³ The rich freshly-killed red meat was too much for some digestive systems, and many troops complained of “mild dysentery” and stomach trouble during the period.¹⁹⁴ The opinions of one soldier in the 2nd Canadian Infantry Division sum up the cavalier attitude towards German property: “We live like Kings here, steaks and bacon and the rest, all you do is go out and shoot a German cow or pig –

¹⁹¹ As printed in Great Britain. War Office, *Manual of Military Law, 1929, Addendum.*, 429.

¹⁹² File 215C1.053(D6) ADM 1st Cdn Army - The Adm aspect of Ops 1st Cdn Army Jul/Oct 44. Memo interview with Maj.-Gen A.E. Walford CBE MM former DA & QMG at CMHQ 16 Oct 44", RG 24 Vol. 10,667, LAC.

¹⁹³ Major, Commanding 21 Army Group Base Censorship, "Censorship Report for period 1 - 15 April 45 - Canadian Army Overseas - 21 Army Group", DND File "Censorship Reports: 21 Army Gp Feb - April 45", 215C1.98(D335) Censorship Reports 21 A Gp Vol. 3, 46-3-6/INT Vol. 3. 17 April 1945.

¹⁹⁴ Major, Comd 21 Army Gp Base Censorship, "Censorship Report for the period 16 - 31 Mar 45 - Canadian Army Overseas - 21 Army Group", DND File "Censorship Reports: 21 Army Gp Feb - April 45", 215C1.98(D335) Censorship Reports 21 A Gp Vol. 3, 46-3-6/INT Vol. 3., RG24 Vol. 10,706, 1 April 1945.

it's too good for the square heads.”¹⁹⁵ The supply of fresh food allowed some soldiers to simply discard their own rations. A member of 4th Canadian Armoured Division wrote, “We can take what we damn well please. We have chickens, turkey, pigs and deer. We never hardly eat our box Army rations. We just throw them away.”¹⁹⁶ In 2nd Canadian Infantry Division a message from Assistant Deputy Medical Services, Col. S. G. Shier ordered the end of a permissive attitude towards looting: “Looting is the taking of civilian property, allied or enemy. It is considered that units ought by now to be well equipped with sufficient material to be comfortable. Looting will, therefore, cease forthwith. Units may retain material they have on hand now, if it is necessary or useful.”¹⁹⁷

Alcohol in armies has long been considered an important morale booster, yet is also a potential disciplinary problem when abused.¹⁹⁸ Canadians in England had found English society much more permissive in terms of alcohol, and there was a period of adjustment to these new

¹⁹⁵ Major, Deputy Chief Censor, “Censorship Report for period 1 -15 Mar 45 – Canadian Army Overseas – 21 Army Group”, DND File “Censorship Reports: 21 Army Gp Feb - April 45”, 215C1.98(D335) Censorship Reports 21 A Gp Vol. 3, 46-3-6/INT Vol. 3., RG24 Vol. 10,706, 17 March 1945.

¹⁹⁶ Major, Deputy Chief Censor, “Censorship Report for period 1 -15 Mar 45 – Canadian Army Overseas – 21 Army Group”, DND File “Censorship Reports: 21 Army Gp Feb - April 45”, 215C1.98(D335) Censorship Reports 21 A Gp Vol. 3, 46-3-6/INT Vol. 3., RG24 Vol. 10,706, 17 March 1945.

¹⁹⁷ Col. S. G. Shier, ADMS 2CID to units, “Notes on A-Q Conference 18 Mar 45”, 2CID ADMS War Diary, Appx 40, 20 March 1945.

¹⁹⁸ Wine and distilled alcohol were both included in French rations in the First World War. Patricia E. Prestwich, “Suicide and French Soldiers of the First World War: Differing Perspectives, 1914-1939”, in eds. John Weaver and David Wright, *Histories of Suicide: International Perspectives on Self-Destruction in the Modern World* (University of Toronto: Toronto, 2009), 141.

freedoms.¹⁹⁹ On campaign, in September 1944, the 3rd Canadian Infantry Division's medical war diary suggested that the rum issue was one benefit of the cold damp weather. On 29 September 1944, all medical units were allowed to draw a quarter of a bottle of spirits per officer and one quart of beer per man.²⁰⁰ The attempts of men to find their own supply could result in illness and even death. Stolen rum was responsible for a death in 3rd Canadian Infantry Division on 22 June 1944, the war diary indicating that this was not the first case of asphyxia through "total intoxication."²⁰¹ The Calvados apple brandy of the Normandy region is a strong memory of many veterans. John Burwell Hillsman confirmed in his 1948 memoir that it could double for fuel in a cigarette lighter.²⁰² Crimes for drunkenness could occur, largely when intoxication interfered with military duty. Most heavy drinking and looting was considered a misdemeanor; commanders largely turned a blind eye when troops "liberated" goods from civilians. Far more serious were those offences which could directly impact manpower such as going Away Without Leave (AWL), desertion, or self-inflicted wounds.

For those Canadians who served overseas, the problems of maladjustment were only increased with the distance from home. Discipline, for those on the front-lines, was supposed to maintain order by curbing the soldier's natural instinct to avoid danger.²⁰³ This being said, the number of disciplinary problems was never enough to cause a great deal of alarm for the

¹⁹⁹ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 34.

²⁰⁰ 3CID ADMS War Diary, Message Log, 27 September 1944.

²⁰¹ 3CID ADMS, RG24 Vol 15,661, 22 June 1944.

²⁰² John Burwell Hillsman, *Eleven Men and a Scalpel* (Winnipeg: The Columbia Press, 1948), 55.

²⁰³ Baynes, *Morale: A Study of Men and Courage*, 180.

administration at Canadian Military Headquarters in London or the First Canadian Army in the field. As Major-General A.E. Walford noted of the first three months of action for the First Canadian Army

In matters of discipline, First Cdn Army has had an enviable record. This is a consequence of General Crerar's basic policy of developing discipline as an outgrowth of pride rather than of fear of punishment. Everything possible has been done to develop the pride of the individual soldier, in himself, his unit and his uniform; and from the success of this policy has stemmed the good discipline of the Canadians in North-West Europe.²⁰⁴

This suggests that willful obedience or morale was actively pursued by one of Canada's top soldiers. Walford attributed good behaviour records to units with good officers, noting that a rigid selection policy and weeding out the Canadian Army had helped produce good quality leadership. Walford went on to note, however, that incentives and unit pride were not the only means to promote good behaviour. He admitted that, "Punishments awarded by courts-martial have, it is true, been very stiff..."²⁰⁵

The closer a soldier got to the fighting front, the more serious the crime of leaving his unit became. On the frontline, commanding officers were particularly interested in away without leave and its correlates of desertion and cowardice. Here morale and obedience would directly impact manpower by removing the soldier from his place in the front line. Being away without leave was the most common crime against the Army Act, but desertion was the most extreme

²⁰⁴ File 215C1.053(D6) ADM 1st Cdn Army - The Adm aspect of Ops 1st Cdn Army Jul/Oct 44. Memo interview with Maj.-Gen A.E. Walford CBE MM former DA & QMG at CMHQ, 16 Oct 44", RG 24 Vol. 10,667, LAC.

²⁰⁵ Courts martials administered by 2nd Canadian Corps from weeks ending 18 November 1944 to 28 April 1945 numbered 127, at least 37 of which were British troops. RG24 Volume 10,667.

offence of those that were considered to indicate poor morale.²⁰⁶ Desertion has been described by historian Ashley Ekins as a one of the “chronic symptoms of disintegration”.²⁰⁷ Historical focus on French Army discipline in the First World War has praised Marshal Petain for “solving” the French Army’s morale problems after the Nivelle Offensive mutinies of early 1917, by improving unit rotation, leave and food provisions, and dismissing the murderous offensive doctrine of the early war. Ekins suggests that despite Petain’s efforts, when desertions in the French Army increased from nine thousand in 1916 to over thirty thousand in 1917, many believed the French Army was no longer militarily effective. For the British in the First World War, the desertion rate averaged 10.26 per thousand men, amounting to more than a division of soldiers on the Western Front.

Punishments for desertion in most armies have been harsh. The British Mutiny Act of 1689 made mutiny and desertion punishable by death.²⁰⁸ In the First World War, the British charged 3,080 men with capital offenses, but only executed around one-tenth of these, 266 for desertion.²⁰⁹ While in 1930, British desertion was no longer punishable by death (leaving only

²⁰⁶ A July 1946 British survey of two thousand deserters under sentence linked desertion to low morale, noting that when morale stopped holding a man in place he might become ill (usually claiming battle exhaustion) or avoid service (usually desertion). Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, 122.

²⁰⁷ Combat refusals and mutinies were Ekins’ other “chronic symptoms of disintegration”. Ashley Ekins, “Fighting to exhaustion: Morale, discipline and combat effectiveness in the armies of 1918”, in *1918 year of victory: the end of the great war and the shaping of history* ed. Ashley Ekins (Auckland: Exisle, 2010), 111, 122, 125.

²⁰⁸ Great Britain. War Office, *Manual of Military Law, 1929, Addendum.*, 11.

²⁰⁹ Some British generals pressed for the reinstatement of the death penalty for desertion at the outbreak of the Second World War, and during what was believed to be crises of morale in North Africa in 1941-42 and Italy in 1944-45. French, “Discipline and the Death Penalty in the War

mutiny and treachery as capital offenses), the Americans sentenced forty-nine men to death for desertion in the Second World War.²¹⁰ They only executed Eddie Slovik, who made the mistake of claiming that he preferred incarceration to combat. The British Army court martialled four officers and 7,018 men for desertion in Normandy alone. Figures for the whole war have been cited at 99,382.²¹¹ In Italy, from 1 January 1944 to 10 January 1945, 2,237 British soldiers were tried for desertion, leading General Sir Harold Alexander, commander of the Allied Armies in Italy and General Sir Henry Maitland Wilson, Commander-in-Chief Mediterranean, to consider bringing back the death penalty for deserters.

The British *Manual of Military Law* noted that “the criterion between desertion and absence without leave is intention.”²¹² Deserters intentionally neglect an important duty, or have no intent to return to their unit. Judging this intent was up to regimental officers or those in the military courts. Sometimes the individual provost that the soldier was apprehended by could make a difference. Sergeant George Blythe of the No. 13 Provost Company remembered a Canadian soldier near the Falaise gap who was found wandering behind the lines confessing, “I’d sooner be shot in one piece than to go back and face that again.”²¹³ Blythe convinced the man to have a few drinks, a meal, and a night’s rest, and the next day the man returned to his

against Germany during the Second World War,” 531–532, 535.

²¹⁰ Charles Glass, *Deserter: The Last Untold Story of the Second World War*, William Collins (HarperCollins Publishers Limited, 2014), ix, xvii, 292.

²¹¹ French, “Discipline and the Death Penalty in the War against Germany during the Second World War,” 540–541.

²¹² Great Britain. War Office, *Manual of Military Law, 1929, Addendum.*, 19.

²¹³ Ritchie and Canadian Provost Corps Association, *Watchdog: A History of the Canadian Provost Corps*, 73.

unit. While the Canadian Army never was in danger of collapse, there were periods where desertions were high enough to warrant concern from Army authorities, and its fighting power may too have suffered. In Canada, for example, when the 13th Brigade had returned from the Kiska operation (on the Aleutian islands of Alaska, which the Japanese abandoned in the summer of 1943), sixty men of Le Regiment de Hull failed to return from their leave and were classified as deserters.²¹⁴ Reg Roy suggests that this proved that the morale of the formation was low due to the feeling that they would never fight overseas and a subsequent desire to be dismissed from garrison duty in the Pacific Command. Desertion at home in Canada affected the war in other ways. Pacific Command authorities recognized in 1944 that the knowledge that there were ten thousand deserters in the country lowered morale and diminished discipline.²¹⁵ Presumably this figure counts many conscripts who never showed up to their district depots in the first place.

As Leonard Smith notes, desertion is a problematic crime for the military justice system, as the punishment of sending a soldier to prison rendered desertion (leaving the unit) successful.²¹⁶ Absenteeism was not a critical problem in the First Canadian Army, although they did number near five hundred in December 1944. As the war progressed the total number of absentees at large decreased to around two hundred in March 1945 and remained there until the

²¹⁴ Reginald H. Roy, *For Most Conspicuous Bravery: A Biography of Major-General George R. Pearkes, V.C., Through Two World Wars* (Vancouver: University of British Columbia Press, 1977), 210.

²¹⁵ *Ibid.*, 214.

²¹⁶ Smith, *Between Mutiny and Obedience: The Case of the French Fifth Infantry Division During World War I*, 172.

war's end. The number deemed deserters at large peaked in January 1945 at 279 and dropped to around 160 for the rest of the war. During the same period, an average of seventy new absentees were reported monthly to the Canadian administrative contingent at 21st Army Group Headquarters. With a strength in Canadian personnel that varied from around eighty thousand to one hundred and sixty thousand these numbers are kept in perspective. In February 1945, the Canadian Chiefs of Staff Committee noted, however, the high number of 4,668 deserters for all three Canadian services.²¹⁷ Figure 3.1 shows the slow decline of those Canadians First Canadian Army declared deserters, a fairly steady number of absentees reported, and a decline of both deserters and absentees towards the end of the war in Europe.

²¹⁷ "Operational Report of the Chiefs of Staff Committee to Cabinet War Committee for February 1945", Cabinet War Committee Document No. 965., LAC, RG2 Volume 39.

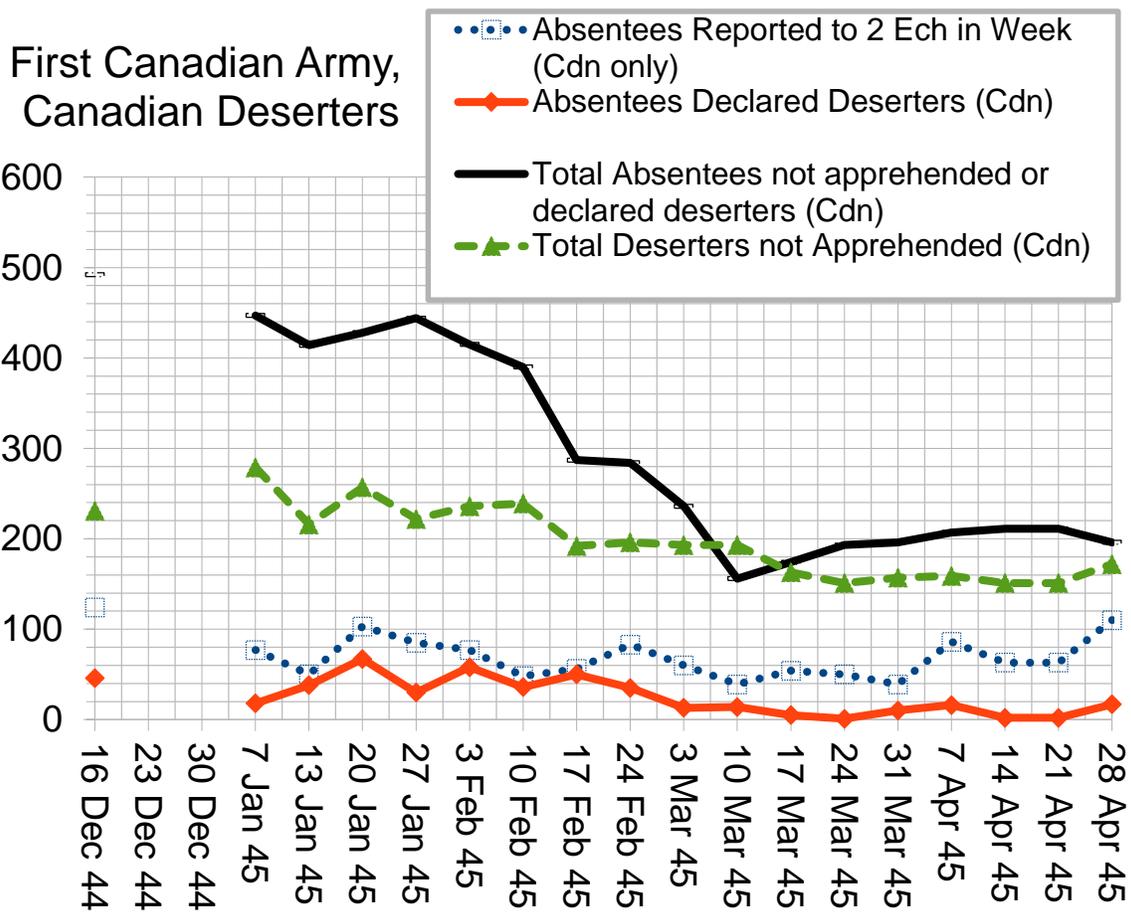


Figure 3.1 “First Canadian Army, Canadian Deserters 16 December 1944- 28 April 1945.” No data is available for late December 1944. Source: Compiled from LAC, RG24, Volume 10,667

In the last year of the Italian campaign, there were an average of one hundred deserters at large at any given time.²¹⁸ In May 1945, long after the 1st Canadian Corps had been transferred to North-West Europe, there were ninety-four deserters listed at large in Italy.²¹⁹ In the context

²¹⁸ Tooley, “Appearance or Reality? Variations in Infantry Courts Martial: 1st Canadian Division, 1940-1945: Part I,” 36.

²¹⁹ J. de M. Marler, AG5, CMHQ, to ADAG(B), “Deserters – AAI”, CMHQ File 20/MED AREA/1, “Discipline Generally – Mediterranean Area”, RG24 Vol 12,718, 18 May 1945.

of the total strength of the Corps, this figure is rather small. The British would be given authority to assist in the disposal of Canadian deserters, and a date was set in March 1946 that deserters would be discharged from the Army for misconduct. Throwing further doubt on the exactitude of the quantifiable aspects of morale, there was some scepticism that all those listed as deserters had left their units voluntarily. A correspondent from CMHQ noted that some deserters may have been killed in action, that there was no way to discover the truth in this matter, and that in terms of pension arrangements, "Under these circumstances the dependants of a bona fide battle casualty will simply have to take the loss."²²⁰

On the extreme end of the disciplinary spectrum, and certainly a minority in terms of incidence, were those convicted for self-inflicted wounds. Self-inflicted wounds were perceived as a problem for 1st Canadian Corps units in the Mediterranean in the beginning of 1944, with concerns lingered into May and June.²²¹ 1st Canadian Corps recorded sixty-seven cases of SIW in a few months in 1943-44. Of the fifty accused cases Canadian psychiatrist Arthur Doyle examined in Italy in the spring of 1944, he suggested that most resulted from simple carelessness, and were not truly intentional.²²² Timothy Bowman has argued that self-inflicted wounds for the Irish regiments of the First World War, were not charged as crimes as the injury itself was considered just punishment.²²³ This yet again brings disciplinary statistics into

²²⁰ Ibid.

²²¹ Tooley, "Appearance or Reality? Variations in Infantry Courts Martial: 1st Canadian Division, 1940-1945: Part I," 38.

²²² "The History and Development of Canadian Neuropsychiatric Service in the C.M.F.", "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol 12,631, LAC.

²²³ Bowman, *The Irish Regiments in the Great War: Discipline and Morale*, 45.

question. The following graph shows that of the 201 soldiers who were suspected of self-inflicted wounds in First Canadian Army from December 1944 to April 1945, that the vast majority (161) were released as accidental. Only thirteen were tried and convicted, as there were thirty-nine cases of negligence and fifteen cases that were dismissed.

First Canadian Army Cumulative Self-Inflicted Wounds, Canadian Personnel

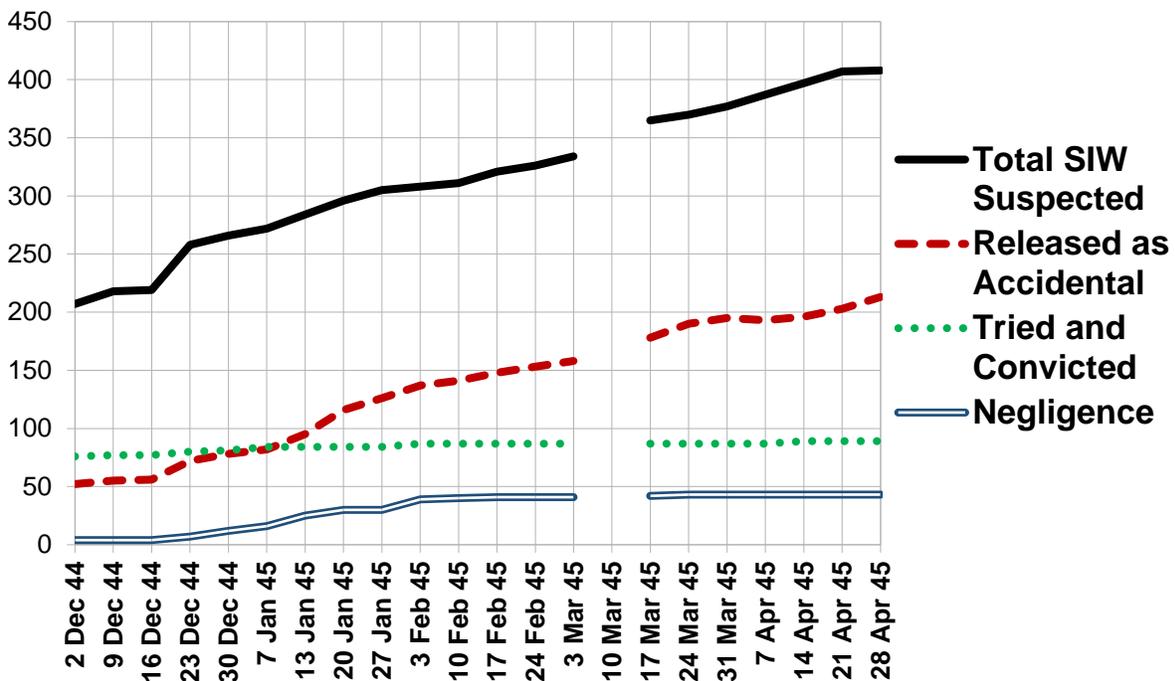


Figure 3.2 “First Canadian Army Cumulative Self-Inflicted Wounds, Canadian Personnel.” No data for 10 March. Source: Compiled from RG24 Volume 10,667, First Canadian Army Weekly Administrative Reports.

Violence against women is a serious problem associated with military indiscipline. In Halifax during the war, the Edgewood district was reported as unsafe for women after dark due

to prowlers.²²⁴ Provost Corps patrols roamed the district to attempt to curb military crime.²²⁵ Incidents of reported rape were taken seriously by the Army, yet in a list of Field General Courts Martials from the Italian theatre which records forty-six personnel charged from 1 July 1943 to 30 April 1944, only four rapes were recorded.²²⁶ This figure is very likely much lower than actual incidence of sexual assault. The 1st Canadian Infantry Division's war diarist recorded seven rapes reported by the end of July 1943 alone.²²⁷ The difference in these figures is a caution against using the Army's data on crime as the complete story of soldier's behaviour. Historian Paul Jackson surveyed around half of the Canadian Army courts martials in the Second World War, and found thirty-six charges of rape laid against Canadian soldiers in continental Europe.²²⁸ An incident in the Netherlands shows that there is more to the story of the liberation of that country than fond memories admit. When the 2nd Canadian Infantry Division moved into Holland in April 1945, the Army met the complex situation of Dutch collaborators being rounded up. A war diary wrote that "GRONINGEN was full of collaborators, and the fighting was very dirty and bitter and was not confined to troops."²²⁹ Reports of the rape of a German nurse by a Canadian soldier resulted in two men being put under arrest by the officer

²²⁴ "A Job For the Service Police", clipping, *Halifax Daily Star*, "Disturbances M.D. No. 6 - Canadian Active Service Forces", Folder HQ-54-27-63-7, RG24 Volume 2189, 31 May 1944.

²²⁵ C.W. Clarke, DAPM, MD6 to Brigadier D.A. White, MD6, "Disturbances M.D. No. 6 - Canadian Active Service Forces", Folder HQ-54-27-63-7, RG24 Volume 2189, 6 June 1944.

²²⁶ One rape charged was found Not Guilty of rape, but guilty of assault and resisting arrest. "Summary of F.G.Cs.M. Submitted from the Mediterranean Theatre of Operations for Confirmation by Superior Military Authority for the Period 1 Jul 43 to 30 Apr 44." CMHQ File 20/MED AREA/1, "Discipline Generally - Mediterranean Area", RG24 Vol 12,718.

²²⁷ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 246.

²²⁸ Jackson, *One of the Boys: Homosexuality in the Military during World War II*, 84.

²²⁹ 2CID ADMS War Diary, 16 April 1945.

commanding 8th Reconnaissance Regiment. Hospitals in Groningen needed to be guarded due to armed Dutch civilians and drunken soldiers spreading, “considerable trouble.”²³⁰ When Groningen fell on 16 April 1945, the town was reported in a “freedom mood”, and No. 2 Provost Company claimed to have never been so busy.²³¹ It seems that criminal Canadian soldiers took advantage of this chaos. Other crimes of a sexual nature were not considered serious enough for any special disciplinary surveillance. Sodomy, for instance, was not considered prevalent enough in the Italian theatre to warrant severe sentences as a deterrent.²³²

As will be shown in depth in chapters five and six, disciplinary problems were often associated with psychiatric issues. The term psychopathic personality or inadequate personality could simply refer to social misfits who often were discovered due to, “petty, infringements of regulations and breaking of laws.”²³³ The disciplinary approach would likely only work on a certain range of psychiatric cases. As the Italian base neuropsychiatric unit report noted, “the exercise of discipline is the best prophylaxis against neuropsychiatric casualties, recognizing that it will affect some types of neuropsychiatric cases, such as psychosis, but little, if at all, while it will affect others, such as psychosomatic cases very greatly.”²³⁴ The implication was that some

²³⁰ 2CID ADMS War Diary, 17 April 1945.

²³¹ Ritchie and Canadian Provost Corps Association, *Watchdog: A History of the Canadian Provost Corps*, 100.

²³² Filpot (from CANDEX) AAI, to Canmiltry, CMHQ File 20/MED AREA/1, “Discipline Generally – Mediterranean Area”, RG24 Vol 12,718, 11 July 1944.

²³³ W. R. Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, vol. 2 (Ottawa: Queen’s Printer, 1953), 84.

²³⁴ C. E. G. Gould, "Report on Neuropsychiatry (Base) in Italy - Canada Neuropsychiatric Base" attd. 14CGH, Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631, 7 May 1944.

psychosomatic symptoms were a choice made by the soldiers. Speaking to the notion of the reality of psychosomatic symptoms, historian Mark Humphries writes, “Psychosomatic symptoms are very real to the patient, but by definition they arise from some inner psychological turmoil that manifests itself somatically; they are not objectively ‘real’ in that they do not stem from discernable organic lesions.”²³⁵ Some of those deemed psychiatric cases were medically downgraded, and attached to units where disciplinary and medical functions blurred.

The place where disciplinary and medical aspects of military morale met were the Special Employment Companies. These were pioneer companies for men whose stability categories had been lowered due to the various forms of psychiatric breakdown known under the collective label of battle exhaustion. Around two thirds of soldiers who were diagnosed with a neuropsychiatric condition were reboarded (medically categorized) and reallocated.²³⁶ During the Hitler Line battle, 61.2 percent of soldiers who broke down were sent to the pioneer company.²³⁷ Interestingly, the special employment companies were reported to do yeoman duty on lines of communication, and have excellent morale on the grounds of low crime, sickness and VD rates.²³⁸ General officers such as 1st Corps Commander Lieutenant-General E. L. M. Burns,

²³⁵ Mark Humphries, “War’s Long Shadow: Masculinity, Medicine, and the Gendered Politics of Trauma, 1914–1939,” *Canadian Historical Review* 91, no. 3 (September 2010): 506.

²³⁶By 4 April 1944, of the 1234 cases in the 1st Canadian Infantry Division, 61 percent had been reboarded and reallocated. "The History and Development of Canadian Neuropsychiatric Service in the C.M.F.", "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24Vol. 12,631, LAC.

²³⁷"The History and Development of Canadian Neuropsychiatric Service in the C.M.F.", "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol 12,631, LAC.

²³⁸Captain G.O. Watts, 3rd Canadian Convalescent Depot, "Psychotherapy in a psychiatric convalescent depot", Folder "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631,

or his corps Deputy Director of Medical Services, General McCusker, felt that disciplinary approaches to battle exhaustion were more appropriate than medical approaches. Ben Shepard noted that in the British Army, as a result of the personnel selection system, pioneer units tended to become the “dustbin for criminals and malingerers.”²³⁹ In Canada, these units had problems as well. There, they were tasked with guard duty, or menial labour, and were populated with men of low “category” test scores.²⁴⁰ Historian Reg Roy recorded that these companies had AWL rates that were almost triple the national average, drunkenness and other offences five times as great, and two and half times the venereal disease rates.²⁴¹ (Further treatment of Special Employment Companies on medical grounds will be taken up in chapter six.) While the pioneer companies occupied the grey area between discipline and medicine, more conventional trials and punishments awaited the majority of those who contravened military law.

In the First World War, Canada allowed British General Headquarters to maintain discipline over Canadian soldiers in active theatres. Despite no legal requirement for national

LAC, n.d., but after March 1945.

²³⁹ Shepard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 191.

²⁴⁰ R.H. Roy, "Morale in the Canadian Army in Canada: During the Second World War", paper presented to the Canadian Historical Association annual meeting, University of Guelph, Directorate of History and Heritage manuscript copy, June 1984, 22.

²⁴¹ The British official history of Army psychiatry associates higher crime rates with lower intelligence, manifesting itself in malingering, mental instability and breakdown, delinquency and absenteeism. It is suggested that some of the higher rates here were due to the failure to understand rules and regulations. Medical factors such as venereal disease, scabies and pediculosis, and general sickness were also higher among those with lower intelligence ratings. From July 1942, and the improvement of personnel selection and attempts to end the practice of commanding officers dumping unwanted personnel in pioneer units, morale was said to improve with corresponding lower medical and disciplinary infractions. Ahrenfeldt noted that the removal of delinquent and unstable soldiers, however, improved morale in the weeded units. Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, 78, 84–86, 196.

disciplinary jurisdiction, however, the “vast majority” of Canadian soldiers were tried by Canadian officers.²⁴² Historians have connected poor morale in the conflict to disciplinary statistics. At the heart of Timothy Bowman’s work *The Irish regiments in the Great War: Discipline and morale*, is the study of 5,645 Irish soldiers tried by courts martial on the Western Front.²⁴³ Ashley Ekins has suggested that the Australian Imperial Force (AIF) was suffering from poor discipline and morale during the summer of 1918, and corroborated the remarks gleaned by the postal censors with data that shows high rates of imprisonment.²⁴⁴ British commander-in-chief General Sir Douglas Haig felt that these high rates, six times the rates of the other Dominions, were due to Australian refusal to use capital punishment. In 1918, there were 60 percent more Australian soldiers tried by Field General Courts Martial than there were Canadian. Caution must be used, however, in considering statistical crime rates as a direct indicator of the will to obey. Historian Jeremy Crang points out that courts martial rates can be “distorted by habitual offenders.”²⁴⁵ Australian commanders, like New Zealanders and Canadians in the First World War, saw a strict disciplinary regime as necessary, and many Australian divisional commanders argued that the AIF should be brought completely under the

²⁴² Stacey, *Arms, Men and Governments: The War Polices of Canada, 1939-1945*, 248.

²⁴³ Bowman, *The Irish Regiments in the Great War: Discipline and Morale*, 11.

²⁴⁴ An Australian censorship report recorded that one Digger wrote, “I won’t soldier any more for them as long as I am in France as they are treating us like dogs, all the boys are fed up with it as they won’t give us any rest, I think they want to kill all the Australians.” Ashley Ekins, “Fighting to Exhaustion: Morale, discipline and combat effectiveness in the armies of 1918”, in *1918 year of victory: the end of the Great War and the shaping of history* ed. Ashley Ekins (Auckland: Exisle, 2010), 112.

²⁴⁵ J.A Crang, “The British Soldier on the Home Front: Army Morale Reports, 1940-45”, Addison and Calder, *Time to Kill: The Soldier’s Experience of War in the West, 1939-1945*, 73.

British Army Act.²⁴⁶ While 117 Australians were sentenced to death in 1916-17, a clause in the 1903 Australian Defence Act prevented their execution. There were twenty-five Canadians executed during the First World War. In the only major survey of Canadian military justice, Chris Madsen argues that these men should not have been condemned for cowardice, but had simply been pushed beyond their psychological limits.²⁴⁷

As Madsen writes, “Perhaps more than any other institution in society, armed forces demand expected and predictable behaviour from its representatives.”²⁴⁸ For the Canadian Army in the Second World War, surveillance by many means ensured that these demands were met. Madsen notes that, “Deterrence remained the overriding concern of military authorities in the application of military law.”²⁴⁹ The British *Manual of Military Law* noted that “The proper amount of punishment to be inflicted is the least amount by which discipline can efficiently be maintained.”²⁵⁰ There were a number of serious sentences of Canadians during the Second World War. For the Canadian Army Overseas, three death penalties were laid (one was

²⁴⁶ Five soldiers of the New Zealand Division were put to death by firing squad, and two of them were Australian. Pugsley, *The ANZAC Experience: New Zealand, Australia and Empire in the First World War*, 32.

²⁴⁷ Madsen, *Another Kind of Justice: Canadian Military Law from Confederation to Somalia*, 46; Tooley argues that lack of historical attention to military crime is due to protecting the reputations of commanding officers and their units. Tooley, “Appearance or Reality? Variations in Infantry Courts Martial: 1st Canadian Division, 1940-1945: Part I,” 33; For a more recent edited collections see, C.L. Mantle and Canadian Defence Academy, *The Unwilling and the Reluctant: Theoretical Perspectives on Disobedience in the Military* (Canadian Defence Academy Press, 2006); C.L. Mantle, *The Apathetic and the Defiant: Case Studies of Canadian Mutiny and Disobedience, 1812-1919* (Dundurn, 2007).

²⁴⁸ Madsen, *Another Kind of Justice*, 3.

²⁴⁹ *Ibid.*, 84.

²⁵⁰ Great Britain, War Office, *Manual of Military Law, 1929, Addendum.*, 60.

executed); 2,179 men were condemned to imprisonment from one to three years (an additional 597 were sentenced in this range in Canada); and 302 were sentenced to imprisonment for more than three years.²⁵¹ For the whole Army (at home and overseas) the numbers for those with one to three years imprisonment were 2,776. For those crimes that were conducted in battle, a direct morale effect was considered in efforts towards timely justice. As Senior Officer at Canadian Military Headquarters, Major-General the Honorable P. J. Montague²⁵² wrote Adjutant-General Letson in August 1943, "Offences in the face of the enemy may have an adverse effect on morale unless soldiers are aware that they will be completely dealt with by military authority without any undue lapse of time."²⁵³ Montague argued that the delays in getting authority of confirmation from the Governor in Council in Ottawa should be abandoned for serious cases as it was, "important for the maintenance of morale and discipline in the Army that justice should be exemplary and delay occasioned through reference to Governor in Council avoided."²⁵⁴

In Italy by September 1944, there were around 125 monthly Field General Courts Martials

²⁵¹ Lt-Col. T.M. Hunter, Report No. 91, Historical Section, Army Headquarters, "Some Aspects of Disciplinary Policy in the Canadian Services, 1914-1946", Directorate of History and Heritage, 15 July 1960, 86.

²⁵² P.J. Montague was born at Dunnville, Ontario, 10 November 1882, and was educated at Upper Canada College, University of Toronto and the Osgoode Hall Law School. In 1905, he was commissioned a Lieutenant in the 4th Field Battery R.C.A. in Hamilton. In the First World War, he had acted as assistant adjutant and quartermaster in the 2nd Canadian Infantry Division, and had been a puisne judge on the Court of the King's Bench in Manitoba. Chris Madsen, *Another Kind of Justice*, 81.

²⁵³ Tel. J154, Canmilitary to Defensor (Montague to Letson), 16 August 1943, CMHQ file 20/C.M./1/3, as cited in Hunter, "Some Aspects of Disciplinary Policy", 91.

²⁵⁴ *Ibid.*

within the 1st Canadian Corps.²⁵⁵ This figure is hard to rectify with the fact that from 1 July 1943 to 30 April 1944 there was only forty-six personnel charged with Field General Courts Martials which required confirmation by superior Canadian authorities in Britain. It suggests that military crime drastically increased in the summer of 1944 in Italy. The Royal 22e Regiment had a particularly high proportion of these early charges, with twenty-six personnel charged, twenty-two of which were under Army Act Section 12 for “Desertion or encouraging someone to desert”²⁵⁶ Robert Tooley has argued that the high proportion of charges the Vandoos received in the campaign was due to a more strict interpretation of military justice and subsequent likelihood to formally charge and try men.²⁵⁷

There is evidence in some cases that the desire for manpower outweighed that of punishment. In Italy, some soldiers had their sentences suspended. As a CMHQ liaison officer wrote,

There is a wider opportunity right in the theatre, to make use of suspension at an early stage. It is considered that the good soldier who has broken down through battle exhaustion and who had deserted or shown cowardice, had done so very largely by reason

²⁵⁵ CMHQ liaison officer to ADAG(B), “Liaison Visit to Offr i/c Cdn Sec GHQ 1 Ech, AAI. 16 Aug – 7 Sep 44.”, CMHQ File 20/MED AREA/1, “Discipline Generally – Mediterranean Area”, RG24 Vol 12718, 19 September 1944.

²⁵⁶ “Summary of F.G.Cs.M. Submitted from the Mediterranean Theatre of Operations for Confirmation by Superior Military Authority for the Period 1 Jul 43 to 30 Apr 44.” “Discipline Generally – Mediterranean Area”, RG24 Vol 12718; During the First World War the 22nd Regiment’s disciplinary record was particularly poor due to an influx of new men and officers after casualties taken during the Somme offensive. The regiment convicted forty-two men for desertion from September 1915 to November 1918. Maxime Dagenais, “‘Une Permission! C’est bon pour une recrue’ Discipline and Illegal Absences in the 22nd (French-Canadian) Battalion, 1915-1919” *Canadian Military History* 18:4 (2009), 2, 8.

²⁵⁷ Tooley, “Appearance or Reality? Variations in Infantry Courts Martial: 1st Canadian Division: 1940-1945, Part 2,” 46.

of a sudden and irresistible impulse, and is usually a proper subject for redemption. Such cases are usually reasonably easy to recognize, and a good measure of success is expected. Such action, however, must be taken at a very early stage, and normally it is too late to do so after a soldier has been evacuated from the theatre. Incidentally this thoroughly justifies a direction that normally, the first 2 years of a sentence of penal servitude should be served within the theatre and NOT in UK.²⁵⁸

Some justified remitting these sentences because if soldiers were caught deserting a second time, sentences were severe enough to more than compensate for the previous sentence. This gave soldiers a chance to re-enter the manpower pool, instead of languishing in prisons. Lt-Gen. E. L. M. Burns, however, was said to have “strong views on the subject of desertion and cowardice”, and did not remit sentences on the principle that they deterred others from abandoning their unit.²⁵⁹ The CMHQ liaison officer noted that there were strong rumours at the front that sentences would be suspended after the end of hostilities and these should be countered by a clear declaration that the end of hostilities would mark no escape from sentences. A counter rumour was also observed that the death sentence for desertion and cowardice would be restored.

John Keegan writes that the death penalty was an ultimate measure of coercion deployed by armies. He sums up the dilemma posed by military capital punishment as, “Risk being killed by the enemy or else risk being killed by your own provost-marshal.”²⁶⁰ Unlike the First World War, Canadian policy reserved confirmation and execution of death sentences to Canadian

²⁵⁸ CMHQ liaison officer to ADAG(B), “Liaison Visit to Offr i/c Cdn Sec GHQ 1 Ech, AAI. 16 Aug – 7 Sep 44.”, CMHQ File 20/MED AREA/1, “Discipline Generally – Mediterranean Area”, RG24 Vol 12718, 19 September 1944.

²⁵⁹ Ibid.

²⁶⁰ John Keegan, “Towards a Theory of Combat Motivation” in Paul Addison and A. Calder, *Time to Kill: The Soldier’s Experience of War in the West, 1939-1945*, Pimlico (Series) (Pimlico, 1997), 6.

authorities, and required that the Governor-in-Council in Ottawa confirm the sentence.²⁶¹ Public opinion and the acceptance of psychiatric considerations meant there were far less soldiers now convicted of capital crimes. What might have been a disciplinary case in the First World War, was often diagnosed as a case of battle exhaustion in the Second. Historian Ben Shephard suggests that the death penalty was not an effective deterrent for cowardice, citing a higher British desertion rate (10.26 per thousand yearly) in the First World War when there were many more death sentences, than the Second War with its lower desertion rate (6.89 per thousand yearly).²⁶² The Italians and Austrians executed at least 2,953 soldiers on the Italian Front of the First World War. Historian Nicola Labanca concluded that, “Perhaps executions served as a form of intimidation, but they certainly did not improve the morale of soldiers.”²⁶³ The British Army Act codified military offenses for Canadians Crimes that could be punishable by death included the shameful abandonment of a garrison or one’s arms in the face of an enemy, treacherous correspondence or aid to the enemy, or showing cowardice in the face of the enemy.²⁶⁴ Despite this, as has been observed, Canadian soldiers were not sentenced to death for these crimes. Only a single soldier’s death sentence was carried out by the Canadian Military during the Second World War, tried under military law for, “When on Active Service, Committing a Civil Offence, that is to say, Murder.”²⁶⁵ Two others were commuted. One of

²⁶¹ Stacey, *Arms, Men and Governments: The War Polices of Canada, 1939-1945*, 251.

²⁶² Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 241.

²⁶³ Nicola Labanca, “The Italian Front” in *The Cambridge History of the First World War* ed. Jay Winter, Vol. I, (Cambridge: Cambridge University Press, 2013), 283.

²⁶⁴ Printed in Great Britain. War Office, *Manual of Military Law, 1929, Addendum.*, 426–427.

²⁶⁵ Stacey, *Arms, Men and Governments: The War Polices of Canada, 1939-1945*, 251.

these was Gunner L.J. Doyle who was sentenced to death by shooting after being convicted of murdering Lance Corporal M.W. Lambert on 6 November 1943 near Campobasso Italy.²⁶⁶ Doyle had consumed a large quantity of wine obtained from a local farmer, shot Lambert and then turned his gun on himself, resulting in serious injury including the loss of an eye. A psychiatric examination in June 1944 found him capable of understanding past events and his possible punishment, yet his sentence was commuted to life in penal servitude due to a lack of motive.²⁶⁷ In England, six Canadian soldiers were convicted of murder and hanged by the civil authorities.²⁶⁸

Punishment of Canadians did not fall entirely within national jurisdiction. Like the experience of the First World War, Canadians sentenced to long terms could be committed to British prisons.²⁶⁹ The King's Regulations stated that once every three months it should be announced to troops that anyone inciting mutinous or treacherous behaviour would face life imprisonment.²⁷⁰ There were three major scales of confinement for Canadian soldiers during the conflict: detention, imprisonment, and penal servitude. As military law stated,

Detention was introduced into the scale of punishment in order that soldiers, who are

²⁶⁶ CANMILTRY to DEFENSOR, cipher telegram, CMHQ File 20/MED AREA/1, "Discipline Generally – Mediterranean Area", RG24 Vol 12,718, 07 July 1944.

²⁶⁷ CAMILTRY to Cdn 2E AAI, CMHQ File 20/MED AREA/1, "Discipline Generally – Mediterranean Area", RG24 Vol 12,718, 7 July 1944.

²⁶⁸ Stacey, *Arms, Men and Governments: The War Polices of Canada, 1939-1945*, 251.

²⁶⁹ In the First World War, Canadians were committed to British civil prisons. Lt-Col. T.M. Hunter, Report No. 91, Historical Section, Army Headquarters, "Some Aspects of Disciplinary Policy in the Canadian Services, 1914-1946", Directorate of History and Heritage, 15 July 1960, 15.

²⁷⁰ Canada, Department of National Defence, *King's Regulations and Orders for the Canadian Militia, 1939 – Amendment*. (Ottawa: King's Printer, 1944), 75.

convicted of offenses which do not warrant discharge, should not, as a rule, be subject to the stigma attached to imprisonment. The latter punishment ought, as a rule, to be reserved for men convicted of serious offences, or of grave military offences, which, in the opinion of the court render their discharge with ignominy advisable.”²⁷¹

The 1st Canadian Infantry Division established a Field Punishment Camp early in 1940, but this was replaced by the No. 1 Canadian Detention Barracks, which could hold four hundred soldiers.²⁷² There were several prison riots here over the years, two were considered major, with one in March 1945 destroying all valuable property and requiring an infantry company to suppress it. The regular staff of the detention barracks was six officers and 171 other ranks. While the Canadians had a field punishment camp in both North-West Europe and Italy, Canadian soldiers under sentence were also spread throughout British military prisons and field punishment camps. For instance, in Italy by January 1945, the No. 2 Canadian Field Punishment Camp was established in Italy, but in 1944 Canadian soldiers were distributed over approximately fifteen military prisons, detention barracks and field punishment camps.²⁷³ This distribution was problematic administratively, in that there were delays in the Canadians’ paperwork for court martial reviews, and many men were simply discharged at the prison gates and immediately went away without leave. British padres and other officers were unaware of Canadian policy on a range of matters from Dependant’s Allowances to legal advice on

²⁷¹ Canada, Department of National Defence, *King’s Regulations and Orders for the Canadian Militia, 1939 – Amendment*. (Ottawa: King's Printer, 1944), 105.

²⁷² Ritchie and Canadian Provost Corps Association, *Watchdog: A History of the Canadian Provost Corps*, 41–42.

²⁷³ W. B. Keith, for E. G. Weeks, CMHQ, “Report on Liaison Visit to CMHQ – Col M. S. Dunn...”, CMHQ File 20/MED AREA/1, “Discipline Generally – Mediterranean Area”, RG24 Vol 12,718, 11 January 1945.

divorce,²⁷⁴ which left inmates' questions unanswered, heightening frustration. Canadian prisoners felt that they were denied the rights of other prisoners in British institutions. The No. 1 Field Punishment Camp and Detention Barracks had arrived in North-West Europe on 19 July 1944, and by December had admitted 495 soldiers.²⁷⁵

A study by the 1st Canadian Corps psychiatric adviser on those soldiers under sentence at the end of the war provides insight into the dregs of the disciplinary system in Italy. Both the Canadians and the British were taxed for prison accommodation by the end of hostilities.²⁷⁶ On 1 March 1945, psychiatrist Major Arthur Doyle reported on the approximately 1,033 Canadian soldiers under sentence in Italy.²⁷⁷ Doyle gave statistics on the results of interviews and research on 584 of these men, of whom 84 percent were under sentence for AWL or desertion. While the average age of these men was 24.7, Doyle wrote "there were a notable number of youths who had enlisted underage and whose bad behaviour appears to have commenced while being held in

²⁷⁴ The most common request for legal aid to the Judge Advocate General's office was for advice on divorce or annulment of marriages. Madsen, *Another Kind of Justice: Canadian Military Law from Confederation to Somalia*, 78-79; A Canadian chaplain estimated that half his time was taken up by marriage counselling. Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 138.

²⁷⁵ "First Canadian Army Administrative Report as of 1800 Hours 4 Dec 44 Unless Otherwise Stated", RG 24 Vol. 10,667, LAC.

²⁷⁶ P.J. Montague, CMHQ, to Walford, NDHQ, CMHQ File 20/MED AREA/1, "Discipline Generally – Mediterranean Area", RG24 Vol 12,718, March 1945.

²⁷⁷ There were another 100 soldiers awaiting trial and 500 unaccounted for, mostly AWL which were predicted to turn themselves in shortly. A.M. Doyle, Neuropsychiatric Adviser, Cnd. Sec. 1 Echelon, AFHQ, "Report of Survey of Canadian Soldiers Under Sentence in the C.M.F.", Folder "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC n.d. [after 1 March 1945].

Holding Units undergoing a boring existence".²⁷⁸ Older groups were also overrepresented, and many of these men had had a long Army rap-sheet, and had been relegated to non-combatant units because field units would not have them. Of the entire sample, 32.5 percent were said to be suffering from a neuropsychiatric disorder. Doyle suggested that since many of these men had tried to appeal to their officers or medical officers prior to their offence, that their evacuation as psychiatric casualties would have been much preferable to waiting until they defaulted, as over 92 percent of the men had sentences of over a year. Here too, Canadian prisoners were said to have particularly Canadian problems, usually getting into difficulties with other inmates when they first entered a British prison. Canadians were spread across nine British military prisons and a Canadian field punishment camp. By July 1944 the shortage of prison accommodation for the Central Mediterranean Force was already acute. British military prisons were subject to scandal in 1943 when deaths under custody were reported.²⁷⁹ At Fort Darland Detention Barracks on 17th March 1943, Rifleman Clayton died in custody from natural causes, but it was determined that, "his death was accelerated by ill-treatment and injuries which he had received."²⁸⁰ Two warrant officers were convicted of manslaughter. The Oliver Committee was established to report on conditions in detention barracks, and released its report on 22 November 1943. It recommended the establishment of the Military Provost Staff Corps training school,

²⁷⁸ Ibid.

²⁷⁹ Ahrenfeldt, *Psychiatry in the British Army...*, 130-132.

²⁸⁰ Britain, "Military Prisons and Detention Barracks (Recommendations)", *House of Commons Debates*, vol. 395, cc1385-88, 14 December 1943 (Sir J. Grigg).
<http://hansard.millbanksystems.com/commons/1943/dec/14/military-prisons-and-detention-barracks>

more staff at detention barracks, and better medical staff and facilities. The Oliver Committee highlighted a broad range of problems including: insufficient and poor quality Provost Corps personnel; poor sanitation; and dietary punishment. Canadian personnel, then, were entering a system of military justice which was being reformed after it had been found wanting in many respects.

Doyle wrote that commandants and officers were oriented towards rehabilitation and not solely punishment, but prison life was by no means a pleasant experience. Echoing many psychiatrists' comments on rehabilitation in the medical stream, he observed, "the longer a well motivated soldier is kept in prison, the less likelihood there is of his being rehabilitated."²⁸¹ A small number (4.3 percent) complained of domestic difficulties²⁸² or had alcohol related problems (7.7 percent), both of which were considered symptomatic of instability. Of the men surveyed, 28 percent were suspected to be chronic criminals who should be discharged from the Army.²⁸³ As a result of Doyle's report, the Assistant Adjutant General (Discipline) suspended sentences on cases that were deemed recoverable.²⁸⁴ From mid-April 1945, drafts of soldiers

²⁸¹ "Report of Survey of Canadian Soldiers Under Sentence in the C.M.F.", A. M. Doyle, Neuropsychiatric Advisor, Cnd. Sec. 1 Echelon, AFHQ. 11/PSYCHIATRY 1/2, RG24 Volume 12,631, LAC, n.d. [after 1 March 1945].

²⁸² A survey by McNeel in April 1944 had noted a higher incidence of complaints of domestic difficulty at 20 percent. The majority must have been difficulties with wives or families at home in Canada that the men kept abreast of via correspondence.

²⁸³ The British found chronic delinquents as damaging to morale and efficiency. Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, 102.

²⁸⁴ Unnamed partial report, A.M. Doyle, Neuropsychiatric Advisor, Cdn Section, GHQ, 1 Echelon, AFHQ. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

under sentence began to be shipped to Canada.²⁸⁵ Prison accommodation in Britain was full, so prisoners were transported as discretely as possible to avoid publicity.²⁸⁶

On 15 June 1945, the last Canadian disciplinary unit operating in the Italian theatre, the 2nd Canadian Field Punishment Camp, closed.²⁸⁷ On 31 May 1945, there were still fifty-three deserters in Italy, and shortly thereafter provisions were made to transfer disciplinary authority to remaining British headquarters.²⁸⁸ A number of soldiers under sentence were referred to as “incorrigibles”, those who were deemed disciplinary problems within the military penal system, and who would never be reformed to soldier again.²⁸⁹ Not until June 1950 were deserters and absentees in Britain, Germany and Austria given a general pardon.²⁹⁰

The Canadian Army in the Second World War had its fair share of those who refused or were unable to toe the disciplinary line. Many soldiers in Canada had a difficult time adjusting

²⁸⁵ Of the first draft of 200 soldiers under sentence sent to Canada, 78 were under penal servitude (with 56 serving terms from six months to two years, and 22 with more than two years); 109 were imprisoned (with 29 whose sentences expired within six months, and the remaining 80 with those expiring between six months and two years) and 13 under detention (with 4 serving terms of less than six months; and 9 serving those from six months to two years). CANMILITRY to DEFENSOR, CMHQ File 20/MED AREA/1, “Discipline Generally – Mediterranean Area”, RG24 Vol 12,718, LAC, 20 April 1945.

²⁸⁶ CANMILITRY TO DEFENSOR, CMHQ File 20/MED AREA/1, “Discipline Generally – Mediterranean Area”, RG24 Vol 12,718, LAC, 19 March 1945.

²⁸⁷ CANMILITRY to CANFOR, CMHQ File 20/MED AREA/1, “Discipline Generally – Mediterranean Area”, RG24 Vol 12,718, LAC, 15 June 1945.

²⁸⁸ CANFOR (EXFOR REAR) to CANMILITRY, CMHQ File 20/MED AREA/1, “Discipline Generally – Mediterranean Area”, RG24 Vol 12,718, LAC, 5 June 1945.

²⁸⁹ J. C. Stewart, Officer i/c Cdn Sec 1st Ech AFHQ, to Major General i/c Admin, CMHQ, “Progress Report – Review of Sentences – CMF”, CMHQ File 20/MED AREA/1, “Discipline Generally – Mediterranean Area”, RG24 Vol 12718, LAC, 27 April 1945; and CANMILITRY to CANDEX, *ibid*, 22 May 1945.

²⁹⁰ Madsen, *Another Kind of Justice: Canadian Military Law from Confederation to Somalia*, 93.

to living in military barracks, and became browned off after long periods of inaction. The Army had comprehensive systems of surveillance which attempted to monitor the morale of the troops, and used this data to respond to the needs (and transgressions) of its soldiers. In England, North-West Europe and Italy, the discomfort of dislocation was only heightened by the stresses of air raids and combat along with further distance from the comforts of home. While small scale mutinies and riots did occur, along with a host of misdemeanours and felonies, the Canadian Army never had a large-scale disciplinary crisis. The information that it generated while monitoring its soldiers through surveys and censorship, however, provides an unexplored archive on the social history of the Army. With this broad picture of obedience in the Army established, we can now turn to the medicalization of morale, where the realms of discipline and health were to intermingle.

Chapter 4: Swinging the Lead on Sick Parade: Medicine and Morale

4.1 Morale and Sickness

Medical aspects of soldiering have long been associated with morale.²⁹¹ The soldier's will to persevere through sickness, resisting the urge to report ill, is a sign that his motivation is high. As historian John Baynes writes, "In a good battalion men feel that they are of value, and wish to give of their best. Because of this they do not go sick, but struggle on through minor ailments to the point where they can either recover or are really ill."²⁹² Likewise, medical malingering, or "swinging the lead" in soldiers' vernacular, has often come under suspicion by combat and medical officers (MOs) alike. A basic function of Canadian medical officers in the Second World War was to keep units and formations up to strength, not only by attending to their basic health, but also scrutinizing ailments with the suspicion of simulated illness in mind. The Royal Canadian Army Medical Corps was charged with the physical and psychiatric well-being of Canadian soldiers, and as such had a large role to play in the monitoring of morale. Precedents had been set in the First World War. Desmond Morton writes that the official historian of the Canadian Expeditionary Force felt that, "army life turned doctors into autocrats. The deference due to fee-paying patients curdled into a suspicion of 'lead-swingers' and malingerers."²⁹³

²⁹¹ Boff notes that sickness rates are "often considered a good indicator of morale". Boff, *Winning and Losing on the Western Front: The British Third Army and the Defeat of Germany in 1918*, 100; Wilcox uses sickness rates in three Italian divisions in late summer 1917 to show there was no decline in morale in these formations. Wilcox, "Morale and Battlefield Performance at Caporetto, 1917," 841.

²⁹² Baynes, *Morale: A Study of Men and Courage*, 96.

²⁹³ Desmond Morton, "Resisting the Pension Evil: Bureaucracy, Democracy and Canada's Board of Pension Commissioners, 1916-33.," *Canadian Historical Review* 68, no. 2 (June 1987): 211.

Suspicion would continue when physicians were called to duty once again in 1939. With only forty-two medical officers and eleven nursing sisters in the permanent Army in November 1939, the RCAMC would exponentially expand during the war.²⁹⁴ While the regimental officer was the first line of defence for the medical-morale system, his observations were often collated and sent up the bureaucratic chain of command, where statistics aided upper level commanders in assessing collective morale. Two specific aspects of health were particularly scrutinized as indicators of morale: venereal disease and battle exhaustion (neuroses from combat trauma). Self-inflicted wounds were also monitored, yet were never a major problem for the Canadian Army. General health, and the tendency of a soldier to report as sick, was also a factor which was said to indicate the state of morale, yet separating those with low willpower from those who were legitimately ailing was always problematic. Medicine became a way to classify and categorize men in relation to their usefulness to the Army. As Terry Copp and Bill McAndrew write, "Unfortunately there was no administrative provision at the time to discharge evidently incapable individuals simply because they were unlikely to become efficient soldiers. Hence medical disposal evolved into an all-embracing alternative."²⁹⁵ Medicine then, was connected to morale surveillance in its attempt to monitor the will to obey amongst soldiers, yet despite the techniques of statistical epidemiology and personnel data, there was still use of the officer's "magic eye" in determining who was faking their ailments, and who was genuinely sick.

On the home front, the Adjutant-General's Directorate of Special Services, compiled

²⁹⁴ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 11.

²⁹⁵ *Ibid.*, 150.

health statistics for the use of upper echelon officers. In a statement equivocating morale with perseverance, the Research and Information section noted in their October 1943 report that, "The disposition to accept order with conviction, to endure hardship with spirit, and to belittle trifling but none the less irritating occurrences is perhaps the fundamental characteristic of sound morale in any group."²⁹⁶ Sickness was one hardship that motivated soldiers would endure.

In Canada, the ability to read behavioural choices in medical statistics was suggested by responses to medical officers' polled in December 1943. Many explained the good health record in that month as troops not wanting to jeopardize their holiday leave.²⁹⁷ Of course, natural cycles of viral outbreak and infections also affected sickness rates. In the winter of 1940-41, 3rd Canadian Infantry Division recorded 8 percent of their strength as sick, noting that the "ever changeable" Nova Scotian weather was making it difficult for the men to acclimatize.²⁹⁸ As a report on troops stationed in Canada noted of October 1942, the increases in health problems were due to climatic changes, and the consequent appearance of respiratory infections.²⁹⁹ Complaints raised against cold quarters indicate there may have been accommodation issues at play in this increase. Of forty-seven units that registered complaints, thirty-four were lodged under canvas. A report for the previous month shows the ambiguity that could arise in

²⁹⁶ "Morale Summary for October, 1943", File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, October 1943.

²⁹⁷ "Trends in the Thinking of Army Units" Volume III, No. II, File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, February 1944.

²⁹⁸ 3rd Canadian Infantry Division (3CID) Assistant Directory Medical Services War Diary, Folder "HQ 3rd Cdn Inf Div A.D.M.S. Oct 40 to June 42", RG24 Vol. 15,660, LAC, 12 November 1940.

²⁹⁹ C. R. Hill, Director Special Services, "Morale in the Canadian Army - (October 1942)", File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 12 December 1942.

explanations of rising sick rates. This report noted that high sick parade, minor illness and VD rates in Advanced and Basic Training Centres in operational units could be explained by the fact that, "more men in training centres are dissatisfied with army life and look to medical parades as a possible avenue of escape; [or that] men in training centres are not as hardened physically as those in operational units."³⁰⁰

Sick parade was the daily turn-out of members of a unit who were too sick to conduct their duties. As such, they were a direct indicator of illness as manpower wastage, and were closely monitored by medical and other officers. It was also an avenue for potential malingerers to shirk their military duties or even an avenue of protest. Tim Cook noted that soldiers in the First World War whose rum ration was at risk of being cut threatened that half the regiment would be on sick parade the next morning if they didn't receive their drink.³⁰¹ Early in the war, the Chiefs of Staff Committee reports to the prime minister, noted a weekly sick wastage percentage of more than 3 percent.³⁰² At the end of 1940, diphtheria, measles and influenza were prevalent in Canadian Army districts, and during the week ending 14 December, the influenza rates were said

³⁰⁰ "Morale in the Canadian Army - (September, 1942)", File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC.

³⁰¹ Cited in Craig Leslie Mantle, "Loyal Mutineers: An Examination of the Connection between Leadership and Disobedience in the Canadian Army since 1885" in *The Unwilling and the Reluctant: Theoretical Perspectives on Disobedience in the Military* ed. Craig Leslie Mantle (Canadian Defence Academy Press: Kingston, 2006), 61.

³⁰² The rate was 3.32 percent, and taken from a count of 52,133 troops at home and 23,265 abroad (plus 137 at CMHQ). "Summary of Information Respecting Departmental Activities", File HQS-5199-0, Vol. 1, "Chiefs of Staff Committee Reports for the Information of the Prime Minister", RG24 Vol.2702, LAC, 23 March 1940.

to reach "epidemic proportions".³⁰³ Sick wastage rose to 4.66 percent. Rates were higher in basic training centres, which could be explained by a combination of illness due to the new environmental factors, and low morale of recruits under the stress of military life.

There are problems in comparing the statistical sickness rates, which suggest that these quantitative aspects of morale monitoring need to be analysed critically. A soldier who attended the Medical Inspection Room (MIR) on several occasions during a month would have increased the incidence considerably. Director General of Medical Services Brock Chisholm wrote to a district medical officer that, "It is correct [...] that if a man visits the M.I.R. on six occasions, this is recorded as six minor illnesses, although he may have received treatment for a boil on six occasion[s]."³⁰⁴ Despite this problem, Chisholm also considered the statistics useful as a guide to morale in different units. He wrote, "The minor illness figure is considered as significant from the standpoint of evaluating morale. The man who is keen to learn and anxious to carry out his duties will not be nearly as likely to report on sick parade as a result of minor health disturbances as will be the man whose morale is low."³⁰⁵

Sick parade figures, then, can be misleading, as in some reports figures were cumulative figures for an entire month. In August of 1942, twenty-six of thirty-two basic training centres

³⁰³ File HQS 5199-U Vol. 3, "Chief of Staff Committee Reports for the Information of the Prime Minister", RG24 Vol.2702, LAC, 21 December 1940.

³⁰⁴ G. B. Chisholm, to District Medical Officer, Military District No. 3 Kingston, "Offences and Health in M.D.3", HQC 8917-3-5-3 (Meds 5b), folder "Offences and Health - M.D. 3 - Morale", LAC, RG24-C-1, Microfilm Reel C-5289, 21 September 1943.

³⁰⁵ Ibid.

had sick parade rates representing over 50 percent of their strength.³⁰⁶ Six of eight units with 100 percent or more of their strength on sick parades were basic training centres. These calculations are taken to mean that if a single man paraded sick every day he would be counted as a separate incident each day. Thus a thousand man unit would have a percentage of over 100 if it had more than thirty-two men sick every day.

Due to difficulties transitioning from civilian to Army life, Basic Training Centres were hotspots of various disciplinary problems, and in November 1942 were reported to have the worst records for minor illness and hospitalization.³⁰⁷ In Canada in June 1943, nine units had illness rates exceeding their total strength, due to men who visited the regimental medical officer several times.³⁰⁸ Basic training was the first passage of the military recruit into the regimented and disciplinary world of the military. It was here where the civilian crossed the threshold into a world of surveillance, physical hardening, and authority. The district depots were also noted as having higher numbers of offences and health. This was explained by their more diversified personnel and higher proportion of "misfits" on strength.³⁰⁹ Some men who had their medical categories lowered, and were deemed unsuitable for overseas service, were sent to act as garrison troops in Special Employment Companies at the district depots.

³⁰⁶ C. R. Hill, Director of Special Services, "Morale in the Canadian Army - (August 1942)", File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, October 15th 1942.

³⁰⁷ C. R. Hill, Director Special Services, "Morale in the Canadian Army - (November, 1942)", File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 11 January 1943.

³⁰⁸ June 1943 saw the end of a series of epidemics of measles, mumps, and scarlet fever.

"Morale in the Canadian Army - (June 1943)", HQS 8917-3 (DSS), File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 12th August 1943.

³⁰⁹ "Morale in the Canadian Army - (June 1943)", HQS 8917-3 (DSS), File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 12th August 1943.

Overseas, General Harry Crerar, commander of First Canadian Army in July 1944, wrote of certain medical indicators as "angles" that troops would use to avoid combat. He wrote of men on campaign in Italy that the, "...general problem concerns the natural but, in the circumstances of war, reprehensible objection of a small proportion of other ranks of 1 Cdn Corps to risk death, or serious injury, for their country[.] The "angles" include such things as desertion, self-inflicted wounds, attempts to be diagnosed as "exhaustion cases", VD re-infection and so on."³¹⁰ Crerar felt that discipline and education should be used to prevent shirkers. He advised his corps commanders that, "disciplinary action should be tightened up and speeded up [...] punishments should be as severe as the circumstances permit; [and that] all ranks should be brought increasingly to the view that 'escapism' is a shameful thing."³¹¹

Other sicknesses could show signs of men suffering from weariness and hard living on campaign. The 3rd Canadian Infantry Division's medical headquarters noted in August as Operation TRACTABLE began that, "...dysentery is becoming slightly more distressing in some units". The report cites behavioural causes of the increase due to combat stress. The war diary recorded the incidence was likely caused by, "...Infection of food, drinking unusual amounts of tea, some nervousness with lack of sleep, oversmoking which is a bowel stimulant to some and last but not least swallowing an undetermined quantity of dirty road dust, particularly that encountered on streets in towns where destruction of buildings and sewage drains has been

³¹⁰ The quote was taken from remarks made to General ELM Burns in March 1944. Crerar to Simonds, File "215C1.019 (D2) Crerar Gen Photostats - Copies of GOC-in-C Files 1st Cdn Army", RG24 Vol. 10650, LAC, 15 July 1944.

³¹¹ Ibid.

great.”³¹² With symptoms like bloody diarrhea, fever, and abdominal pain, dysentery would be a severe drain on men’s will to soldier on, especially during the intense combat operations in the first three months of the Normandy campaign. As Andrew Watson noted of exhausted British units in the First World War, they “manifested high rates of illness, not only because their personnel were more likely to seek escape through the sick parade but also because apathetic and depressed men were genuinely more vulnerable to disease than happy and well-rested comrades.”³¹³

In January 1945, members of the 2nd Canadian Infantry Division’s medical staff continued to emphasize the role of medical officers in the surveillance of malingering. Lt-Col. C. U. Letourneau, responsible for training the RCAMC in the division, noted that one of the professional points that needed to be emphasized was how to administer sick parade. He wrote that, “The new medical officer may often find his practice growing to tremendous proportions within a few days. Some flatter themselves that this is an index of popularity.”³¹⁴ He also noted that MOs would need to know what to do with suspected self-inflicted wounds.

Serious sickness could result in hospitalization, where scrutiny of potential malingering continued. One report complained that, "criteria for admission to hospital in the army are considerably lower than civilian standards."³¹⁵ Over 1943, an average of 2.37 percent of the

³¹² 3CID ADMS War Diary, RG24 Vol. 15,661, 15 August 1944.

³¹³ Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918*, 38.

³¹⁴ Lt.-Col. C. U. Letourneau, Chairman, Committee on Training RCAMC, 2CID to ADMS 2CID, “State of Training of Reinforcements RCAMC”, 2CID ADMS January 1945 War Diary.

³¹⁵ "A Survey of Hospital Admissions for the Canadian Army Overseas in the United Kingdom

Canadian Army Overseas was admitted to the hospital each month. With an eye to reduce those malingering, Major General Luton, the Director of Medical Services at Canadian Military Headquarters (CMHQ), wrote in a circular of early 1945 that the medical officer in charge of the hospital at Basingstoke should monitor, "frequent appearances on sick parade with trivial complaints or slight disability".³¹⁶ Like sick parade, a method for differentiating between high rates of hospitalization for justifiable causes, and those due to a lowering of morale, was never really established. Geography and climate could play a large role in hospitalization rates. For the units in their first continuous action in Italy from the beaches of Pachino to the streets of Ortona, battle casualties were only 18.5 percent of hospital admissions.³¹⁷ This was due, largely to what were called "diseases endemic" to Italy and Sicily, namely malaria and infective hepatitis (or jaundice). During the period of cold wet weather in North-West Europe in November and December 1944, postal censorship records show a notable decline in men reporting their good health in their mail. (See figure 4.1) The corresponding sick parade figures from 3rd Canadian Infantry Division suggest that the postal censorship figures correspond to the epidemiological rates of sickness, yet it remains to be seen if all the Canadian division's sick parade rates were

for 1943", File 11/STATS/1/2(AMD2), Folder, "D.M.S., Hospital Statistical Report - 1943", LAC, RG24 Vol. 18,712, 4 December 1944.

³¹⁶Major General R. M. Luton, Director of Medical Services, CMHQ to all MOs, "Functional Nervous Diseases", DMS Circular Letter No. 7, 1945, folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 18 January 1945

³¹⁷Major D. G. H. MacDonald, Medical Liaison Officer, Medical Records, Acton, "Hospital Admissions for the Canadian Army Overseas in the A.A.I. Force for 1943", File 11/STATS/1/2(AMD2), Folder, "D.M.S., Hospital Statistical Report - 1943", LAC, RG24 Vol. 18,712, 26th March 1945.

tallied whether other incongruities might be rectified. (See figure 4.2) For example, while the 3rd Division shows a steady decline in sick rates in 1945, which coincides well with postal censorship assessments for those reporting good health, there is an unexplainable spike in complaints of poor health in early March 1945 which has no correlation in 3rd Division's epidemiological statistics.

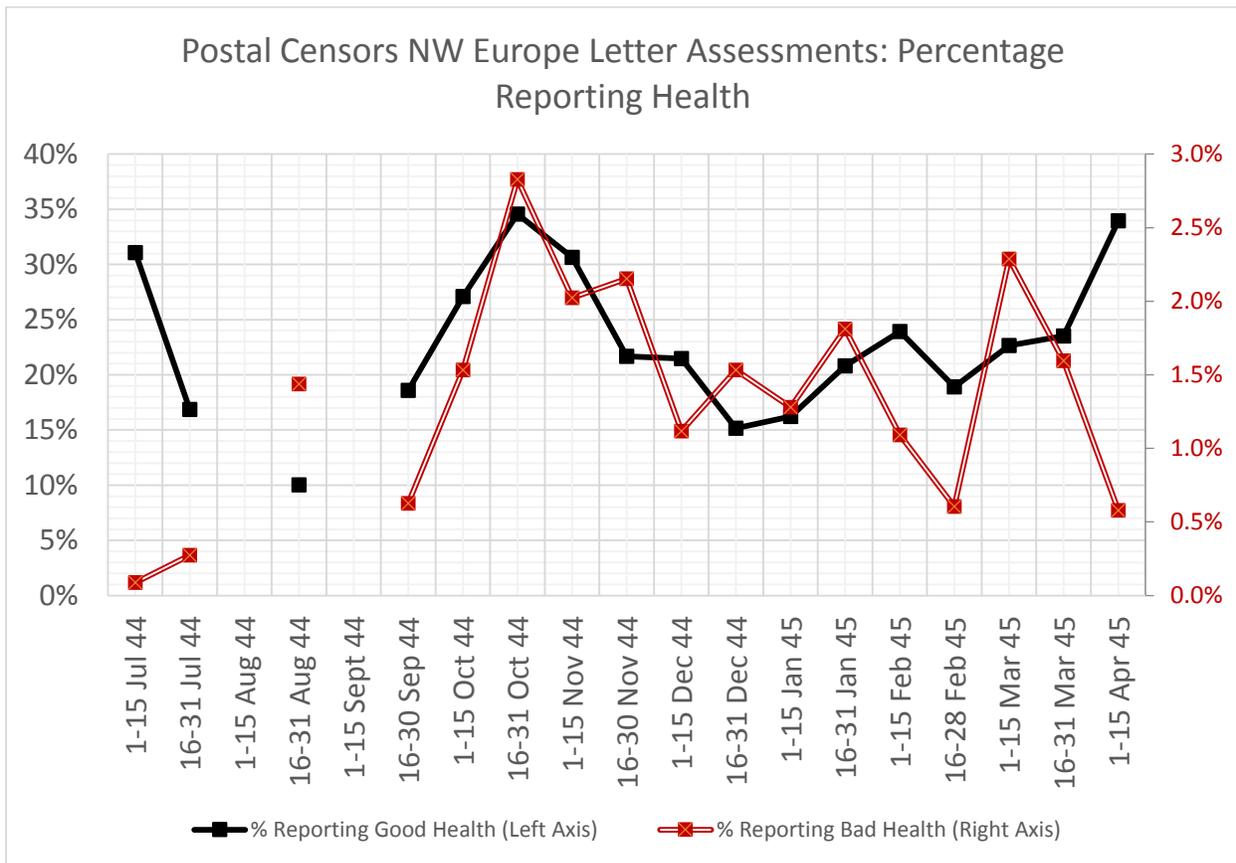


Figure 4.1 Postal Censors North-West Europe Letter Assessments: Percentage Reporting Health. August and September 1944 data missing. Source: Compiled from RG24 Volume 10,706.

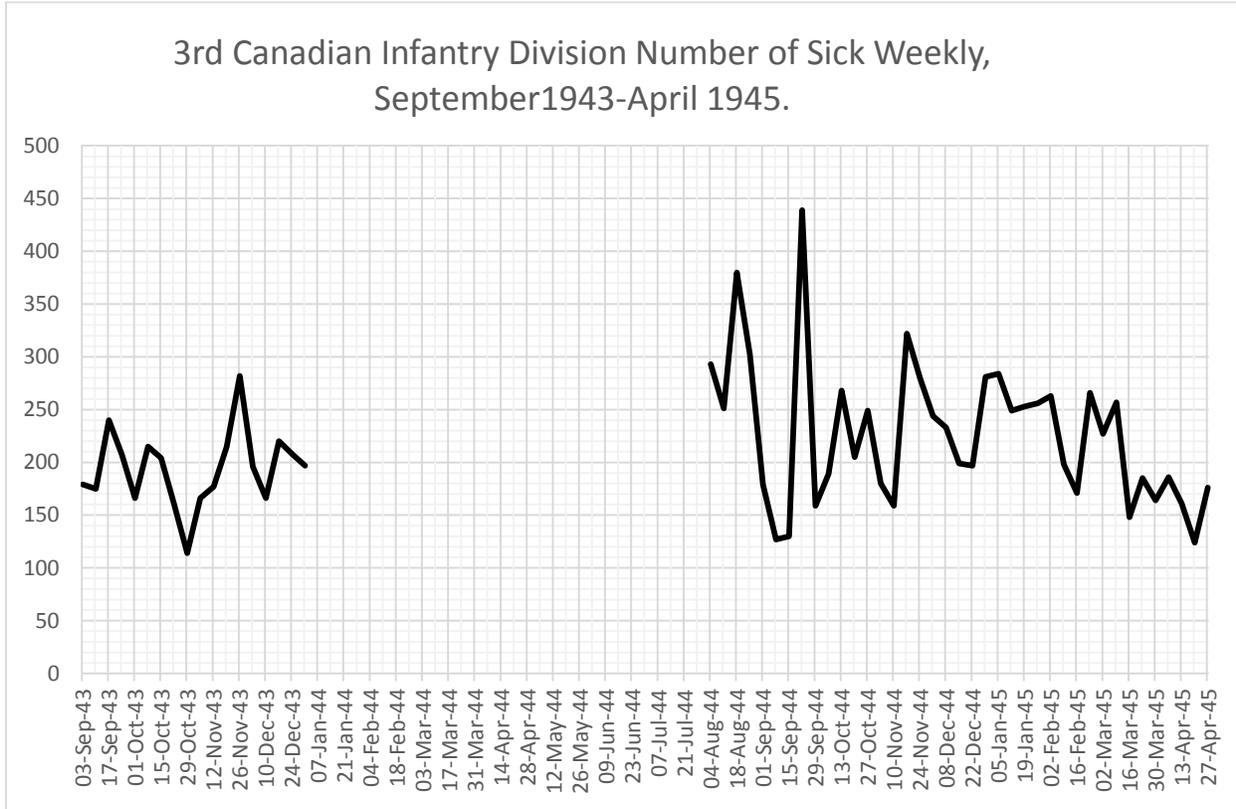


Figure 4.2 “3rd Canadian Infantry Division Number of Sick Weekly, September 1943-April 1945.” Records not available for the first half of 1944. Source: Compiled from RG24 Vol 15,661, 3CID ADMS War Diaries

The basics of logistics and supply impacted morale in a number of ways, especially in the delivery of mail and the provision of other comfort items. There was never a crisis of any scale in the supply of the Canadian Army, although men were found “grouching” (complaining) in postal censorship reports about lack of quality food or entertainments. An exception to the rule is found in the Italian campaign in February 1944, where problems with food supply for the 11th Canadian Infantry Brigade reached the nadir of Canadian Army supply in the Second World War. The Westminster Regiment reported that mouldy bully beef reported by the platoon cooks

in forward areas was likely the cause for gastroenteritis.³¹⁸ The Irish Regiment recorded the forward companies using shell-hole water (horrocks-tested and chlorinated) for tea. There was a universal dislike for canned herring, with many men simply going hungry instead of eating it.³¹⁹ The vast majority of Canadian Army operations were conducted with the critical 3000 calories per day without which historian Martin van Creveld has suggested soldiers “cease to be of any use.”³²⁰ In the spring in Italy, complaints about rations declined.³²¹ In North-West Europe in the winter of 1944-45, rations were increased by an additional 572 calories due to poor living conditions.³²²

4.2 Illness Types as Morale Indicators

The use of alcohol as a coping mechanism, and the downward spiral of dependency and depression associated with its consumption are well known. By late 1941 it was agreed by the committee on Functional Nervous Diseases, that chronic alcoholics and drug addicts were to be returned to Canada.³²³ The chronic alcoholic, however, was not a large drain on Canadian Army

³¹⁸ E. M. Wilder, Regimental Medical Officer (RMO), Westminster Regiment, “Hygiene Report for the Month of February, 1944”, 5th Canadian Armoured Division, Assistant Director Medical Services (ADMS), War Diary, Appendix 6, Library and Archives Canada (LAC), RG 24 Volume 15,664, March 1944.

³¹⁹ “Hygiene Report for the Month of February 1944 – The Irish Regiment of Canada”, 5th Canadian Armoured Division, Assistant Director Medical Services (ADMS), War Diary, Appendix 7, Library and Archives Canada (LAC), RG 24 Volume 15,664, March 1944.

³²⁰ Martin van Creveld, *Supplying War: Logistics from Wallenstein to Patton* (Cambridge University Press, 1980), 1.

³²¹ L. B. Goodyer, Chief Base Censor, BNAF & CMF, “Appreciation & Censorship Report No. 43 for Period 16-30 Apr 44 Inclusive.”, CMHQ File 4/Censor Repts/3, “Censorship Reports from AAF”, LAC RG24 Volume 12,323, 2 May 1944.

³²² Copp, *Cinderella Army: The Canadians in Northwest Europe, 1944-1945*, 183.

³²³ “Resume of the Work of the Committee on Functional Nervous Diseases”, Canadian Military

manpower. In 1943, those hospitalized in Britain for alcoholism, under the medical category "Chronic Poisoning and Intoxications", only numbered twenty-seven, or 0.15 percent of the 52,611 admitted.³²⁴ There is evidence, however, that alcoholism was linked to other disciplinary problems and medical symptoms.

Drunkenness was a military crime, persecuted largely when it interfered with military duty.³²⁵ Wine, spirits and malt liquor were prohibited in the barracks.³²⁶ If a private soldier was found drunk, he was placed on close arrest, if possible in solitary confinement, and deprived of his boots as long as the weather permitted. Drunkenness was not to be charged by court-martial unless the soldier was on active service or on duty, unless four instances had been recorded over the last year. Confining a drunken soldier to barracks was to be used to increase the gravity of the crime, which was usually treated with a fine that escalated with each instance of drunkenness. The first time a man was charged he was not expected to pay anything, but after a third charge fines could rise to \$10-16. On campaign in Normandy, Colonel M. C. Watson wrote of the 3rd Canadian Infantry Division in August 1944 that, "drunkenness has been dealt with as a serious breach of discipline."³²⁷ In 1945 after the Canadian Corps had left the Italian theatre, of

Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631, 30 October 41.

³²⁴ "A Survey of Hospital Admissions for the Canadian Army Overseas in the United Kingdom for 1943", File 11/STATS/1/2(AMD2), Folder, "D.M.S., Hospital Statistical Report - 1943", LAC, RG24 Vol. 18,712, 4 December 1944.

³²⁵ Great Britain. War Office, *Manual of Military Law, 1929, Addendum.*, 24–25.

³²⁶ Brooke Claxton, "Notes on Military Law and Discipline For Canadian Soldiers", 1940, 33, 15; Canada, Department of National Defence, *King's Regulations and Orders for the Canadian Militia, 1939 – Amendment.* (Ottawa: King's Printer, 1944), 79.

³²⁷ Major J. B. Cram, VDCO 3CID, "Monthly VD Report – Aug 1944 – 3 Canadian Infantry

the 584 soldiers remaining under sentence, almost 8 percent of the inmates were chronic alcoholics or claimed that alcohol caused their offence.³²⁸ The psychiatrist examining them, Major Arthur M. Doyle, noted that drunkenness, along with domestic difficulties, were considered symptomatic of mental instability. Like many other aspects of military life, alcohol use was paradoxical when considered under morale surveillance. While drinking in the controlled environment of a mess hall was no problem in regards to willing obedience of military orders, alcohol-related breaches of discipline were troubling, and could cause friction between soldiers and local civilians. Heavy alcohol use in a unit could indicate it was being used as a coping mechanism and suggested poor morale. When soldiers became so dependent that their drinking was medicalized, they were usually too far gone to be of use to the Army. These soldiers were in the minority, as were those who were caught for more sensational medical-disciplinary breaches.

Self mutilation has long been a way out of military service.³²⁹ While self-inflicted wounds (SIW) may represent one of the ultimate manifestations of poor personal morale, they were never a large problem in the Canadian Army Overseas. During certain times on campaign, the numbers could rise quickly, but as a fraction of total manpower, the rates remained insignificant.

Division", 3CID ADMS, August War Diary Appendix, LAC, RG24 Vol. 15,661, nd.

³²⁸ A.M. Doyle, Neuropsychiatric Advisor, Cnd. Sec. 1 Echelon, AFHQ, "Report of Survey of Canadian Soldiers Under Sentence in the C.M.F.", Folder "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC n.d. [after 1 March 1945].

³²⁹ Since 1861, Italian peasants had used self-inflicted injuries and infections to avoid soldiering. Gooch, *The Italian Army and the First World War*, 135.

In Italy, from December 1943 to February 1944, sixty-seven cases were recognized as SIW.³³⁰ A field punishment camp established in Ortona Castle during the period had two hundred inmates within weeks. In the spring of 1944 a psychiatrist examined the fifty cases that were accused, and only six were found to have neuropsychiatric disorders.³³¹ Carelessness was a major cause of these wounds, and Major Doyle wrote that, "It was almost universally stated that when a soldier startled [sic] to clean his rifle in the mud about the first thing he did was to place the muzzle on his left foot."³³²

In North-West Europe, from July 1944 to January 1945, six units had suspected cumulative self-inflicted wound rates over 1 percent of their war establishment.³³³ Upon investigation, none of these units were actually above 1 percent, the closest being the Chaudière Regiment³³⁴ at 0.85 percent. The statistical usefulness of the figure, however, is questionable in terms of quantifying morale, due to the very small numbers. A more telling figure is found in the

³³⁰ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 65.

³³¹ "The History and Development of Canadian Neuropsychiatric Service in the C.M.F.", "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC.

³³² A. M. Doyle, 1 Cdn Corps Neuropsychiatric Centre, "Summary of Neuropsychiatric activities in the Sicilian and Italian Theatres with the Canadian Forces", CMHQ Folder "Reports - No. 2 Neuro-Psychiatry Wing A.A.I.", 11/Psychiatry/6, Rg24 Vol. 12,631, LAC, May 44.

³³³ File 133.065(D327E) "Self-Inflicted Wounds - Jul44/Jan45 - accumulative stat graphs, LAC, RG24 Vol. 18,712.

³³⁴ The Chaudière's were also singled out in late October 1944 for having a high exhaustion rate. Col. C. H. Playfair, ADMS 3CID, to all Med Units, all Inf Bns, etc., "Weekly Summary of Sick & Injured – 3 Cdn Inf Div – Week Ending 27 Oct 44", ADMS 3CID, November War Diary, Appendix 10, 2 November 1944; The 8th Infantry Brigade was seen as a problem throughout the war, with the Chauds having particularly high rates of exhaustion, SIW, desertion and AWL. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 118.

rate for First Canadian Army as a whole. In the First Canadian Army of the Second World War, psychiatric adviser Frederick Van Nostrand wrote of the period from the Normandy invasion to the eve of the Scheldt offensive that, "Soldiers accused of wilfully mutilating themselves have been a greater problem than was anticipated."³³⁵ In North-West Europe suspected self-inflicted wounds were to be labelled "without qualification" as self-inflicted wounds, with "SIW" printed in block capitals after diagnosis in all medical documents.³³⁶ Men with the SIW diagnosis (or charge) were to be held in divisional medical units until investigation of the incident was complete. Charges ranged from two to five years' hard labour with the added loss of post-war benefits.³³⁷

Recording men's injuries as self-inflicted wounds was up to medical officers at the regimental or Field Ambulance level. One man evacuated from the 1st Canadian Scottish Regiment was diagnosed with "GSW [Gun Shot Wound] – ulnar border left hand...", and the Deputy Director Medical Service (DDMS) at First Canadian Army wrote back to 3rd Canadian Infantry Division medical headquarters looking for an explanation as to why he was not recorded as a self-inflicted wound."³³⁸ As figure 4.3 shows, the number of men convicted for self-inflicted wounds rises to eighty-seven on 3 February 1945, but then plateaus, with only two more

³³⁵ Van Nostrand, "Report of Tour of duty to B.L.A. made by the Consultant Neuropsychiatrist 31 Aug - 21 Sep '44", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 5 Oct 44.

³³⁶ Col. C. H. Playfair, ADMS 3CID, to all Medical Units, All R.M.O.s, "S.I.W. Casualties", ADMS 3CID, November War Diary, Appendix 1, 2 November 1944.

³³⁷ Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*, 149.

³³⁸ 3CID ADMS to 14 Canadian Field Ambulance and 1 Canadian Scottish Regiment, 3CID ADMS, December 1944 Message Log, 23 December 1944, 0005hrs.

cases recorded until the end of hostilities. The steepest increases from 9-23 September 1944 (twenty cases convicted) and 25 November – 2 December 1944 (ten cases convicted) could be due to a delay of courts martial proceedings from self-inflicted wounds sustained in the intense operations in Normandy in late August, and the Scheldt and Breskens Pocket in October. The 1945 plateau could be explained by either a change in juridical opinion on SIWs, or men feeling that the war could be won and that there was no point in self-injury. A healthy skepticism of the administrative numbers is in order. Whether or not a wound was counted as self-inflicted was contingent on the judgement of both medical and line officers. Figure 4.3 shows that despite this plateau in convictions, the rates of suspected SIWs continued to climb at a steady rate in 1945. The Canadian Corps in the First World War had many more SIWs, totaling 729. This is very likely due to the vigilance of First World War officers in medical-disciplinary screening, and a greater tendency to diagnose a wound as self-inflicted.³³⁹

³³⁹ Official historian Andrew Macphail records that authorities were so vigilant in arresting men that those that had legitimately injured their hands would conceal the injury. Andrew Macphail, *The Medical Services*, Official History of the Canadian Forces in the Great War 1914-19 (Ottawa: King's Printer, 1925), 274; Field-General Courts Martial for self-inflicted wounds in the British Army in the First World War have been used to question its morale in the third quarter of 1918, when rates rose to over 0.6 per thousand men. This was triple the average rate calculated over the last three quarters and the gross number of trials at 1202, was as high as the whole year previous to October 1917. Boff, *Winning and Losing on the Western Front: The British Third Army and the Defeat of Germany in 1918*, 101–102.

Weekly Convicted Self-Inflicted Wounds First Canadian Army (Cumulative)

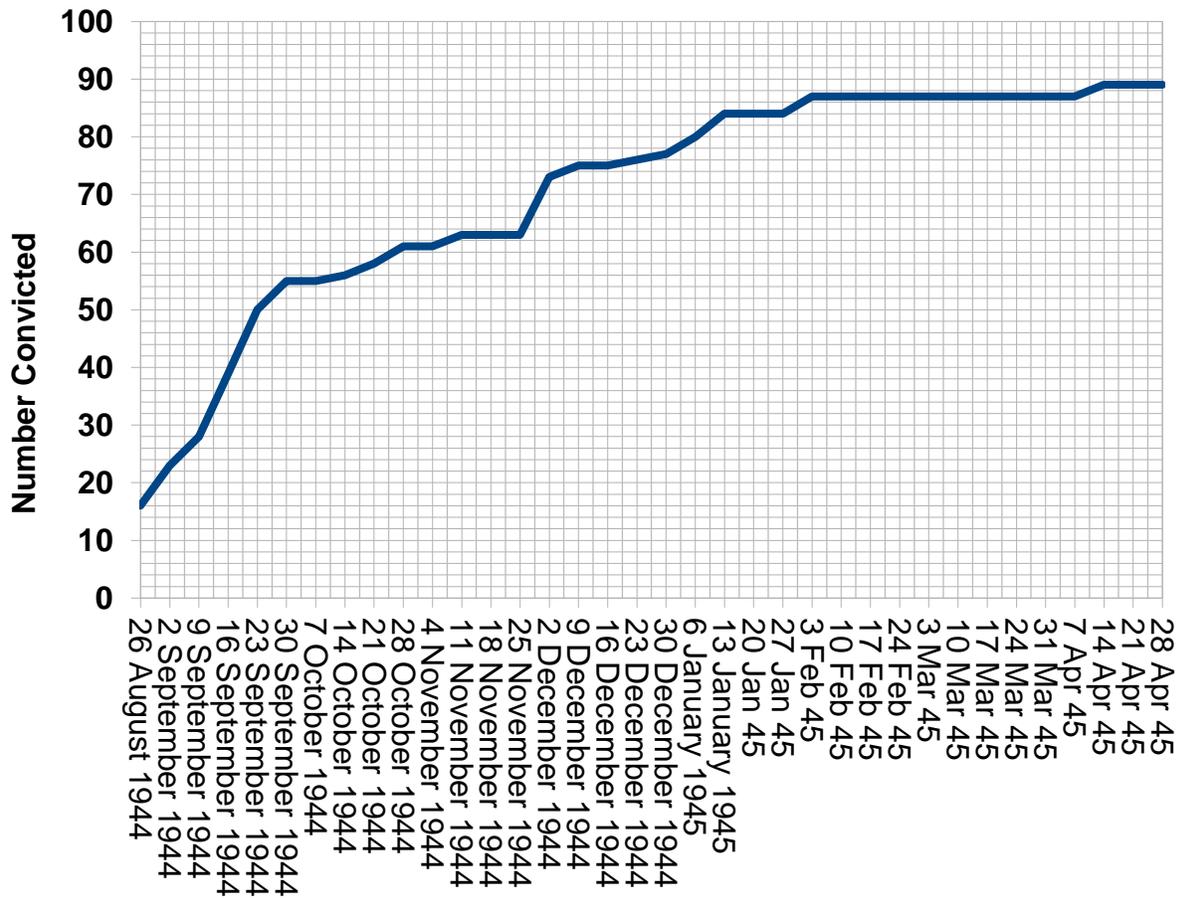


Figure 4.3 "Weekly self-inflicted wounds, First Canadian Army (cumulative) August 1944-April 1945." Canadian Personnel. Source: File 133.065(D327E) "Self-Inflicted Wounds - Jul44/Jan45 - accumulative stat graphs" RG24 Vol. 18712.

First Canadian Army Cumulative Self-Inflicted Wounds, Canadian Personnel

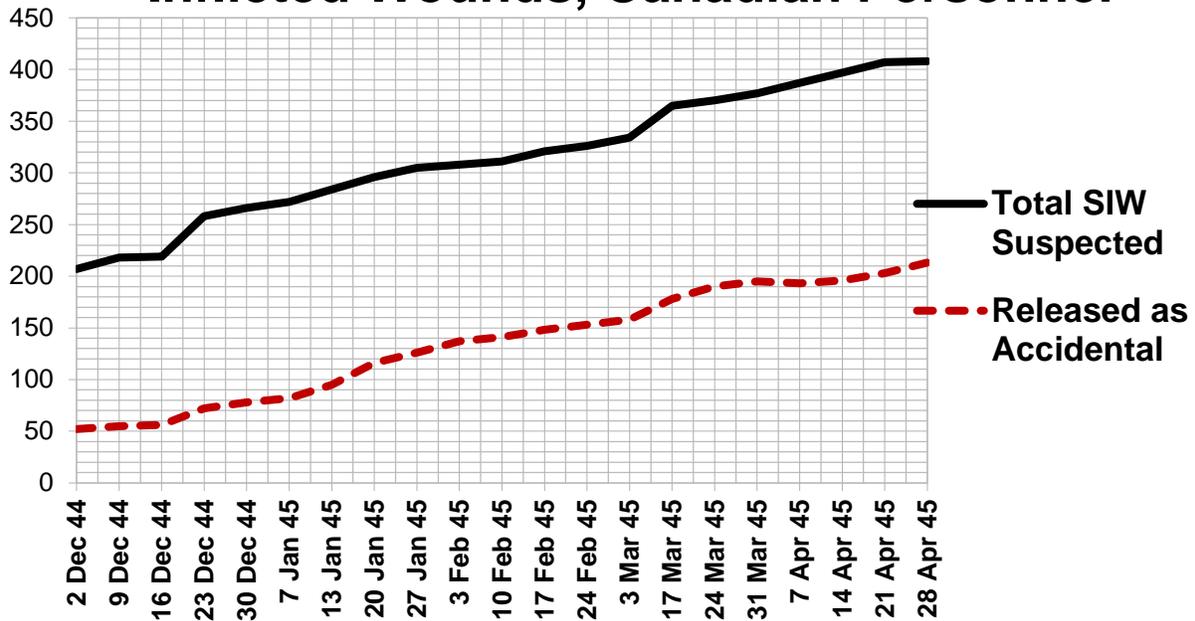


Figure 4.4 “First Canadian Army Cumulative Suspected Self-Inflicted Wounds and Releases, Canadian Personnel.” Source: Compiled from RG 24 Vol. 10,667.

(The issue of mental health and morale will be treated at length in Chapters five and six.)

Sadly, there were those with serious psychiatric problems, which resulted in the most extreme manner of self-mutilation. By the end of 1945, 186 other ranks and twenty-three officers, for a total of 209 Army personnel, had committed suicide.³⁴⁰ The majority of these cases were in Canada (ninety-four cases) and the United Kingdom (ninety-three cases). The Mediterranean theatre had twelve suicides, while North-West Europe had ten. In 1942, the

³⁴⁰ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:425.

highest per capita rate was recorded when forty-six soldiers killed themselves resulting in a rate of 10.42 per hundred thousand men. With just over one tenth of a percent of men committing suicide, there was no great manpower concern here, and to extrapolate these figures to suggest a trend in morale is perhaps unwarranted due to the insignificant sample size.³⁴¹ Correspondence among top Army administrators in Canada, however, does shed light into consideration of the mental health of soldiers and exposes a concern among the military brass in Canada that the medical/disciplinary system was unduly harsh.

Soldier suicide has gained increased interest in Canada from press reports regarding increased suicide rates among veterans of the Afghanistan War (2001-2014).³⁴² Historical study of Canadian Army suicides before the 1990s is practically non-existent, but a review of the international historical literature alongside recent studies in military suicidology allows for

³⁴¹ Soldier suicide in the current-day Canadian Forces features higher rates per hundred thousand and similar gross rates to those in the Second World War, but have been deemed to have limited statistical significance. Laura Bogaert, Jeff Whitehead, Miriam Wiens, Elizabeth Rolland, *Suicide in the Canadian Forces 1995 to 2012* (Directorate of Force Health Protection, DND: Ottawa, 2013), i.

³⁴² Bruce Champion-Smith, "Suicide claims more soldiers than those killed by Afghan combat" *Toronto Star*, 16 September 2014, <http://www.thestar.com/news/canada/2014/09/16/suicide_claims_more_soldiers_than_those_killed_by_afghan_combat.html>, accessed 3 March 2015; In 2011 there were twenty suicides and thirty-one attempted suicides in the Canadian Forces, with a rate of 29.4 per 100,000. "CF Suicide Rate Soars in 2011", *Esprit de Corps* 19:5 (2012), 36; The suicide of Stuart Langridge in March 2008 at Canadian Forces Base Edmonton was particularly controversial in provoking accusations of neglect by the Canadian Forces (CF). Michel W. Drapeau and Joshua M. Juneau, "The Funes Public Interest Inquiry. Into the wild: The NIS approach to legal analysis," *Esprit de Corps* 20:3 (2013), 38-43; From 2002-2014, 183 active duty CF soldiers took their own lives. Jason McNaught, "Release the Crazies", *Esprit de Corps* (July 2014), 14-19; Tremblay has described this press coverage as morbid fascination with soldier suicide. Yves Tremblay, "Du suicide, militaire et bibliographique", *Chronique d'histoire militaire* 19:1 (Autumn 2010), 118.

theorizing about suicide and Canadian Army morale in the Second World War. Contrary to assumptions about increased suicide rates due to societal stress during wartime, national suicide rates are found to decrease during times of large scale conflict.³⁴³ The national Canadian rate during the Second World war was reduced by 15-20 percent (from 7-10 per 100,000 to 6-7 per 100,000).³⁴⁴ As Louis Israel Dublin wrote of suicide during national mobilization for war in 1963, “It would seem that the all-engrossing, unaccustomed activities and the enlargement of interests to include more than the personal concerns of a limited circle of family and friends absorb people’s entire attention and prevent them from morbid brooding over individual troubles

³⁴³ Issac Sakinofsky and Antoon A. Leenaars, “Suicide in Canada with Special Reference to the Difference Between Canada and the United States” *Suicide and Life-Threatening Behavior*, 27:1 (Spring 1997), 112; some studies have suggested that the world wars did not influence suicide rates in the United States. J. R. Marshall, “Political integration and the effect of war on suicide: United States, 1933-76” *Social Forces* 59 (1981), 771-785, as cited in Ira M. Wasserman, “The Impact of Epidemic, War, Prohibition and Media on Suicide: United States, 1910-1920” *Suicide and Life-threatening Behavior* 22:2 (Summer 1992), 242, 240; Yves Tremblay notes that this was pointed out as early as Emile Durkheim’s 1897 study, and is true up to 1945 in many states including Canada. Yves Tremblay, “Du suicide, militaire et bibliographique”, *Chronique d’histoire militaire* 19:1 (Autumn 2010), 116; a distinction is made between broad national wars in which wide mobilization has an influence on suicide rates, and smaller wars which do not. Emile Durkheim, *Suicide: A Study in Sociology*, trans. John A. Spaulding and George Simpson (Routledge, 1897, 1952, 2002), 165.

³⁴⁴ Yves Tremblay, “Du suicide, militaire et bibliographique”, *Chronique d’histoire militaire* 19:1 (Autumn 2010), 118; American rates began to decline in 1941 and continued to do so until 1944. They had declined in 1916 as well and decreased to 1920. In England and Wales, rates dropped by 25 percent in the First World War, and from 1938-1944 declined by 25 percent in males and 30 percent in females. Rate declines are also observed in the American Civil War and the Franco-Prussian War. Louis I. Dublin, *Suicide: A Sociological and Statistical Study* (Ronald Press Company: New York, 1963), as cited in Edwin S. Shneidman, *Comprehending Suicide: Landmarks in 20th-Century Suicidology* (American Psychological Association: Washington, 2001), 56.

and disappointments.”³⁴⁵ He noted also that psychiatrists suggest that aggressions to the self can be directed towards a common enemy. It has been suggested that patriotism and solidarity mitigates against the stress of war to keep social integration high and suicide rates low.³⁴⁶ In the period after 1924, when Canadian data on suicide began to be recorded, the early 1940s represent a marked drop in rates, with male rates dropping below a rate of 15 per hundred thousand for the only time in recorded history.³⁴⁷

Findings on the comparative risk of active duty soldiers in the current-day Canadian Forces which show less suicide risk for soldiers compared to civilians contradict historical studies where soldiers are observed to be at higher risk.³⁴⁸ Emile Durkheim, in his classic 1897 sociological study of suicide, could state, “It is a general fact in all European countries that the suicidal

³⁴⁵ Louis I. Dublin, *Suicide: A Sociological and Statistical Study* (Ronald Press Company: New York, 1963), as cited in Edwin S. Shneidman, *Comprehending Suicide: Landmarks in 20th-Century Suicidology* (American Psychological Association: Washington, 2001), 55.

³⁴⁶ Ira M. Wasserman, “The Impact of Epidemic, War, Prohibition and Media on Suicide: United States, 1910-1920” *Suicide and Life-threatening Behavior* 22:2 (Summer 1992), 242.

³⁴⁷ Issac Sakinofsky and Antoon A. Leenaars, “Suicide in Canada with Special Reference to the Difference Between Canada and the United States” *Suicide and Life-Threatening Behavior*, 27:1 (Spring 1997), 112.

³⁴⁸ Shay-Lee Belik, Murray B. Stein, Gordon J. G. Asmundson, and Jitender Sareen, “Are Canadian Soldiers More Likely to Have Suicidal Ideation and Suicide Attempts Than Canadian Civilians” *American Journal of Epidemiology* 172:11 (October 2010), 1250; Charles Nelson, Kate st. Cur, Bradley Corbett, Elisa Hurley, Shannon Giffor, Jon D. Elhai, J. Donald Richardson, “Predictors of posttraumatic stress disorder, depression, and suicidal ideation among Canadian Forces personnel in a National Canadian Military Health Survey” *Journal of Psychiatric Research* 45 (2011), 1483; Mark A. Zamorski and David Boulos, “The impact of the military mission in Afghanistan on mental health in the Canadian Armed Forces: a summary of research findings”, *European Journal of Psychotraumatology* 5:23822 (August 2014); The rise of American military suicide since 2004 has been described as “unparalleled”. For the first time in American history, military rates rose higher than civilian rates. Craig J. Bryan, Keith W. Jennings, David A. Jobes, and John C. Bradley, “Understanding and Preventing Military Suicide”, *Archives of Suicide Research* 16:2 (2012), 95.

aptitude of soldiers is much higher than that of the civilian population of the same age.”³⁴⁹ In the period 1876-1890 rates were 1.25 times higher amongst French soldiers than civilians and in Austria the coefficient was ten times higher. In Prussia, nearly half of the 239 suicides reported in Berlin from 1781-1786 were those of military men.³⁵⁰ The rates peaked during springtime general maneuvers. In an interesting connection with morale, in 1805, Napoleon compared suicide to desertion. The connection remained in the following century where French military regulations equated suicide with desertion, an act punishable by death.³⁵¹ Rates for other ranks in the British Army dropped from 28 per 100,000 in the 1860s to 22 per 100,000 in the last two decades of the century.³⁵² Historian Janet Padiak has suggested policies could affect suicide rates, with requirement to keep firearms outside the barracks from around 1870 lowering the rate of gunshot wounds, and the permission for soldiers to shave introducing cutting the throat as a major method. The most cited reasons for taking one’s own life were: depression; monetary problems; alcohol; and family problems. L. Jacques-Elie Mesnier’s pioneering 1881 study *Du suicide dans l’armée: étude statistique étiologique et prophylactique* suggested that physicians and moralists were struck by the extraordinary frequency of suicides in nineteenth-century

³⁴⁹ Emile Durkheim, *Suicide: A Study in Sociology*, trans. John A. Spaulding and George Simpson (Routledge, 1897, 1952, 2002), 186.

³⁵⁰ Georges Minois, *History of Suicide: Voluntary Death in Western Culture*, translated by Lydia G. Cochrane, (Johns Hopkins University Press: Baltimore, 1995, 1999), 299-300.

³⁵¹ Patricia E. Prestwich, “Suicide and French Soldiers of the First World War: Differing Perspectives, 1914-1939”, in eds. John Weaver and David Wright, *Histories of Suicide: International Perspectives on Self-Destruction in the Modern World* (University of Toronto: Toronto, 2009), 135.

³⁵² Janet Padiak, "Death by Suicide in the British Army, 1830-1900", in John Weaver and David Wright, *Histories of Suicide: International Perspectives on Self-Destruction in the Modern World* (University of Toronto: Toronto, 2009), 123, 125, 127.

armies.³⁵³ From 1875-85, French military men were twice as likely to kill themselves than their civilian counterparts, and rates in other countries only increased with Italians being nine times as likely.³⁵⁴ High military suicide rates in relation to civilian populations seem to have reversed in the early twentieth century, although Dublin noted that from 1910-1958 rates remained higher for American soldiers in all age cohorts except for those under twenty-five.³⁵⁵

According to the “healthy soldier effect”, the improved mental and physical health of military members due to enlistment screening, means that putting all other factors aside, the rates of soldiers should be lower than civilian populations.³⁵⁶ Durkheim wrote in 1897, that soldiers represent, “the flower of the country. Carefully selected, they have no serious organic flaws.”³⁵⁷ There are factors of military life that mitigate against suicide, such as better social connections

³⁵³ L. Jacques-Elie Mesnier, *Du suicide dans l'armée: étude statistique étiologique et prophylactique* (O. Doin, 1891), 6.

³⁵⁴ Minois, 300; Durkheim's figures for a different period are lower for France (1876-90) at a coefficient of 1.25 for French soldiers vs. civilians, and higher at the upper end, with a coefficient of 10 times for Austrian soldiers (1876-90). Durkheim, 187.

³⁵⁵ Louis I. Dublin, *Suicide: A Sociological and Statistical Study* (Ronald Press Company: New York, 1963), as cited in Edwin S. Shneidman, *Comprehending Suicide: Landmarks in 20th-Century Suicidology* (American Psychological Association: Washington, 2001),

³⁵⁶ Shay-Lee Belik, Murray B. Stein, Gordon J. G. Asmundson, and Jitender Sareen, “Are Canadian Soldiers More Likely to Have Suicidal Ideation and Suicide Attempts Than Canadian Civilians” *American Journal of Epidemiology* 172:11 (October 2010), 1254; unhealthy soldiers with post-traumatic stress disorder or major depressive disorder are likely to be discharged from the military and thus lower military rates of mental health disorders. Charles Nelson, Kate Cur, Bradley Corbett, Elisa Hurley, Shannon Giffor, Jon D. Elhai, J. Donald Richardson, “Predictors of posttraumatic stress disorder, depression, and suicidal ideation among Canadian Forces personnel in a National Canadian Military Health Survey” *Journal of Psychiatric Research* 45 (2011), 1486.

³⁵⁷ Durkheim, 187.

with fellow soldiers.³⁵⁸ Shakespeare's "band of brothers", or what military sociologists refer to as the "primary group", worked to foster social integration and in the majority of cases, strong morale.³⁵⁹ Job satisfaction and financial security have also been suggested as lowering the chances of soldier suicide.³⁶⁰ General effects of war on society that are felt by both civilians and soldiers include a sense of common purpose and usefulness, and employment.³⁶¹

There are, however, aspects of soldiering that increase suicide risk. A key risk factor for military personnel is access to firearms and familiarity with violence.³⁶² Another is the lack of agency a soldier experiences when subjected to authority in the military hierarchy. George Minois, in his 1995 survey of suicide up to the nineteenth-century noted that the rigours of military discipline and military life generally could lead to frustrations and inhibitions.³⁶³

³⁵⁸ Shay-Lee Belik, Murray B. Stein, Gordon J. G. Asmundson, and Jitender Sareen, "Are Canadian Soldiers More Likely to Have Suicidal Ideation and Suicide Attempts Than Canadian Civilians?" *American Journal of Epidemiology* 172:11 (October 2010), 1254; Charles Nelson, Kate St. Cur, Bradley Corbett, Elisa Hurley, Shannon Giffor, Jon D. Elhai, J. Donald Richardson, "Predictors of posttraumatic stress disorder, depression, and suicidal ideation among Canadian Forces personnel in a National Canadian Military Health Survey" *Journal of Psychiatric Research* 45 (2011), 1485.

³⁵⁹ Durkheim mentions esprit de corps and a common military life as mitigating against soldier suicide. Durkheim, 187.

³⁶⁰ Yves Tremblay, "Back from War: What do we know about the mental health of returning soldiers?" *Literary Review of Canada*, (Jan-Feb. 2012), <<http://reviewcanada.ca/magazine/2012/01/>>.

³⁶¹ Berlin, 58.

³⁶² Bryan Tanney, "Suicide Prevention in Canada: A National Perspective Highlighting Progress and Problems", *Suicide and Life-Threatening Behavior* 25:1 (Spring, 1995), 120; Georges Minois, *History of Suicide: Voluntary Death in Western Culture*, translated by Lydia G. Cochrane, (Johns Hopkins University Press: Baltimore, 1995, 1999), 300.

³⁶³ Georges Minois, *History of Suicide: Voluntary Death in Western Culture*, translated by Lydia G. Cochrane, (Johns Hopkins University Press: Baltimore, 1995, 1999), 300; Mesnier's work cites dislike of military service, difficulties acclimatizing (including home-sickness), and

Agency, the feeling that one is in control and “the initiator of one’s own actions”, is very limited for soldiers at the bottom of the command chain.³⁶⁴ Andrew Watson suggests that a lack of control, rather than “discomfort” or “danger” was the main stressor during stable front conditions of the First World War.³⁶⁵ He found that the dreams of soldiers often featured themes of disempowerment. Historian Ben Shepard in his survey of military psychiatry described trench warfare as taking a heavy mental toll due to the “powerless waiting of an impersonal death.”³⁶⁶ Slit trenches were a way of life with soldiers in the Second World War as well, and by July 1944, 3rd Canadian Infantry Division medical headquarters noted that, “For psychological reasons the soldier should not be in a position where he is constantly having to search for a place to duck in an emergency [sic] if so he becomes cowardly – plenty of obvious slit trenches makes him feel secure, he becomes brave and does not require to use them.”³⁶⁷ Canadian surgeon, Lt.-Col John B. Hillsman wrote of his experience waiting to establish No. 8 Canadian Field Surgical Unit outside of Caen: “It was our first time under fire. If one could only move it wouldn't be so bad. Sitting helpless without shelter brings on a wave of paralyzing fear. Your mouth becomes dry

rigorous discipline as military-specific reasons for suicide in the nineteenth-century. Mesnier, *Du suicide dans l’armee*, 88.

³⁶⁴ Without a feeling of agency, frustrations regarding self-fulfillment, self-esteem, assertiveness, self-control and achievement can arise. Craig J. Bryan, Sarah Rae Andreski, Mary McNaughton-Cassill and Augustine Osman, “Agency is Associated with Decreased Emotional Distress and Suicidal Ideation in Military Personnel” *Archives of Suicide Research*, 18:3 (2014) 242,246.

³⁶⁵ Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918*, 34.

³⁶⁶ Shepard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 33.

³⁶⁷ Col. M. C. Watson, ADMS 3CID, “Quarterly Report – 1 July 44 to 1 October 44”, 3CID ADMS October 1944 War Diary, Appendix 2, 1 October 1944.

and you get a feeling of tight-hollowness about your stomach."³⁶⁸ Minois also suggests that impulsivity of a soldier acted against thinking himself out of suicide: "The soldier is professionally trained to act first."³⁶⁹ Durkheim suggested that it was the altruistic group identification, the self-less culture of soldiering that prompted soldiers to value the group over the individual, and hence depreciate the value of his own life.³⁷⁰ It is possible that for Canadian soldiers in the Second World War personnel allocation played a role in aggravating suicidal patterns. Did the rejection of full combat duty and relegation to lines of communication or guard-duty in Canada result in "rejection-aggression"?³⁷¹

Psychiatric illness has been linked to suicidality in the civilian and military spheres.³⁷² The case of one suicide in the Regina Rifle Regiment in July 1942 shows strong connections between mental instability and suicide in the Army. The verdict of the coroner's report stated, "Death from [Gun Shot Wound] of head by own hand while of temporarily unsound mind."³⁷³ Policy in the field by November 1944 was to repatriate anyone who had psychosis, as there were cases of

³⁶⁸ John Burwell Hillsman, *Eleven Men and a Scalpel* (Winnipeg: Columbia, 1948), 33.

³⁶⁹ Minois, *History of Suicide*, 300.

³⁷⁰ Durkheim, 192-199.

³⁷¹ Antoon A. Leenaars, "Suicide and the continental divide", *Archives of Suicide Research* 1 (1995), 47; Ehud Bodner, Elisheva Ben-Artzi and Zeev Kaplan, "Soldiers Who Kill Themselves: The Contribution of Dispositional and Situational Factors" *Archives of Suicide Research* 10 (2006), 30.

³⁷² The United States Department of Defense suggests 40-50 percent of soldier suicides have diagnosable illnesses. Craig J. Bryan, Keith W. Jennings, David A. Jobs, and John C. Bradley, "Understanding and Preventing Military Suicide", *Archives of Suicide Research* 16:2 (2012), 97.

³⁷³ Capt. R. E. Ralph, MO, Regina Rifle Regiment to Col. LH Leeson, ADMS 3CID, "REPORT ON FATALITY L28177 Rfn. Gilliland, A.", 3CID ADMS War Diary, LAC RG24 Vol 15,660, 4 July 1942.

suicide before this was the rule.³⁷⁴

Captain G. H. Josie of the Statistical Section reported on suicides in the Canadian Army, indicating the topic was of some interest to administration. He noted that the rates for general service suicides from September 1939 to December 1940 were higher than National Resources Mobilization Act troops (7.9 per 100,000 for General Service troops as opposed to 2.65 per 100,000 for NRMA troops), but had no satisfactory explanation for the difference.³⁷⁵ Suicides were declining in Canada, yet to a lesser degree for those under thirty years old. Comparing the civilian rates with those of the military was difficult, as age distribution for the latter was unavailable. The higher rates in the western provinces (with BC topping the rates at 20.7/100,000) was likewise unexplainable. There are a number of factors, some particularly related to war and military service, that can act against accurate quantification of suicides. Removing physicians during wartime can reduce the number and vigour of autopsies for non-natural deaths leaving a greater chance of a suicide not being recorded as such.³⁷⁶ Quantitative analysis of suicides in the army are troublesome, as suicide is frequently underreported.³⁷⁷

³⁷⁴ W. A. Hawke, to Griffin, Directorate of Medical Services, "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC, 21 November 1944.

³⁷⁵ Capt. G. H. Josie, AMD 2, Statistical Section to Col. Mackenzie, "Suicides in the Canadian Army", DND Folder HQ 54-27-1-86, "Suicide & Attempted Suicide Cases, Canadian Army. - Policy.", LAC RG24 Volume 2053, 27 August 1945.

³⁷⁶ Ira M. Wasserman, "The Impact of Epidemic, War, Prohibition and Media on Suicide: United States, 1910-1920" *Suicide and Life-threatening Behavior* 22:2 (Summer 1992), 242.

³⁷⁷ Current-day Canadian Forces rates have been deemed to be more accurately compiled than civilian rates, as they combine both autopsy reports (death certificates) common to the civilian sphere and military police records. Laura Bogaert, Jeff Whitehead, Miriam Wiens, Elizabeth Rolland, *Suicide in the Canadian Forces 1995 to 2012* (Directorate of Force Health Protection, DND: Ottawa, 2013), 10; problems in the lack of pre-modern source material on suicide due to a

Historian Patricia Prestwich found French records in the First World War were falsified to read that deaths were by enemy action rather than self-inflicted.³⁷⁸ It seems likely that some of the Canadian Army's 368 deaths from "accidental" drowning were suicides, and the same could be said for 2,491 deaths by injury, or indeed the 13,811 listed as killed in action.³⁷⁹

In 1945, in Canada, we find the largest trail of correspondence on suicide in the Canadian Army. Some of the rhetoric wished to emphasize the seriousness of mental health, and move potential suicide cases from the administrative or disciplinary sphere to that of medical treatment. This concern in 1945, that potential suicide cases would be treated as disciplinary problems, suggests that the realms of medicine and discipline were thoroughly entwined throughout the Canadian Army in the Second World War. The wish to avoid disciplinary approaches is perhaps even more significant, given suicide was only decriminalized in Canada in the early 1970s.³⁸⁰ A staff officer in the Adjutant-general's office at NDHQ wrote, "Instances

lack of parish registers on voluntary deaths (which were not given religious burial) partly explains the lack of historical studies before the 1970s. Georges Minois, *History of Suicide: Voluntary Death in Western Culture*, translated by Lydia G. Cochrane, (Johns Hopkins University Press: Baltimore, 1995, 1999), 1.

³⁷⁸ Not until 1925 were French suicides deemed to be caused by military service pensionable. Patricia E. Prestwich, "Suicide and French Soldiers of the First World War: Differing Perspectives, 1914-1939", in eds. John Weaver and David Wright, *Histories of Suicide: International Perspectives on Self-Destruction in the Modern World* (University of Toronto: Toronto, 2009), 135, 149.

³⁷⁹ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:425; for a study questioning accurate military reporting see, Nick Wilson, Jennifer A. Summers, Michael G. Baker, George Thomson, and Glyn Harper, "Fatal injury epidemiology among the New Zealand military forces in the First World War", *The New Zealand Medical Journal* 126:1385 (November 2013) 13-25.

³⁸⁰ Bryan Tanney, "Suicide Prevention in Canada: A National Perspective Highlighting Progress and Problems", *Suicide and Life-Threatening Behavior* 25:1(Spring, 1995), 109; some suggest

have occurred where soldiers suffering from mental disorders or extreme emotional disturbances have not received proper medical attention. Because of lack of such attention, serious consequences have resulted in some cases.”³⁸¹ Those showing symptoms of a mental disorder were to be referred to the nearest medical officer, with no delay due to discipline or administration. The Director General Medical Services, Major-General C.P. Fenwick followed up on the administrative circular in a letter to all districts and commands in Canada noting that excessive alcohol consumption or previous attempts at suicide greatly increase the chances of another attempt. He also noted that a “sad, depressed and melancholy mood...however, may be masked by hypochondriacal symptoms – headaches, back and joint pains, sleeplessness etc.”³⁸² Even repeated AWLs or domestic difficulties could be signs indicating suicide risk.³⁸³ It is curious that despite the lack of an increase in suicides in Canada (there were twenty-three in

that 1972 was a significant benchmark in the medicalization of suicide in Canada. Rae Spiwak, Brenda Elias, James M. Bolton, Patricia J. Martens, and Jitender Sareen, “Suicide Policy in Canada: Lessons From History”, *Canadian Journal of Public Health* 103:5 (2012), 338; before 1972, Canadians could be fined and/or sent to jail for 6 months for attempting suicide. Antoon A. Leenars, “Suicide Prevention in Canada: A history of a community approach” *Canadian Journal of Community Mental Health* 19:2 (Fall 2000), 62.

³⁸¹ J. MacDermid for Brig. A. C. Spenser, Acting Adjutant-General, to Mailing Lists, “DISCIPLINE – Soldiers suffering from Mental Disorders”, DND Folder HQ 54-27-1-86, “Suicide & Attempted Suicide Cases, Canadian Army. - Policy.” LAC RG24 Volume 2,053 February 1945.

³⁸² Major-General C.P. Fenwick, DGMS, to all District MOs, Camp MOs at Borden and Petawawa, Command MO Pacific Command, and all District Advisers in Psychiatry, “Suicides and Attempted Suicides”, DND Folder HQ 54-27-1-86, “Suicide & Attempted Suicide Cases, Canadian Army. - Policy.”, LAC RG24 Volume 2,053, 4 March 1945.

³⁸³ Ibid; Jack Griffin suggested three quarters of the 170 suicides in the Canadian Army to early 1945 had been “administrative problems in one way and another”. Col. J.D. Griffin, Consultant Psychiatrist, DMS, to AMD 6, AMD 2, DGMS, “Medical Opinion on Suicide Case”, ”, DND Folder HQ 54-27-1-86, “Suicide & Attempted Suicide Cases, Canadian Army. - Policy.”, LAC RG24 Volume 2,053, 26 January 1945.

1942, seventeen in 1943, and nineteen in 1944) that this circular was distributed. Was the medical and administrative establishment of the Army in Canada beginning to view the disciplinary aspects of medicine as too harsh? Beyond the depressed, Fenwick suggested that a second group at risk were those with a “long history of inadequate social adjustment. Most of these are young (age 20 or less), immature, unstable and impulsive youths. Some are early cases of malignant mental illness (schizophrenic) which has been unrecognized because they were so shy, unobtrusive and obedient.”³⁸⁴ A third group were attention seekers, “so-called ‘hysterical Psychopaths’ who are egocentric, unstable individuals who have been accustomed to gaining their own way by means of some dramatic activity. Many of them might be called ‘show-offs’ and ‘smart alecs’.”³⁸⁵ Fenwick emphasized, “It is important that all medical officers make sure that seriously disturbed individuals are not treated casually or harshly.”³⁸⁶ Attempted suicides were a punishable offence in the Army Act, which could result in cashiering an officer, or imprisonment for other ranks.³⁸⁷ The mental health of those who committed suicide was important to Army administration as well, as if mental illness was attributable to military service, pensions would be available for dependants.³⁸⁸ Several correspondents noted that almost every

³⁸⁴ Major-General C. P. Fenwick, DGMS, to all District MOs, Camp MOs at Borden and Petawawa, Command MO Pacific Command, and all District Advisers in Psychiatry, “Suicides and Attempted Suicides”, DND Folder HQ 54-27-1-86, “Suicide & Attempted Suicide Cases, Canadian Army. - Policy”, LAC RG24 Volume 2,053, 4 March 1945.

³⁸⁵ Ibid.

³⁸⁶ Ibid.

³⁸⁷ As printed in Great Britain. War Office, *Manual of Military Law, 1929, Addendum.*, 457.

³⁸⁸ Lt Col [?] Admin. 4 to Directorate of Administration, “Medical Opinion on Suicide Cases”, ”, DND Folder HQ 54-27-1-86, “Suicide & Attempted Suicide Cases, Canadian Army. - Policy.”, LAC RG24 Volume 2053, 6 February 1945; contemporary international studies have shown that

suicide case had enlisted before intensive psychiatric screening was introduced into the Army.³⁸⁹

Suicide could be interpreted as the ultimate manifestation of poor morale. Not only has the individual lost the will to obey the army, but he or she has lost the will to live. There has never been a comprehensive historical study of suicide in the Canadian Army, yet Yves Tremblay has begun a systematic study of personnel files of suicides in all three services during the Second World War.³⁹⁰ The study will answer the call of suicidologists such as Antoon Leenaars for a combination of the intense study of individual cases and sociological research.³⁹¹ Tremblay's initial findings corroborate with contemporary studies on the Canadian Forces which suggest that personal traumas and tragedies for active duty soldiers cause suicidal thoughts and behaviour more than exposure to combat.³⁹² This being said, allowance must be made for the

80-90 percent suicides correlate with a psychiatric diagnosis. Isaac Sakinofsky, "The Epidemiology of Suicide in Canada", in eds. Antoon A. Leenaars, Susanne Wenckstern, Isaac Sakinofsky, Ronald J. Dyck, Michael J. Kral, and Roger C. Bland, eds., *Suicide in Canada* (Toronto: University of Toronto Press, 1998), 47.

³⁸⁹ Col. J.D. Griffin, Consultant Psychiatrist, DMS, to AMD 6, AMD 2, DGMS, "Medical Opinion on Suicide Case", DND Folder HQ 54-27-1-86, "Suicide & Attempted Suicide Cases, Canadian Army. - Policy.", LAC RG24 Volume 2,053, 26 January 1945; Brigadier R.J. Orde, Judge Advocate-General to Director of Administration, "SUICIDE AND ATTEMPTED SUICIDE CASES – Canadian Army Policy", DND Folder HQ 54-27-1-86, "Suicide & Attempted Suicide Cases, Canadian Army. - Policy.", LAC RG24 Volume 2,053, 9 February 1945.

³⁹⁰ Yves Tremblay, "Back from War: What do we know about the mental health of returning soldiers?" *Literary Review of Canada*, (Jan-Feb. 2012), <<http://reviewcanada.ca/magazine/2012/01/>>.

³⁹¹ Leenaars suggests that "Statistics, by themselves, reflect only numbers and are, at best, only a fraction of the true figures." Antoon A. Leenaars, "In Defense of the Idiographic Approach: Studies of Suicide Notes and Personal Documents", *Archives of Suicide Research* 6 (2002), 20.

³⁹² Genetic predilection, childhood adversity, stressful life events, social supports and personality were listed as risk factors in a 2002 study of Canadian Forces personnel. Jitender Sareen, Shay-Lee Belik, Tracie O. Afifi, Gordon J.G. Asmundson, Brian J. Cox, and Murray B. Stein,

impact of traumatizing experiences in combat. Studies show that for deployment-related mental-health problems, combat exposure is the most important driver.³⁹³ Tremblay does add the caveat that distance from friends and family is one aspect of army life which increases suicidal behaviour. This caveat needs to be taken seriously.

It has been shown that soldiers had difficulty adjusting to life away from home, especially in their liminal transition from civilian to soldier in basic training. These difficult experiences for some new recruits seem a universal aspect of modern military service. A twenty-first-century account of the Israeli Defence Force notes, “For some soldiers it can be a stressful

“Canadian Military Personnel’s Population Attributable Fractions of Mental Disorders and Mental Health Service Use Associated With Combat and Peacekeeping Operations”, *American Journal of Public Health* 98:12 (December 2008), 2194; in a 2009 paper on active Canadian Forces personnel, sexual and other interpersonal traumas was significantly associated with suicide attempts. The higher the number of traumatic events a soldier experienced, the increased risk of suicide. Shay-Lee Belik, Murray B. Stein, Gordon J. G. Asmundson, Jitender Sareen, “Relation Between Traumatic Events and Suicide Attempts in Canadian Military Personnel.” *Canadian Journal of Psychiatry* 54:2 (February 2009), 93; lifetime traumatic experiences have been linked to past year suicidal ideation, post-traumatic stress disorder and major depressive disorder. Charles Nelson, Kate St. Cur, Bradley Corbett, Elisa Hurley, Shannon Giffor, Jon D. Elhai, J. Donald Richardson, “Predictors of posttraumatic stress disorder, depression, and suicidal ideation among Canadian Forces personnel in a National Canadian Military Health Survey” *Journal of Psychiatric Research* 45 (2011), 1485; from 1983-2007, suicide was the third leading specific cause of death in the Canadian military at 17 percent of the total of a sample of 1,710 deaths with known cause. Homer C. N. Tien, Sanjay Acharya, Donald A. Redelmeier, “Preventing Deaths in the Canadian Military”, *American Journal of Preventive Medicine*, 38:3 (2010), 331; a Department of National Defence study using data from 1995-2012 showed that suicide rates in the active service Regular Forces of the Canadian Forces were less than those of civilian Canadian males, and that those with a history of deployment were not at increased risk of suicide. Laura Bogaert, Jeff Whitehead, Miriam Wiens, Elizabeth Rolland, *Suicide in the Canadian Forces 1995 to 2012* (Directorate of Force Health Protection, DND: Ottawa, 2013), i, 10.

³⁹³ Mark A. Zamorski and David Boulos, “The impact of the military mission in Afghanistan on mental health in the Canadian Armed Forces: a summary of research findings”, *European Journal of Psychotraumatology* 5:23822.

and traumatic period. The young soldier finds himself/herself under demands for obedience and submission to an hierarchical system, while being in the midst of a struggle for independence, trying to detach from the early attachments of his/her childhood.”³⁹⁴ As far back as 1897, Emile Durkheim noted that social integration was a key factor in suicide.³⁹⁵ Some suicides, then, could have been due to the break in family social supports and integration with the family. The Army did monitor attempted suicides as well. A nominal role exists for all successful and attempted cases in 1944.³⁹⁶ The intense study of the personnel files of these individuals could add to

³⁹⁴ Like Canadians in the Second World War, new Israeli Defence Force recruits transitioning to military life expressed stress through disciplinary problems, self-injury, and even suicide. Ehud Bodner, Elisheva Ben-Artzi and Zeev Kaplan, “Soldiers Who Kill Themselves: The Contribution of Dispositional and Situational Factors” *Archives of Suicide Research* 10 (2006), 30.

³⁹⁵ Durkheim allowed not only for low social integration as a factor in “egoistic” suicides, but also for high social integration leading to “altruistic” suicides. In the twentieth-century military context, altruistic examples might include suicide bombers and Japanese kamikaze pilots. Curiously, soldier-suicides in the nineteenth century were more frequent in older soldiers and NCOs, which contradicts the conception that those transitioning to military life were at greatest risk. Emile Durkheim, *Suicide: A Study in Sociology*, trans. John A. Spaulding and George Simpson (Routledge, 1897, 1952, 2002), 190; links to problems in social integration have been made by Durkheim and elsewhere in the connection of divorce rates and suicide. Durkheim noted a rate three to four times higher in divorcees. Emile Durkheim, translated by John A. Spaulding and George Simpson, *Suicide: A Study in Sociology* (Paris, 1897, 1951), as cited in Edwin S. Shneidman, *Comprehending Suicide: Landmarks in 20th-Century Suicidology* (American Psychological Association: Washington, 2001), 43; Frank Trovato, “A Longitudinal Analysis of Divorce and Suicide in Canada”, *Journal of Marriage and the Family* 49 (February 1987): 194; Issac Sakinofsky and Antoon A. Leenaars, “Suicide in Canada with Special Reference to the Difference Between Canada and the United States” *Suicide and Life-Threatening Behavior*, 27:1 (Spring 1997), 121; more on the connection with divorce rates can be found in, David Lester, “The Regional Correlates of Suicide in Canada: Changes Over Time”, *Archives of Suicide Research* 7 (2003), 145-148.

³⁹⁶ Capt. G.H. Josie, AMD 2, Statistical Section to Col. Mackenzie, “Suicides in the Canadian Army”, DND Folder HQ 54-27-1-86, “Suicide & Attempted Suicide Cases, Canadian Army. - Policy.”, LAC RG24 Volume 2,053, 27 August 1945.

Tremblay's ongoing study on completed suicides in assessing suicidal soldiers' motivations.³⁹⁷ Tremblay has found a wide variety of reasons for suicide during the Second World War, ranging from anxiety over post-war employment, medical reasons and even the desire to fight in the Pacific theatre.³⁹⁸ Historian Paul Jackson notes that some gay Canadian soldiers committed suicide as, "they could no longer bear the psychic burden of ostracism for their sexual deviance", and due to prosecution and fear of publicization by the Army.³⁹⁹ Some convicted for homosexual offences were put on suicide watch while under detention. Another important expansion of our knowledge of Canadian soldier suicide in the Second World War era would look to the post-war years for the lingering effects of warfare and its social disruption during demobilization. With military veterans being at higher suicide risk than active-duty soldiers and civilians, and the trend observed in increased societal rates in post-war periods, the use of recently opened military pension files to trace veteran suicide could expose the ultimate manifestation of poor personal morale.⁴⁰⁰

³⁹⁷ Suicidal behaviour, in terms of ideation and attempted suicide are the best single predictor of eventual completed suicide. Bryan Tanney, "Suicide Prevention in Canada: A National Perspective Highlighting Progress and Problems", *Suicide and Life-Threatening Behavior* 25:1 (Spring, 1995), 106.

³⁹⁸ Yves Tremblay, "Back from War: What do we know about the mental health of returning soldiers?" *Literary Review of Canada*, (Jan-Feb. 2012), <<http://reviewcanada.ca/magazine/2012/01/>>.

³⁹⁹ Jackson, *One of the Boys : Homosexuality in the Military during World War II*, 17, 79.

⁴⁰⁰ When in 1886, William Ogle performed a study of the census of 1881, he discovered that self-identifying soldiers had the highest suicide rate of 112/100,000, which was five times higher than army medical statistics of the time. This is likely due to pensioners and discharged troops continuing to claim their occupation as soldier. William Ogle, "Suicides in England and Wales in Relation to Age, Sex, Season and Occupation" *Journal of the Statistical Society of London* 49 (1886), 101-135 as cited in Janet Padiak, "Death by Suicide in the British Army, 1830-1900",

By the end of the war then, there was some acknowledgement by the highest levels of military administration of the problematic confluences of the spheres of discipline and medicine under the surveillance and management of morale. Psychiatric involvement in selection had gradually been rationalized in hopes to keep the square pegs from the round holes. Overseas, psychiatrists were increasingly reporting on the connections between mental health and morale, yet commanders at the highest level resisted losses of manpower to treatment. Overall, the connections between the medical aspects of morale monitoring and the disciplinary sphere were pronounced. Like many other indicators of morale, sickness was subject to the quantitative and statistical gaze of the Canadian military authorities, yet attempts to differentiate these rates from normal incidence is yet to be found in the archival record. Sickness and other ailments were

129; Canadian veterans, as opposed to active members of the Canadian Forces have a 1.4 to 4 times more likely chance to die by suicide than non-veteran civilians. Shay-Lee Belik, Murray B. Stein, Gordon J. G. Asmundson, and Jitender Sareen, "Are Canadian Soldiers More Likely to Have Suicidal Ideation and Suicide Attempts Than Canadian Civilians" *American Journal of Epidemiology* 172:11 (October 2010), 1250; a number of studies show military veterans are more likely to attempt or complete suicide than civilians. Charles Nelson, Kate St. Cur, Bradley Corbett, Elisa Hurley, Shannon Gifford, Jon D. Elhai, J. Donald Richardson, "Predictors of posttraumatic stress disorder, depression, and suicidal ideation among Canadian Forces personnel in a National Canadian Military Health Survey" *Journal of Psychiatric Research* 45 (2011), 1483; in 2014, there was "concerning evidence" regarding increased suicide risk for soldiers after release. A 2010 Veterans Affairs study showed increased anxiety disorder, suicidal ideation and suicide attempts for Canadian veterans. Mark A. Zamorski and David Boulos, "The impact of the military mission in Afghanistan on mental health in the Canadian Armed Forces: a summary of research findings", *European Journal of Psychotraumatology* 5:23822 (August 2014); Berlin, 58; Department of National Defence, "Suicide and suicide prevention in the Canadian Armed Forces", Backgrounder, Project number BG – 14.031, 25 February 2015, <<http://www.forces.gc.ca/en/news/article.page?doc=suicide-and-suicide-prevention-in-the-canadian-armed-forces/hgq87xvu>>; Statistics Canada, "Canadian Forces Cancer and Mortality Study: Causes of Death", 82-584-X, 31 May 2011, <<http://www.statcan.gc.ca/pub/82-584-x/82-584-x2011001-eng.htm>>.

often treated as a problem of manpower which were closely related to morale. While certain illnesses would inevitably take men away from their military duty, there was a grey area of choice in other instances. This grey area is where the worlds of medicine and discipline met, and it was particularly marked when military authorities consulted those rising professions whose expertise concerned the human mind.

Chapter 5: Mental Morale Experts: Psychiatry, Psychology and Morale

5.1 Mental Categorization and Morale

The medicalization of disciplinary and morale problems in the Canadian Army in the Second World War was only enhanced when the Army's gaze extended into the psychological realm. Here the two professional classes of psychiatrists and psychologists sought to extend their influence to the Army. The increasingly standardized system of medical testing and categorization manifested in scrutiny of soldiers' intelligence and stability. Psychologists offered their services in the rationalization of the personnel system, hoping to assign men to the appropriate tasks for their mental abilities. Psychiatrists participated to various degrees in the screening process during the war, yet were never really given the time with recruits that they hoped for. Their role was greater in the treatment of those who were suffering from combat stress reaction, or as it was known during the war, "battle exhaustion". Terry Copp and Bill McAndrew's *Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army 1939-1945* (1990) remains the key monograph on psychiatrists in the Canadian Army.⁴⁰¹ Copp and McAndrew's interviews with prominent Army psychiatrists along with an examination of the archival record and professional journals exposed the complicated history of mental medicine during the war, and its struggle to establish realistic treatment and disposal of those who suffered from combat neuroses. Together with Geoff Hayes' work on military management and personnel selection, we have an outline of the struggle for acceptance of the mental experts in the

⁴⁰¹ For a longer perspective on Commonwealth militaries see, Terry Copp and Mark Humphries, *Combat Stress in the 20th Century: The Commonwealth Perspective* (Kingston, Ont: Canadian Defence Academy Press, 2010).

Canadian military.⁴⁰² What remains to consider is how their expertise functioned to aid institutional surveillance during the Second World War, and how their work set a normalized standard against soldiers were compared. Key aspects of the medicalized morale system are evident here, with quantification, categorization, disciplinary authority, and skepticism of malingers as prominent features.

In September 1939, as Hitler's panzer divisions raced across the Polish border, Canadian professional organizations began their own blitzkrieg of letters to Ottawa, offering their services to the Dominion government. While psychiatry as a discipline began to emerge in eighteenth-century Europe, in Canada the early twentieth century was a period of professionalization.⁴⁰³ Even in the days before war was officially declared, the Canadian National Committee for Mental Hygiene (Canada) (NCMHC) volunteered its services, hoping that its members would again play the expert role in what it had earlier called its "war work".⁴⁰⁴ Director Clarence Hincks reminded Minister of Defence Ian Mackenzie, on 31 August 1939, that,

⁴⁰² Geoffrey W. Hayes, "The Development of the Canadian Army Officer Corps, 1939-1945" (Dissertation, University of Western Ontario, 1992); Geoffrey W. Hayes, "Science and the Magic Eye: Innovations in the Selection of Canadian Army Officers, 1939-45," *Armed Forces & Society* 22, no. 3 (Winter 1995-96): 275-95; for personnel selection and psychiatry as applied to the Royal Canadian Air Force see Allan D. English, *The Cream of the Crop: Canadian Aircrew, 1939-1945* (McGill: Montreal, 1996).

⁴⁰³ Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997), 1.

⁴⁰⁴ C. M. Hincks, General Director, NCMH, to Col. R. M. Gorssline, DGMS, Ottawa, Folder HQ-54-27-2-12, RG24, Volume 2,053, 3 February 1941; the Canadian Psychiatric Association would not be formed until 1951. Several provinces had provincial psychiatric associations before this, but the American Psychiatric Association was largely the professional organization of Canadian psychiatrists. Most psychiatrists trained in the U.S., Britain or continental Europe. Quentin Rae-Grant, *Psychiatry in Canada: 50 years (1951 to 2001)* (Ottawa: Canadian Psychiatric Association, 2001), ix, xi.

mental and nervous disabilities constituted one of the major medical problems confronting the military authorities during the World War of 1914/18. Because of the acceptance of recruits who were nervously or mentally unsound, there resulted a high incidence of breakdowns, that seriously interfered with efficiency, morale and discipline, and that later gave rise to claims for pensions and need for rehabilitation.”⁴⁰⁵

The mental hygienists were perhaps the best organized lobby group of psychiatrists, yet the prestige of neuropsychiatrists in hospitals, or those psychiatrists working at mental hospitals was higher in the medical community. Copp and McAndrew suggest that by 1939, the Canadian public was indifferent to the mental hygienists’ claims about heredity and racial deterioration.⁴⁰⁶ It was the men of McGill University and the University of Toronto who would eventually shape the psychiatric branch of the Royal Canadian Army Medical Corps. They would fight an uphill battle to gain respect for their expertise. Many doctors felt that general physicians could judge a soldier’s aptitudes and stability just as well as psychiatrists, and better than psychologists.⁴⁰⁷

Despite psychiatrists’ eagerness, members of the Medical Services in the Department of

⁴⁰⁵ Clarence M. Hincks, General Director, National Committee for Mental Hygiene (Canada) to Ian Mackenzie, Minister of Defence, DND Folder HQ 54-27-29-26, “National Committee for Mental Hygiene.” LAC, RG24 Vol. 2,053, 31 August 1939.

⁴⁰⁶ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 5–6, 8; when the national commissioner of the Canadian Red Cross Society asked Director General of Medical Services Col. R. M. Gorssline if the National Committee for Mental Hygiene (Canada) was worthy of Red Cross funding, the DGMS emphasized that the Canadian Psychological Association and the Auxiliary Services were covering most of the proposed work, yet stopped short of advising against the donation. Col. R. M. Gorssline, DGMS, to F. W. Routley, MD, National Commissioner, The Canadian Red Cross Society, Toronto, “Committee on Mental Hygiene”, Folder HQ-54-27-2-12, RG24, Volume 2053, 25 May 1940; one of the NCMH(C)’s proposed roles was “Furnishing a stimulus to the maintenance of morale in Canada during the war period.” E.W. Beatty, President, National Committee for Mental Hygiene (Canada), to Norman Sommerville, Chairman of the Central Council, Canadian Red Cross Society, Toronto, 8 March 1940.

⁴⁰⁷ Copp and McAndrew, 12.

National Defence (DND), and their compatriots in the National Research Council who were considering war-related scientific research, opted to favour a rival organization. In a meeting on 11 September 1939, the Canadian Psychological Association (CPA) met to discuss the problems of psychology during wartime, and soon drafted a preliminary memorandum which pledged, “The Canadian Psychological Association, a Dominion-wide organization of trained psychologists, places its services unreservedly at the disposal of the Government.”⁴⁰⁸ It is interesting that it was the initiatives and members of the CPA that were favoured in 1939 by the DND for consideration of the warrior mindset. This may very well have been due to the association of the Committee for Mental Hygiene with the “pension evil”, the costs associated with rehabilitation and care of so-called shell-shocked soldiers of the First World War.⁴⁰⁹ In any case, psychologists of the CPA were busy suggesting their many uses to the government in 1939 including: the creation of pamphlets on morale and leadership; conducting opinion polls; designing war propaganda; and the rational selection and codification of personnel.

In the Canadian Army of the Second World War, psychologists aided the state by developing a highly rationalized system of personnel classification which took the mentally and

⁴⁰⁸ George Humphrey, Queen's University, Secretary, Canadian Psychological Association, “Preliminary Memorandum on the use of psychological methods in wartime.” n.d.; George Humphrey to CPA Honorary President J. M. MacEachran, University of Alberta, Canadian Psychological Association Fonds. MG28 I 161, Volume 17, 19 September 1939.

⁴⁰⁹ The Canadian Army had admitted 15,500 neuropsychiatric disabilities in the First World War with nine thousand of these categorized as shell shock and neurosis. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 13; the figure accounted for 2.5 percent of all enlistments in the Canadian Expeditionary Force or 10 percent of non-fatal First World War casualties. Humphries, “War’s Long Shadow: Masculinity, Medicine, and the Gendered Politics of Trauma, 1914–1939.” 513.

physically healthy fighting soldier as its normal standard of comparison. The CPA's first point in their "Preliminary Memorandum on the use of psychological methods in wartime", stated that personnel classification methods could help as, "Recruits who by reason of inferior intelligence are unfitted for work in the field may be segregated at the outset."⁴¹⁰ It may come as no surprise, given the desire for professional acumen, that membership in the CPA was the first criteria they suggested to the Department of National Defence in their prescription for the administration of rationalized personnel testing.⁴¹¹ It would be difficult to find a more blatant attempt by a professional organization (founded only the year before) to assert its role as expert to the state bureaucracy.

Medical testing had long been part of the first liminal shock from civilian to military life. The Canadian record of the First World War, however, did not point to a particularly streamlined medical screening system. As Desmond Morton wrote, "Sympathetic or careless medical officers had accepted thousands of recruits who harboured every imaginable physical or mental disability."⁴¹² The categorization of military personnel in Canada became increasingly more rationalized and quantitative. On the outbreak of the Second World War both the Canadians and the British rejected intelligence testing and psychiatric screening, but in 1940 both began early

⁴¹⁰ George Humphrey, Queen's University, Secretary, Canadian Psychological Association, "Preliminary Memorandum on the use of psychological methods in wartime", Canadian Psychological Association Fonds. MG28 I 161, Volume 17, LAC, n.d.

⁴¹¹ G. Humphrey to J. M. MacEachran, Folder "Constitution, Correspondence, Minutes and Reports. 1938-1942, 1971", Canadian Psychological Association Fonds, MG28 I 161, Volume 17, LAC, 21 September 1940.

⁴¹² Morton, "Resisting the Pension Evil: Bureaucracy, Democracy and Canada's Board of Pension Commissioners, 1916-33.," 208.

experiments with intelligence tests.⁴¹³ In mid-1942 the British embraced intelligence and aptitude testing. Typical of early Canadian efforts was the establishment in February 1941 of a series of medical boards in the 3rd Canadian Infantry Division, which hoped to weed out all soldiers who were below standards “A” or “B-1”.⁴¹⁴ Later in the spring, intense medical reboarding (the reclassification of soldiers on medical lines) continued, with estimates that 10 percent of personnel in the division would be reassigned elsewhere.⁴¹⁵ A sense of the activities of the medical services can be gleaned from three 3rd Infantry Division medical war diary entries in late May 1941, lamenting “Medical Boards galore”; “More Boards, will they never stop!”; “More Boards. Hit the 2500 mark to-day.”⁴¹⁶ Attempts were being made to avoid the state of affairs during the First World War when in June 1916, Canadian staff officers estimated that 18-20 percent of Canadians arriving in England were physically deficient. While many of these

⁴¹³ Canadian intelligence tests began in 1940, but experiments were not followed up until 1941 when Canadian Armoured Corps trainees were tested. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 27; in October 1939, at a meeting at the York Club, Toronto, prominent neuropsychiatrists, some with First World War experience in the field agreed that there was to be no psychiatric screening on enlistment. This was abandoned in 1943. Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:56; The National Committee for Mental Hygiene had some liaison with British psychiatrists. Col. J. R. Lees, Consultant in Psychological Medicine to the Army at Home, London, to Hincks, Toronto”, Folder HQ-54-27-2-12, RG24, Volume 2053, 5 November 1940; some liaison with American psychiatrists also existed. National Headquarters, Selective Service System, Washington, received by The Canadian Legation, Washington, Folder HQ-54-27-2-12, RG24, Volume 2,053, 27 January 1941.

⁴¹⁴ Maj. Gen. E. W. Sansom, Commandant, Debert Camp, “Camp Daily Orders”, War Diary, 3CID ADMS, Appendix 1, 14 February 1941.

⁴¹⁵ 3CID War Diary, LAC, RG24 Vol. 15660, 27 March 1941; in comparison, the British found in July 1942 that some 8 percent of recruits were “so dull and backward as to require special conditions of military environment, training and employment”, with 1 percent unfit to bear arms. Ahrenfeldt, *Psychiatry in the British Army*, 23.

⁴¹⁶ 3CID War Diary, LAC, RG24 Vol. 15660, 19-25 May 1941.

were overage, Desmond Morton and Glenn Wright reported that some men arrive lacking fingers, toes, part of a foot, and even an entire forearm!⁴¹⁷ Terry Copp suggests that despite weeding out in the Second World War, that the Army recruited many men who would be considered “poor physical specimens” today.⁴¹⁸

In 1943, psychiatric screening was implemented for many during enlistment, with recruits being flagged for full psychiatric appraisal if they gave the wrong answer to “certain subtle psychiatric questions.”⁴¹⁹ The official history notes that the proportion of those given psychiatric exams increased towards 1945, with up to half being examined by a psychiatrist. A skepticism that illness was feigned, familiar to the morale system generally, was at work here. Criticisms were advanced during the time that men were malingering by attempting to fail their psychiatric examination. The functional nature of the system is suggested by the types of soldiers referred to psychiatrists from reception centres and units. Disciplinary cases, and those who lagged behind the training cycle joined those behaving strangely or showing excess emotion.

From the fall of 1941, the “M Test” had been applied to Canadian recruits in hopes to mentally categorize them and determine their learning abilities.⁴²⁰ This test had been developed by the Canadian Psychological Association, and drew on the American Army’s “Alpha” and

⁴¹⁷ Morton and Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930*, 25.

⁴¹⁸ The average soldier was 5’7” and weighed less than 160 pounds. Copp, *Fields of Fire : The Canadians in Normandy*, 16.

⁴¹⁹ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:58.

⁴²⁰ The “M Test” drew from American Alpha and Beta tests developed in the First World War. Copp, Canadian Defence Academy, and Canada, *Combat Stress in the 20th Century*, 132.

“Beta” tests which determined mental age.⁴²¹ The “M”-test featured picture tests, mechanical aptitude tests, and mathematic, vocabulary and relationship tests. Belief in limited cognitive abilities amongst large swaths of society combined with the demands of complex mechanized warfare meant above average intelligence was needed and large-scale rejections of recruits ensued. There was, of course, some conflict between the disciplines of psychology and psychiatry. Some military psychiatrists were opposed to the “M Test”, believing that medical officers, non-commissioned officers, and line officers could judge a man's suitability just as well as standardized testing.⁴²² As William Baillie of the Christie Street Hospital's Neurological Clinic wrote, “It is recognized that a certain proportion of psychopaths make excellent soldiers, and their suitability is better judged by their adaptability to military service, than by examination....by the examination, suggestions may be implanted in the individual, that could

⁴²¹ The American tests were famously lampooned by Walter Lippmann who felt the concept of mental age was absurd. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 28–29; the Americans administered their intelligence test to 1.75 million recruits in the First World War. Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918*, 38; the Alpha Test of 1917-18 tested to find superior inductees eligible for officer training, and the Beta test was to sort out those whose intelligence was thought to be too low for military use. Tests determined that 24.9% of inductees were illiterate, and that 47.3% of whites and 89% of blacks had mental ages below thirteen. For a critique of the continued “hereditarian and elitist assumptions” of American personnel classification in the Second World War, see Theodore A. Wilson, “Who Fought and Why? The Assignment of American Soldiers to Combat”, Addison and Calder, *Time to Kill: The Soldier's Experience of War in the West, 1939-1945*, 284–303; French psychologists had used intelligence testing in schools and the Americans created the Intelligence Quotient (IQ) test for testing the intelligence of immigrants. Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 17.

⁴²² Copp and Humphries, *Combat Stress in the 20th Century*, 133.

readily be harmful.”⁴²³ Later experiments to group repeat-offender psychopaths in the No. 10 Canadian Training Company failed to produce a useful sub-unit.⁴²⁴ In January 1940, however, only 2 percent of those discharged as medically unfit were due to "Nervous Diseases".⁴²⁵ As the war continued, the psychiatric services in Canada turned their attention towards appraisal, allocation, and morale building, and had less emphasis on clinical diagnosis and neurology.⁴²⁶

Staff at Canadian Military Headquarters were also worried that such tests would eliminate the functional mental defective completely, losing his mental labour to the Army. “Mental defectives” were later commonly referred to psychiatrists due to anxiety states or depressions, usually due to adjustment difficulties in units.⁴²⁷ Unable to grasp training, they were vulnerable to NCO criticism and ostracization by men in the ranks. Up to 1942 many were returned to Canada due to depression or psychoneurotic complaints. From 1942, many were placed in the general pioneer corps, as “repatriation of too many troops damaged the morale of

⁴²³ William Baillie, Neurological Clinic, Christie St. Hospital, to Colonel DA Graham, Consultant in Medicine to DGMS, University of Toronto, NDHQ Folder HQ-54-27-2-1217, RG24 Volume 2,053, February 1941; French psychiatrist Joseph Babinski’s tough approach was adopted by the French Army during the First World War. Babinski believed that symptoms were brought out by doctor’s suggestions, or by auto-suggestion and imitation. Treatment was by isolation and persuasion. Shepard, *War of Nerves*, 98.

⁴²⁴ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:66.

⁴²⁵ File HQS-5199-0, Vol. 1, "Chiefs of Staff Committee Reports for the Information of the Prime Minister", RG24 Vol. 2,702, LAC, 13 January 1940.

⁴²⁶ J. C. Richardson to van Nostrand, "[...] Comments on Psychiatric Treatment.", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 21 Sep 44.

⁴²⁷ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:61.

those remaining.”⁴²⁸

Personnel testing was one manner that notions of scientific discourse were applied to the surveillance and management of soldiers during the war.⁴²⁹ Military psychiatry in Canada was influenced by social engineers who believed in scientific screening, categorizing and rationalizing manpower allotment.⁴³⁰ On 4 August 1941, Brock Chisholm and University of Toronto psychologist Edward Bott met with Ken Stuart, then Deputy Chief of Staff, explaining the details of what Terry Copp has described as the “largest psychological testing enterprise in the country’s history.”⁴³¹ The Directorate of Personnel Selection, was established in September 1941 to direct men into the trades they were apt for and work with commanding officers and the Medical Services “in the handling of personality problems which arise and which may adversely affect training, discipline, morale, efficiency and advancement.”⁴³² Copp’s critical assessment on the utility of the system is clear. He writes, “In Canada, staff officers of the personnel selection directorate - young men given commissions on the basis of university degrees or some university attendance - were testing, interviewing, and diagnosing other young men with the kind of assurance that only profound ignorance can provide.”⁴³³ While Copp admits that many neurotics

⁴²⁸ Ibid.

⁴²⁹ Keith Smith has explored these themes as applied to the surveillance of First Nations people in the Canadian west. Keith Smith, *Liberalism, Surveillance, and Resistance : Indigenous Communities in Western Canada, 1877-1927* (Edmonton: AU Press, 2009), 4.

⁴³⁰ Brock Chisholm, Jack Griffin and Bill Line were key social engineers. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 9.

⁴³¹ Ibid., 31.

⁴³² Jackson, *One of the Boys : Homosexuality in the Military during World War II*, 35.

⁴³³ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 33, 35–36; Copp writes, “We therefore have personnel records in Ottawa that

were removed from the Army, he also suggests that intense screening kept a large number of suitable recruits out of the Army. To the end of the war, nervous and mental discharges continued to rise. Showing the further entrenchment of professional associations as expert consultants seeking to expand their influence, Bott established Canadian Psychological Association members as central to the new boards. Wide-scale personnel testing was established with psychiatrist Colonel Brock Chisholm in charge, and Commanding Officers losing the ability to select their own officers, increasingly relying on a system of standardized tests to determine who was or was not officer material.⁴³⁴ The system extended to the troops in Britain, where seventy-five selection of personnel officers were given a one-week course and began testing the Army.⁴³⁵ Testing and categorization, then, was how the Army transformed Canadian civilians into Canadian soldiers, hoping to improve efficiency and job satisfaction in the Army. Of the officer class, historian Geoff Hayes has shown there was an increasing tendency away from the officer's "magic eye", his innate ability to determine who was and was not officer material, and towards scientific officer selection by 1943.⁴³⁶ Harry Crerar, who would rise to command the

provide a great deal of information about the attitude and values of the middle-class university graduates who conducted the interviews, and even a bit of useful information about the men they studied. Copp, *Fields of Fire : The Canadians in Normandy*, 16.

⁴³⁴ Hayes, "The Development of the Canadian Army Officer Corps, 1939-1945," 65, 72.

⁴³⁵ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 31; the Americans lead the way in personnel selection and training in the First World War, with the Germans developing techniques in the interwar period. In 1936, eight-seven German specialists were working on personnel selection for the German armed forces. Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, 22, 36–38.

⁴³⁶ The process was accompanied by centralizing officer training at the Officer Training Centres at Brockville and Gordon Head. Canadians became convinced that total personality trait interviews were effective, while the British were more interested in "sociodramatic tests" like the

First Canadian Army, was one critic of the system, suggesting that the war would not be won, “by the technical efficiency of an administrative system...whether we like it or not the average man is not a ‘scientific animal’ and he reacts more importantly to emotion than to logic.”⁴³⁷ In late 1943, the Officers’ Selection and Classification Boards were established, examining the “many reinforcement officers who were, apparently, suffering from ennui, primarily due to insufficient work to keep them fully occupied in duties commensurate with their training.”⁴³⁸ Of 6,775 officers surveyed in Canada, 1,124 were recommended for disposal, and 629 were sent overseas. In January 1945, two Officers’ Survey and Classification Boards were operating in the

Bion Leaderless Group test. Geoffrey W. Hayes, “Science and the Magic Eye: Innovations in the Selection of Canadian Army Officers, 1939-45,” *Armed Forces & Society* 22, no. 3 (Winter 1995 1996): 275–76, 286–87; British psychoanalyst Wilfred Bion, in his development of personnel tests to weed out soldiers with low abilities, was said to have asked a cavalry officer if his regiment, “having lost its horses, was now unwilling to lose its other dumb friends.” Shephard, *War of Nerves*, 190; Hayes suggests that 1940 saw the rise of the military manager in the Canadian Army. Geoffrey W. Hayes, “The Development of the Canadian Army Officer Corps, 1939-1945” (Dissertation, University of Western Ontario, 1992), 64; the derivative nature of the Canadian personnel selection regime is suggested by the assertion of the Canadian Psychological Association that, “It may be accepted as proved that psychological tests as applied to the selection of personnel in the British and United States Armies and generally throughout industry have justified themselves in economy of men, time and money.” “Minutes of Regional Meeting, C.P.A. held in Kingston, Ont. on October 15th, 1939”, Folder “Constitution, Correspondence, Minutes and Reports. 1938-1942, 1971”, Canadian Psychological Association Fonds. MG28 I 161, Volume 17, 15 October 1939; from June 1942, all British recruits were assigned to seven categories of army jobs, in the hope that the Army would become “technocratic and specialized”. When the crude computerized printouts were printed on the Hollerith machine, psychiatrists were said to have praised “the triumph of modern rationality over old school ties.” Shepard, *War of Nerves*, 189.

⁴³⁷ As cited in Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 40.

⁴³⁸ E. L. Scott, "Functions of the Officers' Survey and Classification Boards", File 9/Dis/2 "Procedure & Policy - Disposal of Officers.", RG24 Vol 10,000, LAC, 11 December 1944..

United Kingdom, interviewing all those healthy officers being returned to Canada.⁴³⁹ In the year prior to July 1944, some two thousand officers had been released from the service by the boards, and others posted to jobs considered more apt for them.⁴⁴⁰ Some considered the scheme as a morale booster, improving training and efficiency. While both the British and Americans eventually turned away from psychiatric screening and personnel selection respectively, it appears that Canadian faith in these methods remained strong.⁴⁴¹

In the middle of the war, these processes of rationalization and categorization, the funneling of Canadian civilians into their most effective role in army life, came to a head. From 1943, the entire Army was reclassified under the PULHEMS system which categorized and graded men on the quality of their physique, upper extremities, lower extremities, hearing, eyesight, mental capacity, and stability.⁴⁴² This system ran into problems due to the 1st Canadian Infantry Division shipping to the Mediterranean and other divisions conducting intensive training for Operation OVERLORD with little time left for the medical evaluations.⁴⁴³ The scheme intended to quantify men due to their physical and mental abilities, to maximize their chances of

⁴³⁹ "Disposal of Officers Returning from Overseas for Return to Civilian Life", File 9/Dis/2 "Procedure & Policy - Disposal of Officers.", RG24 Vol 10,000, LAC, 9 January 1945.

⁴⁴⁰ R. E. G. Roome, "Return of Officers from U.K. to Canada", File 9/Dis/2 "Procedure & Policy - Disposal of Officers.", RG24 Vol 10,000, LAC, 27 July 1944.

⁴⁴¹ Shepard records that one in four white registrants in the early American drafts were rejected due to nervous conditions. Shepard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 195–197.

⁴⁴² In December 1942 DGMS Brock Chisholm was introduced to the scheme by Brigadier Jonathan Meakins, Deputy DGMS. Colonel William Line, who had taken over Personnel Selection for Chisholm is also credited with the co-developing PULHEMS. Farley, *Brock Chisholm, The World Health Organization, And The Cold War*, 36.

⁴⁴³ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 40.

efficiency in the Army, and avoid morale problems due to poor trades and unit allocation.

There were some men who were suffering from such acute symptoms or showing such despondent, depressed or even criminal behaviour, that they would clearly never be rehabilitated to active combat duty. Many psychiatric reports blamed the personnel selection system, designed and operated as it was by psychologists, for letting too many men into the Army who were too unstable for soldiering. It was found that during the first three years of the war, there was evidence of constitutional predisposition in nearly 80 percent of the psychiatric casualties.⁴⁴⁴

As an Army psychiatrist wrote in August 1944,

The predisposing factors leading to psychiatric breakdowns amongst troops are of course legion, and consist of such factors as hereditary pre-disposition; constitutional factors such [as the] inherent instability of inadequate and aggressive psychopaths and men [of] lower intelligence; [and] unsolved personal problems such as marital or economic worries.⁴⁴⁵

In September 1940, the No. 1 Neurological Hospital was opened in Basingstoke Hampshire,

⁴⁴⁴ Col. F. H. van Nostrand, RCAMC, "Neuropsychiatry in the Canadian Army) Overseas", a paper presented before the Inter Allied Conference on War Medicine, at the Royal Society of Medicine, Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, 9th July 1945; roughly 86 percent of the cases seen in May 1944 in the Italian Campaign were considered chronic. Those sent to the pioneers were not expected to rehabilitate to full combat duty. A. Doyle, NP, I Cdn Corps, "Report of 1 Cdn Corps Neuropsychiatrist period 1 Apr - 20 Jun 44, including battles of Gustaf & Adolph Hitler Lines.", Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

⁴⁴⁵ Major JE Burch, Psychiatrist 2 Cdn Corps, "Psychiatric Problems amongst Canadian Troops in Normandy", CMHQ Folder "Reports - Cdn Exhaustion Unit" File 11/PSYCHIATRY/2, RG24 Volume 12,631, LAC, 1 Aug 44; marital problems as a cause of morale decline are also mentioned in Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 104.

which was to treat the majority of severe mental cases in the Canadian Army in England.⁴⁴⁶ Epilepsy was the most common organic condition found at No. 1 Neurological, as the condition was grounds for shipment back to Canada, and many men had used anti-convulsants or the aid of friends to hide their symptoms.⁴⁴⁷ Thousands of Canadian soldiers had been admitted for nervous disease by 1943, and many others were returned to Canada.⁴⁴⁸ As early as 1941, psychiatrists were urging that chronic nervous and mental cases, known as "Grossly Inadequate Personalities", needed to be weeded out by medical boards.⁴⁴⁹ The S in PULHEMS stood for Stability, and was the key factor that psychiatrists could alter in assessing personnel. An S value of 3 meant a man could serve at base or on lines of communications, whereas a S4 rating meant the soldier was so unstable as to preclude all but base duties. S5 meant the man should be discharged from the Army. In 1944, PULHEMS classifications caught up with the formations of

⁴⁴⁶ Psychiatrist Fred Hanson worked at Basingstoke and would later transfer his knowledge there to the Mediterranean theatre where he had great influence on forward psychiatry in the American service. The Canadian Army was unique in having a central facility in Basingstoke to train their psychiatrists. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 16–17, 25–26.

⁴⁴⁷ Ibid. Neurosyphilis was the next most common organic neuropsychiatric disease after epilepsy. Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:62.

⁴⁴⁸ From September 1940 to April 1942, Basingstoke admitted 1,171 psychiatric cases, and in the next months admitted 2,427 more. From February 1940 to March 1941, 2,135 troops were returned to Canada for discharge, 21 percent of which were mental cases. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 32, 18.

⁴⁴⁹ "Resume of the Work of the Committee on Functional Nervous Diseases", 30 October 1941. Lt.-Col. J.C. Richardson, Adviser in NP to Cdn Section, 1 Ech, HQ 21 Army Gp, "Neuropsychiatry with the Canadian Army in Western Europe from 6 June 44 - 8 May 45." Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631.

1st Canadian Corps.⁴⁵⁰ A Canadian psychiatrist wrote that the S rating became a catch all for a wide variety of issues. He wrote,

Under the same label are included such serious reactions as insanity, drug addicts, sexual abnormalities, psychiatric criminal tendencies, and also such mild abnormalities as tendencies to general nervous tension under stress, marked swings of mood, symptoms related to overmeticulous rigid thinking, mild depressions, etc. States of anxiety, depression and fatigue developing with battle stress are graded under the S but the grading often doesn't differentiate between the timid immature officer who had broken down with little battle experience and the steady mature leader who has developed disabling psychiatric symptoms only after very prolonged severe stress.⁴⁵¹

Major A.M. Doyle, the key psychiatric figure for the Canadians in the Mediterranean theatre, stated in numerous reports that neuropsychiatric casualties in the Italian campaign could have been avoided with earlier weeding out of the unstable.⁴⁵² In his final report from the theatre he noted that 85 percent of the total mental casualties had been diagnosed as chronic, emphasizing that none had undergone neuropsychiatric screening that was by the spring of 1945 *en vogue* with the Army.⁴⁵³ He claimed that this would have had a far greater impact than

⁴⁵⁰ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 71.

⁴⁵¹ *Ibid.*, 74.

⁴⁵² Copp notes that Doyle's enthusiasm for weeding out formations was not unique, even Van Nostrand, who was highly skeptical of mass screening, agreed that weeding out formations was necessary. *Ibid.*, 46.

⁴⁵³ "Psychiatry with the Canadian Army in Action in the C.M.F.", A.M. Doyle. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 29 December 1944; in the First World War, after instructions to reduce shell shock diagnoses had been made in June 1917, 80-90% of psychiatric casualties were deemed effeminate, emotional and immature. Doctors felt that only men who had proved their masculine staying-power for months in combat were truly shell-shocked, while the rest were predisposed to breakdown. Doctors in the interwar years looked for underlying causes that linked neurosis to pre-war conditions to avoid paying disability pensions. Humphries, "War's Long Shadow: Masculinity, Medicine, and the Gendered Politics of Trauma, 1914-1939.," 518, 522-23.

leadership and discipline.⁴⁵⁴ Early in the campaign he wrote that "jittery", "nervous", or "psychopathic" soldiers led to nervousness among others, and stressed that soldiers asked for their removal.⁴⁵⁵ There were some, however, that felt no amount of testing a recruit would reveal how he would behave under fire, and that it was the weeding out process during training that could remove unsuitable "material" from the combat zone. As the 3rd Infantry Division trained in the final months before the Normandy Invasion, 150 candidates for psychiatric examination had their names forwarded to the divisional psychiatrist, who diagnosed more than two thirds of these as afflicted with some sort of mental disorder ranging from "Psychopath (inadequate personality)" (forty-eight soldiers) to "Mental Retardation" (twenty-three soldiers).⁴⁵⁶ The number of men who were examined during the period was triple the usual number as officers commanding were "trying to get rid of personnel of poor morale at the twelfth hour."⁴⁵⁷

⁴⁵⁴ Doyle claimed that basically stable soldiers who fled and broke under poor leadership would return to fight under better leadership, whereas those with unstable personalities would never become effective soldiers. A. M. Doyle, Unnamed partial report, Neuropsychiatric Advisor, Cdn Section, GHQ, 1 Echelon, AFHQ. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC)

⁴⁵⁵ Doyle noted that soldiers observing the evacuated neuropsychiatric casualty did not tend to ask for evacuation themselves, and that the fear of malingering was unfounded. APPX 1 "Extract from Summary Report of Neuropsychiatrist 1 Canadian Division. 10 Jul - 10 Nov 1943". A. M. Doyle, Unnamed partial report, Neuropsychiatric Advisor, Cdn Section, GHQ, 1 Echelon, AFHQ. "Psychiatry with the Canadian Army in Action in the C.M.F." Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 1,2631, Library and Archives Canada (LAC)

⁴⁵⁶ Major R. A. Gregory, Divisional Neuropsychiatrist, 3CID, to ADMS 3CID, "Psychiatric Report", ADMS 3CID, July War Diary, Appendix 19, 17 May 1944.

⁴⁵⁷ Major R. A. Gregory, Divisional Neuropsychiatrist, 3CID, to ADMS 3CID, "Psychiatric Report", ADMS 3CID, July War Diary, Appendix 19, 17 May 1944.

5.2 Psychiatrists as Morale Experts

So much for the psychologists, but what of the psychiatrists who had volunteered their services in 1939? There were, in fact, very few psychiatrists in the employ of the Canadian Army throughout the war, so those who were attached as advisers to larger formations have their names appended to the bulk of the psychiatric record in the files of the DND. Psychiatric advisers were assigned to each division (although tellingly, the 2nd Division refused to take its adviser), the two Canadian Corps had exhaustion centres (units which would diagnose and treat men with neuropsychiatric injuries labelled battle exhaustion) and there were neuropsychiatric wings in hospitals which would treat those who failed to be quickly returned to the frontlines. It appears that the British Army embraced psychiatrists to a greater extent than the Canadians, establishing in April 1942 the Directorate of Army Psychiatry (AMD 11) within Army Medical Services. In the British organization, there was an explicit connection between psychiatry and morale with AMD11(A) responsible for “psychiatric aspects of morale, discipline, training and equipment.”⁴⁵⁸

As is suggested by one of Canada's five fighting divisions rejecting its psychiatric adviser, psychiatrists in the employment of the Army were under the scrutinizing gaze of general officers who worried that neuropsychiatric diagnosis would remove able-bodied men from the fighting line. The terms of reference for the neuropsychiatric advisor to Canadian Force, Allied Armies Italy, a position to be filled by Major Arthur Doyle,⁴⁵⁹ noted, “he will, if feasible, initiate

⁴⁵⁸ Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, 19.

⁴⁵⁹ Doyle was one of the first mental hospital psychiatrists to join the RCAMC, having worked

research and investigation with a view to conserving man power in the theatre of war."⁴⁶⁰

Senior psychiatrists in the Army wished to make themselves of practical use far beyond the realm of treatment. It was recognized, however, that the Army was a difficult institution for many patients. In the exhaustion centres and neuropsychiatric wings, physicians were warned that men would be reluctant to return to military service. As one report stated:

While treatment of personality disorders in the late adolescent and adult age groups is difficult and somewhat unproductive at best, service factors tend to make this unfruitful field still more unfruitful. The basic consideration in this respect is the fact that to the service neurosis casualty the service itself obviously constitutes a distasteful, even abhorrent, and unfavourable environment. Combine this with the fact that just about the strongest therapeutic factor or driving force with any individual is a favourable objective to aim for, a striving for a better environment, and it then becomes apparent that psychotherapy designed to return the patient to duty, i.e. in the apparent best interests of the service, is at the same time in the worst interests, from his personal standpoint, of the patient.⁴⁶¹

with the Ontario Provincial Hospital (Asylum) service, where he broke ground in the development of community mental health clinics. He had much more extensive experience with neurosis cases than his colleagues in the RCAMC and had served as psychiatrist with Medical District No. 6 (the Maritimes) before his arrival in England in August 1942. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 45.

⁴⁶⁰ The advisor was responsible to the Deputy Director of Medical Services (DDMS) 1st Canadian Corps, and the Assistant Deputy Medical Services (ADMS), Canadian Section, General Headquarters (GHQ), 1st Echelon, Allied Armies Italy (AAI). "Terms of Reference - Neuropsychiatric Advisor to Canadian Force, A.A.I.", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 29 December 1944.

⁴⁶¹ Lt.-Col. C. E. G. Gould, Officer in Charge, Neuropsychiatric Div., Basingstoke Hospital, "Report on the Neuropsychiatric Division of B.N. & P.S. Hospital during the period from 6 June/44 (D-Day) to 18 July/45 (closing of the Neuropsychiatric Division)." Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

At the end of the war, Col. Frederick Van Nostrand⁴⁶², psychiatric advisor to CMHQ, noted the two major reasons why psychiatry would not solve the problem of breakdown during war. He noted:

First, there is direct conflict between the needs of the service and the needs of the individual soldier as assessed by his physician. Secondly the attitudes and behaviour of the successful soldier are contrary to most of his previous teaching. He must adopt a detached attitude toward the mass destruction of human life. Property ceases to have value except in relation to his comfort and success as a soldier. He must not allow death or mutilation of his comrades to prevent [sic] him reaching his objective, and finally, he must pretend he is glad to risk or lose his life for the cause.⁴⁶³

Van Nostrand believed that psychiatry was applied common sense and that psychiatrists should attempt to convince the patient to confront their difficulties.⁴⁶⁴ He felt that if regimental medical officers, chaplains or commanding officers could not help a soldier, there was little that hospitalization and diagnosis could do. His sentiments on the problems of the soldier-patient were echoed in the Canadian official medical history:

It is not surprising that the neuropsychiatrists in our democracies were immediately confronted with the task of resolving the conflicts which arose when individuals were suddenly to be taught, 'destroy or be destroyed'. These servicemen had to learn an entirely new mode of life which began with military training, continued with separation from home and country and ended in battle with the enemy, in scenes of destruction and

⁴⁶² Van Nostrand had served in the First World War as a stretcher bearer and then joined the Royal Flying Corps. He joined Christie Street Hospital for Veterans, and treated a variety of psychoneurotic patients for a decade between the wars. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 20.

⁴⁶³ Col. F. H. van Nostrand, RCAMC, "Neuropsychiatry in the Canadian Army) Overseas", a paper presented before the Inter Allied Conference on War Medicine, at the Royal Society of Medicine, 9th July 1945.

⁴⁶⁴ Nostrand felt that intense psychotherapy would have little lasting effect on patients. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 20.

death.⁴⁶⁵

At Basingstoke Neurological Hospital, in England, psychoneuroses in the form of anxiety states and reactive depressions were found to often be “a result of difficulties in adjustment to army life, and to situations resulting through separation from their families.”⁴⁶⁶

There was a general distrust of psychiatry from some soldiers, and familiarity with a soldier's life was the best way that the doctors could overcome this. As one report noted,

the psychiatrist must visit and live and work with forward units of his formation. Only when he is accepted as a "field officer" as distinct from a 'base wallah' will his opinions be desired or accepted, aside altogether from the fact that he cannot give sound advice unless he has thoroughly familiarized himself with the life and conditions under which forward units function.⁴⁶⁷

Psychiatrists then, were fighting for respect from skeptics at both ends of the military hierarchy.

There is evidence of some friction between general officers who did not appreciate the problem of combat stress, and presumed that soft leadership or shirking was to blame for high rates of neuropsychiatric casualties.⁴⁶⁸ Some general officers felt that stress casualties could be

⁴⁶⁵ Van Nostrand was a consultant on the official history's chapter on psychiatry, along with all the most prominent Army psychiatrists of the war. Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:56.

⁴⁶⁶ *Ibid.*, 2:61.

⁴⁶⁷ "The History and Development of Canadian Neuropsychiatric Service in the C.M.F." Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2. A. M. Doyle noted that "the only way that a psychiatrist can really become familiar with his Army is by being in the Divisional area", as he had felt out of touch with the field units at 1st Canadian Corps. CMHQ Folder "Reports - No. 2 Neuro-Psychiatry Wing A.A.I.", 11/Psychiatry/6. RG24 Volume 12,631, Library and Archives Canada (LAC); Doyle believed that combat psychiatric illness was short-lived and that rapid forward treatment held the best chance of recovery. Copp and McAndrew, *Battle Exhaustion*, 46.

⁴⁶⁸ In the reports from the Italian campaign, DDMS 1st Canadian Corps, Brigadier E.A. McCusker was critical of psychiatry as soft on soldiers. McCusker failed to forward the request

solved by stronger discipline, better leadership, and sterner medical officers. A circular sent out by 1st Canadian Corps commander Lt.-Gen. E.L.M. Burns which stated that all neuro-psychiatric casualties would reflect poorly on unit commanding officers was said to create, "widespread resentment".⁴⁶⁹ Disciplinary measures imposed by the Deputy Director Medical Services of the 1st Canadian Corps, Brigadier E. A. McCusker, such as stripping non-commissioned officers (NCOs) who became stress casualties of their rank were likewise unpopular with psychiatrists.⁴⁷⁰ As has been noted of British physicians in the First World War, Canadian psychiatrist in the

for a 1st Canadian Infantry Division Neuro-Psychiatric Centre. Subtle criticism of the Corps Commander (probably Lieutenant General Harry Crerar in early January) for not visiting stress casualties himself was also raised by Doyle. "The History and Development of Canadian Neuropsychiatric Service in the C.M.F."; in August of 1944 the staff of No. 1 Canadian Neuropsychiatric Wing examined 85 cases admitted to the 7th Canadian General Hospital admitted for Self-Inflicted Wounds. Major G Burton, "No. 1 Cdn. Neuro Psychiatric Wing Attached No. 10 Canadian General Hospital B.L.A.", 22 August 1944. Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2; A. M. Doyle, 1 Cdn Corps Neuropsychiatric Centre, "Summary of Neuropsychiatric activities in the Sicilian and Italian Theatres with the Canadian Forces", May 44, CMHQ Folder "Reports - No. 2 Neuro-Psychiatry Wing A.A.I.", 11/Psychiatry/6. RG24 Volume 12,631, Library and Archives Canada (LAC); British psychiatrists in the Army were, "Unwelcomed and regarded with suspicion, if not despised." Ahrenfeldt, *Psychiatry in the British Army...*, 251.

⁴⁶⁹ "The History and Development of Canadian Neuropsychiatric Service in the C.M.F." Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

⁴⁷⁰ It was eventually determined that those with a sound service record could retain their rank on the DDMS's discretion. "The History and Development of Canadian Neuropsychiatric Service in the C.M.F." Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2. Of the nineteen NCO's stripped of their rank during the Gustav and Hitler Line actions, one report notes they were happy to do so as they were ashamed they could not lead their men in action. "Most of them stated that they had been given stripes to lead their men in action and they would not want to wear them if they could not do the job." A. Doyle, NP, 1 Cdn Corps, "Report of 1 Cdn Corps Neuropsychiatrist period 1 Apr - 20 Jun 44, including battles of Gustaf & Adolph Hitler Lines.", Canadian Military Headquarters, Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

Second would play their own role as “the state’s instrument of enforcement.”⁴⁷¹

It should be remembered, when judging the record of psychiatrists in the Canadian Army that the voices in the DND files are those of men who volunteered to serve. This is a select group of psychiatrists, many of whom had former military service, who adhered to military protocol, and who hoped to apply their unique skills to the war effort. It may be of little surprise that their reports seem to suggest they adopted the prevailing Army discourse of returning psychiatric casualties to the front as quickly as possible. As will be shown later, however, there were limits to how far they would toe the Army line.

The war had a large impact on the Canadian psychiatric profession. A shortage of neuropsychiatrists led to special training in 1943, with keen regimental medical officers in Canada given six months clinical experience in hospitals before being posted to districts and medical boards.⁴⁷² At the end of the war, the only intensive post graduate training was limited to a four year course at the Allan Memorial Institute, opened in 1943 at the Royal Victoria Hospital at McGill University.⁴⁷³ With twenty-one psychiatrists seeking education and experience, and the Institute's acceptance of four psychiatrists per year there was a backlog in those who sought clinical training. A conference of military psychiatrists in June 1945 wished to lobby the

⁴⁷¹ Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, Maudsley Series (Taylor & Francis, 2005), 17.

⁴⁷² Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:60.

⁴⁷³ "Minutes of Inter-Service Conference of Psychiatrists", Montreal, 12 June 1945. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, LAC; Cyril Greenland, Jack D. Griffin, and Brian F. Hoffman, "Psychiatry in Canada from 1951 to 2001" in *Psychiatry in Canada: 50 years (1951 to 2001)* ed. Quentin Rae-Grant, (Ottawa: Canadian Psychiatric Association, 2001), 7.

Canadian Medical Association for a section of psychiatry and noted that greater consideration of psychiatrists outside of the hospital was necessary.⁴⁷⁴ In the immediate post-war expansion of Department of Veterans Affairs hospitals, it was noted that the only psychiatrists available were those in the Army.⁴⁷⁵ Many physicians had entered into the speciality during the war who would continue to stimulate and lead the profession afterwards.⁴⁷⁶

There seems have been some anxiety regarding psychiatry drifting away from general medicine. As psychiatrist J. C. Richardson reported, "The psychiatric services in Canada have of necessity turned their major efforts towards the broad aspects of appraisal, allocation and morale building, and have been faced to a much lesser degree with problems of clinical diagnosis and treatment."⁴⁷⁷ Richardson noted the result was less attention to neurology and distance from clinical medicine. In the Canadian Army Overseas the two specialties of neurology and psychiatry were combined, while the British had advisers in each field.⁴⁷⁸ Another difference was in treatment facilities. Where the British had a neuropsychiatric hospital in Western Europe

⁴⁷⁴ "Minutes of Inter-Service Conference of Psychiatrists", Montreal, 12 June 1945. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, LAC.

⁴⁷⁵ J.D. Griffin to Col. F.H. van Nostrand, Consultant Neuropsychiatrist, DMS, CMHQ, "Psychiatric Requirements: Canada", 24 May 1945; the National Committee for Mental Hygiene canvassed psychiatrists in the Army as the war ended, showing the concentration of psychiatrists there. Clarence Hincks, Gen. Director, The National Committee for Mental Hygiene, "To Canadian Psychiatrists", 11 May 1945. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, LAC.

⁴⁷⁶ Cyril Greenland, Jack D. Griffin, and Brian F. Hoffman, "Psychiatry in Canada from 1951 to 2001" in *Psychiatry in Canada: 50 years (1951 to 2001)* ed. Quentin Rae-Grant, (Ottawa: Canadian Psychiatric Association, 2001),1.

⁴⁷⁷ "[...] Comments on Psychiatric Treatment." J.C. Richardson to van Nostrand, Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, LAC, 21 Sep 44.

⁴⁷⁸ Van Nostrand, "Neuropsychiatric Adviser: Canadian Force, B.L.A.", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, LAC, 29 Aug 44.

(No. 32 British General Hospital), the Canadians had a neuropsychiatric wing. Non-specialist Canadian medical officers in the field ambulances and other divisional medical units were given a primer in psychiatry at the British Army School of Psychiatry.⁴⁷⁹ While medical specialities were clear elements of morale surveillance and classification during the war, the science of the mind was also applied to military affairs to theorize about military psychology, socialization and perseverance.

5.3 Theories of Coping

In a number of ways, psychology and psychiatry worked its way into the Canadian Army's considerations of key morale factors surrounding leadership and socialization. Historians and sociologists have spent considerable effort attempting to determine what motivates soldiers on the battlefield. Jonathan Fennell has recently suggested that since the publication of John Keegan's *The Face of Battle* (1976) that we know much of why soldier's fought, yet the connection between individual combat motivation and the collective morale remains understudied.⁴⁸⁰ Terry Copp, in his work on the Canadians in the Battle of Normandy cautions against generalizations. Copp writes, "The evidence shows that in both the Allied and German armies, combat motivation and combat effectiveness varied across time for individuals and

⁴⁷⁹ Major G. S. Burton, RCAMC, Psychiatrist, CMHQ, to Major R.A. Gregory NP, 3CID, ADMS 3CID, July War Diary, Appendix 34, 22 March 1944.

⁴⁸⁰ John Keegan, *The Face of Battle*, Penguin Books: History (Penguin, 1978); For list of works featuring soldiers' experience in the Second World War see Jonathan Fennell, "Morale and Combat Performance: An Introduction," *Journal of Strategic Studies* 37, no. 6–7 (November 10, 2014): 796, doi:10.1080/01402390.2013.849395; Keegan's theory of combat motivation involves: coercion, inducement, narcosis, the example of the "big man", mimicry, honour, and passionate impulses. John Keegan, "Towards a Theory of Combat Motivation" in Addison and Calder, *Time to Kill: The Soldier's Experience of War in the West, 1939-1945*, 10.

units.”⁴⁸¹ While the present work focuses more on top-down administration of morale, a brief treatment of Canadian Army officers’ considerations of the psychological motivations of soldiers is of interest. Some of these connections were obvious, with prominent psychiatrists penning doctrinal pamphlets for the Army, and others less explicit with psychological theories on soldiers working themselves into policy. A brief examination here will show where morale, leadership and psychology overlapped.

Consideration of psychology, morale and nervous breakdown predates the Second World War. In Britain after the First World War, the Southborough Committee on Shellshock had concluded that in the individual’s conflict between fear and duty it was morale that could tip the scales in the dutiful direction.⁴⁸² For the Committee, morale was determined by leadership, training and *esprit de corps*. Leadership was a key factor in maintaining morale, and bonds between officers and men were explicitly fostered by the Army. During the Second World War, the rising professions of the mind were used to enforce older ideas about the fundamentals of soldiering. As Ahrenfeldt wrote in his history of Second World War British psychiatry, "one of the most important factors in influencing individual and group morale is the quality of the leadership".⁴⁸³ Leadership is a key factor in obedience, which in turn is central to morale. Loyalty and trust are aspects identified with the perceived integrity of a leader, and are directly related to the will to obey.⁴⁸⁴ These traits were identified at all elements of the command

⁴⁸¹ Copp, *Fields of Fire : The Canadians in Normandy*, 14.

⁴⁸² Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 140.

⁴⁸³ Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, 51.

⁴⁸⁴ Peter Bradley, “Obedience to Military Authority: A Psychological Perspective”, in *The*

structure, yet certain ranks were thought to play a greater role when it came to morale.

Units with good commanding officers and other officers generally were found to have better behaviour records.⁴⁸⁵ Commanding officers, had a particularly powerful role in shaping the morale of their unit. For the British in the First World War, commanding officers have also been described as vital players in morale maintenance.⁴⁸⁶ Timothy Bowman and Gary Sheffield have suggested that there was a great difference in the character of discipline between battalions.⁴⁸⁷ Canadian officers in the Second World War also had much discretionary power over discipline. The *King's Regulations* granted Canadian commanding officers and those of field rank (major and above) in the Second World War the power of summary punishment of private soldiers.⁴⁸⁸ Punishments awarded without trial could include detention up to twenty-eight days, a fine of \$16 and below, and deductions of pay to compensate for the damage of government property. While the official historian, C.P. Stacey criticizes Canadian regimental officers as having a "casual and haphazard" attitude towards training, he suggests that the typical officer, "worked to make himself master of his craft, which usually was not his by profession; he watched over his men's welfare and led them bravely and intelligently in battle."⁴⁸⁹ Stacey

Unwilling and the Reluctant: Theoretical Perspectives on Disobedience in the Military ed. Craig Leslie Mantle (Canadian Defence Academy Press: Kingston, 2006), 15.

⁴⁸⁵ File 215C1.053(D6) ADM 1st Cdn Army - The Adm aspect of Ops 1st Cdn Army Jul/Oct 44. Memo interview with Maj.-Gen A.E. Walford CBE MM former DA & QMG at CMHQ 16 Oct 44", RG 24 Vol. 10,667, LAC.

⁴⁸⁶ Baynes, *Morale: A Study of Men and Courage*, 110.

⁴⁸⁷ Bowman, *The Irish Regiments in the Great War: Discipline and Morale*, 4.

⁴⁸⁸ Canada, Department of National Defence, *King's Regulations and Orders for the Canadian Militia, 1939 – Amendment*. (Ottawa: King's Printer, 1944), 87.

⁴⁸⁹ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:275.

admits that while there were those who were not up to the task of commanding a regiment, that battle itself was the only real test of command. Terry Copp revised Stacey's criticisms, noting that only two battalion commanders were removed from their positions during the Battle of Normandy.⁴⁹⁰

Unstable officers were thought to be extremely detrimental to group cohesion. Psychiatrist Arthur Doyle interviewed combat commanders in Italy, who suggested there was few malingerers among exhaustion cases, yet conceded that the worst possible situation was to have a nervous officer commanding. Doyle reported that, "Troops that have fought well under another break and run when under an officer they know to be himself abnormally nervous and vacillating."⁴⁹¹ Officers, then, were to maintain a calm disposition. John Burwell Hillsman commanded a Field Surgery Unit, and recalled that the need to put on the appearance of bravery helped him cope. As his unit first came under fire near Caen, he recalled,

Suddenly you become calm. You find yourself relaxed. You become a fatalist. You can't do anything about it so if you are hit – well, you are hit. You think of your responsibilities. You have men to look out for. That is one advantage an officer has over his men. He has to put on a show. The men have nothing to do but sit back and fight their fear. I got out of my truck and walked back to the trucks behind me. I was surprised to find everyone much less frightened than I. I felt proud that I had such men.⁴⁹²

Smaller groups than the regiment were just as important for carrying on. John Baynes study, *Morale: A Study of Men and Courage – The Second Scottish Rifles at the Battle of Neuve Chapelle 1915* (1967) argues that small-group loyalty was a key motivating factor for British

⁴⁹⁰ Copp, *Fields of Fire: The Canadians in Normandy*, 266–267.

⁴⁹¹ Copp and McAndrew, *Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 54.

⁴⁹² Hillsman, *Eleven Men and a Scalpel*, 33.

regiments in the First World War, with a strong bond of deference between soldiers and their gentlemen-officers.⁴⁹³ Canadians in the Second World War also relied on small groups to cope. One Loyal Edmonton member began to breakdown when he learned in the same batch of mail that his mother and father had died. His section mate wrote,

After five years of tension he just went to pieces, yelling and crying. We got some rum. We were all his friends – it was Christmas. We were more than friends; we were brothers now and you know, we got him quiet and he didn't have to go to the Medical Officer for his nerves. In our group we handled it – we solved our problems. It made it all the tougher when you lost someone. I couldn't have felt worse if my own brother were to die.⁴⁹⁴

Primary group, or that small group of individuals who a soldier shares his everyday soldiering experience with, has been suggested by many to be the key to combat motivation and perseverance. Terry Copp has suggested that good Canadian morale during the Battle of Normandy was maintained due to a combination of the regimental family and the primary group.⁴⁹⁵ Yet as Tarek Barkawi notes, “Soldiers who mutiny also rely on primary groups. More common and lesser forms of combat indiscipline, such as a patrol which finds a safe place to rest and returns with false reports, require cohesion among comrades to carry out and avoid discovery.”⁴⁹⁶

Brock Chisholm's pamphlet *Morale: A Platoon Commander's Responsibility for the Morale of his Men*, was created under the auspices of the National Committee for Mental Health

⁴⁹³ Smith, *Between Mutiny and Obedience: The Case of the French Fifth Infantry Division During World War I*, 13.

⁴⁹⁴ Copp and McAndrew, *Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 105.

⁴⁹⁵ Copp, *Fields of Fire: The Canadians in Normandy*, 118.

⁴⁹⁶ Tarek Barkawi, “Culture and Combat in the Colonies: The Indian Army in the Second World War,” *Journal of Contemporary History* 41, no. 2 (2006): 352.

(Canada) and distributed by the Army in Canada (and possibly overseas). The pamphlet is likely the most explicit connection between psychology and junior leadership among doctrinal writings. Chisholm puts great emphasis on the training stage, advising junior officers to take up a fatherly role and not to allow NCOs to drill men, as this risked too much influence on the men's attitudes. Chisholm put great faith in the psychological impressionability of recruits, suggesting the officer was, "largely determining what kind of men they will be all the rest of their lives and how they will bring up their children."⁴⁹⁷ Tending for the physical needs of soldiers was a key facet of good leadership. Chisholm emphasized the need for men to keep warm and noted that the goal of the officer should be that men associate him with the warmth of clothing he provides. While officers were expected to know their men, the greater culture of aloofness between officers and men in the ranks remained during the Second World War.⁴⁹⁸ Familiarity was thought to be detrimental to authority.

In Canada, the Adjutant-general's circular to officers commanding military districts emphasized the key role that junior officers were to play in resolving a perceived problem of lax discipline. Major-General Browne wrote,

District Officers Commanding, if this has not already been done, should call together the officers of each unit and impress on them the urgent necessity for obtaining the desired standard of efficiency required. This responsibility should be handed down from Commanding Officers to junior officers. If the junior officers take the requisite amount of

⁴⁹⁷ Colonel G. Brock Chisholm, "Good Morale – A Military Necessity: Addressed to Officers of the Canadian Army", Folder HQ-54-27-2-12, RG24, Volume 2,053, received 19 February 1941. This manuscript is an early draft of, G. Brock Chisholm, *Morale: A Platoon Commander's Responsibility for the Morale of his Men.* (National Committee for Mental Hygiene (Canada): Toronto, n.d.), DHH 93/28.

⁴⁹⁸ Jackson, *One of the Boys : Homosexuality in the Military during World War II*, 89.

interest in their men and gain their confidence, it is felt that results will be obtained quickly.⁴⁹⁹

Some have blamed certain levels of command on battlefield breakdown. The late June 1944 rise in Anglo-Canadian battle exhaustion cases has been suggested to be precipitated by a failure in junior leadership.⁵⁰⁰

Doctrine urged that troops should know as much about their operations as possible. There was to be no sugar-coating of the situation. The 3rd Canadian Infantry Division stated in its quarterly medical summary for July-August 1944 that – “Every effort should be made to minimize the possibility of surprise or uncertainty engaging the mind of the soldier during battle. If he is going to be bombed[,] shelled, mortared, sniped at, overrun, reinforced, or not reinforced, tell him and he immediately becomes a better soldier.”⁵⁰¹ Information regarding enemy numbers, weapons, and tactics were to be shared with troops, as well as the efforts of the Army to provide protection against the elements and enemy fire, and the supply of medical care, relief and reinforcements.

The record of psychiatry in the Canadian Army then, is largely that of a small group of professionals who volunteered their services to state bureaucracy. While the psychologists stole a march on the Committee for Mental Hygiene in 1939 in terms of categorizing and testing recruits, psychiatrists were an important part of the Directorate of Personnel Selection, once the

⁴⁹⁹AG's circular letter to D.Os.C., HQ 54-27-63-1, 8 August 1940 as cited in Lt-Col. T.M. Hunter, Report No. 91, Historical Section, Army Headquarters, "Some Aspects of Disciplinary Policy in the Canadian Services, 1914-1946", Directorate of History and Heritage, 15 July 1960, 35.

⁵⁰⁰ Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 253.

⁵⁰¹ Col. M.C. Watson, ADMS 3CID, “Quarterly Report – 1 July 44 to 1 October 44”, 3CID ADMS October 1944 War Diary, Appendix 2, 1 October 1944.

system became rationalized. Psychiatrists were a key facet of the morale surveillance system, using statistics and codification to quantify soldiers, making them knowable and controllable. This being said, the condemnation inherent in a Foucaultian or Weberian critique is not the only interpretation available on the Canadian psychiatric record in the Second World War. There were many instances of psychiatrists who attempted to explain to Army officers that there were some citizens who had a difficult or impossible time becoming soldiers. The majority of neuropsychiatric casualties were not returned to duty, but down-graded and in some cases dismissed from the Army. Psychiatrists were individuals who needed to negotiate the trading zone where the boundaries of discipline, medicine, and welfare blurred. The study of their record in the Second World War exposes both the role of expert advisors to the state, and that of medical professionals who at times showed compassion in the face of the traumatic violence of the Second World War.

Chapter 6: Medicalizing Mental Collapse: Battle Exhaustion as Morale Indicator

6.1 Combat Stress and Battle Exhaustion

While military and civilian psychiatrists of the early twentieth century thought that neurosis was linked to the increasingly mechanized modern world, there is evidence that psychological trauma from battle is as old as warfare itself.⁵⁰² From the latter half of the nineteenth century, modern psychiatry began to acknowledge that the traumatic experience of battle could have lingering psychosomatic as well as organic effects on soldiers. The trouble with the former, from the perspective of military morale and discipline was that it was very difficult in many cases to discern between the soldier-patient who was merely “presenting” symptoms and that who was genuinely ailing. Ben Shephard has suggested that even those soldiers who genuinely had some form of combat stress injury could use their symptoms as a form of agency, “as a weapon of resistance to military authority.”⁵⁰³ In 1869, New York neurologist George Beard invented the term neurasthenia as a link between organic causes and symptoms of mood and mentality, and until the First World War this was the diagnosis for a wide range of symptoms that physicians

⁵⁰² Recent research pushes the earliest accounts of post-traumatic-stress-disorder back from the conventionally cited account of sudden blindness of the warrior Epizelus at the battle of Marathon (490 BCE) to Assyrian Mesopotamia (1300-609 BCE). Jamie Hacker Hughes and Walid Khalid Abdul-Hamid, “Nothing New under the Sun: Post-Traumatic Stress Disorders in the Ancient World,” *Early Science and Medicine* 19 (2014): 551; post-traumatic syndromes were frequent in Canadian dispatch riders who were notorious for accidents from 1940-43. Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:63; the blackout contributed to poor morale for Canadians in England, and to the deaths of dispatch riders. Men spoke of the Brookwood Cemetery as the “DRS holding unit”. Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 36.

⁵⁰³ Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, xxi.

today associate with mental health disorders from psychosis to depression.⁵⁰⁴ Railway spine was another term for unexplained neurological problems, which from the 1880s were understood as a type of shock to the nervous system associated with railway accidents.⁵⁰⁵ In the First World War, the term shell shock was first used to describe neurological issues which were thought to be associated with the effects of shell blast.⁵⁰⁶ In the Second World War, as in other conflicts, the prevalence of psychiatric breakdown was considered an indicator of military morale.⁵⁰⁷ What in that conflict was called “battle exhaustion” was another way that morale was medicalized.

The extent to which morale was medicalized in the First World War Canadian Army remains to be examined in depth. There are some signs that it was, but it appears that staff officers maintained their distance from medical officers who threatened their manpower reserves

⁵⁰⁴ In the military sphere, the concept of “soldier’s heart”, was a forerunner to combat neuroses. First diagnosed in the American Civil War, it was characterised by heart palpitations, poor sleep, indigestion, shortness of breath, and pain. In the military sphere, the concept of “soldier’s heart”, was a forerunner to combat neuroses. First diagnosed in the American Civil War, it was characterised by heart palpitations, poor sleep, indigestion, shortness of breath, and pain. During the First World War the symptoms of “soldier’s heart” were dispersed to various other diagnoses. Sean Dyde, “The Chief Seat of Mischief: Soldier’s Heart in the First World War,” *Journal of the History of Medicine and Allied Sciences* 66, no. 2 (2011): 216–217, 248; Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, 1, 7–11; neurasthenia became “the needed medical weasel word”. Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, 129; in the interwar years, neurasthenia was used as a less-stigmatizing explanation for soldier suicides. John Weaver and David Wright, *Histories of Suicide: International Perspectives on Self-Destruction in the Modern World* (University of Toronto: Toronto, 2009), 12; Ben Shepard, *A War of Nerves*, 9.

⁵⁰⁵ Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, 12.

⁵⁰⁶ The use of the term “shell shock” is conventionally traced to a February 1915 article in the *Lancet* by Charles Myers, but Myers did not invent the term, and the theory had its roots in observations from the Balkan Wars of 1912-13. *Ibid.*, 15–16.

⁵⁰⁷ For an analysis of British morale in the First World War through the incidence of nervous breakdown see Boff, *Winning and Losing on the Western Front: The British Third Army and the Defeat of Germany in 1918*, 42.

with diagnoses. A specific connection between psychiatric problems and morale is seen in American medical officer Dr. Thomas W. Salmon's description of experiences during World War One. Salmon put organic disease at one end of the spectrum and psychiatric disorder at the other, noting:

Between these two extremes, there was a host of intermediary conditions, such as mild neuroses...neurasthenias, anxiety states, hysterias and hysteroid episodes, epileptoid conditions, psychopathic personalities, inferiors, military misfits, and otherwise near-normal individuals...They constituted a greater menace to the military organization, by lowering the efficiency and impairing the general morale, than did the obviously diseased types which were readily recognized and without great difficulty eliminated.⁵⁰⁸

Robert Ahrenfeldt suggested that First World War American line officers valued neuropsychiatric exams more than the medical officers as they confirmed the personnel who were "inapt, inefficient, slow, awkward, easily fatigued, delinquent, insubordinate, and difficult to get along with."⁵⁰⁹ In the Great War, the British labelled shell-shocked men as either wounded (for those who obtained their "shell shock" by proximity to shell blast) and those labelled sick. The former casualties were the only ones allowed to wear a wound stripe and qualified for pensions.⁵¹⁰ The Southborough Committee report on shell shock acknowledged that good morale, fostered through training and skilled leadership prevented psychiatric breakdown.⁵¹¹ In 1924, Under-Secretary of State for the War Office Clement Attlee, one of the MPs arguing for the abolition of the right of courts martial to sentence men to death, argued that

⁵⁰⁸ Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, 10.

⁵⁰⁹ *Ibid.*, 11.

⁵¹⁰ Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, 20; Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 29.

⁵¹¹ Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, 13.

unit morale, training and leadership were to blame for men's misbehaviour.⁵¹²

Pensioners were another class of citizen that Canadian authorities had scrutinized in the interwar years. One officer on of the Board of Pension Commissioners wrote in 1918 that "There are so many malingerers that it is mighty difficult. The trouble is not with the average man who comes back, glad to get back and get on his feet again and get to work; it is with the man who has not an intention of doing another tap of work again; that is the trouble."⁵¹³ The process of administering military pensions in the interwar years is a precedent to the interaction described in this work, between military administration and Canadians. As Desmond Morton wrote, "For half a million veterans and their families, the Board of Pension Commissioners was an immediate and personal introduction to bureaucracy in its purest form."⁵¹⁴

In June 1917, in attempts to reduce casual diagnosis and subsequent manpower losses, Commander-in-chief of the British Expeditionary Force Sir Douglas Haig ordered that the term "shell shock" should not be used by anyone except for trained experts at shell-shock centres.⁵¹⁵ Likewise, in the Second World War there was debate over what to label neuropsychiatric injuries. The term "exhaustion" was used as a quick administrative tool for the busy medical officer, suggested a "mild and recoverable condition" to the soldier, and avoiding the stigma of a

⁵¹² French, "Discipline and the Death Penalty in the War against Germany during the Second World War," 533.

⁵¹³ Morton and Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930*, xvi.

⁵¹⁴ Morton, "Resisting the Pension Evil: Bureaucracy, Democracy and Canada's Board of Pension Commissioners, 1916-33.," 224.

⁵¹⁵ Humphries, "War's Long Shadow: Masculinity, Medicine, and the Gendered Politics of Trauma, 1914-1939.," 515.

psychiatric diagnosis.⁵¹⁶ In the months leading up to the invasion of Normandy, the 3rd Infantry Division's "Standing Medical Order for Ops" reflected a lingering conception that exhaustion was not to be considered a wound, but instead categorized as a sickness.⁵¹⁷ For the Canadians preparing for Operation OVERLORD's D-Day, a sense of the conservative attitude towards exhaustion casualties is given by the statement in the standing orders that, "...the indiscriminate evacuation of psychiatric casualties will be avoided..."⁵¹⁸

On the eve of the invasion of Normandy, the lessons from the Mediterranean theatre suggested six major types of psychiatric battle casualties. Ranked in order of likely frequency these were: 1.) free anxiety states (simple fear to gross panic); 2.) exhaustion (weary and trembling men); 3.) hysterical conditions (paralysis, aphonia; stammering; amnesia; fugue; etc.); 4.) "confusional" states (disorientation to stupor); 5.) depression (mostly mild but occasionally

⁵¹⁶ A. M. Doyle, "Psychiatry with the Canadian Army in Action in the C.M.F.", 29 December 1944; in late 1944 it was recommended that pinning Embarkation Classification Cards on psychiatric casualties being repatriated with diagnostic psychiatric nomenclature such as "psychotic" was detrimental to the soldier. "Psychiatric Casualties Returning from Overseas", 16 October 1944. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2; curiously, by the end of the war, it was noted that "Battle Exhaustion" carried its own stigma. Richardson still thought it worthwhile to have a standard administrative label for neuropsychiatric casualties. Lt.-Col. J.C. Richardson, Adviser in NP to Cdn Section, 1 Ech, HQ 21 Army Gp, "Neuropsychiatry with the Canadian Army in Western Europe from 6 June 44 - 8 May 45, "Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2. RG24 Volume 12,631, Library and Archives Canada (LAC); the diagnosis seems to have been made official by Frederick Hanson working in the North African theatre where general Omar Bradley laid down in late 1943 that exhaustion would be the initial diagnosis for all psychiatric cases in the U.S. Army. Shephard, *War of Nerves*, 217.

⁵¹⁷ "Handling of Psychiatric Battle Casualties", "3 Cdn Inf Div Medical Standing Orders for Ops", 3CID ADMS War Diary May 1944, Appendix C, LAC, RG24 Vol. 15,661, 19 May 1944.

⁵¹⁸ "Handling of Psychiatric Battle Casualties", "3 Cdn Inf Div Medical Standing Orders for Ops", 3CID ADMS War Diary May 1944, Appendix C, LAC, RG24 Vol. 15,661, 19 May 1944.

severe); and 6.) psychotic states (delusion and behavioural disorders).⁵¹⁹ While exhaustion is listed as one of these various types, soldiers showing any of these wide range of disorder could be diagnosed as exhaustion cases. After battle, it was expected that medical officers would encounter anxiety states presenting as mild startle reactions, battle dreams, minor depression and psychosomatic upsets.⁵²⁰

The general psychiatric consensus was that the further a casualty was evacuated from his unit, the less likely he would be returned to fighting duty. More acute cases would be sent to casualty clearing stations, which often had battle exhaustion units which generally sedated men, and kept them warm and dry. Problems occurred early in the Normandy campaign, when men at D+50 were continued to be evacuated with no more precise diagnosis than "battle exhaustion".⁵²¹ As psychiatrist J. C. Richardson explained, "The military need for a definite label gives a false impression of diagnostic precision in many psychiatric cases where the proper disposal is clear but where there may be a complicated or atypical reaction requiring prolonged observation."⁵²² Late in the war the officer commanding No. 1 Canadian Exhaustion Unit noted the problems that the "exhaustion" label had caused. He wrote, "the term 'exhaustion' has developed a significance

⁵¹⁹ "Handling of Psychiatric Battle Casualties", "3 Cdn Inf Div Medical Standing Orders for Ops", 3CID ADMS War Diary May 1944, Appendix C, LAC, RG24 Vol. 15,661, 9 May 1944.

⁵²⁰ "Handling of Psychiatric Battle Casualties", "3 Cdn Inf Div Medical Standing Orders for Ops", 3CID ADMS War Diary May 1944, Appendix C, LAC, RG24 Vol. 15,661, 9 May 1944.

⁵²¹ Nostrand recommended that if they had a psychiatric disability that warranted evacuation to Britain, they should have been given a definite diagnosis. Van Nostrand, "Neuropsychiatric Adviser: Canadian Force, B.L.A.", 29 Aug 44.

⁵²² Lt-Col. J. C. Richardson, "Commentary on Morbidity and Military Loss from Neuropsychiatric Disorders based on a Survey of Medical Boards (and Repatriation Certificates) for the six months period 1 Jan. - 30 June 1944." Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, LAC.

which is not dissimilar to that of 'shell-shock' during the last War. Too often a man evacuated with this diagnosis is perfectly convinced that he is suffering from some grave malady; this feeling is fortified when he is admitted to an Exhaustion Unit."⁵²³

The campaign in North-West Europe saw three major categories of men diagnosed with more specific neurosis. Grossly Inadequate Personalities were those, "identified as totally unfit for fighting service through personality defect, before he has developed a significant added acute neurosis."⁵²⁴ Those deemed, "Inadequate with added Battle Neurosis" included, "a very large group of the exhaustion cases seen, with all ranges of severity of both factors predisposition and stress." Finally there were those deemed, "Adequate with Battle Neurosis" who "developed a neurotic state after heavy fighting stress, but who [had] a 'stable' preceding personality well within the range of our arbitrary 'normal'." The majority of clinical syndromes encountered were acute fear reactions, and acute and chronic anxiety states.⁵²⁵ Depressive reactions were also common, but hysterical states were rare. Diagnosis operated on a functional level, in which men were categorized by the probability of their return to the front-line, rather than any medical conditions they might have.

The longer a man was in combat service, the more likely he was to break down. It was noted that at the end of eighteen to twenty-one days of combat in average fighting conditions, a

⁵²³ Major T. E. Dancey, "Quarterly Report - 1 Cdn Exhaustion Unit 1 Jan - 31 Mar 45", CMHQ Folder "Reports - Cdn Exhaustion Unit" File 11/PSYCHIATRY/2, RG24 Volume 12,631, LAC.

⁵²⁴ Lt-Col. J. C. Richardson, Adviser in NP to Cdn Section, 1 Ech, HQ 21 Army Gp, "Neuropsychiatry with the Canadian Army in Western Europe from 6 June 44 - 8 May 45," Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631.

⁵²⁵ Ibid.

soldier's morale would begin to drop and his interest wane.⁵²⁶ Between twenty-one and thirty-one days he was thought to need a change in his environment and outlook and a day or two of carefree living. In late 1944, in the Italian campaign, a report noted that the longer the campaign lasted, the more soldiers with "good histories" broke down under the "cumulative effects of service."⁵²⁷ This being said, general morale was good with confidence in equipment and leadership. On the other hand, the report noted "a good deal" of war weariness that had not existed a year previously. In the Italian campaign, soldiers expressed some feeling of being on the "forgotten front", and frustration that the press was focused on North-West Europe and the R.C.A.F. There was much interest expressed over the Alberta and Saskatchewan elections, suggesting that ties to the home front were strong. In January 1945 one officer noted, "... exhaustion is occurring in individuals of an apparently stable background, who, after 4 - 5 months of heavy fighting have lost their volition and desire for service. In this group, the major factor has been that of motivation and not innate stability."⁵²⁸

Treatment of neuropsychiatric casualties varied with the acuity of their symptoms, time out of combat, and circumstances of the campaign. A general rule was to establish treatment quickly, and transfer men to the various stages of the rehabilitation (or disposal) stream

⁵²⁶ R. Gregory, 3 Cdn Inf Div, "Psychiatric Report", CMHQ Folder "Reports - Cdn Exhaustion Unit" File 11/PSYCHIATRY/2, RG24 Volume 12,631, LAC, October 1944.

⁵²⁷ "Report by Consultant Neuropsychiatrist CA(O) Liason visit Italian theatre. 16 Nov - 16 Dec '44.", folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 16 January 1945.

⁵²⁸ Lt-Col. W. A. Hawke, "Psychiatric Selection in Canada", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, 8 January 1945.

promptly, as any idle time, or delay had a negative effect on morale.⁵²⁹ Despite lessons learned in the Russo-Japanese War (1904-05) and the First World War, the establishment of forward treatment as a principle had been slow to arrive in the Allied armies of the Second World War.⁵³⁰ As historians Paul Wessely and Edgar Jones record, the hallmarks of psychiatric treatment in warfare were established in the First World War: "Proximity of treatment to the battlefield, immediacy of response and the expectation of recovery."⁵³¹ Despite these lessons learned, Bill McAndrew writes that during the North African Campaign, the Eighth Army's forward psychiatry was undeveloped, the First British Army totally ignored forward psychiatry, and the

⁵²⁹ Delays occurring in the disposal of downgraded personnel in 21st Army Group (due to bottlenecks in the Reinforcement Holding Unit accommodation, staff and amenities), lowered the morale of "low-grade" reinforcements. It was recognized, however, that "convalescence from most psychiatric illnesses is surprisingly long." Lt-Col. D. J. Watterson, D.M.S., Adviser in psychiatry "Report for the quarter ending 31 Mar 45 by the Adviser in Psychiatry, 21 Army Group", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2; in the early months of the Normandy campaign the No. 1 Neuropsychiatric Wing reported that it often saw patients who were "cold" (out of action for several days), and requiring only identification and recommendation for disposal. Major G. Burton, "No. 1 Cdn. Neuro Psychiatric Wing Attached No. 10 Canadian General Hospital B.L.A.", 22 August 1944, Folder 11/PSYCHIATRY/2/2, RG24 Volume 12,631, Library and Archives Canada (LAC), May 1945.

⁵³⁰ Ibid; Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:70; while in a medical paper of 1907 it was recognized that in the Russo-Japanese War that a patient's symptoms were more likely to remain constant the further from the front they were evacuated, the British observers' report on the conflict barely mentioned psychiatric issues. Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, 14–15; Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 17.

⁵³¹ From May 1915, French neurologists argued that psychiatric soldier-patients should not be evacuated from forward areas. The French took the lead in the establishment of forward military psychiatry. Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, 17, 20; Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 27.

Americans were equally unprepared.⁵³² Ideally, junior officers and NCOs would recognize early signs of exhaustion and treat them in unit lines to avoid “having them ‘crack’ to the extent that they be sent to rear areas.”⁵³³ In 3rd Canadian Infantry Division, medical officers were shown the film “Field Psychiatry for the Medical Officer” to get a sense of the range of treatment of anxiety cases.⁵³⁴ That considerations about morale were part of forward psychiatric treatment in psychiatric cases is shown by a July 1944 warning to the division’s MOs. Medical Operation Instructions encouraged regimental medical officers to treat physical exhaustion cases in the unit and keep a skeptical eye out for malingerers:

Only proven exhaustion cases requiring psychiatric diagnosis and care will be evacuated through medical services. Cases of straight physical exhaustion will NOT be evacuated from unit areas by MOs through medical channels. As it is possible in future that disciplinary action may be necessary against personnel who may be simulating symptoms of this

⁵³² The Australians at Tobruk decided treatment near the frontline was best for acute nervous disorders, and that the donation of whole blood by psychiatric casualties was a psychological boost, as men felt they were still helping their primary group. The American Grinker arrived with no authority and treated American casualties in a British general hospital in Algiers, where British doctors were experimenting with sodium pentothal as a method of inducing abreaction. The method would be influential on Grinker, who would go on to be one of the most well known military psychiatrists of his day. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 48–50; pioneering psychoanalyst Sigmund Freud would argue in 1895 that “hysteria” could manifest as physical symptoms and was caused by suppressing emotions, memories and experiences. Bringing these emotions out from the subconscious through abreaction could achieve catharsis. Frederick Hanson, who arrived in North Africa in March 1943, rejected Grinker and Sargent’s assumptions about catharsis and abreaction of trauma, favouring rest and reassurance near the front line, gentle persuasion and discussion. Shephard, *War of Nerves*, 13, 199.

⁵³³ Major R. A. Gregory, Divisional Neuropsychiatrist, 3CID, to ADMS 3CID, “Psychiatric Report”, ADMS 3CID, July War Diary, Appendix 19, 17 May 1944.

⁵³⁴ Col. C. H. Playfair, ADMS 3CID, to all Med Units, “3 Canadian Infantry Division Medical Training Instruction No. 4”, ADMS 3CID, November War Diary, Appendix 9, 29 November 1944.

condition it is recommended that the CO of the unit be consulted when possible before personnel are evacuated for this condition.⁵³⁵

It was reported in 3rd Infantry Division's medical war diary that commanding officers of battalions were cooperating and that the system of resting men at "A"(administrative) Echelon before admittance to the "F" (fighting) Echelon's Regimental Aid Post would reduce cases evacuated by 75 percent.⁵³⁶

General principles of treatment, as projected before the invasion of Normandy were: 1.) sleep under sedation; 2.) restoration of individual sense of security; and 3.) reintegration with their "original fighting group."⁵³⁷ A rule of thumb was that when men were evacuated beyond corps level, their will to return to their units would diminish too far to salvage them.⁵³⁸ As a report for the No. 1 Canadian Neuropsychiatric Wing noted, "the longer a patient is under medical protection the less likely he is to be willing to again face the stresses of modern battle."⁵³⁹ If soldiers were not expected to improve within thirty-six hours of treatment by divisional medical units under these general principles, they would be evacuated to the corps exhaustion centre. Exhaustion cases were to be kept separate from the physically wounded for

⁵³⁵ Col. M. C. Watson, ADMS 3CID, "Medical Operation Instruction No. 1 – 3 Cdn Inf Div" ADMS 3CID, July War Diary, Appendix 18, 15 July 1944.

⁵³⁶ ADMS 3CID, War Diary, 7 July 1944.

⁵³⁷ "Handling of Psychiatric Battle Casualties", "3 Cdn Inf Div Medical Standing Orders for Ops", 3CID ADMS War Diary May 1944, Appendix C, LAC, RG24 Vol. 15,661, 9 May 1944.

⁵³⁸ Lt-Col. J. C. Richardson, Adviser in NP to Cdn Section, 1 Ech, HQ 21 Army Gp, "Neuropsychiatry with the Canadian Army in Western Europe from 6 June 44 - 8 May 45," Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631.

⁵³⁹ G. S. Burton, "Admissions No. 1 Cdn Neuro-Psychiatric Wing RCAMC, 8 Oct 44 to 8 Dec 44", CMHQ Folder "Reports - Cdn Neuropsychiatric Wing", 11/Psychiatry/4, RG24 Vol 12,631, LAC.

morale purposes. Major R. A. Gregory, 3rd Division psychiatrist, suggested that sedation of the patient was not done exclusively for his own treatment. “If treatment of the cases is further back”, Gregory wrote, “they will be expected to check all exhaustion cases for proper sedation and prescribe further if necessary so that in evacuation they will be quiet and will not upset the morale of others.”⁵⁴⁰

The official medical history contains one of the most explicit connections between morale and battle exhaustion in the published literature. A section on the treatment of battle neuroses at the No. 1 Neuropsychiatric Wing reads, “The psychiatric problem was always in two parts: the symptoms of neurosis, and the morale of the man....In a soldier who had failed the test of battle, the neurosis was first treated and then morale was considered. In short, the unit was dealing with two distinct problems long differentiated by the vulgar but accurate terms, ‘nerves’ and ‘guts’.”⁵⁴¹ Neurosis was not considered synonymous with poor morale, but triage took it into consideration. Patients were divided into three groups depending on a combination of symptoms and morale. The first group, and the largest, were those with few signs of neurosis but who required reallocation due to poor morale. Differentiating those who could fight from those who needed to be sent to non-combat roles was the major challenge of No. 1 Neuropsychiatric Wing. Downgrading their stability rating (lowering their PULHEMS S score to S3) was said to improve their emotional stability, followed closely by a new allocation to a permanent unit. The

⁵⁴⁰ Major R. A. Gregory, Divisional Neuropsychiatrist, 3CID, to ADMS 3CID, “Psychiatric Report”, ADMS 3CID, July War Diary, Appendix 19, 17 May 1944.

⁵⁴¹ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:77.

second major group found at No. 1 Wing were soldiers with neurotic syndromes requiring brief treatment and disposal due to morale. Symptoms included hysteria-aphonia (speech loss), deafness, tics, paralysis, and ocular ptosis (closed eyelids). Here treatment included explanation, suggestion, reassurance and persuasion, and if necessary small doses of sodium amytal. Once admitted to the ward, these soldiers quickly discovered the rumour that soldiers very rarely were sent back to combat duty, and symptoms often cleared. The third group were those with neurotic symptoms requiring intensive treatment requiring disposal due to their neurosis *and* morale. These were those with severe syndromes, stupors, trances, acute terror and severe anxiety. The official record recalled,

Men with severe twilight states were troublesome. They were living in a dream-like existence, reliving battle experiences and, while conscious, were barely in touch with the world around them. Continuous narcosis made them more disturbed and emotional, unless very large doses of sedatives were used. The effective treatment was repeated amytal narcoanalysis; accessibility could be gained and psychotherapy began.⁵⁴²

Those with acute terror or severe anxiety might refuse to part with their clothes or helmet, and were put under continuous narcosis. In his instructions to regimental medical officers, psychiatrist Major Burdett McNeel, also emphasized morale. He wrote, “The cases that benefit most by treatment are the acutely fatigued and those that benefit most by discipline are the young, scared and uninitiated reinforcements, as well as the great borderline group which will be swayed by the general trend of morale in the unit.”⁵⁴³

The old military aphorism that no plan survives first contact with the enemy rings true in

⁵⁴² *Ibid.*, 2:81.

⁵⁴³ Copp, *Cinderella Army : The Canadians in Northwest Europe, 1944-1945*, 182.

the treatment of Canadian neuropsychiatric casualties. No. 1 Canadian Exhaustion Unit had planned for: triage; evacuation of severe cases; and retention of the remainder on either a two day rest and sedation for acute symptoms or three days rehab and psychotherapy.⁵⁴⁴ As the standing orders before the invasion had stated, “All Psychiatric Battle Casualties will be evacuated under sedation. Care will be taken to avoid walking cases being converted into stretcher cases by over dosage. It is recognized, however, that certain cases of acute excitement will need deep sedation and will then require evacuation as stretcher cases.”⁵⁴⁵ After the first three days of operations in France, accommodation was overwhelmed, and proper triage found impossible. The plan changed from a three day programme of sedation, rest and rehabilitation with a single group psychotherapy session, to a two and even one day programme where possible. Due to fluctuations in admissions, frequent moves,⁵⁴⁶ limited facilities and staff, and blackout restrictions, the applications of plans were haphazard. The rehabilitative importance of cleaning up the patient and the attitude of staff upon admission was stressed. Problems in treatment were clear in rapid advances. The official medical history noted that, “On the advance, the value of a neuropsychiatrist in a division is equal to that of a fifth wheel on a coach.”⁵⁴⁷

⁵⁴⁴ B. H. McNeel, "Preliminary Report on No 1 Cdn Exhaustion Unit RCAMC.", CMHQ Folder "Regional Neuropsychiatry Reports", File 11/PSYCHIATRY/2/3, RG24 Volume 12,631, LAC, 24 August 1944.

⁵⁴⁵ “Handling of Psychiatric Battle Casualties”, “3 Cdn Inf Div Medical Standing Orders for Ops”, 3CID ADMS War Diary May 1944, Appendix C, LAC, RG24 Vol. 15,661, 9 May 1944.

⁵⁴⁶ The unit made eight moves from January to March 1945, one of which had to be done with many sedated patients who became nauseated and vomited. Major T. E. Dancey, "Quarterly Report - 1 Cdn Exhaustion Unit 1 Jan - 31 Mar 45", CMHQ Folder "Reports - Cdn Exhaustion Unit" File 11/PSYCHIATRY/2, RG24 Volume 12,631, LAC.

⁵⁴⁷ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*,

The neuropsychiatric adviser to 2nd Canadian Corps made a direct connection between morale and battle exhaustion in his assessment for the last quarter of 1944. He wrote,

There is no possibility of distinguishing ‘genuine’ cases. The definitely unwilling man readily develops symptoms which are genuine even though they are a consequence of his lack of morale or moral fibre. While, for the sake of discipline, this man may be dealt with by immediate disciplinary measures, there is little hope of reclaiming him once he has been evacuated through medical channels or has gone through the formalities of an [Field General Court Martial]. On the other hand the man of neurotic constitution may give a fair performance as long as his morale is bolstered up by a degree of external pressure and encouragement...The cases which benefit most by treatment are the acutely fatigued, and those that benefit most by discipline are the young, scared, and uninitiated reinforcements, as well as the great borderline group which will be swayed by the general trend of morale in the unit.⁵⁴⁸

The official historian noted that many men appeared more unwilling than disabled, emphasizing the disciplinary aspects of battle exhaustion.

Historian Edward Shorter has written that the use of drugs for psychotic illness is “almost as old as time”.⁵⁴⁹ During the Second World War it was found that it could be even more important to let a man sleep than to clean him up. British psychiatrists found that amongst the large number of psychiatric casualties after the 1940 Dunkirk evacuation, sedation was important

2:70.

⁵⁴⁸ “Views on Management of Exhaustion in a Forward Area”, appendix to report from neuropsychiatric adviser, 2nd Canadian Corps, report 1 October to 31 December 1944, as cited in, *ibid.*, 2:73.

⁵⁴⁹ Laxatives were administered to release toxins as early as the Middle Ages. The first alkaloid sedatives were used in the nineteenth century asylums. Morphine was isolated from opium in 1806, and administered via hypodermic needle in 1855 as a sedative and hypnotic (putting patients to sleep for long stretches). From the 1880s, hyoscine was isolated and became the essential ingredient of sedative cocktails for manic patients. Other sedatives and hypnotics included chloral, apomorphine, and bromine. Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, 196–201.

to allow for rest, and to break symptoms before they became chronic.⁵⁵⁰ In Canadian practice, continuous sedation was used to keep the patient asleep for most of twenty-four hours with intervals for eating, going to the latrine, and washing up.⁵⁵¹ The officer commanding, Major B. H. McNeel, noted, "deep sedation in the ordinary sense has not been employed."⁵⁵² Sedation at night was generally heavier due to enemy air activity and the accompanying heavy anti-aircraft barrages. Barbiturate use for neurosis patients had been used in the closing days of the First World War, but the Second World War expanded the use of drugs to treat psychiatric cases. In the spring of 1944, 3rd Infantry Division psychiatrist Major Gregory distributed nembutal, a short acting barbiturate, to medical units and regimental medical units for the treatment of exhaustion cases.⁵⁵³ Barbiturates such as nembutal and sodium amytal were used as sedatives, but also

⁵⁵⁰ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 23.

⁵⁵¹ In 1915 Giuseppe Epifanio pioneered deep sleep therapy, keeping patients asleep for days or weeks, and from 1920, Zurich's Jacob Klaesi began curing patients with narcosis (drug-induced sleep). Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, 203.

⁵⁵² B. H. McNeel, "Preliminary Report on No 1 Cdn Exhaustion Unit RCAMC.", CMHQ Folder "Regional Neuropsychiatry Reports", File 11/PSYCHIATRY/2/3, RG24 Volume 12,631, LAC, 24 August 1944.

⁵⁵³ 3CID AMDS War Diary, 23 April 1944; the brand-named drug Nembutal is also known as sodium pentobarbital, and has been used in the United States for lethal injection. David Jolly, "Danish Company Blocks Sale of Drug for U.S. Executions", *New York Times*, [<http://www.nytimes.com/2011/07/02/world/europe/02execute.html>], accessed 12 December 2014, 1 July 2014.; Barbitone was also available in the 3rd Division. Also known as Barbital or branded Veronal, Barbitone was available from 1903 and used as an effective hypnotic. Charles O. Jackson, "Before the Drug Culture: Barbiturate/Amphetamine Abuse in American Society", *Clio Medica* 11:1 (February 1976), 47-58; barbiturates were first synthesized in 1864. Their use as barbital as a sedative was a large improvement over bromine (used from 1857) as it tasted better, had fewer side effects, and had a toxic dose far beyond its therapeutic dose. The Bayer company marketed it as Veronal, and the Schering company as Medinal. Barbiturates were the drug of choice for psychiatrists until the 1960s. The Lilly company's Seconal or secobarbital is

because a side effect included the reliving of suppressed experiences through abreaction.⁵⁵⁴ One primer on leadership suggested that it was unmanaged or “repressed” fear that led to neuroses.⁵⁵⁵ While the simple mixture of alcohol and aspirin was also listed as a sedative treatment, morphia was not recommended. When possible, psychotherapy was used to explain psychogenic symptoms, emotional control, habit formation, motives, and a "satisfactory philosophy of life."⁵⁵⁶ Some hypnosis was used during the war, but Freudian psychoanalysis was not in favour with Army psychiatrists.⁵⁵⁷ More dramatic means of treatment were also used. Edward Shorter writes, “Why shocking the brain to the point of eliciting convulsions makes psychotic patients better is unclear. But it does. So does the dangerous procedure of putting them into prolonged

still used to treat insomnia. Shorter, *The History of Psychiatry*, 202;

⁵⁵⁴ After Dunkirk British doctors would use sodium amytal to reach a hypnotic state to recover memory, reinforce suggestion, and relieve hysterical symptoms. The 1 Canadian Exhaustion Unit used the drug in the North-West Europe theatre, and was relieved when a new batch arrived just in time on 21 July 1944. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 23, 125; oral sodium amytal was unavailable in North-West Europe, but medinal (sodium barbital) was used. Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:81; the administration of sodium amytal at Dunkirk has been described as the dawning of the pharmacological era of military psychiatry. Shephard, *War of Nerves*, 205, 208.

⁵⁵⁵ Colonel G. Brock Chisholm, “Good Morale – A Military Necessity: Addressed to Officers of the Canadian Army”, Folder HQ-54-27-2-12, RG24, Volume 2,053, received 19 February 1941, 11. This manuscript is an early draft of, G. Brock Chisholm, *Morale: A Platoon Commander’s Responsibility for the Morale of his Men.*”(National Committee for Mental Hygiene (Canada): Toronto, n.d.), DHH 93/28.

⁵⁵⁶ B. H. McNeel, "Preliminary Report on No 1 Cdn Exhaustion Unit RCAMC.", CMHQ Folder "Regional Neuropsychiatry Reports", File 11/PSYCHIATRY/2/3, RG24 Volume 12,631, LAC, 24 August 1944.

⁵⁵⁷ Copp and McAndrew, *Battle Exhaustion*, 7; given his favour for somatic treatment, there is no surprise in Shorter’s assessment of psychoanalysis as appealing, “to middle-class sensibilities, in particular the desire for leisurely introspection”, or “a therapy suitable for the needs of wealthy people desiring self-insight, but not for real psychiatric illness.” Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, 147, 190.

comas, as opposed to the stupors that bromide sleep elicited."⁵⁵⁸ For the case of the Canadian Army in the Second World War, insulin-coma therapy was used at hospitals far from the front lines.⁵⁵⁹ Electric shock could be used in a hospital setting as well, treating catatonics, manic depressives and schizophrenics.⁵⁶⁰ Psychotic patients, suffering from schizophrenia and depressive states, were often transferred to English mental hospitals.⁵⁶¹ Milder cases were returned to Canada. In Britain, the Basingstoke Neurological and Plastic Surgery Hospital was established to care for patients with psychiatric disorders. Attempts to keep morale up in the

⁵⁵⁸ In the mid-1930s the British world became very interested in insulin-coma therapy. They had been very suspicious of deep-sleep therapy. Insulin therapy required large staffs to prevent deaths, the comas themselves ranging from 20 minutes to 2 hours. Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, 207, 211–212.

⁵⁵⁹ Insulin-coma therapy had been used for schizophrenia since 1933 in Austria, and by 1937 many Canadian asylums had insulin-coma wards. Doctor Sargant at Sutton hospital after Dunkirk experimented on insulin sub-coma or modified insulin treatment, where comas or hypoglycemic excitement was followed by potatoes or sugar, improving weight and physical condition. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 6, 25; “Insulin restoration therapy” as was practiced at Basingstoke Hospital was likely coma therapy that did not involve induced convulsions. No. 1 Neuropsychiatric Wing also used the treatment, noting that it was not normally used in the early stages of the campaign unless weight loss was a problem. Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:61,77.

⁵⁶⁰ Electro-convulsive therapy was first attempted in Rome in 1938, but there were also milder electric treatments using smaller voltages. Convulsive therapy had been used since 1934 using the drugs camphor or Cardiazol to induce seizures in schizophrenics. Early experiments showed a 50 percent remission rate. Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, 214–218; if soldiers on the continent that were in prepsychotic and psychotic states of severe depression, guilt or schizoid withdrawal required more than two weeks care, or electro-convulsions therapy, they were sent to England. Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:82; during the First World War Dr. Lewis Yealland, a Canadian registrar at Queen Square hospital used electric current, or “faradism”, to treat functional aphonias and paralysis, admitting that the fear of the treatment was curative. Jones and Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, 33.

⁵⁶¹ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:61.

neuropsychiatric division included the classic Anglo-Canadian approach of spit and polish inspections and a routine to keep patients busy at a "useful occupation or merely diversion".⁵⁶² In 1943, better facilities were introduced at Canadian hospitals in Britain, with a special ward for psychotics that used electro-shock therapy.

Due to the principle of forward treatment, attempts to give soldiers rest were done amidst the sounds of the gun lines. During the initial days of the Normandy invasion, there was no corps exhaustion centre established and Major Gregory was treating the approximately forty fresh neuropsychiatric casualties in the Field Ambulance in an environment described as "noisier than the front at times."⁵⁶³ Historian Ben Shephard in his survey of military psychiatry notes that while there was no centralized methodology the overall tendency of Allied front-line psychiatry departed from chemical abreaction and moved towards the administration of simple rest during the war.⁵⁶⁴

6.2 Manpower, Psychiatric Triage, and Morale

Central to the morale system and psychiatric triage alike was the goal was to keep as many men as possible soldiering on. On 26 June 1944, the 3rd Canadian Infantry Division was able to report that 64 percent of the total of 208 exhaustion casualties since Operation OVERLORD's D-

⁵⁶² Lt.-Col. C. E. G. Gould, , Officer in Charge, Neuropsychiatric Div., BN&PS Hosp, "Report on the Neuropsychiatric Division of B.N. & P.S. Hospital during the period from 6 June/44 (D-Day) to 18 July/45 (closing of the Neuropsychiatric Division)." Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, LAC.

⁵⁶³ 3CID ADMS War Diary, 9 June 1944.

⁵⁶⁴ Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 226.

Day had been returned to duty.⁵⁶⁵ By the end of the war this rate had greatly decreased. In the last quarter of 1944 the rate was 55 percent returned to unit, and in the first quarter of 1945, the rate was 13 percent.⁵⁶⁶ A large percentage of cases in the closing months of the war were repeat cases. General policy was to return every man to his unit once he recovered from his first acute breakdown.⁵⁶⁷ Many had no symptoms by the time they were evacuated to neuropsychiatric units. These were reallocated without psychiatric therapy on the basis of, “their morale and psychiatric record.”⁵⁶⁸ One to four weeks in medical treatment was generally enough to return others to non-combatant duties.

Disposing of Canadian soldiers with stability issues was problematic. Certain cases were agreed to be beyond hope for future Army use, and so it was decided early on that cases of functional psychosis, chronic alcoholics and drug addicts, mental deficient with conduct disorders, and psychopathic personalities with behaviour problems would all be repatriated to Canada.⁵⁶⁹ Psychopathic personalities were described as numerous by the official medical history, which writes, “their bad influence on their fellow soldiers and their tendency to commit

⁵⁶⁵ 3CID ADMS War Diary, RG24 Vol. 15,661, 26 June 1944.

⁵⁶⁶ Col E. E. Tieman, ADMS 3CID, “ADMS Quarterly Report 1 January 1945 to 31 March 1945.” 3CID ADMS April 1945 War Diary.

⁵⁶⁷ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:76.

⁵⁶⁸ *Ibid.*

⁵⁶⁹ "Resume of the Work of the Committee on Functional Nervous Diseases", Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631, 30 October 41; also see, Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 19.

further offences rendered them unsuitable for military life."⁵⁷⁰ For those cases deemed inadequate due to instability, however, it was stated at one meeting, "to return such cases to Canada is unfair to the fighting soldier in the theatre, undesirable from the Canadian manpower picture and a waste of manpower generally."⁵⁷¹ Instead the men were to be kept in the theatre, proving that, "this type of weakness does not result in return to Canada."⁵⁷² Terry Copp has suggested there was a silver lining to the issue of manpower and psychiatry for Canadian soldiers. He argues that, "the army's concern for reducing wastage encouraged medical personnel to devote considerable attention to soldiers as individuals."⁵⁷³

The various options for disposal after triage may be summarized by those listed by the No. 1 Canadian Exhaustion Unit, typical of a unit which (when all was running as planned) was the first unit dedicated to neuropsychiatric casualties in the medical stream.⁵⁷⁴ From the exhaustion unit: severe cases or those needing more treatment were sent to a psychiatric wing of a Canadian General Hospital; those needing recategorization and reallocation (generally from the infantry to another corps) were sent to a Reallocation Centre⁵⁷⁵; those needing further

⁵⁷⁰ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:61.

⁵⁷¹ "Minutes of Conference on Standards of Selection, Held at CMHQ 1000 HRS, 6 May 44." Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631

⁵⁷² *Ibid.*

⁵⁷³ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 22.

⁵⁷⁴ B. H. McNeel, "Preliminary Report on No 1 Cdn Exhaustion Unit RCAMC.", CMHQ Folder "Regional Neuropsychiatry Reports", File 11/PSYCHIATRY/2/3, RG24 Volume 12,631, LAC, 24 August 1944.

⁵⁷⁵ The 3rd Canadian Infantry Division psychiatrist noted in May 1944 that for lack of a

rehabilitation and reassessment were sent to the Special Employment Companies; and those ready for duty were sent to the Canadian Base Reinforcement Group. Policy was to keep unstable soldiers away from others, as it was thought that that they were “a menace to stability of a force”.⁵⁷⁶

The majority of Canadian neuropsychiatric casualties that were medically downgraded (most had their stability ratings lowered), were sent to labour in the Special Employment Companies (SEC), which were pioneer units designed specifically to house those men who had been rendered unfit for combat due to stress. The idea behind these units was that they would keep men labouring instead of giving them an easy escape from army discipline and thus detract from future breakdowns or malingering. In fall of 1941, Brigadier J. A. Linton, the Director of Medical Services for the Canadian Corps began to campaign for labour battalions on the lines of the British Pioneer Corps for “dull and backward” soldiers.⁵⁷⁷ In March 1942, the No. 1 Canadian General Pioneer Company was created. Men would be posted to these companies two to three days after being evacuated from their units. In active theatres, it was found that the casualty could be particularly useful, with subsequent good morale, when he could work on the lines of communication serving the battle he just left.⁵⁷⁸ Morale improved and guilt reduced

reallocation centre in England, men who were down-graded for reallocation were in fact being sent to units as reinforcements. Major R. A. Gregory, Divisional Neuropsychiatrist, 3CID, to ADMS 3CID, “Psychiatric Report”, ADMS 3CID, July War Diary, Appendix 19, 17 May 1944.

⁵⁷⁶ Col M.C. Watson, ADMS 3CID, “Quarterly Report – 1 July 44 to 1 October 44”, 3CID ADMS October 1944 War Diary, Appendix 2, 1 October 1944.

⁵⁷⁷ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 29–30, 32.

⁵⁷⁸ A. M. Doyle, "Psychiatry with the Canadian Army in Action in the C.M.F.", Folder

when men were told they could work as non-combatants.⁵⁷⁹ The companies received mixed reviews from medical officers, and varied considerably in terms of tasks and effectiveness. Initially, the general attitude to No. 1 Pioneer Company (the unit's name before "Special Employment Company" was adopted) from the Corps staff was that it should be a punitive unit without auxiliary services, leaves or amenities.⁵⁸⁰ The first major engagement which evacuated men to the pioneer company was the Italian campaign battle for the Hitler Line which saw 249 men (or 61.2 percent of neuropsychiatric casualties) sent to the company. At the height of the battle in the Liri Valley, the men of No. 16 SEC were reportedly moving 17.5 tons per day per man at the ammunition dump.⁵⁸¹ By July 1944 the pioneer company had grown to 500 personnel and was reorganized into No. 16, 17, and 18 Special Employment Companies. One company worked at forward maintenance, another at the rail-head, and a third at base. Doyle noted in his final report of the campaign, that the SECs were deemed the "most efficient" way to handle neuropsychiatric casualties, suggesting that 60 percent of these would be suitable for employment.⁵⁸²

"Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 29 December 1944.

⁵⁷⁹ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:82.

⁵⁸⁰ "The History and Development of Canadian Neuropsychiatric Service in the C.M.F.", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

⁵⁸¹ Major A. E. Moll, OC, "#2 Cdn. Exhaustion Unit R.C.A.M.C. Monthly Report (May - 1945)", CMHQ Folder "REPORTS - 2 CDN EXHAUSTION UNIT", File 11/PSYCHIATRY/3, 17 June 1945. Appx Eii, A. E. Moll, OC #2 Cdn Exhaustion Unit, "Report on Psychiatry in the Field #2 Cdn Exhaustion Unit", RG24 Volume 12,631, LAC, 26 Sept 44.

⁵⁸² Unnamed partial report, A. M. Doyle, Neuropsychiatric Advisor, Cdn Section, GHQ, 1

The general process of medical evacuation for those headed to the SECs would see the lowering of men's stability rating (the S in the PULHEMS scale) to S3 (fit for duty only at base or on lines of communications) or S4 (base only). During battle, men were sent straight to the SEC as soon as they showed neuropsychiatric symptoms and were medically reboarded during rest periods.⁵⁸³ In Canada in August 1944, a routine order noted that S3, "may also be used for those showing some instability and who appear to be exaggerating their symptoms in order to avoid service overseas. It is possible that a large number of these men if sent overseas in units having good morale and motivation towards service, might improve to a degree compatible with more active participation in the war."⁵⁸⁴ Shortly after the order, Van Nostrand argued that this policy was unsound, and by the end of the year, he reported that the useful saturation point of S3 personnel had been met in Italy, and would soon be met in North-West Europe.⁵⁸⁵ Special Employment Companies were meant to give men productive work to do which would serve the battle they were evacuated from. Hopes that men would be reallocated back to fighting units were shown to be too optimistic. There is some disagreement on the morale of the units themselves. The units varied in tasks and composition, but the concentration of men of low

Echelon, AFHQ. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

⁵⁸³ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:68.

⁵⁸⁴ Routine Order 4792. Van Nostrand to Brig W. N. Bostock, ADAG(A), CMHQ, "Utilisation [sic] in the CA(O) of soldiers with Pulhems Grading S-3", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, LAC, 28 Sep 44.

⁵⁸⁵ Van Nostrand, "A.G. Branch Conference", 27 Sep 1944; Van Nostrand, "Further to conversation Maj-Gen. C.P. Fenwick - van Nostrand of 28 Dec '44", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, LAC, 8 January 1945.

stability and mentality categories in special units was considered poor for morale by some. As one psychiatrist wrote of a company formed just prior to the battle of the Gustav Line, "They were a very disgruntled lot."⁵⁸⁶ Stigmatization of those with a low Stability rating, or those diagnosed with Battle Exhaustion, lowered the personal morale of these men.⁵⁸⁷ In contrast, in his praise of the SECs, Captain G. O. Watts, of the 3rd Canadian Convalescent Depot, noted that "morale in a unit can be gauged by sick parade and incidence of V.D.", and that these rates, as well as criminal convictions were low in the units.⁵⁸⁸ Most reports, however, confirm low morale in the SECs aside from the few that were kept busy on lines of communications. Men that had their stability ratings downgraded and languished in Reinforcement Holding Units due to lack of accommodation, staff and amenities, suffered from poor morale.⁵⁸⁹ As Colonel Van Nostrand put it, "the soldier of lowered category who is pushed around in the holding units loses the ground that he gained while under treatment."⁵⁹⁰

⁵⁸⁶"The History and Development of Canadian Neuropsychiatric Service in the C.M.F.", "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC.

⁵⁸⁷Captain G. O. Watts, 3rd Canadian Convalescent Depot, "Psychotherapy in a psychiatric convalescent depot", Folder "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC, n.d., but after March 1945.

⁵⁸⁸Captain G. O. Watts, 3rd Canadian Convalescent Depot, "Psychotherapy in a psychiatric convalescent depot", Folder "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC, n.d., but after March 1945.

⁵⁸⁹Lt-Col. D. J. Watterson, D.M.S., Adviser in psychiatry "Report for the quarter ending 31 Mar 45 by the Adviser in Psychiatry, 21 Army Group.", folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), May 1945; in the fall of 1943, manpower demands led to the end of the creation of pioneer companies in Britain, and soldiers who were earmarked for a pioneer subunit were sent back into the general reinforcement stream. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 39.

⁵⁹⁰Col. F. H. van Nostrand, RCAMC, "Neuropsychiatry in the Canadian Army) Overseas", a

There is some question regarding whether discipline or labour was stressed by the units themselves. The dual purpose seems to be the compromise, as Van Nostrand put it, the primary function of the SEC was, "the rehabilitation of the soldier so that he may become fit for full duty in forward area and [lines of communications], and the secondary function is the proper employment of soldiers who are fit for only restricted duties."⁵⁹¹ Van Nostrand felt that rehabilitation without labour was not advised, as it gave the soldier no motivation to return to work.⁵⁹² Terry Copp argues that putting men in labour companies did little to reduce breakdowns in the rest of the Army.⁵⁹³

The best case scenario from the Army's perspective was for men to return to their unit, but early hopes that rehabilitated neuropsychiatric casualties could return to active combat status was found to be too optimistic.⁵⁹⁴ Even the low-category units appeared to contain a paradox in

paper presented before the Inter Allied Conference on War Medicine, at the Royal Society of Medicine, folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 9th July 1945.

⁵⁹¹ Van Nostrand, "Report of Tour of duty to B.L.A. made by the Consultant Neuropsychiatrist 31 Aug - 21 Sep '44", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 5 Oct 44.

⁵⁹² Van Nostrand to Brigadier W. P. Warner, D.D.G.M.S., Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 2 Nov 44.

⁵⁹³ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 39.

⁵⁹⁴ From 1 October to 31 December 1944, 39.2 percent of 703 neuropsychiatric casualties were returned to their unit, but from 1 January to 31 March 1945, No. 2 Canadian Exhaustion Centre reported a return to full duty rate of only 8 percent. Typically, Doyle stated the improvement was due to improved screening of psychiatric casualties in the field. Unnamed partial report, A. M. Doyle, Neuropsychiatric Advisor, Cdn Section, GHQ, 1 Echelon, AFHQ. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2. Approximately 30 percent of 189 casualties treated by the 1st Canadian Corps Neuropsychiatric Centre in the period 26 August to 8 September 1944 were returned to unit, but "a certain proportion of these" were expected to

this respect. Speaking of the No. 4 General Pioneer Company, officers noted, "if the unit is well adapted to their needs they are likely to be unwilling to go to other units, whereas if it is not adapted to their needs it can be of no therapeutic value."⁵⁹⁵ In all, Canadian forward psychiatrists and their medical units dealt with 3362 patients in Sicily and Italy, and returned 24 percent to full duty.⁵⁹⁶ At Basingstoke Hospital, in the period after the invasion of Normandy to the end of the war in Europe, 20.7 percent were graded able to return to full duty, while 29.1 percent were graded S5.⁵⁹⁷ For No. 1 Canadian Exhaustion Centre which admitted and disposed of around 2,500 Canadian neuropsychiatric casualties in North-West Europe, it was estimated that 25 percent of total admissions were eventually returned to full duty.⁵⁹⁸

"prove inadequate and will eventually be returned to [the NP centre] for other disposal." 1st Canadian Corps Neuropsychiatric Centre to DDMS, 1st Canadian Corps, "Psychiatric Casualties - Preliminary Report, Period 26 Aug to 8 Sep 1944", 8 September 1944. Folder 11/PSYCHIATRY/2/2. RG24 Volume 12,631, Library and Archives Canada (LAC).

⁵⁹⁵ Major H. B. C_ings[?], Capt. B. H. Matlock[?], "No. 4 Canadian General Pioneer Coy", Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, 1 June 1943.

⁵⁹⁶ Elsewhere, Doyle doubted that over 20 percent of neuropsychiatric casualties could be returned to full duty. A. M. Doyle, "Psychiatry with the Canadian Army in Action in the C.M.F.". In Italy, up to 6 April 1944, 1234 cases had been seen with 61 percent reboarded and reallocated, 31.9 percent returned to duty, and 1.6 percent rated unfit for military duty. This indicates that the proportion of casualties returned to duty lowered as the campaign continued. "The History and Development of Canadian Neuropsychiatric Service in the C.M.F.", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

⁵⁹⁷ C. E. G. Gould, Lt. Col., Officer in Charge, Neuropsychiatric Div., BN&PS Hosp, "Report on the Neuropsychiatric Division of B.N. & P.S. Hospital during the period from 6 June/44 (D-Day) to 18 July/45 (closing of the Neuropsychiatric Division)." Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

⁵⁹⁸ This figure includes those who were sent to Special Employment Companies or Convalescent Depots and eventually returned to full duty. Lt.-Col. J.C. Richardson, Adviser in NP to Cdn Section, 1 Ech, HQ 21 Army Gp, "Neuropsychiatry with the Canadian Army in Western Europe

Special Employment Companies were representative of the psychiatric aspects of morale management in many ways. They were fundamentally based on principles of medicine and discipline. Their personnel were acquired under a system of functional medical categories directly relative to their utility as soldiers. Systems of psychiatric triage often factored morale in to their diagnosis, conceptualizing breakdown in many cases as the destruction of the will to soldier. Labour was used as a disciplinary tool to encourage men to return to their former roles in combat units. In the following chapter, the specifics of the Canadian Army's European theaters will be examined to show how psychiatric breakdown, combat stress, and morale were related to the particular context of the war in each campaign.

from 6 June 44 - 8 May 45," Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631.

Chapter 7: The Will to Obey and War Weariness: Manpower, Psychiatry and Perseverance

7.1 Psychiatric Collapse and Preventive Measures

The specific context of the campaigns in North-West Europe and Italy are important to the study of Canadian Army morale and related aspects of combat motivation and war weariness. By examining the campaigns of the Canadian Army in the context of morale, we can establish how senior commanders viewed the conflict between psychiatric illness and manpower demands, and observe the preventative measures which aimed to maintain the will to soldier. Hard fighting and difficult terrain and weather worked against morale, and commanders and mental health professionals alike often referred to psychology, personality, and social bonds in thinking on how to keep soldiers marching and fighting. Morale directly impacted success on the battlefield, as when men lost the will to obey, they often were absorbed into the medical/disciplinary system and decreased unit strengths. Manpower concerns were always in the mind of senior commanders when they considered morale. Strong morale kept men in the firing line performing their duties efficiently. The previous chapters showed how the medical-disciplinary system established morale as a key tool of diagnosis and classification. This chapter will show how this system was administered in North-West Europe and Italy in an attempt to keep men in the firing line.

Army psychiatrists developed the neuropsychiatric rate to quantify the relative intensity of stress on a unit. The neuropsychiatric ratio is of particular interest to the study of the morale system, in that unit morale was assessed by mathematical and quantitative means. By offering a numerical index of the morale of a unit, psychiatrists were offering Army bureaucracy a quick

means to quantify the qualitative. The rate computed exhaustion as a percentage of total casualties, and thus portrayed large numbers of battle exhaustion casualties in the context of heavy fighting. The rate was widely accepted as a means to compare units. As one psychiatrist noted of the campaign in North-West Europe, "the percentage incidence of Exhaustion cases among forward troops is a valuable index of morale."⁵⁹⁹ The rate was calculated as neuropsychiatric casualties as a function of total battle casualties, with a rate of over 20 percent suggesting a tired formation with morale dropping.⁶⁰⁰ From the analysis of these rates, certain units such as the Hastings and Prince Edward Regiment, the West Nova Scotia Regiment and the Carleton and York Regiment were observed to have high rates (and low morale) during the Italian campaign, while one unit, the Loyal Edmonton Regiment, had consistently low rates.⁶⁰¹

Armoured divisions were found to have lower neuropsychiatric ratios than infantry

⁵⁹⁹ Lt.-Col. D. J. Watterson, D.M.S., Adviser in psychiatry "Report for the quarter ending 31 Mar 45 by the Adviser in Psychiatry, 21 Army Group.", folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), May 1945; The sentiment is confirmed by A. E. Moll who wrote, "All other factors being equal, the comparative incidence of Psychiatric Casualties may safely be considered as reflecting the state of morale of the unit." A. E. Moll, "1 Cdn. Corps Neuropsychiatric Centre - Army Psychiatry with the C.M.F.", CMHQ Folder "Reports - No. 2 Neuro-Psychiatry Wing A.A.I.", 11/Psychiatry/6, Rg24 Vol. 12,631, LAC.

⁶⁰⁰ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 103.

⁶⁰¹ From 28 November to 12 February 1944, the Hastings and Prince Edward Regiment and the West Nova Scotia Regiment had Neuropsychiatric ratios of 28.4 percent and 30.5 percent respectively while the Loyal Edmonton Regiment had a rate of 16.9 percent. From 25 March to 17 June 1944 the Carleton and York Regiment had a ratio of 30 percent while the Edmontons were at 14.6 percent. The total drop from 30.5 percent to 23.4 percent in these two periods was attributed to the weeding out of a number of misfits, including two or three officers. "The History and Development of Canadian Neuropsychiatric Service in the C.M.F.", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

divisions. Reasons have included: smaller percentages of men in contact with enemy; protection from shells and mortars; and higher intelligence and personality standards.⁶⁰² The following two graphs shows the intensity of operations during the September 1944 battles to breach the Gothic line in northern Italy raising the neuropsychiatric rate in comparison to other major battles for the 5th Canadian Armoured Division.

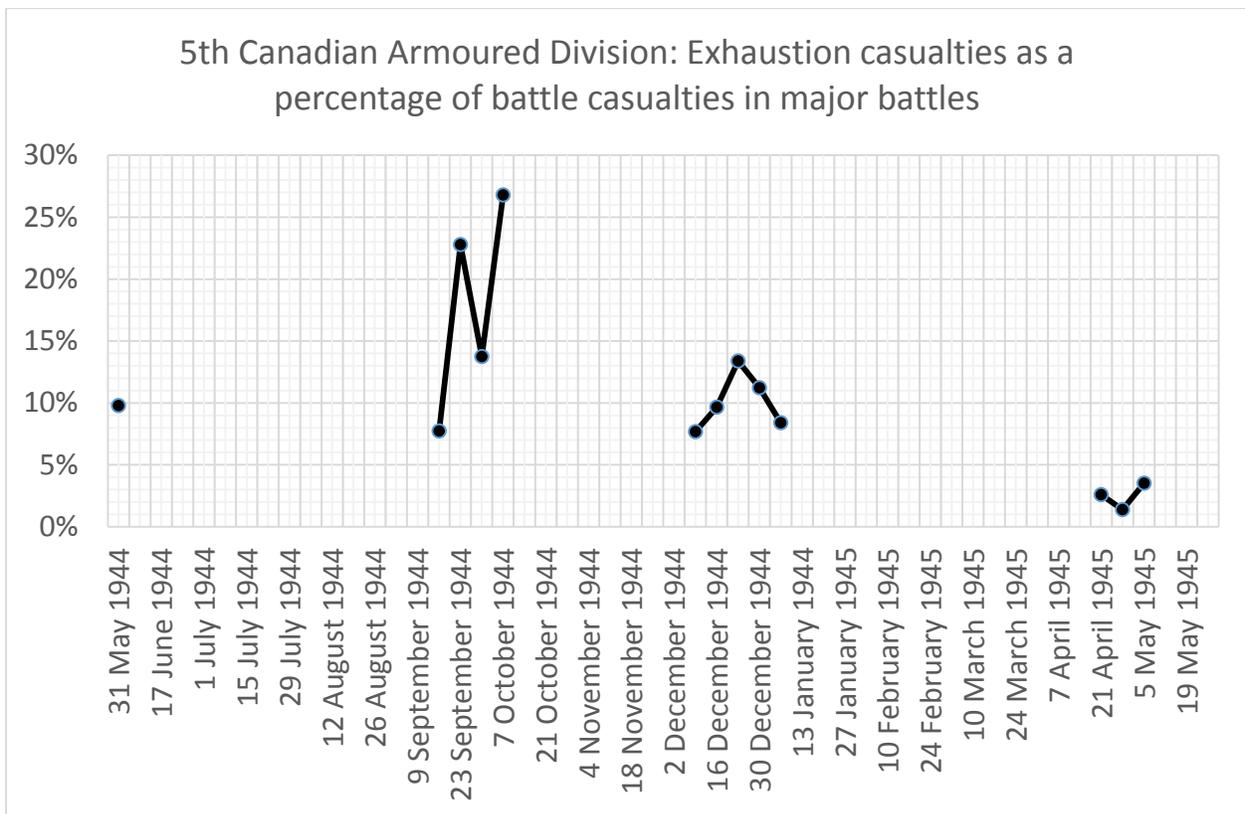


Figure 7.1 5th Canadian Armoured Division exhaustion casualties as a percentage of battle casualties in four major battles. Source: RG24 Volume 15,664.

⁶⁰² Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 80.

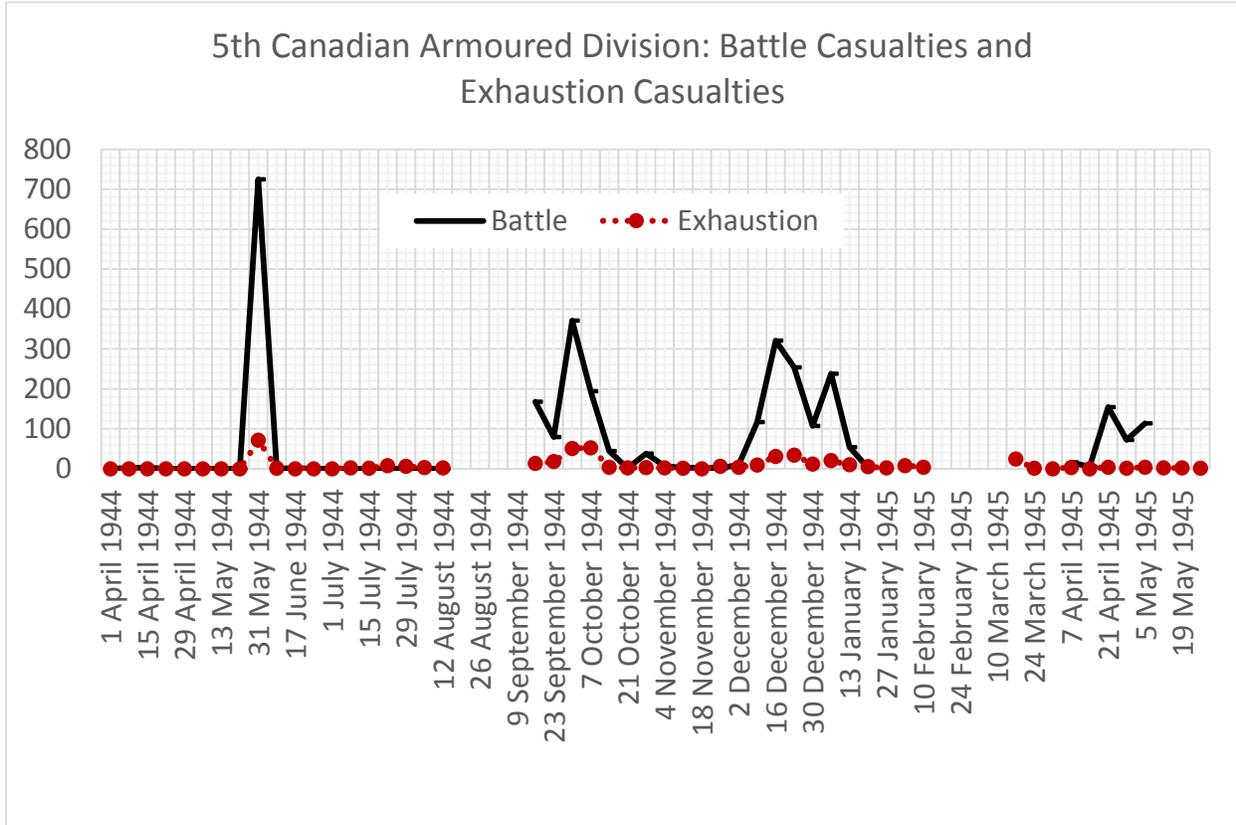


Figure 7.2 5th Canadian Armoured Division Battle and Exhaustion Casualties, April 1944-May 1945. Source: LAC RG24 Volume 15,664.

Comparing unit or formation rates, even within the same theatre can be problematic. Not all would agree with psychiatrist A. E. Moll that, "All other factors being equal, the comparative incidence of Psychiatric Casualties may safely be considered as reflecting the state of morale of the unit."⁶⁰³ Much of the onus of diagnosis and disposal was on the company commanders, section officers, and medical officers. Some units had been holding on to their psychiatric casualties, sending them to rear echelons when the fighting became intense, and absorbing them

⁶⁰³ A. E. Moll, "1 Cdn. Corps Neuropsychiatric Centre - Army Psychiatry with the C.M.F.", CMHQ Folder "Reports - No. 2 Neuro-Psychiatry Wing A.A.I.", 11/Psychiatry/6, RG24 Vol.12,631, LAC.

back into rifle companies when the battle waned.⁶⁰⁴ These men, treated by regimental medical officers in their own custom, would not be registered as neuropsychiatric casualties.⁶⁰⁵ Some combatant units sedated and rested men themselves before sending them back to the line.⁶⁰⁶ For the Italian campaign battles of the Gustav and Hitler Lines in May 1944, regimental Medical Officers and field medical units alike were instructed to hold all their neuropsychiatric cases until they were sure that they could not be returned to their units.⁶⁰⁷ The policy reflects both a trust in regimental officers to know their soldiers, and the knowledge that the further a man was

⁶⁰⁴ "The History and Development of Canadian Neuropsychiatric Service in the C.M.F.", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2; in August 1944 in Normandy, it was expected that the low neuropsychiatric evacuations from the North Shores and the Stormont, Dundas and Glengarry Highlanders, were due to medical officers keeping the casualties within the unit. Major G. Burton, "No. 1 Cdn. Neuro Psychiatric Wing Attached No. 10 Canadian General Hospital B.L.A.", 22 August 1944; An undated report which appears to be from before the 4th Canadian Armoured Division went into battle stated, "In fact, the one caution which seemed to be necessary was that the psychiatric problem should not be allowed to become too prominent in the minds of the combatant officers. Stress was continually laid on the responsibility of the platoon officers to manage their men rather than to dispose of them unnecessarily." Major B.H. McNeel, No. 1 Cdn. Exhaustion Unit, "Attention Consultant of Psychiatry - Resume of Psychiatric Problems - 4 Cdn. Div." Folder 11/PSYCHIATRY/2/2. RG24 Volume 12,631, Library and Archives Canada (LAC).

⁶⁰⁵ Holding psychiatric casualties in regiments was also British practice during the First World War. It appears to have become medical policy during the Passchendaele campaign of late 1917. Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 60.

⁶⁰⁶ In Normandy, 2nd Canadian Infantry Division and 4 Canadian Armoured Brigade held exhaustion cases in the line without admitting them to the exhaustion unit. McNeel was skeptical about battle exhaustion statistics yet noted, "the proportion of exhaustion to battle casualties appears unduly large in 2 Cdn Inf Div." B. H. McNeel, "Preliminary Report on No 1 Cdn Exhaustion Unit RCAMC.", CMHQ Folder "Regional Neuropsychiatry Reports", File 11/PSYCHIATRY/2/3, RG24 Volume 12,631, LAC, 24 August 1944.

⁶⁰⁷ The policy resulted in the neuropsychiatric centre receiving a higher percentage of acute cases. A. Doyle, NP, I Cdn Corps, "Report of 1 Cdn Corps Neuropsychiatrist period 1 Apr - 20 Jun 44, including battles of Gustaf & Adolph Hitler Lines.", Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631.

evacuated from his unit, the less likely he was to return to duty.⁶⁰⁸ As it was noted by August 1944, "It is by now axiomatic [sic] that the further back from the front line a psychiatric casualty is evacuated the smaller the chance of his being rehabilitated, with consequence [sic] loss of man-power."⁶⁰⁹ In North-West Europe, there was scepticism surrounding the accuracy of battle exhaustion statistics, due to problems keeping figures up to date during busy periods and some units counting non-battle casualties in the neuropsychiatric ratio.⁶¹⁰ McNeel wrote in the late summer that, "The sources of error in the compilation of statistics and in the use of such a figure as an Exhaustion ratio are so numerous as to make any conclusion based on statistics alone of very doubtful value."⁶¹¹ Others felt that battle exhaustion and the neuropsychiatric ratio were valuable indexes of morale. Despite statistical flaws, Lt-Col. J. C. Richardson stated that, "a neuropsychiatric ratio is of definite value within a division in keeping a check on the morale, discipline, medical care and stress within individual regiments under similar stresses during action."⁶¹² Moll too, in the Italian campaign suggests that comparative incidence of psychiatric

⁶⁰⁸ Maj. G. S. Burton, "Report I Cdn Neuro-psychiatric Wing R.C.A.M.C. B.L.A. Period 5 Aug 44 -- 30 Sep 44", CMHQ Folder "Reports - Cdn Neuropsychiatric Wing", 11/Psychiatry/4, RG24 Vol. 12,631, LAC.

⁶⁰⁹ Major A. E. Moll, 1 Cdn Corps Neuropsychiatric Centre ATT 4 Cdn C.C.S., "Disposal of Psychiatric Casualties in the Field", CMHQ Folder "Reports - No. 2 Neuro-Psychiatry Wing A.A.I.", 11/Psychiatry/6, Rg24 Vol.12,631, LAC.20 Aug 44.

⁶¹⁰ Lt.-Col. J. C. Richardson, Adviser in NP to Cdn Section, 1 Ech, HQ 21 Army Gp, "Neuropsychiatry with the Canadian Army in Western Europe from 6 June 44 - 8 May 45, "Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631.

⁶¹¹ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 138.

⁶¹² Richardson felt that comparisons across campaigns or formations were less useful. Ibid.

casualties was a good reflection of unit morale.⁶¹³ After the war, the official history, written with consultation among all the principal psychiatrists of the wartime period, prescribed that the divisional psychiatrist “should have his statistics always up to date so that he can place his finger on the spot where morale is failing, investigate it, and advise headquarters accordingly.”⁶¹⁴

There are numerous problems comparing units, or for that matter theatres. The Italian campaign saw a total of 5,020 neuropsychiatric casualties, which amounted to 16.7 percent of all casualties.⁶¹⁵ In North-West Europe, 4,758 (or 13.8 percent) was the total incidence of neuropsychiatric casualties, but this number was thought to be closer to 6,000 (17.4 percent) when all casualties were correctly diagnosed.⁶¹⁶

Senior commanders generally took an adversarial stance towards these forms of psychiatric interference in morale and medical assessment. Lieutenant General Guy Simonds took a typically hard-line stance against battle exhaustion cases. After the fighting in August 1944 he wrote his division commanders that:

⁶¹³ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 97.

⁶¹⁴ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:73.

⁶¹⁵ Unnamed partial report, A.M. Doyle, Neuropsychiatric Advisor, Cdn Section, GHQ, 1 Echelon, AFHQ. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

⁶¹⁶ Lt.-Col. J. C. Richardson, Adviser in NP to Cdn Section, 1 Ech, HQ 21 Army Gp, "Neuropsychiatry with the Canadian Army in Western Europe from 6 June 44 - 8 May 45, "Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631; Ahrenfeldt records 13,255 cases treated by British units, or 16 percent of all battle casualties, with one third of psychiatric casualties returning to full duties. Ahrenfeldt, *Psychiatry in the British Army...*, 175; in the First World War British Army rates of psychiatric casualty were recorded as 1 percent of total strength on the front in 1917. Watson, *Enduring the Great War*, 36.

Medical officers may be inclined to take a lenient view of so termed "battle exhaustion" cases. It requires the close attention of commanders to see that malingering is not only discouraged, but made a disgraceful offence and disciplinary action taken to counter it. Battle exhaustion may be an acute problem under the most adverse fighting conditions - winter, bad living conditions and bad feeding resulting from small parties of troops having to fend for themselves - the drabness of static warfare with its inevitable drain on morale. It is quite inexcusable under the conditions in which we have been fighting in the last few weeks.⁶¹⁷

Simonds' philosophy on the mental strains of war placed great emphasis on the need for officers to be vigilant during rest periods, or less active and monotonous periods in the line. As he wrote to his formation commanders in late July 1944, "...it is the strain of being under fire in forward areas and the drain on physical strength without having enough to fully occupy the soldier's mind, from which the troops suffer most during long but comparatively inactive periods of contact."⁶¹⁸ Simonds recommended 24 hours of rest to write letters, rest and clean, and then the implementation of a daily routine emphasizing discipline and spit and polish. Historian Terry Copp modifies Simonds' views of suffering under inactive periods. His study suggests that most neuropsychiatric casualties occurred in static positions under heavy counterattack.⁶¹⁹

⁶¹⁷ G. C. Simonds, to Foulkes, Spry and Foster, "Fighting Strengths", File "225c2.012(D2) Policy Letters - 2 Cdn Corps Comdrs'...", RG24 Vol. 10,650, LAC, 29 August 1944; also cited in Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 134.

⁶¹⁸ G. C. Simonds to all Formation Commanders, 2nd Canadian Corps, File "225c2.012(D2) Policy Letters - 2 Cdn Corps Comdrs'...", RG24 Vol. 10650, LAC, 30 July 1944.

⁶¹⁹ No. 2 Operational Research Section found fire from enemy mortars created many of the battle exhaustion casualties during the crisis of July 1944. Terry Copp, "If this war isn't over, And pretty damn soon, There'll be nobody left, In this old platoon...": First Canadian Army, February-March 1945.", Addison and Calder, *Time to Kill: The Soldier's Experience of War in the West, 1939-1945*, 152; Copp notes 80 percent of soldiers complained of 88mm fire and mortars. British VIII Corps was to suggest battle inoculation with the mortar in training to acclimatize men. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian*

Simonds echoed the sentiments of psychiatrists in the Canadian Army, who paradoxically argued that there was a need to screen soldiers who were not resilient enough to withstand combat, yet recognized that for some, only combat itself would prove them incapable. Simonds wrote in February 1944, "With the most careful combing out and selection, taking into account all the qualities on which it is possible to base sound judgement, there will still be a proportion who cannot stand up to the final trial of battle itself, and only the actual test of battle will show it."⁶²⁰ A. E. Moll, commanding officer of the No. 2 Canadian Exhaustion Unit which gathered neuropsychiatric cases in the Italian campaign for treatment and disposal, confirmed the complex nature of pre-screening for the unstable. In the report "Army Psychiatry in the Field" he wrote,

It is a platitude of war that the worth of no man, however able, is proven until he has been submitted to the ordeal of battle. It is also a fact that a neurotic presentation in an individual does not necessarily preclude him from being a brave man and a good soldier [...] The main prognostic criterion lies not in the quantitative and qualitative estimation of neurotic traits but in the assessment of the life long mode of reaction of the individual to his environment, on the degree of adjustment he has attained and on his attitude and response to life's difficulties.⁶²¹

J. C. Richardson echoed these sentiments in suggesting that men could carry on in combat even if they were predisposed to instability as long as they had "good morale, drive and character."⁶²²

Army, 1939-1945, 113, 132; in the First World War, psychiatric casualties were higher on the static western front vs. the more mobile war in the east. Andrew Watson, *Enduring the Great War*, 25.

⁶²⁰ G. C. Simonds to all Formation Commanders II Cdn Corps, "Efficiency of Command", File "225c2.012(D2) Policy Letters - 2 Cdn Corps Comdrs'...", RG24 Vol. 10,650, LAC, 19 February 1944.

⁶²¹ A. E. Moll, 1 Cdn Corps Neuropsychiatrist, "Army Psychiatry in the Field", "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC, n.d. but after Jan 45.

⁶²² Lt-Col. J. C. Richardson, Adviser in NP to Cdn Section, 1 Ech, HQ 21 Army Gp, "Neuropsychiatry with the Canadian Army in Western Europe from 6 June 44 - 8 May 45,"

First Canadian Army commander, General Harry Crerar was also concerned that units would allow men who were apparently suffering from combat exhaustion to be left out of battle or left behind on a fighting patrol. Crerar was not ignorant of real psychiatric casualties, but hoped that close scrutiny would catch the pretenders. He wrote,

Undoubtedly, a pretty high proportion of the cases which get back to the General Hospital are real nervous breakdowns on the part of the unstable mental characters. On the other hand, as it is not considered any disgrace to be an 'exhaustion case' it is becoming increasingly tempting to 'lead-swingers' and others, whose hearts are not in the war, to seek this way out. While, therefore, the real 'shell-shock' must be regarded and treated as a casualty, I consider it very important that the mesh of the administrative sieve should be so close that the fake exhaustion case should be detected and held within your jurisdiction, should be suitably punished and not allowed to get away with it.⁶²³

As a contrast to these suspicions of malingering, the view of the chief Canadian neuropsychiatrist in the Mediterranean theater may be quoted. Speaking of commanders of units or subunits at a level far lower than Crerar, Doyle noted that, "OCs and other officers of combatant units are almost unanimous in the opinion that the soldier hides his fear and his complaints rather than parades them. They rarely have any reason to suspect malingering."⁶²⁴ Doyle wrote that, "the too prevalent idea that the soldier is likely to be a malinger is false, and those who cling to it usually are betraying a psychological weakness in themselves."⁶²⁵

Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports"
11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631.

⁶²³ Crerar to Simonds, File "215C1.019 (D2) Crerar Gen Photostats - Copies of GOC-in-C Files 1st Cdn Army", RG24 Vol. 10650, LAC, 15 July 1944; also cited in Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 69.

⁶²⁴ Ibid.

⁶²⁵ A. M. Doyle, "Psychiatry with the Canadian Army in Action in the C.M.F.", Folder "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC; British psychiatrist J.R. Rees, former Director of the Tavistock Clinic and consulting psychiatrist to the British

Malingering in No. 1 Neuropsychiatric ward in the form of feigned amnesia, was said to be obvious, especially when forgetfulness conveniently masked responsibility for misdemeanors such as absences without leave. The official medical history recorded,

The points distinguishing them from simulation are not easy to describe; it was a matter of recognizing or intuitively knowing simulation or genuine forgetfulness. The simulators tended to have an artful smoothness to their story; the circumstances of forgetting were obviously convenient; the experiences they forgot were less fraught with violent painful emotions; while ‘amnesic’ the simulator had usually been enjoying himself.⁶²⁶

That morale was considered linked to battle exhaustion is confirmed in suggestions found before the Normandy Invasion, that “useful prophylactic work” should involve “general measures for maintenance of morale.”⁶²⁷ Preventive measures to stave off nervous collapse often referred to buoying morale. It was noted that anxiety prior to battle was likely and that men might be increasingly concerned with domestic issues back home. Officers were to discuss with the men what their problems were and take action where necessary. Suggested activities included Army Bureau of Current Affairs (ABCA) discussions, games, and competitions. In periods of concentration it was stressed that “fatigue is the biggest single threat to the morale of their men”, and the men and officers should be encouraged to take advantage of pauses in action to take rest.⁶²⁸ An early draft pamphlet by the National Committee for Mental Hygiene (Canada)

Army echoed Doyle’s statement, suggesting the further one was from the front, the more accusations of shirking one found. Ahrenfeldt, *Psychiatry in the British Army...*, 27.

⁶²⁶ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:77.

⁶²⁷ “Handling of Psychiatric Battle Casualties”, “3 Cdn Inf Div Medical Standing Orders for Ops”, 3CID ADMS War Diary May 1944, Appendix C, LAC, RG24 Vol. 15,661, 9 May 1944.

⁶²⁸ “Handling of Psychiatric Battle Casualties”, “3 Cdn Inf Div Medical Standing Orders for Ops”, 3CID ADMS War Diary May 1944, Appendix C, LAC, RG24 Vol. 15,661, 9 May 1944.

prescribes similar preventive measures. "Prevention of these [nervous] disorders is obviously desirable and can be facilitated by not only by such various arrangements for the maintenance of morale as military education, recreation, sports and social activities, but mainly through a wholesome inspiring attitude on the part of commanding officers."⁶²⁹

3rd Canadian Infantry Division's neuropsychiatric adviser made some of the most explicit connections between morale and battle exhaustion during the war. Major R. A. Gregory felt his work as a psychiatrist was to report on those aspects of Army life that would improve morale and keep men from becoming neuropsychiatric casualties. Gregory claimed the factors which buoyed morale included: adequate physical rest; variation; mental stimulation by education; "periodic opportunity to lead a normal life"; and periods of leave.⁶³⁰ He suggested that at the end of eighteen and twenty-one days of fighting in average conditions that a man's morale and interest drops. Between twenty-one and thirty-one days he needed a break of "carefree living" as had been supplied by the Brussels leave centre. The importance of basic comforts are echoed by his colleague A.E. Moll, officer commanding No. 2 Canadian Exhaustion Unit in the Italian campaign. Moll noted that "hot drink, a good wash, shave and change of clothing are boosters of morale."⁶³¹ The commanding officer of a Field Surgery Unit recalled asking an orderly why he

⁶²⁹ NCMH, "Promoting Military Efficiency Through the Further Development of Arrangements for the Detection, Treatment, and Prevention of Mental and Nervous Disorders.", Folder HQ-54-27-2-12, RG24, Volume 2,053, 3 February 1941.

⁶³⁰ R. Gregory, 3 Cdn Inf Div, "Psychiatric Report", CMHQ Folder "Reports - Cdn Exhaustion Unit" File 11/PSYCHIATRY/2, RG24 Volume 12,631, LAC, October 1944.;

⁶³¹ Appx Eii, AE Moll, OC #2 Cdn Exhaustion Unit, "Report on Psychiatry in the Field #2 Cdn Exhaustion Unit", 26 Sept 44, "#2 Cdn. Exhaustion Unit C.A.O. Quarterly Report - Period 1 Jan - 31 March 1945", CMHQ Folder "REPORTS - 2 CDN EXHAUSTION UNIT", File

was shaving a very sick man. The nursing orderly answered, "Well, Sir, it's a funny thing. Most of these boys think they are going to die. When I shave them, Sir, they figure I wouldn't be wasting my time on a dead man. They brighten up and seem to do better."⁶³² Gregory made an interesting comment to close his report noting, "The matter of confidence in weapons, leadership, training, physical [sic] condition, belief in the cause and self-confidence do not enter the picture at this phase as much as they do in the training period..."⁶³³ In February 1945, he was posted away from the division to work at Convalescent Depot, yet he still visited the 3rd Infantry Division's medical headquarters to drop off the notes to two lectures on morale, which the General Officer Commanding thought were valuable enough to distribute to officers.⁶³⁴ Historian Bill McAndrew agrees with Gregory's connection of battle exhaustion and morale, adding the factor of discipline to the equation. McAndrew writes that, "Discipline and the way it is exercised and displayed affects morale, and morale was central to the problem of battle exhaustion."⁶³⁵ One doctor suggested that the last stage of decline in a man's personal morale was becoming a neuropsychiatric casualty. McAndrew noted that sick rates and common complaints masked psychiatric dysfunction along with desertion, AWL, SIW, and crime generally.⁶³⁶

11/PSYCHIATRY/3, RG24 Volume 12,631, LAC, 14 April 1945

⁶³² Hillsman, *Eleven Men and a Scalpel*, 69.

⁶³³R. Gregory, 3 Cdn Inf Div, "Psychiatric Report", CMHQ Folder "Reports - Cdn Exhaustion Unit" File 11/PSYCHIATRY/2, RG24 Volume 12,631, LAC, October 1944.;

⁶³⁴ 3CID ADMS War Diary, 1-19 February 1945.

⁶³⁵ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 67.

⁶³⁶ *Ibid.*, 82.

There were some psychiatric studies of who the soldiers were that were both susceptible to and resilient to psychiatric breakdown and poor morale. One study looked at the very select number of men who entered the first month of the invasion of Normandy who remained with their units at the end of hostilities. In most regiments, these men numbered ten to thirty per unit. Most had worked in the primary resource industries of farming, mining, and fishing. It was interesting to note that twenty-nine of these unit survivors were married, but that "there was an almost complete absence of worries about home and we encountered no instance in which the man admitted having marital difficulties while serving in this theatre."⁶³⁷ This contrasts with the common attribution of non-battle stress to, "domestic worries and local maladjustment".⁶³⁸ Many men in the study noted that the exhilaration of Operationa OVERLORD's D-Day prevented fear, but shortly afterwards the heavy shelling⁶³⁹ and loss of comrades led to "shakiness under fire."⁶⁴⁰ In terms of detrimental factors to stability, men spoke of hunger, exposure and fatigue, and most mentioned the greatest of disturbing factors as a "bomb wacky"

⁶³⁷ Maj. B.H. McNeel, NP Specialist 2 Cdn Corps, Maj. T.E. Dancey, OC 1 Cdn Exhaustion Unit, "The Personality of the Successful Soldier". No date, but after 8 May 1945.

⁶³⁸ Lt.-Col. J.C. Richardson, Adviser in NP to Cdn Section, 1 Ech, HQ 21 Army Gp, "Neuropsychiatry with the Canadian Army in Western Europe from 6 June 44 - 8 May 45," Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631.

⁶³⁹ The report noted "most men preferred any kind of activity to sitting under shelling." Maj. B. H. McNeel, NP Specialist 2 Cdn Corps, Maj. T. E. Dancey, OC 1 Cdn Exhaustion Unit, "The Personality of the Successful Soldier". No date, but after 8 May 1945; shellfire in the First World War was also found to have a greater effect than any other weapon due to its disempowering nature. Watson, *Enduring the Great War*, 26-28.

⁶⁴⁰ The report noted "most men preferred any kind of activity to sitting under shelling." Maj. B. H. McNeel, NP Specialist 2 Cdn Corps, Maj. T.E. Dancey, OC 1 Cdn Exhaustion Unit, "The Personality of the Successful Soldier". No date, but after 8 May 1945.

comrade.⁶⁴¹ Of the successful personality types, the officers' noted, "those who took everything as it came, who laughed and joked about their grim experiences, or who never thought of them afterwards" were those who maintained the will to perform their duty.⁶⁴² Men claimed that factors that brought them through the war were: upbringing; pride in self and family; responsibility to comrades; the good example of officers and NCOs; prayer; and a fatalistic attitude.⁶⁴³

7.2 Battle Exhaustion and Morale on the Battlefield

The question may be asked as to whether morale really mattered in terms of military effectiveness. If we take the definition of morale to include the will to obey and a soldier's enthusiasm for the military objective, then it seems it must. There is no shortage of military histories that state that morale was important to victory. Historians of the First World War have argued that morale was significant to battlefield results in many instances.⁶⁴⁴ Jonathan Boff notes that a number of historians have claimed that poor German morale was a significant factor in the final 100 Days campaign of the First World War. He suggests that Tim Travers and Holger Herwig "seem to consider poor German morale almost a sufficient condition for British

⁶⁴¹ Ibid.

⁶⁴² Ibid.

⁶⁴³ Fragmentary quotations indicate this range: "my Pop stuck to his job"; "excitement keeps you going"; "never wanted to be thought scared"; "never took time to think"; "thought of my family"; "pride I guess"; "the job had to be done"; "couldn't let the other boys down"; and "I had definitely in mind that I had a day and that's all there is to it." Ibid.

⁶⁴⁴ The official history of the Ottoman Turks claims that German mentorship, nationalism and high morale influenced victory at Gallipoli. Tim Travers, *Gallipoli 1915, Battles & Campaigns* (Tempus, 2002), 17.

success during the Hundred Days.”⁶⁴⁵ British morale in the First World War, according to Boff was a much neglected topic until the treatment of Andrew Watson’s *Enduring the Great War* and Boff’s own monograph which concludes that the role of German morale, while important in the rear areas and to the German revolution, has been exaggerated in explanations of German collapse in 1918. Not all would agree with British Second World War, Adjutant-General Ronald Adam that, “This war is going to won or lost on morale.”⁶⁴⁶ It must be acknowledged that there are those who dismiss morale as a chimera of a romantic age. Roger Spiller’s entry on the topic in *The Reader’s Guide to Military History* explains,

To say that morale is a highly unscientific and quite elastic concept would be an understatement. Properly dissected, its innards would reveal a mixture of ancient tradition, chivalry, and unapologetic romanticism. Despite its insubstantial nature, morale seems to have survived intact the contest between romance and science to explain the nature of soldiers, sailors, and airmen in modern battle.⁶⁴⁷

Tim Travers assessment of General Ian Hamilton’s failure of command at Gallipoli also suggests that placing too much emphasis on morale was anachronistic due to the advances of military technology during the First World War. Travers criticizes Hamilton, who shared many of his fellow British officers feelings in the years leading up to 1915, when the general wrote, “War is essentially the triumph, not of a chassepot over a needle-gun, not of a line of men entrenched behind wire entanglements and fireswept zones over men exposing themselves in the open, but

⁶⁴⁵ Boff notes that Gerhard Ritter also argues for a German Army hampered by mutinies, desertions, and a feeling of hopelessness. Boff, *Winning and Losing on the Western Front: The British Third Army and the Defeat of Germany in 1918*, 92, 245.

⁶⁴⁶ J. A. Crang, “The British Soldier on the Home Front: Army Morale Reports, 1940-45”, in Addison and Calder, *Time to Kill: The Soldier’s Experience of War in the West, 1939-1945*, 61.

⁶⁴⁷ Roger Spiller, “Morale”, in *The Reader’s Companion to Military History* ed. Robert Cowley and Geoffrey Parker. (Boston: Houghton Mifflin, 1996).

of one will over another weaker will.”⁶⁴⁸ While Travers acknowledges that “old fashioned dash and morale” might have succeeded during moments of the campaign, he suggests that defensive firepower made such attacks suicidal during many other instances.⁶⁴⁹ Historians have come up on both sides of the debate of morale’s importance on the battlefield. It certainly wasn’t the panacea that commanders in 1914 and prior hoped for, yet it will be seen that for the Canadians in the Second World War, that if we take morale to mean the will to obey, that manpower and combat motivation, and hence military effectiveness were affected by morale.

When the 1st Canadian Infantry Division went into battle in Sicily in July 1943, they had, for the first time, a psychiatrist on strength. Battle exhaustion cases were not alarmingly high, however, until the war reached the Italian peninsula. During the Battle of the Moro River and Ortona (4-26 December 1944) the 1st Division suffered over two thousand casualties, destroying the original cohorts of the infantry regiments which had assaulted the Sicilian beaches. During this period, British corps commander Lieutenant General Charles Allfrey visited the division and was informed that the formation was going through a psychiatric "housecleaning", and that morale in the division was generally well.⁶⁵⁰ The high rates of mental breakdown during the period were not due solely to the intensity of combat on the forward echelon. Units that had previously held neuropsychiatric casualties on strength, sending them to the rear echelon when

⁶⁴⁸ The quote is from 1910. Travers, *Gallipoli 1915*, 222.

⁶⁴⁹ *Ibid.*, 223.

⁶⁵⁰ "The History and Development of Canadian Neuropsychiatric Service in the C.M.F.", "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC. Also cited in, Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 59.

fighting was intense, were now finding that as the rear echelon was under fire from German artillery, there was no option but to give up the soldier to medical evacuation.

It has been noted by Copp and McAndrew that levels of desertion, AWL, SIW, accidental injuries and psychiatric breakdown reached very high levels in the Italian campaign, which were never matched in North-West Europe.⁶⁵¹ The distance from home, or familiar England, must have played a role here, and the wet climate also worked against morale. Bill McAndrew has written that high collective spirit and morale was more effective than harsh discipline.⁶⁵² He argues that leadership, genuine concern for troops, and training, were more important.

Neuropsychiatric adviser Arthur Doyle, noted that the morale of Canadian troops was at its highest during and immediately after the Battle in the Liri Valley (ending 31 May 1944), but these were stifled by disappointment in inability to pursue the enemy, and the placement of towns as out of bounds to Canadians in hopes to control the venereal disease rate.⁶⁵³ Many troops had their packs on, ready to go on leave, when they were told at the last minute they could not visit towns and cities. Doyle wrote that, "the principle of punishing man because of the acts of a few always leads, as it did here, to poor morale."⁶⁵⁴

From June of 1944, the long physical separation from Canada, and to a degree England,

⁶⁵¹ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 10; British deserters were running at one thousand men monthly in Italy during the winter of 1944-45. Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, 240.

⁶⁵² Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 77.

⁶⁵³ A.M. Doyle, Neuropsychiatric Advisor, Cdn Section, GHQ, 1 Echelon, AFHQ, Unnamed partial report, Folder "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC..

⁶⁵⁴Ibid.

became an increased problem commented on in Canadian mail in Italy. By July censors were noting that leave was "looming in the minds of the troops", with allowance for compassionate leave or prisoner of war escort duty for a minute few only aggravating the grievances of remaining soldiers.⁶⁵⁵ Representing both an increased post-war focus of soldiers and the concerns for those back home, an officer wrote, "The number of homes that are breaking up are too damn many, and the only solution of it [is] to get the lads home that have been away too long. There's a very strong feeling of resentment growing in some of the men about this and although it has little effect on this operation over here I feel they will have quite a bit to say after they get home."⁶⁵⁶ Men compared their own situation unfavourably to the Americans who were rumoured to be allowed home after eighteen months and the British who were returned after four years of service.⁶⁵⁷

In early September the first batches of letters from the Battle for the Gothic Line were analyzed, and again the hard fighting did not seem to bring down morale. Men were still cheerful, confident, and optimistic, and while mentioning that the grim battle was the hardest fought to date, made light of their circumstances. An NCO wrote of the battle,

⁶⁵⁵ C.C.B. Rice, "Appreciation & Censorship Report No. 49 for Period 16-31 Jul 44 Inclusive.", CMHQ File 4/Censor Repts/3, "Censorship Reports from AAI", LAC RG24 Volume 12,323, 4 August 1944.

⁶⁵⁶ C.C.B. Rice, "Appreciation & Censorship Report No. 49 for Period 16-31 Jul 44 Inclusive.", CMHQ File 4/Censor Repts/3, "Censorship Reports from AAI", LAC RG24 Volume 12,323, 4 August 1944.

⁶⁵⁷ Comparisons continued to the more favourable leave situations for Americans, South Africans, and the English in November 1944. Major C. C. B. Rice, Chief Base Censor, CMF, "Appreciation & Censorship Report No. 57 For Period 16-30 Nov 44 Inclusive", LAC RG24 Vol. 12,323, 6 December 1944.

I feel about ten years older though[,] guess that's the ten years I've been scared out of ... One thing I do know is how the ordinary guy reacts under it all. It's not something one can describe, but it gives one a sense of sort of being able to take it. That is of great help.⁶⁵⁸

Advances on the battlefield such as Cab Rank, a method of controlling tactical air strikes from the ground, was said to be "heartening" to Canadian troops.⁶⁵⁹ Official Historian Gerald

Nicholson writes a testament to the soldiers' indomitable spirit in reference to the breaking of the Gothic Line,

As August faded into September the mood was buoyant. Through the dust-laden air a vista of the azure Adriatic glistened, serene and refreshing in the heat. To the tired men imprisoned in endless convoy nose-to-tail along the routes bulldozed forward to the front, the end of their journey seemed to be in sight...Men coughed and spat, and their bodies, stripped to the waist, were caked with dust and sweat, yet everyone was cheerful.⁶⁶⁰

A member of the 1st Canadian Historical Section wrote of the mood of the time

In places the dust lies like powdered snow to a depth of three or four inches. It is impossible to see a moving tank. You are only aware of its presence by the turbulent cloud of dust which accompanies it...The most remarkable thing is that in all this filth, fatigue and bodily discomfort the same old time-worn humour and perpetual good nature persist.⁶⁶¹

While in late September, postal censors reported the general feeling of optimism had abated, the censors felt that morale was sound, claiming, "the grim nature of the fighting has clearly failed to undermine their splendid spirit."⁶⁶² Despite their assessment, several excerpts reveal a lowered

⁶⁵⁸ Major C. C. B. Rice, Chief Base Censor, CMF, "Appreciation & Censorship Report No. 52 for Period 1-15 Sep 44 Inclusive.", 16 September 44.

⁶⁵⁹ Nicholson, *The Canadians in Italy 1943-1945*, 500.

⁶⁶⁰ *Ibid.*, 519.

⁶⁶¹ Cited in *ibid.*

⁶⁶² Major C. C. B. Rice, Chief Base Censor, CMF, "Appreciation & Censorship Report No. 53 for Period 16-30 Sep 44 Inclusive.", CMHQ File 4/Censor Repts/3, "Censorship Reports from

morale. A private wrote, "We are still out for a rest and I hope we don't have to go back in the line again for it gets harder on the nerves each time you go in."⁶⁶³ An NCO expressed foreboding for the upcoming Italian winter: "Our weather turned wet the other day and I'm afraid it won't be long till we're up to our knees in mud again like we were last winter. I dread the thought of another winter here."⁶⁶⁴ It seems impossible that morale would have been in tact after the massive casualties taken during the twenty-six days of near continuous fighting to the 22nd of September. The 1st Canadian Infantry Division had taken 2,511 casualties including 626 killed, and in nearly the same period, the 5th Armoured division lost 1,385 men including 390 killed.⁶⁶⁵ The manpower situation in all of the Allied Armies in Italy was desperate. The British disbanded the 1st British Armoured Division, and cut down their infantry battalions to three rifle companies.

In October, reports noted that many now expected a second winter campaign in Italy. After the Gothic Line was breached, reports of a decline in morale are found. Postal censorship recorded, "This realisation would appear to have had a certain sobering effect on their spirits, and a slight feeling of war-weariness is evident as a result. All ranks continue to stress in their letters the exceptional ferocity of the fighting in which they have recently been engaged, and they write with obvious relief of their present respite from the line."⁶⁶⁶ An NCO lamented, "it looks like

AAI", LAC, RG24 Volume 12,323, 4 October 1944.

⁶⁶³ Ibid.

⁶⁶⁴ Ibid.

⁶⁶⁵ Nicholson, *The Canadians in Italy 1943-1945*, 562.

⁶⁶⁶ Major C.C.B. Rice, "Appreciation & Censorship Report No. 54 for Period 1-15 Oct 44 Inclusive"; In the late October report, war-weariness and disappointment were identified,

another Xmas dinner out of a mess tin."⁶⁶⁷ As fall turned to winter, these worries were fully realized. Censors wrote that, "Although a note of cheerful resignation appears to prevail with the majority, much space was devoted in the mail examined to the weather conditions, and it would seem that the continuous rain and ever-present mud have had a certain damping effect on the men's spirits."⁶⁶⁸ Nicholson writes that in the advance beyond the Gothic Line, "the exacting conditions of weather and terrain had prevented full recuperation from the earlier strain. A relief was clearly necessary, but the Army Commander's problem was to find suitable replacements. [...]There were no fresh formations available."⁶⁶⁹ Here was the real impact on the ground of the strategy of attrition in Italy, pushing forward as Harold Alexander put it, "at full stretch to the limits set by exhaustion and material shortage" in hopes to aid the winter offensive in North-West Europe by locking precious German manpower in Italy.⁶⁷⁰ During the wet winter months, troops were reported as "in good spirits, although the discomforts and difficulties caused by excessive rain have proved discouraging to some."⁶⁷¹

although tempered by a "dogged perseverance." "Appreciation & Censorship Report No. 55 for Period 16-31 Oct 44 Inclusive." LAC RG24 Vol. 12,323, 19 October 1944.

⁶⁶⁷ Ibid.

⁶⁶⁸ Major C.C.B. Rice, Chief Base Censor, CMF, "Appreciation & Censorship Report No. 56 for Period 1-15 Nov 44 Inclusive.", CMHQ File 4/Censor Repts/3, "Censorship Reports from AAI", LAC RG24 Vol. 12,323, 21 November 1944.

⁶⁶⁹ Nicholson, *The Canadians in Italy 1943-1945*, 594.

⁶⁷⁰ Ibid.

⁶⁷¹ Quote from Major C. C. B. Rice, Chief Base Censor, CMF, "Appreciation & Censorship Report No. 57 for Period 16-30 Nov 44 Inclusive", 6 December 1944; good spirits despite bad weather continued into December. Major C. C. B. Rice, Chief Base Censor, CMF, "Appreciation & Censorship Report No. 58 for Period 1-15 Dec 44 Inclusive.", 21 December 1944; Both reports from CMHQ File 4/Censor Repts/3, "Censorship Reports from AAI", LAC RG24 Vol. 12,323.

Canadians in Italy were no strangers to harsh battlefield conditions but the December 1944 crossing of the Lamone River in Italy must be considered one of the most under-appreciated and miserable battlefields of the war. During one week the neuropsychiatric casualties reached up to 50 percent of battle casualties.⁶⁷² Compounding the long period many men had spent in theatre, and the wet, muddy conditions, was the disappointment of men who had been told that the action was going to be a short and terminal attack on the Germans. By the middle of December 1944, these expectations were proven false by stiff resistance. The wretched nature of the campaign in early 1945 was captured by psychiatrist Major Moll when he reported, "the increased total stress [is] evidenced by the breakdown of a significant number of fairly stable and conscientious soldiers."⁶⁷³ Moll noted the casualties from the Lamone seemed more physically exhausted than those of the Gothic Line, writing that, "The recent battle has been characterized tactically by endless crossings of rivers, canals, and dykes involving intense and repeated mental stress and leading to what one may term "River Psychology".⁶⁷⁴ Military crime increased in the second Italian winter. As Bill McAndrew wrote, "the invisible boundary between medical and disciplinary alternatives blurred even further."⁶⁷⁵ Notions of war progress mitigated against the strain. The final report for 1944 read,

⁶⁷² Unnamed partial report, A. M. Doyle, Neuropsychiatric Advisor, Cdn Section, GHQ, 1 Echelon, AFHQ. Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC).

⁶⁷³ A. E. Moll, "#2 Cdn. Exhaustion Unit C.A.O. Quarterly Report - Period 1 jan - 31 March 1945", CMHQ Folder "REPORTS - 2 CDN EXHAUSTION UNIT", File 11/PSYCHIATRY/3, RG24 Volume 12,631, LAC, 14 April 1945.

⁶⁷⁴ Ibid.

⁶⁷⁵ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 106.

Morale appears to be high with the majority, who show good spirits, and every confidence that, although progress in Italy is comparatively slow, the campaign is gradually being brought to a victorious conclusion. Nevertheless, a new note of battle strain is discernible in a number of letters, and there are many references from fighting units to the difficulties encountered in recent operations and to the grim nature of the fighting in which they have been engaged.

Showing that notions of war progress extended beyond their own front, the news of German advances in the Ardennes dampened notions of quick victory. As the war continued into 1945, the censors noted a "certain degree of battle weariness" in the mail, with "constant reference to the savage nature of the fighting encountered, and numbers of men frankly confess that they will be glad to be withdrawn from the line for a rest." Long periods in the line without rest wore on the troops. A private from the Princess Patricia's Canadian Light Infantry wrote, "We were in the line for 22 days and boy it was tough – cold, rain and bitter fighting, many of my chums died beside me this time...I just dread going in again but I guess the harder we fight the quicker the war will be over." A trooper of the Royal Canadian Dragoons agreed, stating, "I'm still healthy and in one piece yet, but sure am getting fed up with this war. They keep us in the line too long. We have been in since Dec 1st with just a couple of 48 hours out to rest and then back in again."

While comments on the appreciation of Christmas feasts were once again reported, the strains of the war were telling on some. A member of the Royal Canadian Army Service Corps wrote, "This holiday was so different – the war is telling on the boys for when they got drunk on Xmas and New Year many of them got crying jags wanting to go home. Just like kids. This never happened in previous years." Soldiers compared happier times at home with their current predicament. Nicholson suggests that in early January, "there were depressing memories of static positions maintained a year before in the chilly dampness and mud north of Ortona", yet

notes that the colder weather and harder ground, as well as the proximity to the enemy, whose trenches were close enough for engagement with a number of improvised weapons, meant that morale was kept up. Censorship reports suggest that it was only in late January that rest was allotted to many units, when this "battle-strain" was said to be reduced. Comments on the feeling that they had been forgotten in Italy, however, continued into 1945. The neuropsychiatric adviser wrote that, "Many express the opinion that this is the forgotten front, and appear to resent the fact that the press, particularly the Canadian papers give nearly all the publicity to the Canadians in the [British Liberation Army] and to the R.C.A.F. This is a normal reaction, and should not be [underestimated.]"⁶⁷⁶ He noted that there was, "evidence of a good deal of war weariness which was not obvious in this theatre of war a year ago."⁶⁷⁷

While in the last quarter of 1944, almost 40 percent of soldiers with battle exhaustion were returned to full duty, in the first three months of 1945 No. 2 Canadian Exhaustion Centre only returned 8 percent of those effected to full duty. During the crossing of the Lamone River, in the third week of December 1944, neuropsychiatric casualties become very high. In one week they reached 50 percent of battle casualties. For the entire campaign, 22.7 percent of those who went through No. 2 Canadian Base Psychiatric Wing were returned to unit. In total there were 5,020 neuropsychiatric casualties in Italy, constituting 16.7 percent of total casualties. Arthur Doyle's assessment was that a number of factors influenced the incidence of neuropsychiatric

⁶⁷⁶ "Report by Consultant Neuropsychiatrist CA(O) Liason visit Italian theatre. 16 Nov - 16 Dec '44.", Folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), 16 January 1945.

⁶⁷⁷ Ibid.

casualties which he listed in order of importance: 1. quality of personnel; 2. degree and severity of action; 3. duration of action; 4. leadership; 5. weather, 6. rest, 7. recreation and welfare.

After such a gruelling campaign, it is no wonder the official historians record that Canadians were happy to rejoin the First Canadian Army in the spring of 1945. C.P. Stacey noted they had been hopeful for a reunion since the previous spring.⁶⁷⁸ When it was learned that the “D-Day Dodgers” (so-called because they missed the invasion of Normandy) would leave the theatre there was little expression of regret. Nicholson wrote,

As word of the impending move spread through the troops there was widespread gratification that the longed for reunion with the rest of the First Canadian Army was indeed to become a reality. Italy held no great attraction to the majority, and war diaries convey the impression that there was generally less regret at leaving the country than at ending the long and happy associations with the Eighth Army – the common task not yet finished.⁶⁷⁹

Nicholson further speculated that,

...here must have been few whose sense of national pride was not stimulated by the thought of again becoming part of a unified Canadian army. The understandable feeling of frustration of serving in a theatre which was recognized as secondary in importance to North-West Europe was now replaced by the inspiring prospect of rejoining their comrades of the 2nd Canadian Corps for the final march on Berlin.⁶⁸⁰

On the 7th of March 1945, the war diary of the 1st Canadian Infantry Division, upon sailing from Leghorn was to note the following mystical appraisal: "Thus we leave Italy, a country we neither loved nor hated, a country so full of history, so beautiful and at the time so dirty, so

⁶⁷⁸ Stacey felt the dispatch of the 1st Canadian Corps to Italy “cannot be termed a profitable venture.” Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:34.

⁶⁷⁹ G.W.L. Nicholson, *The Canadians in Italy 1943-1945*, vol. 2, Official History of the Canadian Army in the Second World War (Ottawa: Queen’s Printer, 1956), 661.

⁶⁸⁰ *Ibid.*, 2:662.

modern in its antiquity...”⁶⁸¹

During Operation GOLDFLAKE, the code-name for the return of 1st Canadian Corps to Italy in February, a sergeant in the artillery wrote in 1945,

I was talking to an English soldier last night, he was back home for 28 days. He told me they called him a D-Day dodger. What a dirty thing to say! If anybody has the idea that fighting in Italy was not as hard as the invasion they'd better come over here and have a look at the grave-yards and they will soon change their minds. If anyone ever said that to me either him or I would die right on the spot. This chap told me he was glad to return to the battlefield and I do not blame him. Every fighting soldier has done his best in this war, and no one has any right to say anything about him.⁶⁸²

Many Canadians in Italy managed to soldier on despite the gruelling campaign. Others broke down mentally, and still others lost their will to soldier and became part of the disciplinary picture. If it is accepted that morale is the will to carry on, and that it was best examined in a combination of medical and disciplinary factors, then it is clear that the combat power of the Canadian Army in Italy was increasingly diminished by morale issues. Losses of manpower would be even more dire for the First Canadian Army. Due to conservative calculations on manpower wastage in the campaign in North-West Europe, and high casualties resulting in understrength units (and conscription for overseas service), loss of combat strength there had the potential for strategic impact. By 31 August 1944, the three Canadian divisions' manpower deficiencies climbed to their highest total during the war at 4,318 men.⁶⁸³ Very few of the men

⁶⁸¹ Ibid., 2:663.

⁶⁸² Field Censors (Home), “Censorship Report on Canadian Mail Received from C.M.F. “GOLDFLAKE”, LAC, RG24 Vol. 12,323, April 1945.

⁶⁸³ Copp, *Cinderella Army: The Canadians in Northwest Europe, 1944-1945*, 297.

who had originally led sections and platoons into battle remained with their sub-units.⁶⁸⁴ In November 1944, conscription for overseas service was approved by Canadian parliament to make up for heavy losses.

For the invasion of Normandy, C.P. Stacey reports mixed motivations for those soldiers preparing for the massive amphibious assault against the Atlantic Wall. Drawing on the reports of the commander of Force “J”, the naval task force that would disembark the 3rd Canadian Infantry Division on Juno Beach, he records that soldiers were enthusiastic and in “high spirits”.⁶⁸⁵ He also suggest, however, that each soldier “had to overcome deep unspoken fears within himself as D Day drew slowly nearer”, and that the term “Channel fever” was used for those who “shrank” from the duty.⁶⁸⁶ It is unclear whether Stacey means that men were literally claiming sickness to avoid the task, or whether the use of the term “fever” here is a medicalized metaphor for morale. The Canadians took the beaches with fewer casualties than expected, but the following three months in the Battle of Normandy would see huge casualties and crushing strain lower Canadian morale to one of its lowest points during the war. By 5 July 1944, Lt.-Gen. John Crocker, commander of 1st British Corps which had included the 3rd Canadian Infantry Division, criticized the division as lacking, “its original offensive enthusiasm. Patrolling was bad or non-existent and an atmosphere of ‘anything for a quiet life’ seemed to pervade.”⁶⁸⁷ A sobering example of further strain on morale is offered by the 18-21 July 1944, Operation

⁶⁸⁴ Copp, *Cinderella Army : The Canadians in Northwest Europe, 1944-1945*.

⁶⁸⁵ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:38.

⁶⁸⁶ *Ibid.*, 3:38, 120.

⁶⁸⁷ Copp, *Fields of Fire : The Canadians in Normandy*, 112.

Atlantic, where the 2nd Canadian Infantry Division received “a very nasty baptism of fire” pressing south of Caen, and Canadian units took 1,965 casualties, 441 of which were fatal.⁶⁸⁸ In the 25-28 July 1944, Operation Spring, designed to continue this advance beyond Verrières Ridge and Tilly-la-Campagne, total casualties were around 1,500 with fatalities around 450.⁶⁸⁹ To put these figures in perspective, up to 1 October 1944, the 3rd Canadian Infantry Division took more casualties than any other division in Field Marshal Bernard Montgomery’s 21st Army Group, and the 2nd Canadian Infantry Division took the second greatest casualties.⁶⁹⁰ Such losses would push these formations to the limit of endurance. Terry Copp cites “no dramatic increase” in the neuropsychiatric ratio (of battle exhaustion to wounded) when he criticizes Crocker’s claims of the Canadians breaking under the pressure as “simply wrong.”⁶⁹¹ Copp notes that the seventeen officers and 506 men from the 3rd Canadian Infantry Division that had been diagnosed with battle exhaustion made up one-fifth of non-fatal casualties, which was less than the British divisions.

In late July 1944, Colonel M. C. Watson, the Assistant Director of Medical Services to the 3rd Canadian Infantry Division filed a report which very likely led to his dismissal as commander of medical units in that formation.⁶⁹² Watson was extremely concerned that the better part of two months of fighting had worn the division down to the breaking point. He

⁶⁸⁸ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:194.

⁶⁸⁹ Ibid.

⁶⁹⁰ Ibid., 3:271.

⁶⁹¹ Copp, *Fields of Fire: The Canadians in Normandy*, 122–123.

⁶⁹² Watson was replaced by Colonel Playfair, the former ADMS of 1st Canadian Infantry Division, on 25 October 1944. 3CID ADMS War Diary, 25 October 1944.

wrote, “The forward troops are suffering from lack of physical rest to an extent which is greatly impairing their efficiency as fighting soldiers...A number of officers in key positions are physically and mentally tired to a degree that may result in a sudden complete breakdown under further stress.”⁶⁹³ Watson estimated that troops were at 40 percent efficiency at the end of July, as compared to their fitness for battle in the first week of the invasion. He suggested that, “...It is my opinion that certain units may crack completely under a forced operation for which [company] and unit commanders may come up for serious censure as a result of conditions which under present circumstances they cannot remedy.”⁶⁹⁴ In the quarterly report which covered this period, he again suggested that lack of attention to principles of leadership resulted in “a dangerous degree of nervous tension”.⁶⁹⁵ Colonel Watson took the view that the divisional psychiatrist was responsible for monitoring morale. He wrote that the divisional psychiatrist’s duty was,

to discuss with the ADMS all measures which will raise the morale of the fighting soldier as they apply to each separate situation and to examine and classify all casualties which are referred to him. He should not have to make a professional show by having specially allotted [Field Dressing Stations] or [Field Ambulances] filled with cases on which he can base statistics and lengthy reports to HQ. In fact if he has many patients and issues long reports he should be removed at once for failing in his job.

The ‘G’ staff should be alert to the fact that providing the medicals have done their job a high incidence of exhaustion cases indicates, deficient training, poor leadership with a low fighting ability of the force. Battles are won by causing exhaustion

⁶⁹³ Col. M.C. Watson, ADMS to GOC 3CID, “Battle Weariness – Fighting Troops”, ADMS 3CID, July War Diary, Appendix 36, 26 July 1944.

⁶⁹⁴ Col. M. C. Watson, ADMS to GOC 3CID, “Battle Weariness – Fighting Troops”, ADMS 3CID, July War Diary, Appendix 36, 26 July 1944; also see 3CID ADMS War Diary main entry, 26 July 1944

⁶⁹⁵ Col. M. C. Watson, ADMS 3CID, “Quarterly Report – 1 July 44 to 1 October 44”, 3CID ADMS October 1944 War Diary, Appendix 2, 1 October 1944.

in the enemies ranks. The battle of Normandy was won because the enemy were mild exhaustion cases toward the end. [sic]⁶⁹⁶

Watson's report emphasizes the connections between psychiatry and morale, and shows that some senior commanders felt morale was of critical importance. His tone could not have been popular with either psychiatrists or operational commanders. Low Anglo-Canadian morale during the period is corroborated by British Second Army's psychiatric adviser, Major D. J. Watterson, who wrote that, "Almost certainly the initial hopes and optimism were too high and the gradual realization that the 'walk-over' to Berlin had developed into an infantry slogging match caused an unspoken but clearly recognizable fall of morale. One sign of this was the increase in the incidence of psychiatric casualties."⁶⁹⁷ The rapidly rising exhaustion rates in 21st Army Group in July was seen as a crisis. Watterson later reflected that, "swings of morale often tend to overshoot the mark and this happened during the first two weeks in July."⁶⁹⁸ In mid-July, the 2nd Canadian Corps became operational, taking the Canadian divisions under its control. Corps commander, Lt.-Gen. Guy Simonds warned commanding officers in the 3rd Canadian Infantry Division that further heavy casualties were acceptable if objectives were gained.⁶⁹⁹ He

⁶⁹⁶ Col. M. C. Watson, ADMS 3CID, "Quarterly Report – 1 July 44 to 1 October 44", 3CID ADMS October 1944 War Diary, Appendix 2, 1 October 1944.

⁶⁹⁷ Watterson felt there was a "steadying and bracing" of Anglo-Canadian morale in late July 1944. Terry Copp, "If this war isn't over, And pretty damn soon, There'll be nobody left, In this old platoon...": First Canadian Army, February-March 1945.", in Addison and Calder, *Time to Kill: The Soldier's Experience of War in the West, 1939-1945*, 150; in the hard fighting near Caen in late June and early July 1944, the 15th Scottish and 49th West Riding divisions ratio of battle exhaustion casualties to wound casualties rose to 1:5. Copp, *Fields of Fire: The Canadians in Normandy*, 87.

⁶⁹⁸ Copp, *Fields of Fire: The Canadians in Normandy*, 111.

⁶⁹⁹ *Ibid.*, 118.

warned that there would be “no holding back whatever” and that divisions would press forward until they were completely exhausted.⁷⁰⁰ August would see increased intense operations and casualties as the Canadians pushed south from Caen towards Falaise. After the bloody Battle of Normandy, the Canadians were responsible for clearing the channel ports, but it was the hard-fought battle to clear the key port of Antwerp when morale was again connected to breakdown in combat.

During the October 1944 battles in the Netherlands, Major R. Gregory's psychiatric report on the 3rd Canadian Infantry Division noted that low morale was the common factor for exhaustion cases.⁷⁰¹ Gregory wrote,

There was one thing of note among all troops admitted for exhaustion, lack of morale or lack of volition to carry on. The foremost cause of this seemed to be futility. The men claimed there was nothing to which to look forward - not rest, no leave, no enjoyment, no normal life and no escape. The only ways one could get out of battle was death, [...] S.I.W. and going 'Nuts'. The second most prominent cause of this lack of volition seemed to be the insecurity in battle because the condition of the battle-field did not allow for average cover. The third was the fact that they were seeing too much continual death and destruction, loss of friends, etc. [...] Most of them had no insight as to why they were being fought so hard and steadily.

Because of the poor morale among what were considered veteran soldiers it was felt that it was inadvisable to return them to the fighting on the Scheldt for two reasons: first, to avoid completely cracking their morale by fostering their already flourishing opinion that the Division had no interest in them except to 'get blood from a stone' in order to bring glory to others and secondly because these men were considered valuable as veteran soldiers to lead newcomers in the fighting to come.⁷⁰²

⁷⁰⁰ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:204.

⁷⁰¹ The quarterly medical report for the division estimated casualties as 16 percent of all sickness. Col. C. H. Playfair, ADMS 3CID, “ADMS Quarterly Report 1 October 1944 to 31 December 1944.” 3CID ADMS War Diary, January 1945, Appendix 1, 6 January 1945.

⁷⁰² R. A. Gregory, 3 Cdn Inf Div, "Psychiatric Report", CMHQ Folder "Reports - Cdn Exhaustion Unit" File 11/PSYCHIATRY/2, RG24 Volume 12,631, LAC, October 1944.

The long period in constant contact with the enemy, up to ninety-three days for some, led to a high neuropsychiatric casualty rate in the 3rd Division.⁷⁰³ The neuropsychiatric ratio rose to 17%, and was as high as 25% in two brigades.⁷⁰⁴ The Regina Rifles war diarist wrote on 12 October that, “the past few days have seen some of the fiercest fighting since “D” Day.”⁷⁰⁵ C.P. Stacey describes the three Canadian divisions at the end of the Battle of the Scheldt as “thoroughly exhausted.”⁷⁰⁶ Many battalions fought understrength in September and October.⁷⁰⁷ Clearing the Scheldt Estuary cost the Canadians 1,418 killed and 4,949 wounded.⁷⁰⁸ While Terry Copp felt that there was no morale crisis in Normandy, he admits that in late October, “The morale of combat soldiers had declined dramatically...”⁷⁰⁹ By December 1944, Captain Mickleborough, the regimental medical officer of the Royal Regiment of Canada (in the 2nd Division) reported that few officers were as confident or nonchalant under fire as they were three

⁷⁰³ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:70.

⁷⁰⁴ Gregory admitted 421 exhaustion cases through his casualty clearing station. Terry Copp, “‘If this war isn’t over, And pretty damn soon, There’ll be nobody left, In this old platoon...’: First Canadian Army, February-March 1945.”, Addison and Calder, *Time to Kill: The Soldier’s Experience of War in the West, 1939-1945*, 150.

⁷⁰⁵ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:395; the 7th Brigade took 533 casualties in its first seven days of combat at the Leopold Canal (south of Breskens) and two of its infantry battalions, the Regina Rifles and the Royal Montreal Regiment suffered more than half these losses with fifty deaths. Around one hundred men were treated for battle exhaustion. Copp, *Cinderella Army: The Canadians in Northwest Europe, 1944-1945*, 102.

⁷⁰⁶ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:426.

⁷⁰⁷ Copp, *Cinderella Army: The Canadians in Northwest Europe, 1944-1945*, 10.

⁷⁰⁸ From 20 September to 7 November 1944, 6,784 men were wounded, 3,244 were killed or missing, and an additional 949 were treated for battle exhaustion. *Ibid.*, 173, 177.

⁷⁰⁹ *Ibid.*, 180.

or four months previously.⁷¹⁰

In the days leading up to Operation Veritable, the advance to the Rhine river, the clear signs of an upcoming offensive push led to great anticipation of action. The 2nd Canadian Infantry Division medical headquarters war diary remarked, “The night was filled with sounds of heavy traffic moving forward as the area is becoming filled with troops. There is remarkably little discussion of events but an air of expectancy pervades the place, people are becoming more industrious and secretive, and everybody is happy.”⁷¹¹ Describing the first month of the Veritable offensive, however, the 21st Army Group Quarterly summary recorded, “there is no doubt that the spirits of the troops sagged under the exhausting strain of this slow advance, reminiscent of the beach-head days.”⁷¹² The intensity of the fighting in Operation Veritable, saw a consequent rise in those suffering collapse of will. On the opening day of the offensive certain units underwent severe strain, with consequent rise of battle exhaustion rates. One unit was hit particularly hard, with nine cases of exhaustion.⁷¹³ The rates of exhaustion in all of First Canadian Army (which included non-Canadian troops) spiked in the week ending on the 19 February 1945, from a 0.56 incidence per 1000 men per week to a 1.49 incidence per 1000 men

⁷¹⁰ Capt. M. Mickleborough, RMO, Royal Regiment of Canada to ADMS, 2CID, “Exhaustion in Previously Wounded”, RG24 Vol. 15,660, 2CID War Diary, January 1945, 22 December 1944.

⁷¹¹ 2CID ADMS War Diary, 3 February 1945.

⁷¹² Lt. Col. D. J. Watterson, D.M.S., Adviser in psychiatry “Report for the quarter ending 31 Mar 45 by the Adviser in Psychiatry, 21 Army Group.”, folder “Neuropsychiatry Generally”, 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), May 1945.

⁷¹³ The casualty summary suggested that 19 cases out of 63 battle casualties for the week was “an abnormally high percentage.” “Weekly Casualty Summary – 3 Cdn Inf Div – for Week Ending 9 Feb 45”, ADMS 3CID February 1945 War Diary, Appendix 8.

weekly.⁷¹⁴ During this period, the high rate of exhaustion in 3rd Canadian Infantry Division was attributed to two companies from two different units being pinned down for over 24 hours.⁷¹⁵ These units were completely fatigued due to lack of supplies, safety and rest. The weekly casualty report recorded that normally these troops would have been taken out of the forward lines for a rest, but due to conditions this was impossible and they were evacuated as casualties with an exhaustion diagnosis. Administrative officers in First Canadian Army were quick to point out that the period could be favourably compared to other moments of intense fighting, noting that in the week ending 29 July 1944, Operation Spring had resulted in 639 cases reported, with 274 cases in three days, and a weekly incident rate of 1.43 per thousand.⁷¹⁶ The Canadians were said to parallel the British cases in 21st Army Group who had high battle exhaustion rates during the start of the fighting in February, in part due to a slower advance than anticipated, and the extensive flooding. Some successes were explained by will power. The 4th Brigade's war diarist noted of the Royal Hamilton Light Infantry's (RHLI) stand against fierce counterattacks from 19-20 February that, "All units have done an exceptionally fine job of fighting, and the RHLI 'fortress' is an outstanding example of a well planned and executed operation and of the ability of our troops under good leadership and by sheer guts and

⁷¹⁴ The numbers were largely increased due to the high rates in the 30th British Corps, where 419 cases or 91 percent of the total came from. File 133.065(D327B) Folder "Medical Stats - 1st Cdn Army - 17 Feb 45", LAC RG 24 Vol. 18712.

⁷¹⁵ Signed for Col. E. E. Tieman, 3CID ADMS, "Weekly Casualty Summary – 3 Cdn Inf Div – Week Ending 23 Feb 45", ADMS 3CID February 1945 War Diary, Appendix 26, 27 February 1945.

⁷¹⁶ "First Cdn Army Administrative Report - Weekly", Folder 215C1.053 (D4), "ADM 1st Cdn Army Weekly Admin Reports 1st Cdn Army Jan/30 Apr 45." RG 24 Vol. 10667, LAC, 12 February 1945.

determination to take and hold difficult ground against the enemy's best."⁷¹⁷

Sheer intensity of combat did not necessarily raise the rates of battle exhaustion. During the crossing of the Rhine in March 1945, despite high casualties at Emmerich, exhaustion rates remained lower than 10 percent of all casualties.⁷¹⁸ When the operation moved forward quickly, morale rose. As Lt.-Col. Richardson noted,

It is of interest that in the last heavy engagements on the German side of the Rhine, the exhaustion incidence did not rise in proportion to the final fairly high peak of incidence of wounded and killed. This terminal relative drop in battle exhaustion casualties was in part a reflection of the high morale of a victorious Army. It was also in some degree explained by the brief sharp engagements with quick relief, which were carried out.⁷¹⁹

Fewer Canadian psychiatric casualties were returned to duty than the British, and in the first quarter of 1945, less men in general were being returned to duty. This was ascribed to the length of the campaign and the emotional strain. By the end of the campaign, once evacuated, very few men were being returned to duty due to the heavy emotional toll of the fighting. From 8 February to 10 March, Canadian losses in First Canadian Army had been 379 officers and 4,925 other ranks.⁷²⁰

⁷¹⁷ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:489.

⁷¹⁸ Action by 21st Army Group in Cleves and Gogh from 8 February to 8 March, was in contrast slow, heavily resisted, and had to fight in flooded terrain. Morale was in consequence low, and battle exhaustion rates high. Lt.-Col. D.J. Watterson, D.M.S., Adviser in psychiatry "Report for the quarter ending 31 Mar 45 by the Adviser in Psychiatry, 21 Army Group.", folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), May 1945.

⁷¹⁹ Lt.-Col. J.C. Richardson, Adviser in NP to Cdn Section, 1 Ech, HQ 21 Army Gp, "Neuropsychiatry with the Canadian Army in Western Europe from 6 June 44 - 8 May 45, "Canadian Military Headquarters Folder "Regional Neuropsychiatry Reports" 11/PSYCHIATRY/2/2, LAC, RG24 Vol. 12,631.

⁷²⁰ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:522.

While some data is incomplete, information from the quantitative sections of postal censorship reports are an interesting additive to the record of morale in the campaign. Figure 7.3 shows a nadir of letters that could be clearly categorized as content in late August 1944 as the Normandy campaign drew to a close. This suggests a modification of Terry Copp's claim that "good morale was maintained throughout the battle of Normandy."⁷²¹ By late August, heavy fighting had taken its toll on Canadian morale. After a lull in contentedness in early January 1945, after a period of smaller engagements, there is an increase towards the end of the campaign.

⁷²¹ Copp, *Fields of Fire : The Canadians in Normandy*, 118.

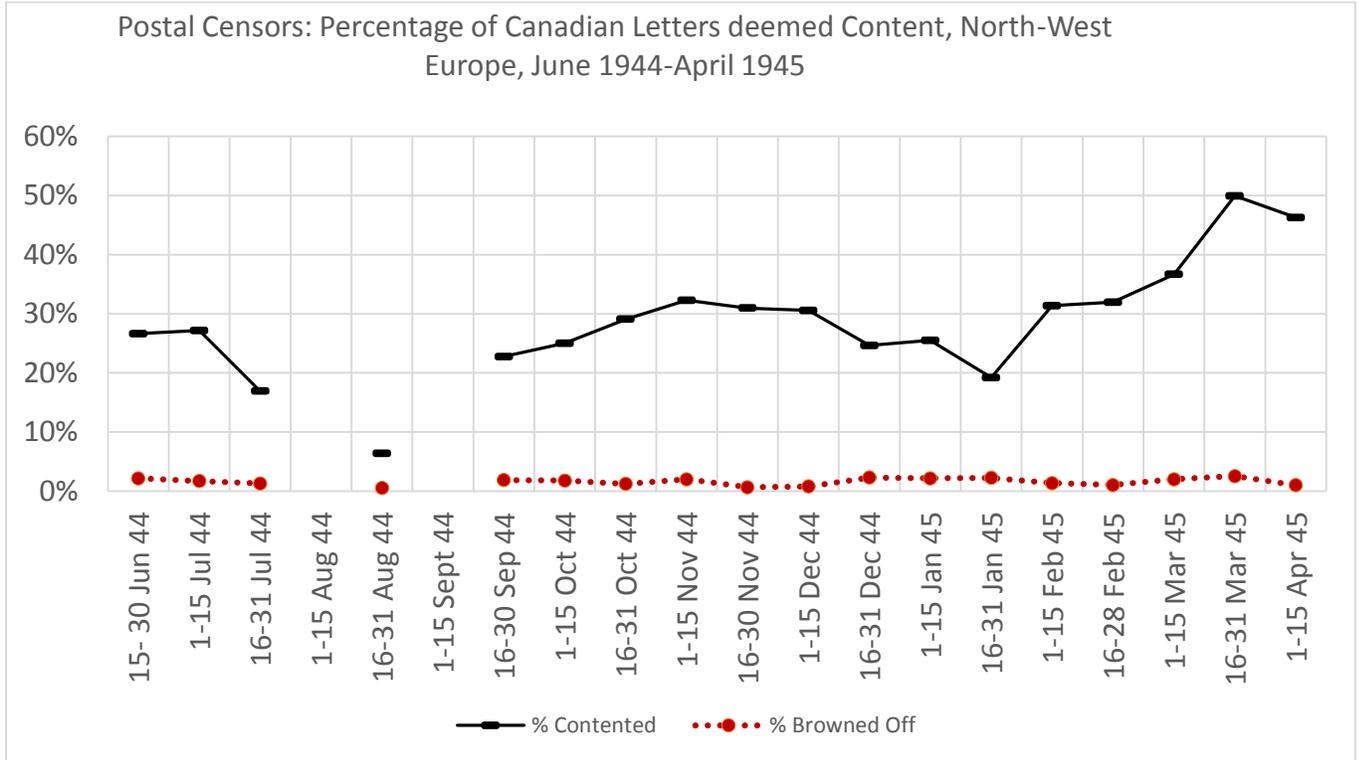


Figure 7.3 Postal Censors: Percentage of Canadian Letters deemed Content, North-West Europe, June 1944-April 1945. Source: RG24 Volume 10,706.

Figure 7.4 corroborates these findings, with a few exceptions. While keenness for action drops to an all-time low in late August, there was indication that the closing of the Falaise Gap caused a number of soldiers to consider the progress of the war optimistically. The rise of keenness in October (to almost as high as the high-point during the first month of the Normandy campaign), during the Schedlt operations, however, is unexplainable, given the indication from the medical records that this was a punishing campaign which lowered morale. In 1945, optimism regarding war progress increased, and the number of letters classified by the censors as keen for action remained around the 10% level.

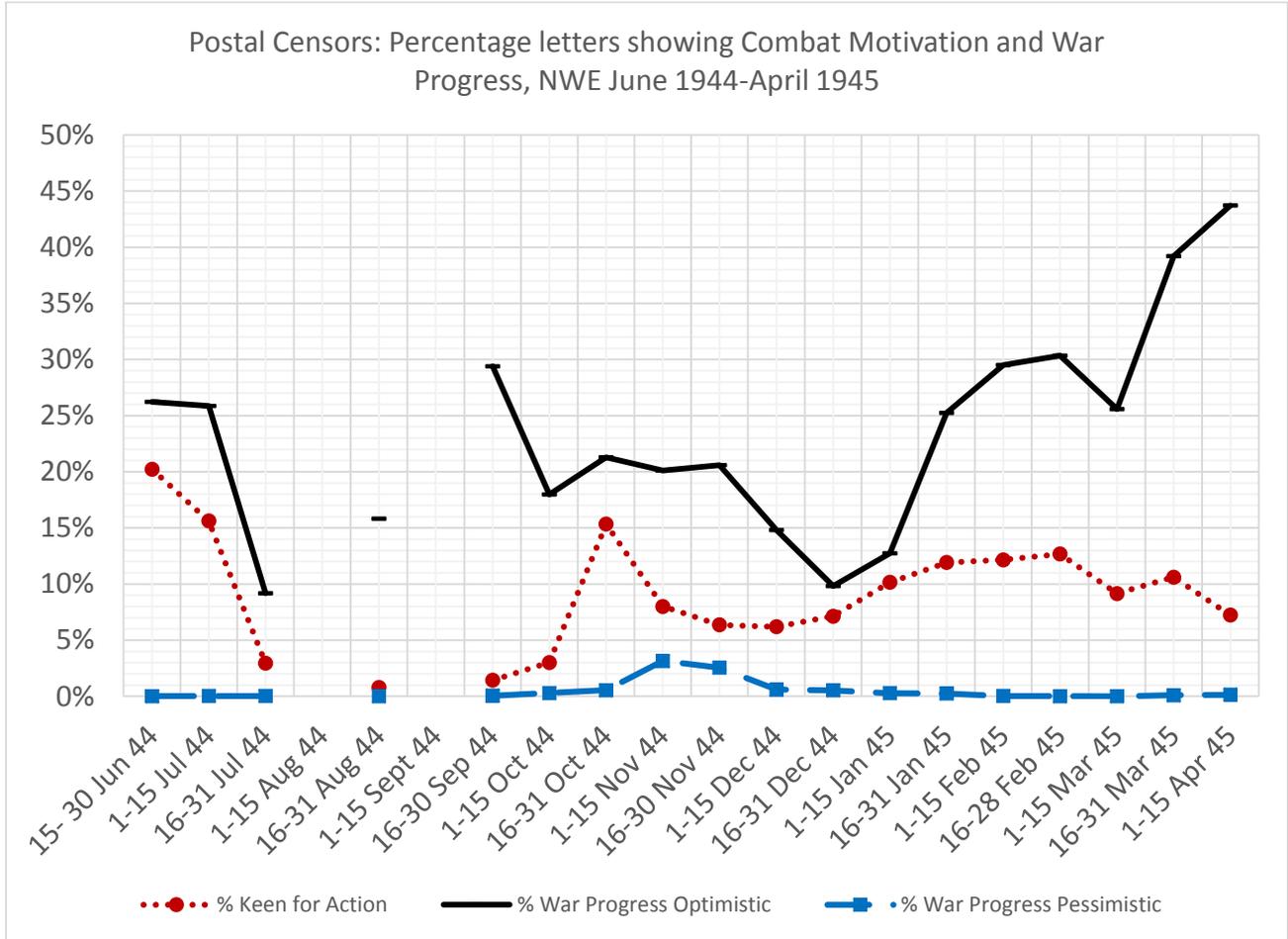


Figure 7.4 2 Postal Censors: Percentage letters showing Combat Motivation and War Progress, NWE June 1944-April 1945. Source: RG24 Volume 10,706.

As is shown in figure 7.5, those letters which spoke about their current operations in a positive light varied throughout the campaign, but followed a similar trend, with low points in the later weeks of the Normandy campaign and during the Scheldt operations in October, and general improvements throughout 1945, with a noticeable spike to 19 percent of letters speaking positively of current operations in late February after advances in Operation Veritable.

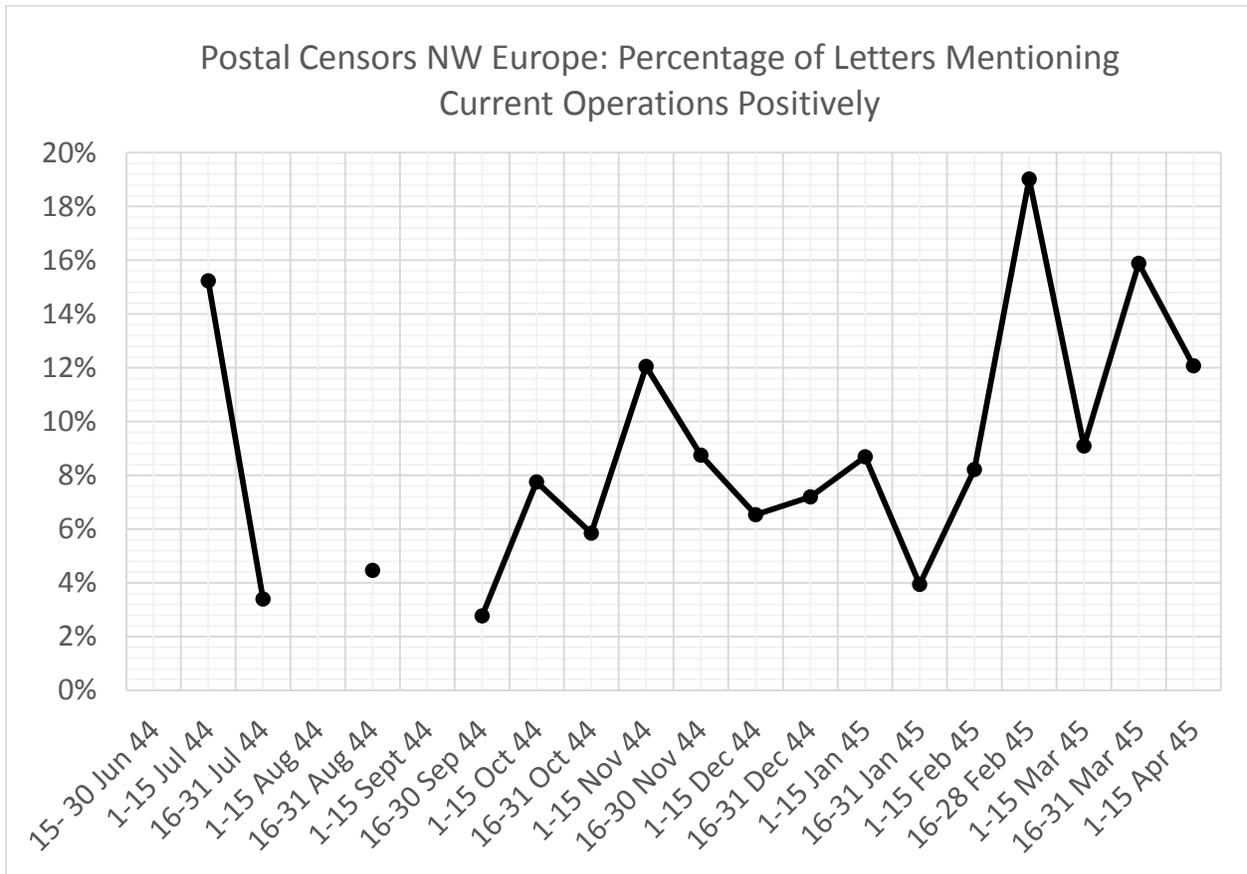


Figure 7.5 Postal Censors North-West Europe: Percentage of Canadian Soldiers' Letters mentioning Current Operations Positively. Source: RG24 Volume 10,706.

In February 1945, 3rd Canadian Infantry Division reported that very few civilians had been encountered since moving in to Germany.⁷²² The VDCO, in his monthly report wrote that

⁷²² Maj. E. L. Davey, CO, 7 Cdn Fd Hyg, to ADMS 3CID, "Monthly Hygiene Report (Sanitary & Epidemiological State) 3 Canadian Infantry Division – Feb 1945", 3CID ADMS February 1945 War Diary, Appendix 29, 1 March 1945.

instructions regarding action to be taken against soldiers who contract VD from German women was needed.⁷²³ In the next month, the first German contact came through the medical administration, reporting exposure in Xanten.⁷²⁴ In March, the 2nd Canadian Infantry Division's Assistant Deputy Medical Services spelled out the differences between friendly and "enemy" civilians:

There will be NO fraternization with German civilians. However, fraternization with Netherlands citizens is quite in order. Units will ensure that all ranks are aware at all times of which side of the border they are on. Netherlands citizens must not be treated by troops in the manner in which German civilians are to be treated and it is essential that all troops know exactly where they are in relation to the Netherlands – German border.⁷²⁵

Later, in April, when the division re-entered Germany in the north the marked difference as they crossed the border was noted:

The convoy was very slow, and as we left Holland and crossed into Germany a striking change occurred – the acclaiming crowds were gone and we went through an apparently deserted countryside. The headquarters set up in a wood and immediately set up perimeter defence. The evening was spent passing around rumours of werewolf activity and allied reprisals.⁷²⁶

Figure 7.6 shows the corresponding postal censorship categorizations which addressed good relations with local civilians. Relations with Normans are markedly low, while those during both

⁷²³ Capt. R. B. Kay, "Monthly V.D. Report – Feb 45 – 3 Canadian Infantry Division" attached to Maj. E. L. Davey, CO, 7 Cdn Fd Hyg, to ADMS 3CID, "Monthly Hygiene Report (Sanitary & Epidemiological State) 3 Canadian Infantry Division – Feb 1945", 3CID ADMS February 1945 War Diary, Appendix 29, 1 March 1945.

⁷²⁴ No. 7 Cdn Fd Hyg Section to ADMS 3CID, "Monthly Hygiene Report (Sanitary & Epidemiological State – 3 Cdn Infantry Division – Mar 1945", 3CID ADMS March 1945 War Diary, Appendix 39, 1 April 1945.

⁷²⁵ Col S.G. Shier, ADMS 2CID to units, "Notes on A-Q Conference 18 Mar 45", 2CID ADMS War Diary, Appx 40, 20 March 1945.

⁷²⁶ 2CID ADMS War Diary, 18 April 1945.

mobile and static operations in the Netherlands were better. With the entering of German in March 1945, the rates again dropped to under 2 percent of letters mentioning good relations.

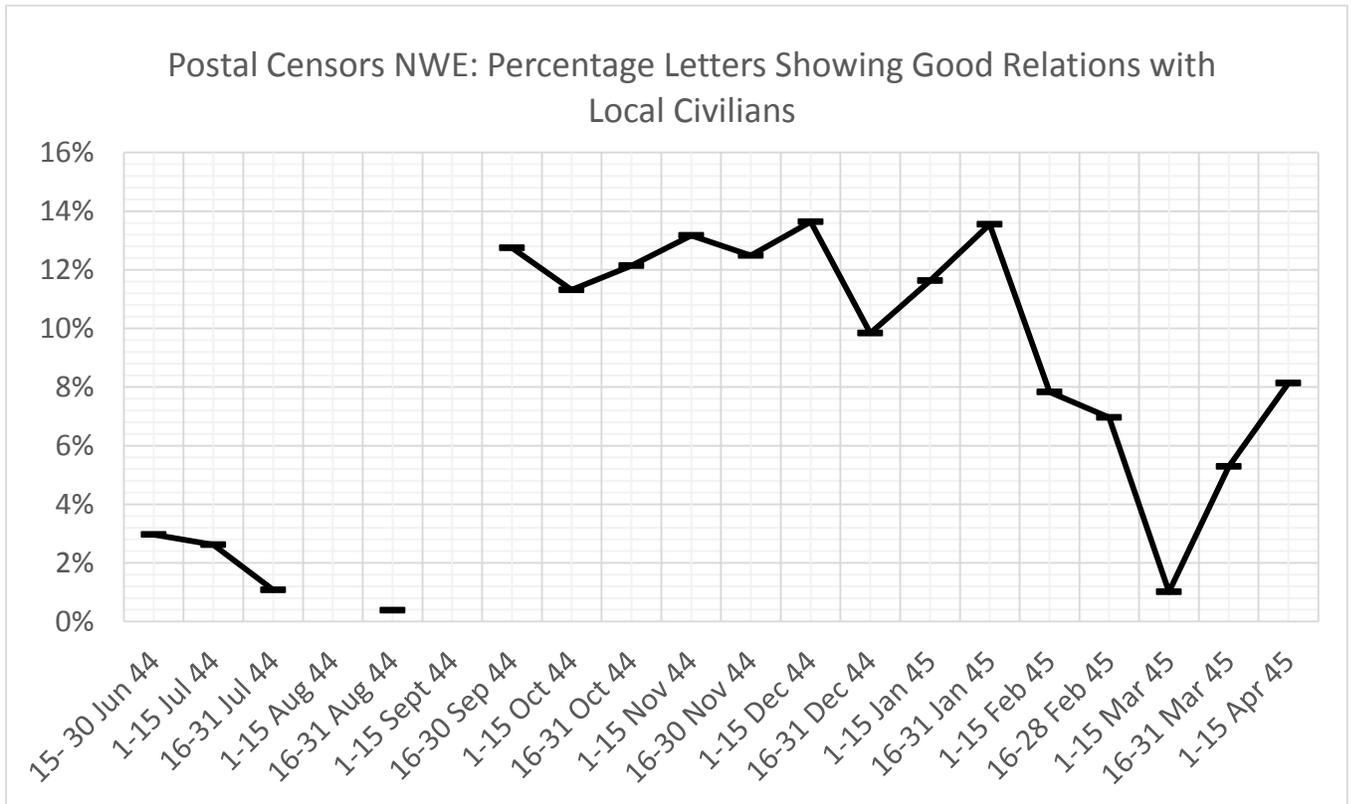


Figure 3 Postal Censors NWE: Percentage Letters Showing Good Relations with Local Civilians. Source: RG24 Volume 10,706.

There are accounts of reprisals towards German civilians in April 1945, when they were accused of attacking Canadian troops.⁷²⁷ Houses in Sögel were ordered destroyed by engineers when civilians had taken part in the fighting. In Friesoythe a false report that a commanding officer was killed led to a large part of the town being lit on fire.

The end of the war was much anticipated. Even during the ferocious fighting of Operation Veritable, the 2nd Canadian Infantry Division catering officer contacted the Assistant Director

⁷²⁷ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:558.

Medical Services regarding purchase of champagne and cognac in France.⁷²⁸ Individual units were already beginning to stock their V-Day alcohol stores. An account of a miraculous combination of weather experienced by the 2nd Canadian Infantry Division medical headquarters shows that military endurance has everything to do with context on campaign. By 30 April 1945, the end of the war was palpably close.

In the afternoon divisional headquarters moved up near FALKENBURG and quite a circus ensued. All vehicles except one were towed in. The fields were just a film of earth floating on mud. It rained all morning and rained and snowed all afternoon and evening. It hailed once...Nearly everyone entered into the holiday spirit of the occasion...The month ended with the divisions bogged down in the mud at the approaches to OLDERBURG, but with everything working as well as roads permit. In spite of everything morale is high, and there is a general feeling that the end of the European war is in sight.⁷²⁹

On 8 May 1945, Victory in Europe Day was celebrated around the world, but on 5 May, the day of the ceasefire, Canadian troops were subdued. The announcement of the previous day was met with disbelief and then “not so much exultation as intense relief.”⁷³⁰ The Canadian Army’s casualties for North-West Europe were 44,339, of which 11,336 were fatal. Maintaining discipline would become a major focus of commanders, now that the feeling that there was a war to be won diminished motivation to obey. General Crerar announced that training or recreation should be applied to keep men busy.⁷³¹ Almost a month later, in England, the Aldershot Riot of 4-5 July 1945 was one of the more striking moments of disciplinary breakdown for Canadians during the war. Impatience for repatriation, bad food, crowded barracks, and poor relations with

⁷²⁸ 2CID ADMS War Diary, 12 February 1945.

⁷²⁹ 2CID ADMS War Diary, 30 April 1945.

⁷³⁰ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:611.

⁷³¹ *Ibid.*, 3:615.

locals were all said to play a role in the outbreak.⁷³² A small group of Canadian soldiers began to brawl in an amusement hall which spread into the business section.⁷³³ The provost was overwhelmed and windows were broken, businesses ransacked and pubs overtaken by soldiers. The provost managed to move to the outside of the riot area, seizing strikers and locking them in trucks. By the end of the riot, two hundred people had been apprehended. By March 1946, the Canadian government had recompensed \$41,541 worth of damages. Eight men were formally charged with jail sentences from twenty-eight days up to seven years.⁷³⁴ (A similar outburst occurred in Halifax, which was covered in chapter 2.)

It is clear that during the campaigns in Europe, morale affected military manpower, combat motivation, and military effectiveness. Psychiatrists, medical officers and those in the operational headquarters conceptualized combat stress injuries as an indicator that morale had eroded beyond the limits of perseverance. Medicine was inherently linked to the surveillance of morale, and some neuropsychiatric injuries were sorted due to functional categories which were later differentiated by the degree of will. If a soldier showed some will to return to his unit, he would usually be repatriated no matter what his chances of further breakdown were. With disciplinary retribution always close at hand, field officers kept a sharp eye out for malingering and poor leadership. During these campaigns, low points of morale came in the Italian Campaign during the winter of 1944-45, and in North-West Europe in August 1944 (after the

⁷³² Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 263.

⁷³³ Ritchie and Canadian Provost Corps Association, *Watchdog: A History of the Canadian Provost Corps*, 197–198.

⁷³⁴ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 265.

hard-fought battles in Normandy) and in October 1944 (during the Battle of the Scheldt). Battle exhaustion was the most explicit way that professionals saw morale impacting fighting strengths, but was by no means the exclusive medical-disciplinary indicator. As will be shown in the next two chapters, venereal disease was considered to be another way that soldiers could disobey Army regulations and betray their lack of will.

Chapter 8: Venereal Disease, Medicalized Morale, and Manpower

8.1 Venereal Disease Diagnosis and Treatment

Sexually transmitted infection, or as it was known in the 1940s, venereal disease, was one of several medical factors which the Canadian Army in the Second World War monitored out of concern for its detrimental effect on manpower, morale and motivation. Commanders such as E. L. M. Burns and Harry Crerar felt that venereal disease along with psychiatry and military crime was an avoidable drain on manpower, “straddling the imprecise line between medicine and discipline.”⁷³⁵ Disciplinary approaches towards sexual health could only go so far. Historian Bill McAndrew wrote, “There were severe limits to the capability of any individual commander in controlling the sexual proclivities of 500-1000 men short of locking them all up.”⁷³⁶ By the Second World War, the Army had adopted surveillance and statistical quantification in its attempts to monitor morale. Venereal disease was closely monitored as a symptom of morale. Historian Annette Timm has noted that in twentieth-century Berlin, sexual politics surrounding marriage counselling and venereal disease created, “new forms of interaction between individual desires, hopes and needs, and the demands of an increasingly bureaucratized and medicalized state.”⁷³⁷ Timm notes, “the intimate sphere was unjustifiably invaded, medicalized, and infiltrated by government in twentieth-century Germany.”⁷³⁸ The Canadian Army during the Second World War would also find itself making demands of its soldiers’ behaviour, and peering

⁷³⁵ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 91.

⁷³⁶ Ibid.

⁷³⁷ Annette F. Timm, *The Politics of Fertility in Twentieth-Century Berlin* (Cambridge University Press, 2010), 2.

⁷³⁸ Ibid., 30.

into their most intimate encounters, conceptualizing these under the categories of discipline, medicine, manpower and morale.

Venereal disease had long been a military problem. Timm notes that soldiers were “recognized as conduits of venereal disease” and singled out for action since the mid-nineteenth century.⁷³⁹ The French term for persistent gonorrhoea was “*la goutte militaire*”.⁷⁴⁰ Great controversy prevailed in Britain over the Contagious Diseases Acts of the 1860s, which were specifically targeted at garrison towns. The First World War resulted in increased syphilis rates in every belligerent nation, which led to increased concern and discourse surrounding the treatment and effects of venereal diseases.⁷⁴¹ Canada was no exception. The Canadian Army had won the dubious accolades in the First World War as the army with the highest venereal disease rates. Estimates of First World War rates for syphilis and gonorrhoea⁷⁴² among

⁷³⁹ Ibid., 36.

⁷⁴⁰ Jay Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, Social History of Canada (University of Toronto Press, 1987), 90.

⁷⁴¹ Susan Grayzel, “Liberating Women? Gender, Morality and Sexuality,” in *Evidence, History, and the Great War: Historians and the Impact of 1914-18*, ed. Gail Braybon (New York: Berghahn Books, 2003), 126.

⁷⁴² Gonorrhoea is caused by *Neisseria gonorrhoeae* bacteria, which first shows symptoms from two to eight days after infection. For men, inflammation of the urethra makes urination painful and there is discharge from the end of the penis, making the disease very apparent. In women the infection is usually on the cervix, there is little pain, although there is vaginal discharge. Gonorrhoea in women is not always obvious in its initial stages. If untreated, however, the disease can spread into the uterus, the fallopian tubes or even the abdominal cavity causing intense pain. Left untreated, in both men and women, the disease can spread and cause sterility. The bacterium causing syphilis is *Treponema pallidum* and its development is usually divided into three stages. In the first stage, in around three weeks after infection, a hard chancre appears at the point of infection, usually obvious for males, but potentially unnoticed in females. This will clear in two weeks at which point the bacteria has been carried throughout the body. In the second stage, six to eight weeks after the first chancre appears, lesions appear on the skin, lasting

Canadian troops range from 15.8 percent to 28 percent⁷⁴³, and a high prevalence among soldiers and civilians alike caused Canadian governments to implement legislation to control sexually transmitted diseases (STDs).⁷⁴⁴ The First World War was the beginning of the end of what Jay Cassel called *The Secret Plague* (1987) in the only survey of venereal disease in Canada. The stigma and silence about sexually transmitted diseases ebbed and patterns of treatment were established.⁷⁴⁵ The change was not immediate. The “negative connotation” associated with

for weeks or months. The body will eventually heal these and eliminate most of the bacteria, at which point the disease goes into a latent period. While some are able to live with the disease without further outbreaks, others go into the tertiary phase in ten to twenty-five years. Symptoms range from benign localized tumours to cardiovascular complications, or most seriously neurosyphilis which can slowly damage the brain and lead to psychosis. Chancroid is the third major venereal disease, which presents similarly to syphilis, although here the ulcer is soft and very painful. The sore can break down causing its rapid spread causing damage to the genitalia. It can also spread through the lymph system and manifest in swelling of the lymph nodes, usually those in the groin. Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 13–16.

⁷⁴³Jay Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century,” in *Canadian Healthcare and the State: A Century of Evolution* (Montreal & Kingston: McGill-Queen’s University Press, 1992), 147; Cassel suggests that the 15.8 percent figure for the whole war (66,083 cases out of 418,052 Canadians in the CEF overseas) is too high due to relapses being counted multiple times. Cassel, *The Secret Plague*, 123; the Canadian soldiers’ rate reached a peak of 28.7 percent in 1915. British rates were 5 percent of strength and dropped to half that at the end of the war. Australians had rates of 13-14.5 percent and New Zealanders 13 percent. The Americans in France had rates of 19 percent. Cassel, *The Secret Plague*, 123, 140.

⁷⁴⁴ Late nineteenth century doctors recorded similar rates to the lower figure in civilian populations. Alfred Fournier recorded a rate of 15 percent in Parisians, and was confirmed by others for Paris and estimates of rate ranges of 10-15 percent in Germany and for British men. In the case of gonorrhoea, the Canadian Medical Association Journal stated in 1918 that a conservative estimate of those who would have the disease in their lifetime ranged from 51-60 percent! Cassel notes that many of these early statistics extrapolated hospital populations to the general public casting doubt on their veracity. Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 17, 20.

⁷⁴⁵ *Ibid.*, 4.

venereal disease remained. As Cassel notes, venereal disease was “associated with moral and physical decay – bad company and illicit sex, infidelity, infertility, and death.”⁷⁴⁶ Nineteenth century physicians dealt with the disease regularly, and their views differed greatly from the general public in their scepticism of women’s innocent acquisition of the disease and their promotion of birth control as a method of prevention. Jay Cassel identifies five elements of STD programmes in Canada: 1. medical measures (free diagnosis and treatment); 2. social work (ensuring that patients completed treatment, and identifying those who were infected); 3. regulation of conduct (implementation of laws and regulations aimed at reducing the spread of STD); 4. epidemiological work (accumulation of statistics to trace patterns of infection and assess progress in controlling the epidemic); and 5. education.⁷⁴⁷ The Canadian Army would adopt all these elements in the Second World War. Seeing venereal disease as a problem of morale and manpower, it would invest considerable resources in monitoring, prevention, and treatment.

Conceptualizing venereal disease as a morale problem begs explanation. In the simplistic conception of morale as happiness, doesn’t VD (as a “symptom” of sexual contact) suggest pleasure? Clearly the unpleasant symptoms of sexually transmitted infections mediates even this simple interpretation. It is in the more robust definition of morale as a will to obey, as a factor of military effectiveness, which VD becomes a problem. Treatment could take soldiers out of their unit for weeks. The use of venereal disease as a way to avoid combat has even been suggested.

⁷⁴⁶ *Ibid.*, 8, 98.

⁷⁴⁷ Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century,” 141.

Jay Cassel records the “extraordinary comment” made by Andrew MacPhail in the official Canadian medical history of the First World War:

Early in the war all cases of venereal disease were evacuated. As a result instances occurred in which men deliberately infected themselves with the milder forms from a favoured comrade. At the end of the year 1915 the practice of evacuation was stopped and men with ordinary symptoms were returned to duty as in civil life. They became unpopular with their comrades, and this ostracism was a salutary check upon temptation.⁷⁴⁸

Cassel speculates that this is a veiled reference to gay sexual activity, but historian Lisa Todd notes that willing infection in the First World War German military was performed by the swapping of discharge without the malingerers necessarily being gay.⁷⁴⁹ Macphail suggests that Canadian soldiers on leave deliberately infected themselves through sex with “promising women.”⁷⁵⁰ In any case, malingering through VD is not unheard of. During the Second World War there were suspicions of purposeful infection in prisons in hopes of transfer to hospital.⁷⁵¹

Since 1906, a fairly reliable blood test for syphilis, the Wassermann Test, was available, which tested for antibodies created in the blood to eliminate spirochetes, bacteria which causes syphilis.⁷⁵² The testing was complex, costly, and not completely accurate, but over time methods improved and led to the development of arsenic-based drugs for the treatment of syphilis.⁷⁵³

⁷⁴⁸ Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 130–31; Macphail, *The Medical Services*, 283–84.

⁷⁴⁹ Lisa Todd, “‘Sexual Abstinence is Every Soldier’s Duty!’: Prostitution, Disease and Nationalism in First World War Germany”, paper presented at the Canadian Historical Association Annual General Meeting, Ottawa, 2015.

⁷⁵⁰ Macphail, *The Medical Services*, 724.

⁷⁵¹ Jackson, *One of the Boys : Homosexuality in the Military during World War II*, 59.

⁷⁵² Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century,” 154; Cassel, *The Secret Plague*, 32.

⁷⁵³ In 1910 arsphenamine (Salvarsan) was manufactured, followed in 1912 by neoarsphenamine

During the First World War, by 1916, the high rates among Canadians led to the Canadian Army Medical Corps taking the initiative to identify cases early by the “short arm parade”.⁷⁵⁴ This was a physical weekly inspection of men’s penises by medical officers that would both catch early outbreaks and pressure men to not get infected in the first place. “Short Arm inspections” were continued in the Second World War, albeit officers were freed from such invasive surveillance.⁷⁵⁵ For other venereal diseases (non-specific urethritis; chlamydia; and gonorrhoea) detection remained with signs and symptoms. During the Second World War, Wassermann Tests for syphilis were performed by No. 1 Mobile Bacterial Laboratory in the Italian campaign.⁷⁵⁶ It is interesting to note that these tests could show positive for malaria, so could give false positives for syphilis.⁷⁵⁷ Since it was likely that Wassermanns were used to confirm

(neo-salvarsan). From 1921, it was discovered that combining arsenic drugs with bismuth was key to their effectiveness, which remained the primary means of treating syphilis until 1943 and penicillin. John Firth, “Syphilis - Its Early History and Treatment Until Penicillin, and the Debate on Its Origins,” *Journal of Military and Veterans’ Health* 20, no. 4 (November 2012): 53; Salvarsan was known to generations of American physicians as arsphenamine or “606”. It had to be implemented early for effectiveness, which was a problem as spirochetes had long latency periods. Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley, 1997), 195; Cassel, *The Secret Plague*, 54-57; Salvarsan and neosalvarsan treatment could take a year’s worth of weekly injections, and side effects, including death, soon surfaced in the German press. Timm, *The Politics of Fertility*, 36.

⁷⁵⁴ Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 129.

⁷⁵⁵ Jackson, *One of the Boys : Homosexuality in the Military during World War II*, 59.

⁷⁵⁶ War Diary of A.D.M.S. 5 Cdn Armd Div., RG24 Vol. 15,664, 13 March 1944.

⁷⁵⁷ In another curious connection, malaria induced fever had been used to treat tertiary syphilis since the First World War. Jay Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century,” in *Canadian Healthcare and the State: A Century of Evolution* (Montreal & Kingston: McGill-Queen’s University Press, 1992), 57–58.

for syphilis, it is possible that those with gonorrhoea and malaria tested positive for syphilis.⁷⁵⁸ The improved Kahn blood test (discovered in 1924) was being used by the unit as well. In November of 1944, a pamphlet was issued in the Mediterranean theatre that encouraged men to get a Kahn test if they thought they might have a venereal disease, and due to the expected rush to get tested, medical officers were told to interview each case and test only those who had a good chance of having contracted venereal disease unknowingly.⁷⁵⁹ The anticipated demand for diagnosis shows success in generating fear of infection. In Britain, venereal disease tests were also required of women who wished to marry Canadian soldiers along with soldiers themselves.⁷⁶⁰ Final check-ups for “test-of-cure” marked the end of drug treatments.⁷⁶¹

From the mid nineteenth-century to the end of the 1930s, little could be done for those with gonorrhoea and non-specific urethritis. In the nineteenth century local antiseptics (astringent or caustic solutions of silver nitrate or potassium permanganate) were used in washes or irrigation, in an unpleasant and ineffective process.⁷⁶² In 1936, sulphanilamide and other

⁷⁵⁸ McAndrew suggests that the link between malaria rates and neuropsychiatric rates awaits further study. Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 52.

⁷⁵⁹ K. A. Hunter, "Medical Administrative Instruction No. 21. Blood Tests - Venereal Disease.", 5CAD ADMS, War Diary, LAC RG24 Vol 15,664, 12 November 1944.

⁷⁶⁰ Col. M. C. Watson, ADMS 3CID, "Certificate of Freedom from Venereal Disease, ADMS Circular Letter no. 16/43, 3CID ADMS War Diary, Folder "HQ 3rd Cdn Inf Div A.D.M.S. Sep 43 to Jul 44", Appendix 3, LAC, RG24 Vol. 15,661, 4 September 1943.

⁷⁶¹ 3rd Canadian Infantry Division recorded sixty-five attendees at the test of cure clinic at the Advanced Dressing Station of 14th Canadian Field Ambulance in February 1944. 3CID ADMS, LAC, RG24 Volume 15,661, 18 February 1944.

⁷⁶² Cassel, "Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century," 156; plant extracts from cubeb or copaiba were ingested from the eighteenth century and found to have a limited amelioration of urethra inflammations, but

sulpha drugs followed which provided a rapid cure for gonorrhoea.⁷⁶³ These were very toxic, at times provoking severe reactions, and in the early 1940s several strains of gonococci proved sulpha-resistant. For those with syphilis, experimental treatment since the early 1930s had used arsenic based injections. In June of 1943, on the cusp of the introduction of penicillin, medical officers were still considering recent advances of rapid massive arseno-therapy for syphilis, yet were being warned that the twenty-one day treatment was experimental and careful follow-up was necessary.⁷⁶⁴

The coming of the antibiotic wonder-drug penicillin had a great effect on perceptions of the risk of sexual contact in Canada from the 1940s to the 1970s.⁷⁶⁵ The impact of penicillin has

also caused nausea, vomiting and diarrhoea. Cassel notes that while they were moderately effective, “silver nitrate would stain things black, and potassium permanganate would stain things purple – which was not likely to go over well with patients.” Milder antiseptics included boracic acid and zinc salts. Mercury had been used for syphilis treatment as far back as the sixteenth century. The “preferred method” of gonorrhoea treatment involving irrigation and washing has been attributed to Jules Janet in 1892. At the turn of the twentieth century the silver-protein solutions of Argyrol and Protargol were used. Cassel, *The Secret Plague*, 47-48; in early modern Europe holywood (guajacum) resin and mercury were used to treat syphilis. Timm, *The Politics of Fertility...*, 37.

⁷⁶³ Orally administered sulpha drugs were much more effective than silver nitrate or potassium permanganate. Sulpha drugs interfere with bacteria’s metabolism, allowing the body’s immune system to destroy it. Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 58; Researchers at I. G. Farben produced sulfonamide (Protonsil) in 1932, which was an effective treatment for gonorrhoea. Timm, *The Politics of Fertility...*, 37.

⁷⁶⁴ “Minutes of a meeting of 3 Cdn Inf Div Med Society – Held at West Grinstead Park House, 3CID ADMS March 1944 War Diary, Appendix , 30 June 1943; five bismuth injections were administered after Rapid Massive Arseno-therapy. Col MC Watson, ADMS 3CID to all MOs, 3CID, “V.D. Treatment Records”, 3CID ADMS February 1944 War Diary, Appendix, 31 March 1944.

⁷⁶⁵ Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century,” 143, 148; in 1929, Alexander Fleming of Oxford found penicillin cultures inhibited bacteria growth. Problems with mass production of the drug were

been described elsewhere in miraculous terms. Penicillin was, “a technical triumph wherein scientists were heroes, doctors were holy men, and the ‘man’ who controlled its distribution was a god.”⁷⁶⁶ It was found to work rapidly against syphilis.⁷⁶⁷ This being said, the breakthrough did not dramatically reduce the prevalence of STDs, as problems continued with sulpha drugs, and penicillin was not manufactured in sufficient quantities. In 1943, only one lab in Canada could produce the drug.

On campaign, medical teams were warned not to “play about” with penicillin due to shortages, and there were even experiments considered to extract it from patients’ urine for re-use.⁷⁶⁸ The first recorded use of the drug by an RCAMC unit near the fighting front was 11 January 1944, when No. 2 Field Surgical Unit began using it to treat gas gangrene.⁷⁶⁹ Penicillin was restricted to military use, and reserved for male personnel until June 1944. Availability varied throughout medical units. An officer attached to a casualty clearing station (CCS) in the 2nd Division in North-West Europe noted that one major difference between the unit and the field dressing station he usually worked at was that the CCS had unlimited penicillin available.⁷⁷⁰ On

not solved until 1943, when American research developed techniques using vats formerly used to create Vitamin C for beverages. In 1943, American John Mahoney, MO in the US Public Health Service and head of the VD Research Centre on Staten Island proved penicillin was effective against primary syphilis. Shorter, *The History of Psychiatry*, 195.

⁷⁶⁶ Quoted in, Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*, 130.

⁷⁶⁷ Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century”, 155–59; Cassel, *The Secret Plague*, 54.

⁷⁶⁸ Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*, 132.

⁷⁶⁹ *Ibid.*, 131.

⁷⁷⁰ Capt. R. D. Thompson, MO, 4 Cdn FDS, to ADMS, 2CID, “Report on Work during attachment to 6 CCS”, RG24 Vol. 15,660, 2CID War Diary, 14 January 1945.

campaign in Italy in March 1944, the medical staff of 5th Canadian Armoured Division learned that positive results of penicillin's effectiveness against early stage syphilis was confirmed, but that large doses were needed for syphilis in later stages.⁷⁷¹ For gonorrhoea, there was good news as well with 98 percent of sulpha-resistant cases cured by penicillin. In January of 1945, Captain A. Gould, could report that all military needs for penicillin were being met.⁷⁷² All serious wounds were to receive penicillin before and after surgery. The drug was not yet available for the field, as wounds had to be thoroughly cleaned before use so few regimental medical officers had the opportunity to see penicillin before casualties were evacuated up the medical chain.⁷⁷³ By March 1945 in Italy, soldier-patients were being treated for gonorrhoea by a two day course.⁷⁷⁴ A sapper recalled unit members being dumbfounded when a soldier returned to the unit lines after three days of treatment, instead of the ordinary one month's hospital stay.⁷⁷⁵

The effect on manpower conservation was dramatic. Overall, penicillin has been estimated to save a manpower equivalent of one thousand men daily among British forces

⁷⁷¹ K. A. Hunter, ADMS, 5CAD, "A.D.M.S. Circular Letter No. 18/44", 5CAD ADMS, located in August War Diary, 25 March 1944.

⁷⁷² CII Medical Society, "Minutes of a meeting of the CII Medical Society held at 11 Canadian Field Ambulance, 1400 hours, 17 January 1945", 2CID ADMS, RG24 Vol. 15,660, January 1945, Appx 20.

⁷⁷³ Maj. R. B. Murray, Secretary-Treasurer, DADMS, 2CID, C11 Medical Society, "C11 Medical Society", 2CID ADMS War Diary, RG24 Vol. 15,660, January 1945, 17 January 1945, Appendix 21.

⁷⁷⁴ Col. K. A. Hunter, Assistant Director of Medical Services, 5 Canadian Armoured Division, Medical Administrative Instructions, "No. 27 Venereal Disease", 5CAD ADMS War Diary, RG24 Volume 15,664, 8 March 1945.

⁷⁷⁵ Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*, 131.

alone.⁷⁷⁶ One doctor wrote from 1st Canadian Infantry Division headquarters of the optimism regarding the drug: “Have got some penicillin the last couple of days and have been using it on some of my cases – remarkable what it does – most of us will have to sell cars after the war if we improve any on penicillin.”⁷⁷⁷

The Army lamented losing manpower to venereal disease treatment, but as the only other option was to let diseases develop, they treated men from three to eight weeks.⁷⁷⁸ There was some disagreement as to how to deal with those with venereal disease. In early 1941, the 3rd Canadian Infantry Division’s chief of medical services complained that the officer-commanding Debert Military Hospital wished to dispatch venereal disease patients away from the “clean” patients.⁷⁷⁹ In unit lines, prophylactic stations had medical officers qualified to treat venereal disease with urethral irrigation and calomel ointment.⁷⁸⁰ In December 1944, the Director of Medical Service determined that treatment of gonorrhoea in unit lines had been ineffective, and that it was henceforth to be done by penicillin treatment in Venereal Disease Treatment Centers or other selected medical units.⁷⁸¹ During periods of intense fighting, or movement of unit

⁷⁷⁶ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 91.

⁷⁷⁷ L. B. Goodyer, Chief Base Censor, CMF, “Appreciation & Censorship Report No. 42 For Period 1-15 Apr 44 Inclusive”, CMHQ File 4/Censor Repts/3, “Censorship Reports from AAI”, RG24 Volume 12,323, 17 April 1944.

⁷⁷⁸ ADMS, 5th Canadian Armoured Division War Diary, RG 24 Vol. 15,664, LAC, April 1944; during the First World War treatment with Salvarsan was in the hospital during the “critical period” and treated by regimental medical officers thereafter. Cassel, *The Secret Plague*, 125.

⁷⁷⁹ ADMS 3rd Canadian Infantry Division War Diary, RG24 Vol. 15,664, 3 February 1941.

⁷⁸⁰ Col. L. H. Leeson, ADMS, 3CID, “Report from Debert Military Camp – “Medicals” ADMS 3rd Canadian Infantry Division War Diary, RG24 Vol. 15,664, Appendix 5, 17 February 1941.

⁷⁸¹ G. K. Fulton for DMS to DDMS, Second Army, FCA, etc, “Treatment of Gonorrhoea”, 3CID

headquarters, however, it was worried that breaking the continuity of treatment at the unit level led to sulfa-resistant strains of bacteria.⁷⁸² At the divisional level, beyond very early treatment of suspected cases there were no means of treating those thought to have developed venereal disease, and the returns of the medical formations listed men as Not Yet Diagnosed (Venereal Disease) when they were evacuating suspected cases with symptoms (urethritis, “penile sores of a suspicious nature”) to Venereal Disease Treatment Centres at corps or base level for final diagnosis and treatment.⁷⁸³ Cases that were expected to be venereal disease were confirmed by clinical and laboratory tests at a rate of 82 percent.⁷⁸⁴ At the divisional level, some indication of proportions of each type of disease came from symptoms displayed. When a large proportion of venereal sores were present, syphilis was presumed predominant.⁷⁸⁵

The first line of defence for the treatment of venereal disease were the Early Treatment Centres (ETCs or later referred to as Early Preventive Treatment centres (EPTs)). These had been established in London in April 1916, where men were required to report within 12 hours of exposure or risk being disciplined.⁷⁸⁶ Here men washed their genitals with soap and water, injected a solution into their urethra, and smeared an ointment over the penis. In active theatres

ADMS December War Diary Appendix, 18 December 1944.

⁷⁸² “1 Corps Medical Operation Instr No.1, Neptune, Bigot”, ADMS 3CID, July War Diary, Appendix 36, 15 May 1944.

⁷⁸³ ADMS, 5th Canadian Armoured Division War Diary, RG 24 Vol. 15,664, LAC, April 1944; and K. A. Hunter, ADMS, 5CAD, “Quarterly Report of Med Activities of 5 Cdn Armd Div.”, 6 July 1944.

⁷⁸⁴ Col E. E. Tieman, ADMS 3CID, “ADMS Quarterly Report 1 January 1945 to 31 March 1945.”, 3CID ADMS April 1945 War Diary.

⁷⁸⁵ “Consolidated Weekly Health State – 5 Cdn Armd Div – for week ending 4-10 Jun 44 incl”, 5th Canadian Armoured Division ADMS War Diary, RG 24 Vol 15,664, LAC, June 1944.

⁷⁸⁶ Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 128.

of the Second World War, these centres were in addition to Prophylactic Administration Centres in unit lines.⁷⁸⁷ From April 1942, concerns about rising rates in England saw the opening of Canadian prophylactic stations in London, and by June, Edinburgh, Glasgow, and Brighton all had stations. The availability of treatment in stable situations was widespread, but during large scale offensives or other unique situations, treatment was delayed. During the Normandy landings, no beds for VD treatment were available until D+13, so only “complicated” cases of gonorrhoea were expected to be evacuated, the rest being treated in units.⁷⁸⁸ By mid-1944 in the Italian campaign, ETCs were mandatory in all units and independent sub-units in the 1st Canadian Corps. Here soldiers were to report within 24 hours of contact with venereal disease.⁷⁸⁹ Should a soldier fail to do so, and receive a certificate of his treatment, he would be liable for disciplinary action. It was found in North-West Europe that there was some reticence from soldiers in getting treatment at EPTs when they were “glaringly marked and on a main

⁷⁸⁷ In England EPTs were occasionally referred to as “Blue Light’s”. In August 1943, a “Blue Light” in Horsham, England was closed down since only fourteen prophylactic treatments had been administered in seven months of operations. 3CID ADMS War Diary, 4 August 1943; in the First World War, Fussell claims “Blue Lights” were the name for official British brothels for officers while “Red Lights” were reserved for other ranks. Paul Fussell, *The Great War and Modern Memory* (New York: Oxford University Press, 1975), 270; Cassel suggests instead that “Blue Light Depots” were early treatment centres reorganized by the Dominions in British cities in 1918. A Canadian ETC had been established in Paris in late 1917, and was visited by 100-150 men daily. Cassel, *The Secret Plague*, 141.

⁷⁸⁸ “1 Corps Medical Operation Instr No.1, Neptune, Bigot”, ADMS 3CID, July War Diary, Appendix 36, 15 May 1944.

⁷⁸⁹ Reports state a soldier could be charged within 12 hours of exposure. Col. K. A. Hunter, "Quarterly Report of Medical Activities of 5 Cdn Armd Div - July to September 1944 incl", 5CAD ADMS, War Diary, September 1944.

thoroughfare.”⁷⁹⁰ At ETCs, soldiers would urinate, wash with soap and water, and have their genitalia sponged with methylated spirits.⁷⁹¹ Urethral irrigation would then be done by a potassium permanganate solution and finally a calomel-oxycyanide cream was applied. An 8 percent protargol solution was in some cases held within the urethra for five minutes.⁷⁹² This last resort was used regularly, for the last two weeks in March 1945, treatments by the six Canadian stations in Paris numbered 2,617.⁷⁹³ In Amsterdam in July, the Venereal Disease Control Officer for the First Canadian Army Leave Centre reported prophylactic treatments administered to 4,922 soldiers.⁷⁹⁴ Treatment at ETCs focused on those who were in preliminary stages and those with urethral discharge or local swelling were sent to a regimental medical officer, likely to be posted to a Venereal Disease Treatment Unit at a base hospital for extended drug treatment. By the end of the war in Europe, the First Canadian Army had at least three specialist called Venereal Disease Treatment Units.⁷⁹⁵ In December 1944, the Deputy Assistant

⁷⁹⁰ Treatment in unit lines was noted as problematic as well, presumably due to lack of privacy. Men subsequently treated themselves with “V-Packets”, do-it-yourself treatment kits. Major J. B. Cram, VDCO 3CID, “Monthly V.D. Report – Oct 44 – 3 Canadian Infantry Division”, 3CID ADMS War Diary Appendix, October 1944.

⁷⁹¹ Deputy Director of Medical Services (DDMS), 1 Canadian Corps, Medical Administrative Instructions, “98. Control of Venereal Disease”, 5CAD ADMS, War Diary, RG24 Volume 15,664, 6 July 1944.

⁷⁹² Jeff Keshen, *Saints, Sinners, and Soldiers: Canada’s Second World War* (Vancouver: UBC Press, 2004), 138.

⁷⁹³ C. C. Evans, MO, Cdn Mil Staff, Paris, to SC”A”, Cdn Mil Staff – Paris, “Bi Month Report – Medical – 15 Mar to 28 Mar 45 Incl”, CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, LAC RG24 Volume 12,613, 29 Mar 45.

⁷⁹⁴ P. Bernstein, VDCO, First Canadian Army Leave Centre, “VDCO Monthly Report for Month Ending 31 July 45” CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, LAC RG24 Vol. 12,613, August 1945.

⁷⁹⁵ Other specialist medical units relating to morale included those dealing with exhaustion, and

Director of Medical Services of 3rd Canadian Infantry Division reported that Prophylactic Administration Centres were not being used as much as they should.⁷⁹⁶ While the system of treatment and diagnosis was thus rationalized, the attempts to alter men's sexual behaviour, to make them willingly obey military strictures on their sex lives, took a number of forms.

8.2 Preventive Measures and Venereal Disease Surveillance

During the First World War, the Army seriously considered issuing condoms, but opponents among officers, clergy, and politicians claimed prophylactics would condone birth control and promiscuity, and prevented their distribution.⁷⁹⁷ Some units during the conflict distributed ointments, but medical officers doubted their usefulness.⁷⁹⁸ From February 1916 prophylactic washes were available for men at the Canadian Training Camp at Shorncliffe. Other nations weren't so restrictive. While Germany had had laws restricting the display or promotion of objects "suited for obscene use" since 1900, during the First World War, millions of Germans had been issued condoms leading to widespread acceptance and the end of the laws in 1927.⁷⁹⁹ For the Canadian Army during the Second World War, studies had shown that condoms were effective, and they were at first rationed (three per month per man), and later given out free on

suspected self-inflicted wounds. File 133.065(D327A), Folder, "MEDICAL REPT - 1st Cdn Army - 1 Apr/30 Jun 45 - Quarterly...", LAC, RG 24 Vol. 18712.

⁷⁹⁶ 3CID ADMS War Diary, 13 December 1944.

⁷⁹⁷ Cassel, "Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century," 166.

⁷⁹⁸ Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 126–127.

⁷⁹⁹ In 1933, all birth control, except for condoms was made illegal in Germany. Condoms were only to be sold in pharmacies, yet in practice they were widely available and used, distributed through the military, or through vending machines in men's washrooms. Timm, *The Politics of Fertility in Twentieth-Century Berlin*, 71, 165-66.

demand.⁸⁰⁰ The 2nd Canadian Advanced Depot of Medical Stores distributed over a million condoms over a four month period, and still had a good supply left over.⁸⁰¹ Prophylactic Stations were established in unit lines by fighting regiments and medical units, and were the first line of defence against VD at the unit level. These stations would both distribute condoms, and prophylactic packets consisting of a sulpha ointment. Prophylactic kits could include soap-impregnated cloth, tubes of nitrate jelly and calomine ointment which was to be applied to the genitals and surrounding area.⁸⁰² In the North-West Europe theatre, however, V-Packet supply was sporadic.⁸⁰³ In the Italian theatre, it was realized that most venereal disease was contracted

⁸⁰⁰ Ruth Roach Pierson, *They're Still Women after All : The Second World War and Canadian Womanhood* (Toronto, Ont.: McClelland and Stewart, 1986), 200.

⁸⁰¹ CII Medical Society, "Minutes of a meeting of the CII Medical Society held at 11 Canadian Field Ambulance, 1400 hours, 17 January 1945", 2CID ADMS, RG24 Vol. 15,660, January 1945, Appx 20.

⁸⁰² Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 137; in February 1945 a Venereal Disease Control Officer (VDCO) noted that lubricating jelly was available for use with condoms, but his experience as a regimental medical officer suggested that soldiers would not use it. Capt. R. B. Kay, "Monthly V.D. Report – Feb 45 – 3 Canadian Infantry Division" attached to Maj. E. L. Davey, CO, 7 Cdn Fd Hyg, to ADMS 3CID, "Monthly Hygiene Report (Sanitary & Epidemiological State) 3 Canadian Infantry Division – Feb 1945", 3CID ADMS February 1945 War Diary, Appendix 29, 1 March 1945.

⁸⁰³ The Officer Commanding 2nd Canadian Advanced Depot of Medical Stores noted in January 1945 that Canadian type V-packs were almost used up and that the British type required fifteen times less shipping space. CII Medical Society, "Minutes of a meeting of the CII Medical Society held at 11 Canadian Field Ambulance, 1400 hours, 17 January 1945", 2CID ADMS, RG24 Vol. 15,660, January 1945, Appx. 20; in November "V-packets" were announced to medical units of 3rd Canadian Infantry Division as available in limited quantities. 3CID ADMS Message Log, November War Diary, Appendix 14, 1 November 1944, 1420hrs; the next month arrangements had begun to use the Modified British Pattern packaged due to shortages. Major E.L. Davey, 7 Cdn Fd Hyg Sect ADMS 3 Cdn Inf Div, "Monthly hygiene Report (Sanitary & Epidemiological State) – 3 Cdn Infantry Division – Dec 4", 1 January 1945; in March 1945, V-packets were still in short supply. No. 7 Cdn Fd Hyg Section to ADMS 3CID, "Monthly Hygiene Report (Sanitary & Epidemiological State – 3 Cdn Infantry Division – Mar 1945",

when men were on leave, but it was still hoped that prophylactic stations in unit lines would make condoms available, and treat any recent local infections.⁸⁰⁴ 5th Canadian Armoured Division medicals were not allowed to automatically issue prophylactics to leave personnel. Further research is needed to determine if this was a general policy for all divisions. In June of 1944 it was noted that a large percentage of sexual contact leading to infection resulted from men drinking, seeing prostitutes, and not using prophylactics. A case regarded as typical involved a soldier taken to a prostitute's house by a boy met on the street, using a condom at first but not later, and going to a prophylactic administration centre the next morning.⁸⁰⁵ The prostitute had a card signed by an Italian doctor stating she was clean, but this was either a forgery, or had expired. In the 3rd Canadian Infantry Division when the weekly cases of VD reached the all-time high of sixty-eight cases, the ADMS asked “are [officers commanding] satisfied that enough pressure is being put on men to assure that they use condoms [sic] before, and visit PACs after sexual exposure.”⁸⁰⁶

Some doubted the efficacy of condoms, and prescribed abstinence instead. Assistant Deputy Medical Services of 5th Canadian Armoured Division, K. A. Hunter wrote to the Adjutant and Quartermaster in the spring of 1944,

3CID ADMS March 1945 War Diary, Appendix 39, 1 April 1945.

⁸⁰⁴ K. A. Hunter, ADMS, “Prophylaxis”, ADMS Circular Letter no. 14/44, 5th Canadian Armoured Division ADMS, War Diary, Appendix 7, LAC RG 24 Vol. 15664, 15 April 1944.

⁸⁰⁵ Col K. A. Hunter, ADMS, 5CAD, HQ 5CAD to AA&QMG 5CAD, “Venereal Disease”, War Diary, 5th Canadian Armoured Division, ADMS, War Diary, LAC RG 24 Volume 15,664, 30 June 1944.

⁸⁰⁶ Col. C. H. Playfair, ADMS 3CID, to all medical units, all infantry battalions, etc., “Weekly Summary of Sick & Injured – 3 Cdn Inf Div – Week Ending 17 Nov 44”, ADMS 3CID, November War Diary, Appendix 10, 21 November 1944.

In addition we can only assume that those individuals who were infected in spite of taking precautions are well versed in the subtle art of using the condom and consequently have not infected themselves during the preliminary skirmishing and the retirement. Another point is that rubber has [its] breaking point and I'm inclined to think that the average man under the influence of "Vino" does not approach the average prostitute with the gentleness of the lover.

There is really only one basic answer. That is abstinence. This must be stressed using fear of results as the club. Failing abstinence the widest distribution of preventatives is essential.⁸⁰⁷

With higher rates in the summer, Hunter advocated a robust education campaign, and suggested some sort of disciplinary action be taken against those contracting venereal disease.⁸⁰⁸ In July an administrative instruction punished those who contracted VD without seeing a prophylactic station.⁸⁰⁹

Beyond the prevalent gonorrhoea and syphilis, other sexually transmitted infections were contracted by soldiers. In March of 1944, 5th Canadian Armoured Division medical staff reported, "Some increase in scabies during past week, likely due to immediate contacts with natives in the towns during the static period."⁸¹⁰ A year later, in the Netherlands, lice and scabies among the civilian population again warranted warning all ranks of contact with civilians.⁸¹¹ After victory in Europe, in the Netherlands, evidence exists that some attempts were made to remove these problems from the civilian population. In May, the 5th Canadian Armoured

⁸⁰⁷ K. A. Hunter, ADMS 5CAD to AA&QMG, 5CAD, ADMS War Diary, LAC RG 24 Vol. 15664, May 1944.

⁸⁰⁸ Col. K. A. Hunter, ADMS, 5CAD, HQ 5CAD to AA&QMG 5CAD, "Venereal Disease", 5CAD ADMS War Diary, LAC RG24 Vol. 15,664, 30 June 1944.

⁸⁰⁹ 5CAD ADMS War Diary, LAC RG 24 Vol 15,664, 6 July 1944.

⁸¹⁰ ADMS, 5th Canadian Armoured Division, War Diary, RG24 Volume 15664, March 1944

⁸¹¹ "Consolidated Weekly Health State – 5 Cdn Armd Div for period 25 Mar – 31 Mar 45 incl", ADMS, 5th Canadian Armoured Division, War Diary, RG24 Volume 15,664, 3 April 1945.

Division medical war diary reads,

DADMS received a mysterious call this afternoon from a female who introduced herself as the "Chief woman of the Prostitute Camp". She wished to speak to the "[Medical Major] who said he would fix her girls for the lice". She was hastily assured that she was talking to the wrong [Major] but that the correct one (VDCO) would be notified.⁸¹²

In Britain, from April to June 1943, increased infections of the mouth were thought to be due to a large number of mouth to mouth contacts between troops and civilian women, with medical officers noting these were directly proportional to the rise in venereal disease.⁸¹³ In North-West Europe in late 1944, the high rate of skin diseases, scabies and lousiness were called out by the 3rd Division's ADMS as reflecting poorly on unit officers and NCOS.⁸¹⁴ It was thought that the increase of gonorrhoea, scabies, and pediculosis were closely related to each other and were all a product of the four day rest period for the formation in November.⁸¹⁵

Medical surveillance was largely completed by those filling out forms after their infection. As has been noted, regular inspections of the genitals, so-called "short-arm" inspections, were held on a weekly basis for some soldiers.⁸¹⁶ There is evidence to suggest that the morale indicators, of which venereal disease was one, chosen by Research and Information, and the Department of Special Services were valid indicators. Several indicators seemed to be

⁸¹² 5CAD ADMS War Diary, RG 24 Vol 15,664, 13 May 1945.

⁸¹³ W. K. Rice, "Quarterly Report of Medical Activities of 5 Canadian Armoured Divisions April to June 1945 incl.", 5CAD ADMS War Diary, RG24 Vol. 15,664, Appx, 14 July 1945.

⁸¹⁴ Col. C.H. Playfair, ADMS 3CID, to all Med Units, all Inf Bns, etc., "Weekly Summary of Sick & Injured – 3 Cdn Inf Div – Week Ending 17 Nov 44", ADMS 3CID, November War Diary, Appendix 10, 21 November 1944.

⁸¹⁵ Major E. L. Davey, CO, 7 Cdn Fd Hyg Sec to ADMS 3CID, "Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Canadian Infantry Division – Nov 44", ADMS 3CID, November War Diary, Appendix 13.

⁸¹⁶ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 67.

related. In November 1942, a comparison of the top ten and lowest ten units on the grounds of AWL incidents shows that the worst ten units had VD rates that were four times more frequent than in the best ten units.⁸¹⁷

The connection between high venereal disease rates and war can be traced back to at least the Napoleonic Wars.⁸¹⁸ By the 1840s, it was recognized that the Revolutionary and Napoleonic Wars were the beginning of a great rise in venereal disease in nineteenth-century Europe. Estimates range from 5-20 percent of the population as contracting syphilis during their lifetime, and of these, 6 percent would develop into potentially fatal neurosyphilis. Jay Cassel suggests that these figures remained true for Canadians on the outbreak of the First World War, when physicians stated that between 5 and 15 percent of Canadians had syphilis at some point in their lives and many more than that had contracted gonorrhea.⁸¹⁹ Figures for the Canadian Expeditionary Force are at the high end of that range. Generally speaking, rates for the Canadian Army Overseas in the Second World War, would never reach these rates, but there were moments when spikes in VD rates were worrisome.

In Canada, VD rates were steadier for the soldier population than those overseas, as they were not subject to the ebb and flow of fighting operations and rest periods. In 1940, 6.2 percent of all men in the Canadian Army developed a venereal infection, but the figure was only 3

⁸¹⁷ C. R. Hill, Director Special Services, "Morale in the Canadian Army - (November, 1942)", File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 11 January 1943.

⁸¹⁸ Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997), 57–58.

⁸¹⁹ Cassel, "Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century", 147.

percent for those overseas. High rates in Quebec were recorded in that year with rates among Army personnel of 116/1000 in Montreal and 202/1000 in Quebec City, where many soldiers spent their leave from Base Valcartier.⁸²⁰ Rates were obviously related to sexual contact, and during periods when large numbers of troops were allowed on leave from barracks, venereal disease rates often climbed.⁸²¹ Curiously, although much lower than military rates, civilian numbers rose steadily during the war from 0.976/1000 to 3.362/1000.⁸²² In December 1942, venereal disease began to become a concern for medical officers in Canada.⁸²³ A report by the Director-General of Medical Services to the Adjutant-General in February 1943, recorded the losses to VD to the end of 1942 as: 402,653 days of manpower lost, 20,260 hospital beds occupied, and a cost approaching \$5 million in hospitalization and losses in training days.⁸²⁴ VD had caused greater losses than the flu. By 1943, efforts to curb high VD rates resulted in government coordination, and increased centralized control within the Army. Dr. D. H. Williams, former director of the British Columbia Division of VD Control was appointed to the Division of Venereal Disease established at National Defence Headquarters.⁸²⁵ Williams was cross-appointed to the re-constituted Venereal Disease Control Division at the Department of Pensions and National Health. Jeff Keshen argues that education and action were effective in

⁸²⁰ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 136.

⁸²¹ See for example: 3CID ADMS War Diary, Folder "HQ 3rd Cdn Inf Div A.D.M.S. Oct 40 to June 42", RG24 Vol. 15,660, 12 January 1941.

⁸²² Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 141.

⁸²³ Colonel C. R. Hill, Director, Special Services, "Morale in the Canadian Army - (December, 1942)", 6th February, File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 1943.

⁸²⁴ Pierson, *They're Still Women after All*, 197–198.

⁸²⁵ *Ibid.*, 189.

bringing down the rates for soldiers in Canada noting a decrease from 55/1000 in 1940 to 38/1000 in 1942 and 26/1000 in 1944.⁸²⁶ This reduction is in contrast to overseas rates.

Terry Copp writes that, “British beer, especially in its weak wartime guise, compared poorly with the real Canadian stuff, but it was still possible to consume it in large quantities. English girls presented fewer adaptation problems and were eagerly sought after.”⁸²⁷ VD rates for Canadian soldiers in Britain generally increased. The annual rate was 30.72/1000 for 1941, rose to 33.8/1000 in 1942, and again jumped to 40.6/1000 in 1943.⁸²⁸ In 1943, Gonorrhoea was the most common specific disease or condition admitted to hospitals in the United Kingdom, with non-specific urethritis coming in third, and syphilis as fifth most common.⁸²⁹ From there, rates declined to 30.5/1000 in 1944, and 25.4/1000 in the first quarter of 1945.⁸³⁰ Rates increased dramatically in 1945, to 44.1/1000 in the second quarter, 90.1/1000 in the third, and 108.3/1000 in the fourth. C.P. Stacey speculates that this could be due to the sharp rise of VD on the continent (rising to 144/1000 in June 1945).

In active theatres, rates were predictably low when formations were in battle, and rose when they went out of the line and large numbers of troops were given their leave. In Sicily, 10 percent of hospital admissions were those inflicted with VD.⁸³¹ After the fall of the

⁸²⁶ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 132.

⁸²⁷ Copp, *Fields of Fire: The Canadians in Normandy*, 17.

⁸²⁸ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 149–51.

⁸²⁹ "A Survey of Hospital Admissions for the Canadian Army Overseas in the United Kingdom for 1943", File 11/STATS/1/2(AMD2), Folder, "D.M.S., Hospital Statistical Report - 1943", LAC, RG24 Vol. 18,712, 4 December 1944.

⁸³⁰ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 149–51.

⁸³¹ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 246.

Hitler Line in May 1944, and the subsequent capture of Rome in early June, rates soared in the Canadian divisions. In July of 1944, 5th Canadian Armoured Division in Italy had a peak incidence of VD, with 343 cases recorded. Of the quarter from July to September, the medical report read, "This deplorable offspring of the union of Venus and Bacchus, has resulted in the loss of a total of 547 otherwise healthy soldiers in three months."⁸³² In figure 8.1, the large spike for 5th Armoured Division in July 1944 shows the after effects of rest and leave following the breaking of the Hitler Line.

⁸³² Col. K. A. Hunter, "Quarterly Report of Medical Activities of 5 Cdn Armd Div - July to September 1944 incl", 5CAD ADMS, War Diary, LAC RG24 Vol. 15,664, September 1944; Also cited in Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 90.

5th Canadian Armoured Division Venereal Disease (Not Yet Diagnosed) Rates April 1944- May 1945

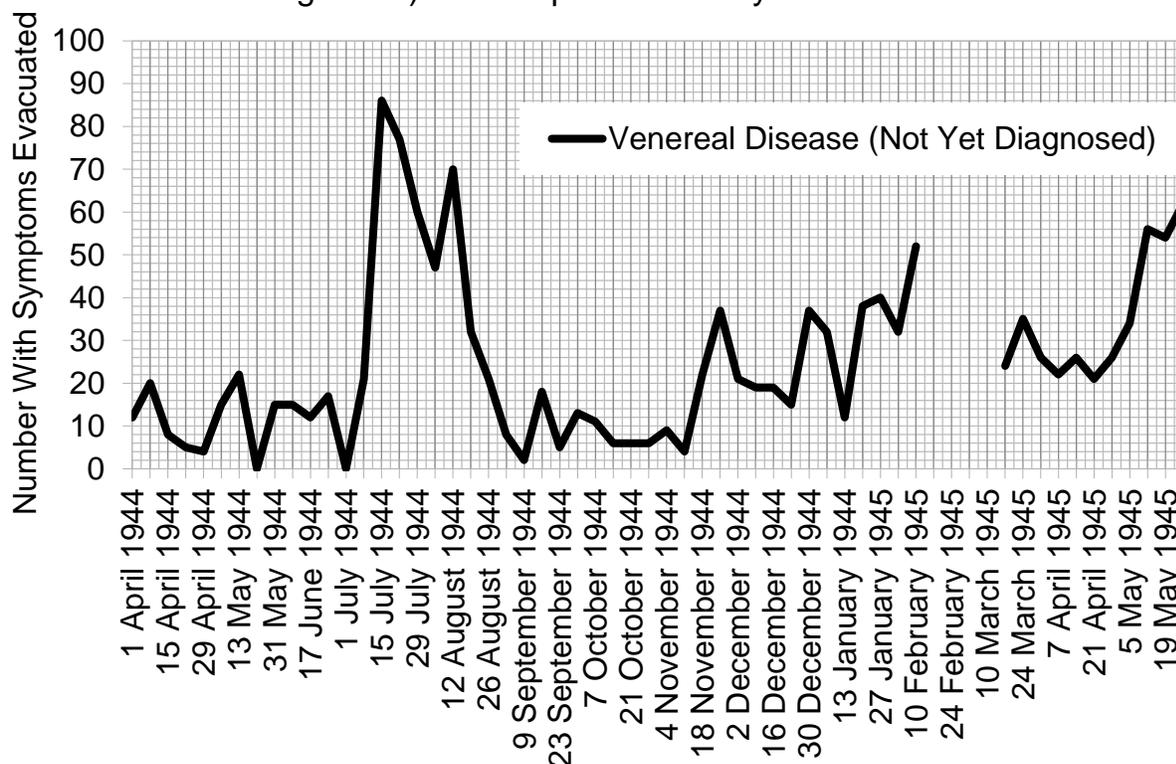


Figure 4 5th Canadian Armoured Division Venereal Disease (Not Yet Diagnosed) Rates, April 1944-May 1945. Figures not available during the move to North-West Europe in February 1945. Not Yet Diagnosed means unconfirmed by blood test. Source: RG24, Volume 15,664.

In the latter half of 1944, reminiscent of dubious honours gained in the First World War, VD rates among troops in Italy rose above all other Commonwealth formations.⁸³³ McAndrew wonders, however, if this reflected the true highest incident, or the most accurate statistics.⁸³⁴

In North-West Europe, a similar trend is observed, with the first large jump in rates occurring in November 1944 after the Battle of the Scheldt. Figure 8.2 shows the large increase

⁸³³ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 250.

⁸³⁴ Copp and McAndrew, *Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 91.

of VD in the three Canadian divisions in the theatre over the winter of 1944-45, when men had access to leave in the large European cities.

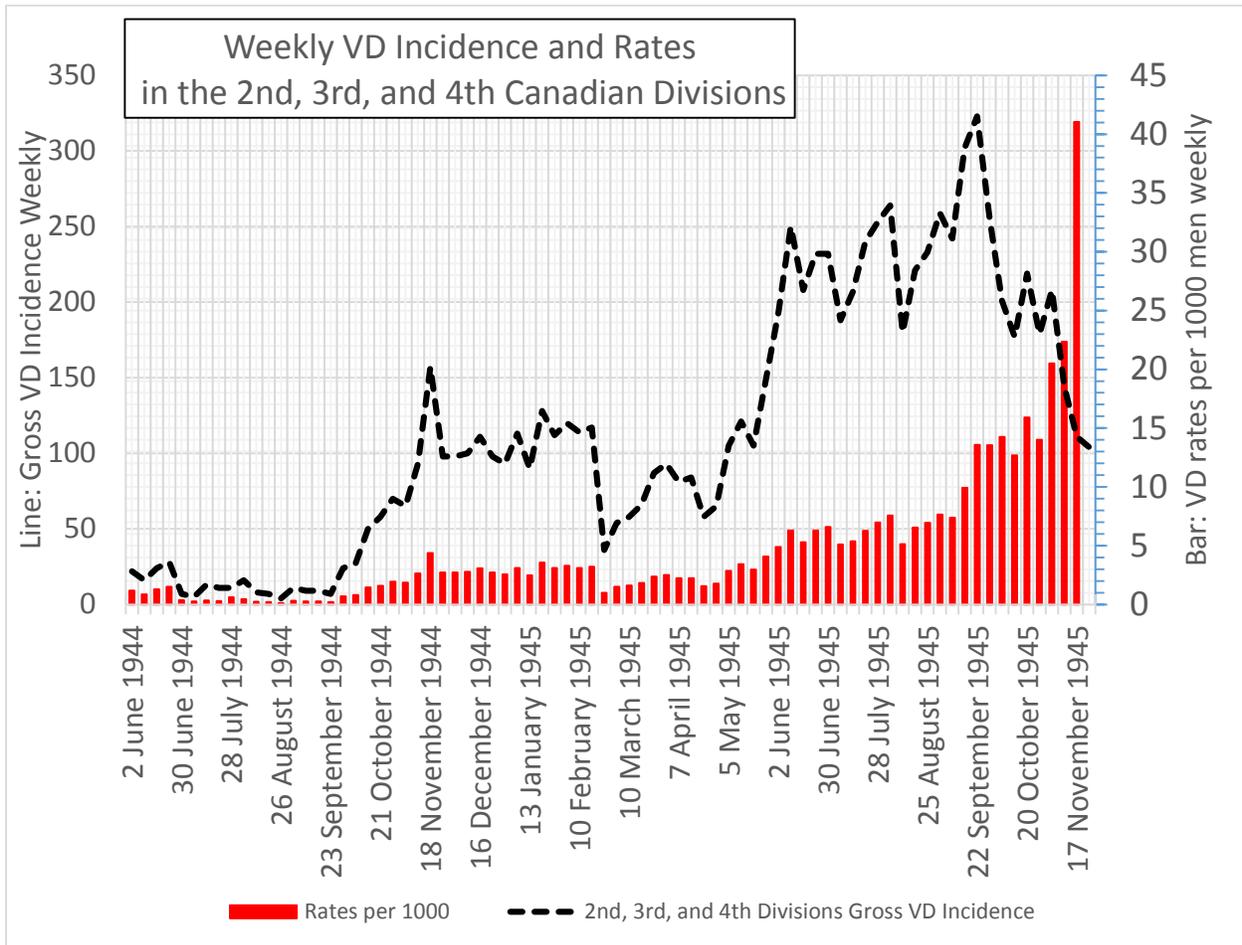


Figure 5 Weekly VD Incidence and Rates in the 2nd, 3rd, and 4th Canadian Divisions. Source: File 133.065(D327B) Folder "Medical Stats - 1st Cdn Army - Jun/Sep 45", LAC RG 24 Vol. 18712. File 215C1.053(D6) ADM 1st Cdn Army - The Adm aspect of Ops 1st Cdn Army Jul/Oct 44. Memo interview with Maj.-Gen A.E. Walford CBE MM formal DA & QMG at CMHQ 16 Oct 44", RG 24 Vol. 10667, LAC.

The most dramatic increase was observed after all the Canadian divisions were reunited in North-West Europe, after the war in Europe was over. Figure 8.3 shows the increase among the five Canadian divisions from 8 May 1945.

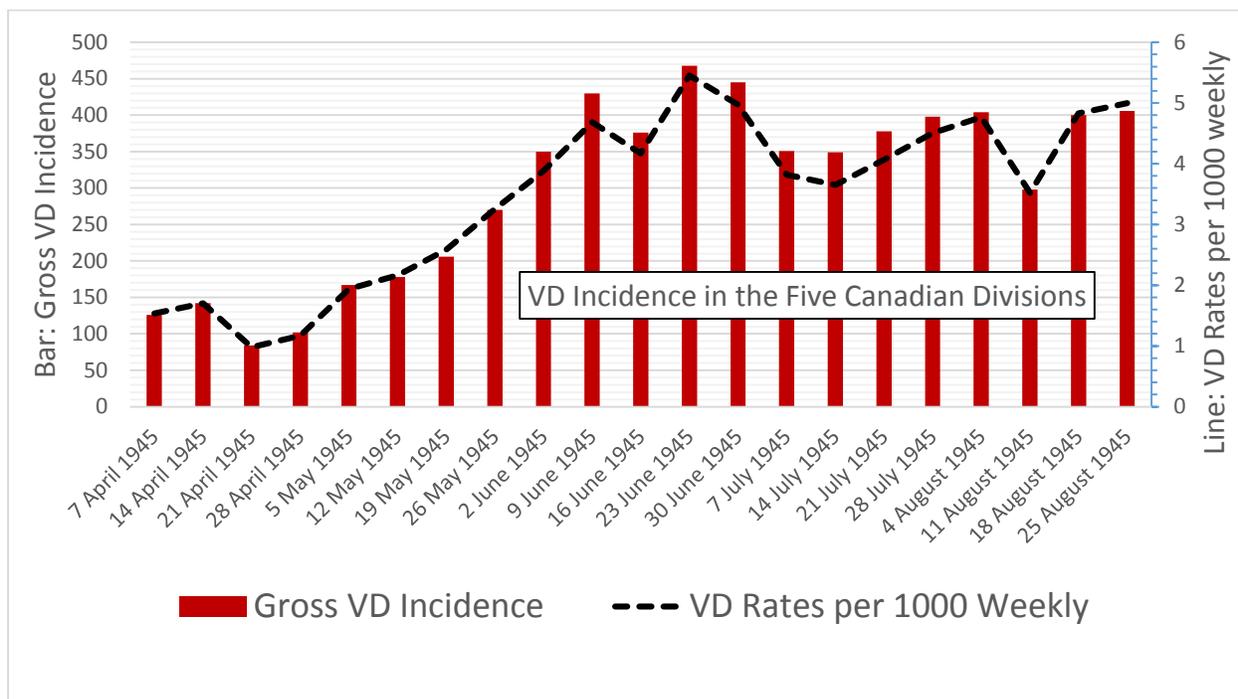


Figure 8.3 “VD Incidence in the Five Canadian Divisions.” Source: Compiled from File 133.065(D327B) Folder "Medical Stats - 1st Cdn Army - Jun/Sep 45", LAC RG 24 Vol. 18712. and file 215C1.053(D6) ADM 1st Cdn Army - The Adm aspect of Ops 1st Cdn Army Jul/Oct 44. Memo interview with Maj.-Gen A.E. Walford CBE MM formal DA & QMG at CMHQ.” RG 24 Vol. 10667, LAC.

Taking one division as an example, in 5th Canadian Armoured Division, the quarterly incidence had climbed from 323 in the first quarter of 1945, to 728 in the second. In the third quarter, from July to September 1945, rates in the United Kingdom averaged 90.1/1000 and in North-West Europe 172.2/1000.⁸³⁵ As a message from the 5th Canadian Armoured Division General Staff noted, “This deplorable by-product of slightly overdone hospitality represented 37.27% of total [casualties] due to sickness in the past three months. Subsequent to VE day an increase was to

⁸³⁵ Major B. Layton, VDOC, CMHQ to DMS, CMHQ, “Venereal Disease Control – Cdn Army (Overseas) – Progress Report for Period July to Sept. 1945 (incl.)”, LAC RG24 Vol. 12,613, CMHQ File 11/HYG V.D/9/3 “Reports V.D. C.O.S.”, 5 October 1945.

be expected because troops were no longer fully occupied with the job of "Making War" and could turn their undivided attention toward the job of "Making Merry."⁸³⁶ The extent of the increase in rates, however, had exceeded all expectations. Increasingly after May of 1945, the threat to the future health of Canada was stressed.⁸³⁷ As late as October 1945, a report on the Canadian Army Overseas wrote that without repatriation to "economic security" and "civilian life", "the continued incidence of venereal disease among the civilian population of Canada presents an ominous picture."⁸³⁸

We may question as to how concerned Canadian general officers were over venereal disease epidemiology. There was certainly a broad picture available to them through the reports of VDCOs and medical headquarters. Commentary from a number of high-ranking officers has shown that venereal disease was an important factor in morale monitoring. It is clear that at the divisional level, the Assistant Director Medical Services' were keen to monitor VD rates. From February 1944, the 3rd Canadian Infantry Division ADMS arranged for graphs of sickness, pediculosis pubis (pubic lice), scabies and VD rates maintained at the office.⁸³⁹ Efforts to democratize VD education, making it a responsibility of commanding officers, junior officers, or NCOs suggests that it was considered a part of unit pride and discipline, and had to be addressed

⁸³⁶ HQ 5 Cdn Armd Div, "Attention 'G'", "Venereal Disease Prevention", 5CAD ADMS War Diary, Appx., LAC RG24 Vol 15,664, 3 June 1945.

⁸³⁷ Similar rhetoric was found in the German sexual prescriptions from the Second World War and beyond in the association of national duty, citizenship, and sexuality. Timm, *The Politics of Fertility in Twentieth-Century Berlin*, 3, 25.

⁸³⁸ Major B. Layton, VDOC, CMHQ to DMS, CMHQ, "Venereal Disease Control – Cdn Army (Overseas) – Progress Report for Period July to Sept. 1945 (incl.)", CMHQ File 11/HYG V.D/9/3 "Reports V.D. C.O.S.", LAC RG24 Vol. 12,613, 5 October 1945.

⁸³⁹ 3CID ADMS War Diary, LAC, RG24 Volume 15,661, 8 February 1944.

at a level of the command chain that would not be dismissed as just another directive from headquarters.

Education was a major effort which continued public health measures begun in the civilian sphere. During the First World War, lectures had been developed in co-operation with the YMCA on medical and moral grounds. These were continued in the Second War. In Canada, British Columbia began VD information campaigns in 1940, with Quebec following in 1942. From 1943, the federal government's VD division re-established itself with a great increase in information on STDs until after the war.⁸⁴⁰ By July 1944, regular instruction of all male personnel included the nature and prevention of VD in the syllabus.⁸⁴¹ Nearly all units had Early Prevention Treatment centres within their own lines, and courses for junior officers and NCOs were conducted by VDCOs.⁸⁴² Medical topics stressed general hygiene, washing with ointment, warnings of women of "easy virtue", and now promoted condoms along with abstinence.⁸⁴³ Moral topics noted that VD undermined the war effort, argued the sex instinct was for procreation, emphasized the responsibility of parenthood, and noted that chastity was possible. These themes are picked up in suggestions from the Assistant Director of Medical

⁸⁴⁰ Cassel writes that November-December of 1944 was the peak of social hygiene information campaigns. Cassel, "Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century," 170.

⁸⁴¹ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 150.

⁸⁴² In addition the American Public Health Service colour film "Syphilis" was shown, with the audio medical narrative removed and a running commentary provided over the public address system." File 133.065(D327A), Folder, "MEDICAL REPT - 1st Cdn Army - 1 Apr/30 Jun 45 - Quarterly..." LAC, RG 24 Vol. 18,712.

⁸⁴³ Cassel, "Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century," 168.

Services in 5th Canadian Armoured Division to combat high rates in June of 1944:

- (a) The fact that the chance of infection by intercourse with any Italian woman is practically 100% if no prophylactic measures are taken.
- (b) The chance of infection, even when using all prophylactic measures, is very high.
- (c) Venereal disease is NOT easily cured. This must be stressed, since the idea that cure is easy and permanent has gained considerable credence.
- (d) A high proportion of infections are syphilis. The possible results of such infection: ie – heart disease, paralysis, insanity, should be stressed.
- (e) An aim at unit pride and the element of letting down his unit if a casualty from venereal disease, should be stressed.⁸⁴⁴

The chaplaincy was another service which was involved in stressing moral and social aspects of the disease, and at times were allotted portions of the anti-VD education.⁸⁴⁵ There appears to have been some tension between the medical and moral sides of the issue. A Venereal Disease Control Officer for 5th Canadian Armoured Division wrote of the senior protestant padre's late entry into the venereal disease campaign, writing that, “What effect an awakening of the church to the civilian problem may have, remains to be seen.”⁸⁴⁶ In April of 1944, during the spring pause in fighting before the Battle of the Hitler Line, the 5th Canadian Armoured Division medical war diary read,

Venereal disease has increased slightly. Constant repetition of information concerning these diseases is necessary. Methods of prevention are well known, and the means of prevention is or should be available to all. The saying 'If you can't be good, be careful' sums up the situation.⁸⁴⁷

⁸⁴⁴ Col. K.A. Hunter, ADMS, 5CAD, HQ 5CAD to AA&QMG 5CAD, “Venereal Disease”, 30 June 1944.

⁸⁴⁵ 5CAD ADMS War Diary, LAC RG24 Vol. 15,664, 3 June 1945.

⁸⁴⁶ J.M. Colthart, VDCO 5CAD, “11 Canadian Field Hygiene Section, RCAMC – V.D.C.O. Report July, 1945”, CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, LAC RG24 Vol 12,613, August 1945.

⁸⁴⁷ ADMS, 5th Canadian Armoured Division War Diary, April 1944, RG24 Volume 15664.

The effects of VD was another topic covered in educational efforts, and at times graphically illustrated by American films. Bill McAndrew suggests that some may have been scared away from sexual activity by the lurid depictions of affected organs.⁸⁴⁸ The Auxiliary Services could help in their distribution of films such as “The Three Cadets”, “Pick Up” or “It’s Up to You”.⁸⁴⁹ “Three Cadets” suggests, “If she will have intercourse with you...you know she has had it before with other men. If such is the case ... you must regard her as a source of VD.”⁸⁵⁰ On campaign in North-West Europe, the 3rd Canadian Infantry Division’s Auxiliary Services determined that because civilians were attending the regular film nights, it was not “considered tactful to show the VD films on their regular schedule.”⁸⁵¹ In January 1945, the VDCO reported that a way to show the films to large audiences of soldiers must be found as the films were a “most important part of VD [training].”⁸⁵² Jay Cassel argues that as studies showed

⁸⁴⁸ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 91.

⁸⁴⁹ “Three Cadets” was shown 36 times to 6301 men in the 3rd Division from 1-25 November 1944. Major J. B. Cram, VDCO 3CID, “Monthly V.D. Report – Nov 44 – 3 Canadian Infantry Division”, attached to “Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Canadian Infantry Division – Nov 44”, ADMS 3CID, November War Diary, Appendix 13; Major E. L. Davey, 7 Cdn Fd Hyg Sec to ADMS 3 Cdn Inf Div, “Monthly hygiene Report (Sanitary & Epidemiological State) – 3 Cdn Infantry Division – Dec 4”, 1 January 1945; films about venereal disease were the first type to be used in medical education in Canada from 1920 onwards. Cassel, *The Secret Plague*, 44; the Americans led the way in films about venereal disease in the 1920s, but a “proliferation” of films occurred in Germany during the interwar era. Timm, *The Politics of Fertility...*, 68.

⁸⁵⁰ Keshen, *Saints, Sinners, and Soldiers: Canada’s Second World War*, 137.

⁸⁵¹ Major E.L. Davey, 7 Cdn Fd Hyg Sec to ADMS 3 Cdn Inf Div, “Monthly hygiene Report (Sanitary & Epidemiological State) – 3 Cdn Infantry Division – Dec 4”, 3CID ADMS December War Diary, 1 January 1945.

⁸⁵² Capt. R. B. Kay, VDCO 3CID, “Monthly V.D. Report – Jan 45 – 3 Canadian Infantry Division” in Capt. R.B. Kay, A/CO No. 7 Cdn Fd Hyg Sec to ADMS 3CID, “Monthly Hygiene

infection from prostitutes was not common, women were generally targeted in anti-venereal disease posters and education. He writes, “This move to make women unattractive by associating them so closely with disease, besides being grotesque, was also a failure, since the positive appeals of sex and of women as persons was much stronger.”⁸⁵³ Education continued after VE Day. In 1st Canadian Infantry Division, it was reported that "A real effort has been made by some units with gratifying results, in that many ill informed and weak willed troops have been talked, or rather shocked into abstinence.”⁸⁵⁴

The 5th Canadian Armoured Division, moved towards the democratization and decentralization of Venereal Disease education. In June 1944, the rates were climbing to an alarming rate and suggestions were made for further education programmes by company or squadron commanders in excess of those by medical officers and chaplains.⁸⁵⁵ Upon arrival in the North-West Europe theatre, VD education was disseminated by trained NCOs who were to speak to the soldier, “in his own language”.⁸⁵⁶ When medical officers gave their lectures they were told to avoid technical terms. In North-West Europe as well, the 3rd Division’s VDCO wrote that “informal talks with small groups, even one or two men, draw out more interest and

Report (Sanitary & Epidemiological State) – 3 Cdn Infantry Division – Jan 45”, 1 February 1945.

⁸⁵³ Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century”, 169.

⁸⁵⁴ H. E. Christie, VDCO, 1CID, to ADMS 1 Cdn Inf Div, “Month VD Report – 1 Cdn Inf Div – Jul 45”, CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, LAC RG24 Vol 12,613, 6 August 1945.

⁸⁵⁵ Col K. A. Hunter, ADMS, 5CAD, HQ 5CAD to AA&QMG 5CAD, “Venereal Disease”, 5CAD ADMS War Diary, RG24 Volume 15664 30 June 1944.

⁸⁵⁶ Col. K. A. Hunter, Assistant Director of Medical Services, 5CAD, Medical Administrative Instructions, Serial V, 5CAD ADMS War Diary, RG24 Vol. 15,664, 1 February 1945.

lead to relevant questioning [...] than is found in organized classes.”⁸⁵⁷ This approach was continued after the end of the war in Europe, with hopes to bring the problem of venereal disease closer to the individual soldier “from the [layman's] angle”.⁸⁵⁸ The staff of 1st Canadian Corps felt that high VD rates reflected unit morale and leadership, placing responsibility on battalion, company and platoon officers.⁸⁵⁹ The 1st Canadian Infantry Division's Venereal Disease Control Officer endorsed the trend, writing in August 1945 that, "RMO's are doing their utmost, but more spirit could be shown by [officers commanding] Units, and Regimental Officers.”⁸⁶⁰ While VD lectures were mandatory, they were not well attended, suggesting leniency by officer's commanding. The General Officer Commanding 5th Canadian Armoured Division appointed a non-medical officer to assist the Venereal Disease Control Officer. In North-West Europe, the Deputy Director Medical Services (DDMS) of First Canadian Army (FCA) accepted the notion that junior officers could have great influence on VD prevention.⁸⁶¹

Pamphlets were widely distributed which explained in plain terms the effects of venereal disease on the body. In September 1944, 3rd Canadian Infantry Division distributed the

⁸⁵⁷ Major J. B. Cram, VDCO 3CID, “Monthly V.D. Report – Oct 44 – 3 Canadian Infantry Division”, 3CID ADMS War Diary Appendix, October 1944.

⁸⁵⁸ 5CAD ADMS War Diary, LAC RG24 Vol. 15,664, 3 and 21 June 1945.

⁸⁵⁹ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 91.

⁸⁶⁰ H. E. Christie, VDCO, 1CID, to ADMS 1 Cdn Inf Div, “Month VD Report – 1 Cdn Inf Div – Jul 45”, LAC RG24 Vol 12,613, 6 August 1945; Christie plagiarized his own report to recommend more activity by commanding officers to the 3rd Canadian Infantry Division as well. H. E. Christie, VDCO, 3CID, to ADMs 3 Cdn Inf Div, "Monthly VD Report - 3 Cdn Inf Div - Jun 45" CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, 9 July 1945.

⁸⁶¹ Major B. D. B. Layton, VDCO, CMHQ, to DMS, CMHQ, “Venereal Disease Control – Cdn Army (Overseas) – Progress Report for period April to June 1945 (Incl.)”, CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, LAC RG24 Vol 12,613, 9 August 1945.

pamphlets “Facts About VD” and “Victory over Disease”. The “A” branch received 24,000 copies of the latter pamphlet (for a division of around 18,000 troops) which took up ten mail bags.⁸⁶² By October it had been distributed to every man in the divisions and was reported as widely read and accepted.⁸⁶³ The VDCO received many questions on the pamphlet and responded to many inquiries, confirming to some that kissing as a way of spreading VD had been over-emphasized. Posters which showed a sorrowful soldier who “picked up more than a girl” were also distributed. The Third Division’s newspaper, the “West Wall Climber” was used to advertise awareness of VD. Literature on unit-level trench newspapers has focused on the grass-roots expression of soldier’s culture, yet at the formation level at least, it appears there was room for top-down attempts at officer’s controlling men in the ranks. As the 3rd Division’s VDCO noted the *West Wall Climber* was “an excellent method of spreading VD propaganda”.⁸⁶⁴ The *King’s Regulations* stated that a copy of all regimental journals, magazines or newspapers was to be forwarded to National Defence Headquarters through the usual channels.⁸⁶⁵ In the summer of 1945, VD rates soared and an intense education program with lectures, demonstrations and films was undertaken. After the war, however, officials were to suggest that little they had said during

⁸⁶² Major J. B. Cram, VDCO 3CID, “Monthly VD Report – Sep 1944 – 3 Canadian Infantry Division”, 3CID ADMS War Diary Appendix, October 1944.

⁸⁶³ Major J. B. Cram, VDCO 3CID, “Monthly V.D. Report – Oct 44 – 3 Canadian Infantry Division”, 3CID ADMS War Diary Appendix, October 1944.

⁸⁶⁴ Capt. R. B. Kay, VDCO 3CID, “Monthly V.D. Report – Jan 45 – 3 Canadian Infantry Division” in Capt. R. B. Kay, A/CO No. 7 Cdn Fd Hyg Sec to ADMS 3CID, “Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Cdn Infantry Division – Jan 45.”, 1 February 1945.

⁸⁶⁵ Canada, Department of National Defence, *King’s Regulations and Orders for the Canadian Militia, 1939 – Amendment*. (Ottawa: King's Printer, 1944), 78.

sex education had affected the sexual habits of soldiers.⁸⁶⁶

Venereal disease, then, was an example of the combination of categories of discipline and medicine in the analysis of morale and manpower. Men who failed to take the necessary precautions were viewed as insubordinate and lacking proper tutelage from medical and line officers. That venereal disease was often considered a problem of the unit commanding officer shows that the malady was one facet of a broad range of morale factors which were used to assess the combination of obedience and contentedness. Various aspects of the venereal disease surveillance system, such as quantification and statistical calculation are typical of the attempts of administration to systematize the qualitative aspects of discipline and motivation. The attempt to get men in small groups to discuss venereal disease issues is typical of morale efforts imposed by the British Army, associated with Adjutant-General Ronald Adam's efforts with Army Bureau of Current Affairs. An increased tendency towards informed discussion rather than coercion was typical of morale management in the citizen armies of the Second World War. Venereal disease was perhaps only rivalled by battle exhaustion as a combined medical and disciplinary problem strongly associated with unit and personal morale. When the Army attempted to control sexual behaviour, its system of morale extended into the most intimate spheres, and applied Army discipline and surveillance to their sexual contacts overseas.

⁸⁶⁶ Cassel, "Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century," 170.

Chapter 9: Sex and the Will to Obey: Discipline, Sexuality, and Prostitution

9.1 Sexuality and Morale

Like other aspects of morale administration for the Canadian Army in the Second World War, venereal disease was treated as both a medical and disciplinary problem. Discipline was targeted at both Canadian soldiers, and their sexual contacts. Disciplinary approaches could include fines for those who did not take precautions, the placement of businesses or even entire towns out of bounds to troops, and the confinement and treatment of European prostitutes. The study of morale administration as it applies to venereal disease is useful in two major ways. First, our knowledge is expanded of the Army as an institution, which sought to establish medical surveillance and disciplinary control over soldiers' bodies. Secondly, this study explores Canadian soldiers' sexual behaviour overseas, showing their engagement in a broken system of regulated prostitution, and with European women who were coping with war's destabilization and strain by participating in the sex trade. Interestingly enough, agents of the Canadian Army overseas extended their disciplinary and surveillance functions from soldiers to their sexual partners in Europe.

Historians have pointed to the World Wars as the greatest "sexual separation" in history, with large male populations separated from their female national cohort. The strain of war itself, with its increased morbid obsession and stresses may have increased sexual activity as well. Stephane Audoin-Rouzeau wrote of the longing of French soldiers in the Great War for idealized women who, "symbolised simultaneously peace, pre-war life and freedom, offering the soldiers a

moment of gentleness and beauty in the ugliness of their daily lives.”⁸⁶⁷ Responses to the lack of women ranged from this praise of wives and women as ideal, to the demands for *bordels militaires de campagne* (military campaign brothels), to a “certain vulgarity” in trench newspapers.⁸⁶⁸ As Jay Cassel wrote, of Canadian soldiers in the First World War,

They had spent weeks and months under strict regulation, some of the time gripped with fear, risking injury and death, and most of the time enduring boredom and miserable living conditions. Sexual intercourse, one of the most intense forms of physical pleasure and the potential beginning of new life, was the antithesis of the physical and psychological experience of the war. Military action therefore increased the existing attraction of sex for individuals. Canadians, even those born in Britain, were far from home and in unfamiliar surroundings. They would often find women who came to meet them very attractive indeed, and just about the only available option.⁸⁶⁹

The words of a Canadian officer, reporting to his family on his activities in Rouen in September 1944 noted the gendered eagerness of the liberators. He wrote, “Everyone seems to be in the street, and no one ever seems to tire of waving to the troops passing in their vehicles, who likewise never tire of waving back (particularly at the female population).”⁸⁷⁰ The transitory nature of campaigning was conducive to casual anonymous sexual encounters.⁸⁷¹ In liberated

⁸⁶⁷ S. Audoin-Rouzeau, *Men at War 1914-1918: National Sentiment and Trench Journalism in France during the First World War*, trans. H. McPhail, *Legacy of the Great War* (Bloomsbury Academic, 1992), 129.

⁸⁶⁸ *Ibid.*, 128–131.

⁸⁶⁹ Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century,” 124. This could explain the Second World War venereal disease rates of RCAF personnel stationed in Britain as being 50 percent higher than Canadian Army personnel there. Sublimating the stresses of operational flying with sex, and the feeling that there was little to lose among crews of bomber command, who had a high chance of being killed, must have increased activity and VD rates. Keshen, *Saints, Sinners, and Soldiers: Canada’s Second World War*, 234.

⁸⁷⁰ Stacey, *The Victory Campaign: The Operations in North-West Europe, 1944-45*, 3:298.

⁸⁷¹ Jackson, *One of the Boys: Homosexuality in the Military during World War II*, 210.

Europe, civilian women were motivated towards sexual encounters for innumerable personal reasons. Some were simply the physical and psychological attractiveness of Canadians in contrast to civilian male populations subjected to meagre rations, slave labour, or worse. Others found Canadian personnel had access to money, restaurants, and clubs. In some cases Army rations and cigarettes were traded for sex. The VDCO of 1st Canadian Infantry Division wrote in August 1945,

Warm dry weather, the apparent low morals of the Dutch girls and abundance of liquor, are the greatest contributing factors to the high V D incidence. The scarcity of acceptable Dutch males and the More inviting Canadians with their abundance of cigarettes and chocolates, are very conducive to the Continental females. Many girls are so called camp followers, and much difficulty is experienced in obtaining names and addresses.⁸⁷²

This unequal relationship was a cause of tension in newly liberated Europe. John Burwell Hillsman noted his discomfort at seeing French women's heads being shaved for sexual activities with the Germans. In the psychiatric lingo of the day, he noted that "Every woman I saw punished this way looked like a low grade moron and I believe would have slept with anything that happened along, irrespective of race or politics."⁸⁷³ In Holland, some women had their heads shaved for liaisons with Canadians, as if they had collaborated with the Nazi occupation, and Dutch newspapers accused Canadians of spreading venereal disease.⁸⁷⁴ Liaison in the provinces of Freisland and Groningen in April 1945 proved that most VD treated by Dutch authorities were Dutch collaborators and women that the Germans "imported" that had been "rounded up" and

⁸⁷² H.E. Christie, VDCO, 1CID, to ADMS 1 Cdn Inf Div, "Month VD Report – 1 Cdn Inf Div – Jul 45", CMHQ File 11/Hyg V.D/9/2 "Reports V.D. C.O.S.", LAC RG24 Vol 12,613, 6 August 1945.

⁸⁷³ Hillsman, *Eleven Men and a Scalpel*, 56.

⁸⁷⁴ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 254.

were in custody.⁸⁷⁵ None of these women were allowed out of confinement until they had a vaginal exam and were declared free from disease. As a Canadian VDCO wrote of the area,

Broadly speaking the VD incident in Freizland [sic] is low and some of our own soldiers were even overheard to say that susceptible females for promiscuous sexual intercourse were hard to find. The Dutch are very bitter about some of their female collaborators and even suggested that they all be tagged, when freed, so Canadians would steer clear of them.⁸⁷⁶

A strained attitude was reported among civilians towards Canadian troops, especially along the German Dutch border, where fraternization was less notable.

Historians Stefan Dudink, Karen Hagemann and John Tosh suggest that war is one of the “seemingly ‘natural’ homelands of masculinity”.⁸⁷⁷ Historian James McMillan likewise claims that “in Western society and culture, war has often been conceived as a supremely masculine experience, defining manhood for men in the way that childbirth has defined womanhood for women.”⁸⁷⁸ It is no surprise then that masculine metaphor has been used to describe military morale. Ian Hamilton, British general in charge of the Gallipoli campaign in the First World

⁸⁷⁵ German medical officers who had been captured noted that there was a low incident rate of 1/1000 weekly in Freisland. It appears that in Nazi-occupied Holland, sulpha-drugs were the main means of treatment, as doctors in Winchoten reported gonococcus as very sulpha resistant. H.E. Christie, VDCO, “Weekly VD Report – Apr 1945 – 3 Canadian Infantry Division”, Appx 1 in Major E.L. Davey, OC 7 Cdn Fd Hyg Sec, “Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Canadian Infantry Division – Month of April 1945.”, 3CID ADMS April 1944 War Diary Appendix 30, 30 April 1945.

⁸⁷⁶ H. E. Christie, VDCO, “Weekly VD Report – Apr 1945 – 3 Canadian Infantry Division”, Appx 1 in Major E. L. Davey, OC 7 Cdn Fd Hyg Sec, “Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Canadian Infantry Division – Moth of April 1945.”, 3CID ADMS April 1944 War Diary Appendix 30, 30 April 1945.

⁸⁷⁷ As cited in Meyer, *Men of War: Masculinity and the First World War in Britain*, 1.

⁸⁷⁸ James McMillan, “Gender Relations: French Women and the First World War,” in *Evidence, History, and the Great War: Historians and the Impact of 1914-18*, ed. Gail Braybon (New York: Berghahn Books, 2003), 142.

War wrote of the need to “keep up the pecker of the troops”.⁸⁷⁹

While morale and sexuality will be the main focus here, it is worth pointing out that not all men defined their own masculinity strictly in sexual terms. For many it was a connection to their roles as men back in Canada that was more important. As Fennel noted in his study of the Eight Army in North Africa, “The front was not an island but a living, breathing extension of the homeland.”⁸⁸⁰ For Audoin-Rouzeau, in the First World War, the French front “was more of a peninsula than an island, its defenders were literally still part of French society as a whole.”⁸⁸¹ Jessica Meyer has suggested that for the British in the First World War, a major factor in the conception of soldiers’ masculinity were the ideas of a heroic defence of the homeland, and their role as fathers, brothers, and sons.⁸⁸² While the former defensive role presumably had little resonance for Canadians whose homes were never in peril, their strong connections as male members of families were also clear in their correspondence. Surgeon John Hillsman recalls one man’s desire to return to his son whole, as Hillsman considered amputating his foot after the combat officer had stepped on a mine. The patient told him, “Don’t mind the loss of the foot so much, Doc. Got a boy ten years old. Hate like hell to have him see the old man on crutches with one leg. God! If I could only walked down that gang-plank. You could take it off after that and

⁸⁷⁹ Travers, *Gallipoli 1915*, 112.

⁸⁸⁰ Fennell, *Combat and Morale in the North African Campaign: The Eighth Army and the Path to El Alamein*, 153; The opposite view of an isolated trench culture is found in Modris Eksteins, *Rites of Spring: The Great War and the Birth of the Modern Age* (New York: Anchor, 1989), 227-232

⁸⁸¹ Audoin-Rouzeau, *Men at War 1914-1918: National Sentiment and Trench Journalism in France during the First World War*, 143.

⁸⁸² Meyer, *Men of War: Masculinity and the First World War in Britain*, 2,4.

I wouldn't mind so much."⁸⁸³ Meyer notes that home leave was one way that British soldiers of the First World War kept their ties to their civilian and domestic identities. While this wasn't possible for the vast majority of Canadians, two other means, letters home, and local print media, were much valued by soldiers.

Normative standards of sexuality played a role in the assumptions of how soldiers' conduct should be controlled. The traditional Anglo-Canadian military culture, in the years before 1939, attempted to keep women from soldiers with restrictions on marriage, and even prohibitions on mentioning women's names in officer's messes.⁸⁸⁴ Conceptions of Victorians as prudes with strict concepts of proper sexuality have been revised, and the nuances of class conceptions of sexuality (with more liberal working class views versus middle class respectability), personality, education, gender, generation, urbanity and region have revealed variations from the stereotype in the historiography.⁸⁸⁵ This being said, the Judaeo-Christian tradition of permitting sex within marriage for procreation, and a general tendency to stray away

⁸⁸³ Hillsman, *Eleven Men and a Scalpel*, 76.

⁸⁸⁴ The prohibition on uttering women's names may originate with British duelling problems before the twentieth century. Baynes suggests the average officer condemned sexuality, but that other ranks had few inhibitions and were promiscuous, yet could not afford brothels. Baynes, *Morale: A Study of Men and Courage*, 28, 209, 212; for Canadians during the Second World War, commanding officers permission was necessary for marriage. It became increasingly more difficult to do so during the war with prohibitions due to wealth, class, moral character, ethnicity and fear of abuse of the dependant's allowance. Paul Jackson, *One of the Boys : Homosexuality in the Military during World War II* (Montréal ; Ithaca: McGill-Queen's University Press, 2010), 15; in March 1945, First Canadian Administrative Reports begin to record applications by Canadian soldiers to marry aliens (non-Canadians). "First Cdn Army Administrative Report Weekly", Folder "215C1.053 (D4) ADM 1st Cdn Army Weekly Admin Reports 1st Cdn Army Jan 30 Apr 45." RG 24 Vol. 10,667, LAC, 5 March 1945.

⁸⁸⁵ Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 76-77.

from discussing sexual anatomy and the sex act prevailed in Victorian society. As Jay Cassel notes, the patriarchal social system in the first half of the twentieth century fostered a discourse that accepted a strong male libido with requisite attempts to curb it, but also a “a certain acceptance of male sexual activity beyond the confines of married life.”⁸⁸⁶ It was accepted that men would have sex with several women, especially before being married, whereas women were not thought to have such drives and were expected to be much less promiscuous. Historian Jeff Keshen suggests that servicemen overseas, even those who had Canadian partners, “liberally sowed their wild oats without consequence.”⁸⁸⁷ Young men, especially, were pressured to experience sex.⁸⁸⁸ Susan Grayzel noted in 2003 that recent English and French histories of the First World War addressed sex as a reward for soldiers, focusing on its “inducement to good morale.”⁸⁸⁹ The negative implications of heterosexual contact, (Grayzel suggests unwanted pregnancy to which we could add venereal disease), were less well covered. In Canada in 1939, historian Jeff Keshen has emphasized the continued gendered conservatism, where Toronto’s city council debated the legality of kissing in public after the scandal of servicemen smooching their significant others when shipping out.⁸⁹⁰ There were no divorce courts in P.E.I. and Quebec, and those wishing for one still needed to seek a private member’s bill. Keshen argues that Canadians had to change their perceptions of gendered behaviour throughout the war.

⁸⁸⁶ Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century,” 144.

⁸⁸⁷ Keshen, *Saints, Sinners, and Soldiers: Canada’s Second World War*, 127.

⁸⁸⁸ Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 80–81.

⁸⁸⁹ Grayzel, “Liberating Women? Gender, Morality and Sexuality,” 115.

⁸⁹⁰ Keshen, *Saints, Sinners, and Soldiers: Canada’s Second World War*, 121.

Psychiatrist Brock Chisholm was a military and medical progressive when it came to sexuality during the war, yet the Army found his views acceptable enough to print in a primer for junior officers. Chisholm wrote,

Sexual pressure is inherent in every healthy human being. It cannot successfully be ignored nor completely denied all expression. The sexual instinct is damaging to two kinds of men, those who allow it too free expression, and those who allow it none at all. The free and uncontrolled expression of the sexual instinct, wherever and whenever occasion offers, leads usually to disease and degeneration....The degree and kind of sexual outlet is a personal matter but it should be a responsibility of the platoon officer to see that his men do not risk destroying their health and efficiency, perhaps for long periods, by taking foolish chances on infection. And we will often find men with very mistaken ideas in the field, believing in the admirability of promiscuous sexual adventure, weird methods of preventing venereal infection, the horrible effects (entirely mythical) of masturbation on mind and body, and many other long discarded fears and faiths.⁸⁹¹

Certainly, Chisholm's pro-sex views would not be shared by all officers during the war. We have already seen some senior members of the RCAMC promoting abstinence as the solution to venereal disease.

Sociologist Gary Kinsman, in his pioneering history of gay regulation in Canada *The Regulation of Desire: Sexuality in Canada* (1987) notes that "Sex is fundamentally a social activity. A history of sexuality is a history of social relations."⁸⁹² A similar statement could be made of morale as well. While morale has been considered as divided into personal morale and group morale, even the former must take account of social integration. Another aspect of

⁸⁹¹ Colonel G. Brock Chisholm, "Good Morale – A Military Necessity: Addressed to Officers of the Canadian Army", Folder HQ-54-27-2-12, RG24, Volume 2053, received 19 February 1941. This manuscript is an early draft of, G. Brock Chisholm, *Morale: A Platoon Commander's Responsibility for the Morale of his Men.* (National Committee for Mental Hygiene (Canada): Toronto, n.d.), DHH 93/28.

⁸⁹² Gary W. Kinsman, *The Regulation of Desire: Sexuality in Canada* (Montreal: Black Rose Books, 1987), 24.

Kinsman's study, the problem of the use of administrative sources when examining such a private and personal subject is also seen in the history of Canadian Army morale in the Second World War. For Kinsman, police records, social purity tracts, and social service reports, "stand in administrative relation to the actual experiences of the men and women engaged in same-gender sex."⁸⁹³ Reading the record on morale surveillance can tell us much about sexuality during the war, but further study into sources of personal testimony would be needed for a more complete picture of sexuality during the war. Kinsman is largely concerned with a survey of Canadian regulation of homosexuality. While Kinsman suggests that the labelling of gays under loose psychiatric categories served to dampen the effects of network-building during the Second World War, he does note that the war was a time of sexual discovery for many gay men in the services.⁸⁹⁴

Paul Jackson's 2002 dissertation on homosexuality in the Canadian military in the Second World War, followed by his work *One of the Boys* (Montreal: 2010), suggests that some were hiding queer activity. Gays, along with a wide variety of others who could not handle army discipline, were deemed "psychopathic personalities" and inadequate for the Army, and were returned to Canada for discharge.⁸⁹⁵ A report of November 1942 noted that those with a "psychopathic personality with abnormal sexuality exert bad influence on their fellow soldiers

⁸⁹³ Ibid., 66.

⁸⁹⁴ Ibid., 109–112.

⁸⁹⁵ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army, 1939-1945*, 8.

and are, therefore, unwanted in any unit.”⁸⁹⁶ It seems highly likely that “abnormal sexuality” in this context means gay. The committee suggested that these men might be simply called “military misfits.” Under civil law in England and Canada, “sodomy” or “gross indecency” was illegal, the former constituting a felony which could result in penal servitude for life.⁸⁹⁷ Despite these restrictions, the war was a period of sexual liberation for some gay soldiers.⁸⁹⁸ Jackson suggests that despite Canadian Army policy against gay servicemen, that “Anti-homosexual directives were rarely followed at the personal level.”⁸⁹⁹ He argues that courts martials incidences are more reflective of the Army’s desires to deter gay activities rather than an accurate quantification of sexual behaviour.

There were women in the Canadian Army as well, which would give some opportunity for sexual contact. Since 1904, nurses had been formally accepted as members of the Canadian armed forces. Portrayals of nurses ranged from asexual saint to sex object and plaything of soldiers. The use of Canadian and local women as companions in hopes to increase contentedness and morale was at times crude. In San Vito, Canadian nurses were supplemented by local Italian girls at dances. Nurses were often required to attend dances, and chosen, as historian Cynthia Toman puts it, “like chocolates from a box.”⁹⁰⁰ Despite their use as a feminine entertainment commodity, some nurses felt a sense of duty and connection to men in the Army.

⁸⁹⁶ Feasby, *Official History of the Canadian Medical Services 1939-1945: Clinical Subjects*, 2:84; Jackson, *One of the Boys : Homosexuality in the Military during World War II*, 113.

⁸⁹⁷ Great Britain. War Office, *Manual of Military Law, 1929, Addendum.*, 115, 134.

⁸⁹⁸ Jackson, *One of the Boys : Homosexuality in the Military during World War II*, 17.

⁸⁹⁹ *Ibid.*, 29, 107.

⁹⁰⁰ Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*, 102.

A nursing sister recalled tension in the dual role as nurse and companion:

They would want parties and we felt that we were obligated to go to the parties because they would soon be going back into the line again...We had to be up and at it in the morning...They knew and we knew that some of them would come back as patients; some of them wouldn't come back. So it was an emotional time, but they had to talk to somebody.⁹⁰¹

As officers, nursing sisters were warned against fraternizing with other ranks. One difference between British and Canadian culture during the time appears to be found in courtship. A Canadian nursing sister wrote after a dance,

These damned Englishmen have only two ideas in their heads, & the first one is to get tight, & let the second one follow. I left the party in disgust at 11 P.M., & know of three other girls who simply walked off & left their partners. I know that our lads aren't angels, & we wouldn't ask them to be, but at least they have a little finesse about the whole thing.⁹⁰²

Medicine could impact morale by making men feel as if the best efforts were being made for them. Men were more willing to bear their military burdens when they had the feeling that their health was being cared for competently, that they would be swiftly evacuated from the battlefield and given appropriate treatment. Toman criticizes the sexism inherent in associating RCAMC nurses merely with morale functions, yet it is clear that their feminine presence in the largely homosocial space of the Army did buoy morale.⁹⁰³ Their medical duties were also critical to keep sick or injured men's morale up. Men generally felt that their medical needs were cared for by the Army. The chances of survival after arriving at a Canadian Regimental

⁹⁰¹ Ibid.

⁹⁰² Ibid., 114–115.

⁹⁰³ Cynthia Tomain, *An Officer and a Lady: Canadian Military Nursing & the Second World War* (Vancouver: UBC Press, 2007), 64, 117.

Aid Post was estimated at better than 95 percent in the first five months of the Normandy campaign.⁹⁰⁴ Nursing played its role in this recovery rate.

The Canadian Women's Army Corps (CWAC) was formed in 1941, centralizing and controlling earlier efforts to form a women's army service by private citizens.⁹⁰⁵ CWAC members eventually numbered 21,634. Of these, 1,984 went overseas. Officials warned CWAC commanders to be on the vigilant lookout for lesbianism. Unlike male soldiers, CWACs had no access to contraception. If they were found to be pregnant they were dismissed immediately to avoid associations with promiscuity. More often than not, it was servicemen who were the fathers of illegitimate children and the source of VD infection.⁹⁰⁶ VD rates for those in Canada in the first half of 1943 was 25.8/1000 versus the Army's average of 32/1000. In the later months of 1944, the rates were reduced by half. For the first half of 1942, CWAC personnel were simply discharged from the Army if they contracted VD.⁹⁰⁷ Like nurses, CWACs were sexualized by elements of the Army. The CWAC *News Letter* of January 1944 encouraged women to send in their photos for pinup contests in *Khaki* and other Army publications.⁹⁰⁸ Ruth Pierson has argued, however, that for Army authorities and Canadian civilians alike, the

⁹⁰⁴ File 215C1.053(D6) ADM 1st Cdn Army - The Adm aspect of Ops 1st Cdn Army Jul/Oct 44. Memo interview with Maj.-Gen A.E. Walford CBE MM former DA & QMG at CMHQ 16 Oct 44", RG 24 Vol. 10667, LAC.

⁹⁰⁵ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 175–176, 173, 182–83; Unskilled labour for CWACs included, "driver...laundress, medical orderly, batwoman, canteen helper, waitress, and office orderly", while tradeswomen were largely clerks and cooks. Pierson, *They're Still Women after All*, 97,109–110.

⁹⁰⁶ Pierson, *They're Still Women after All*, 175.

⁹⁰⁷ *Ibid.*, 189–191.

⁹⁰⁸ *Ibid.*, 147.

predominate consideration of CWAC sexuality was a fear that the military would deteriorate degrade feminine chastity.⁹⁰⁹ Rumours abounded that CWACs had been recruited from red light districts, or were turning up pregnant or with VD in droves. On the other hand, Pierson suggests that male promiscuity was more acceptable in the Army than among the civilian population due to separation from their communities. Pierson writes, “Modernizing, rationalizing, and goal-directed as the military was, the Army did not stand so apart from Canadian society as to be ready to launch an attack on a moral code that placed more opprobrium for promiscuity on women than on men.”⁹¹⁰

9.2 Discipline and Sexuality

Venereal disease fits particularly well into other morale concerns in its combination of a disciplinary and medical approach. Disciplinary action against Canadian soldiers with VD had occurred during the crisis during the First World War. Soldiers were to lose half their pay during the period of treatment.⁹¹¹ A number of countries took legal action in response to fears of VD. In First World War Britain, the Defence of the Realm Act’s regulations 35C and 40D prohibited the passing of venereal diseases to soldiers. The Canadians followed suit with an addition to the Defence of Canada Order (1917) which on 12 June 1918 prohibited those with venereal disease to have “sexual intercourse with any member of His Majesty’s forces”.⁹¹² In Germany, on 11 December 1918, an Emergency Decree was issued stating those with VD deemed likely to pass it

⁹⁰⁹ Ibid., 169–187.

⁹¹⁰ Pierson stresses that despite accommodation of soldier’s sexuality, the predominate Canadian morality condemned promiscuity. Ibid., 195.

⁹¹¹ Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 127.

⁹¹² Ibid., 141.

on were to be subjected to mandatory treatment.⁹¹³ Those who knowingly passed on VD could face three years imprisonment. The armed forces, however, did not cooperate in identifying infected soldiers to local authorities upon demobilization. In the early years of the Second World War, discipline and ostracization was used to attempt to curb VD rates. The *King's Regulations* of 1939 stated that soldiers were to be reminded by officers every three months that they must report themselves if they were suffering from VD.⁹¹⁴ Men were segregated in hospital wards, in hopes to humiliate them, were charged fines, and were denied canteen or entertainment privileges.⁹¹⁵ This was found to lower morale and cause soldiers to conceal their affliction, so a more medical approach was adopted. As Jeff Keshen wrote, "Although many officers continued to portray VD as a self-inflicted wound that deserved to be punished, by mid-1942 penalties had generally been discarded in favour of simple medical treatment."⁹¹⁶ While Ruth Pierson describes the Army as leading the way in liberalization of VD from 1942, it is clear that disciplinary approaches continued beyond the end of fines in that year.⁹¹⁷ Historian Bill McAndrew notes that while criminally charging those infected who failed to get treatment slowly fell out of favour, local commanders still attempted to shame and publicize cases as a deterrent.⁹¹⁸ At the end of the war, the Army again attempted to use punitive measures to

⁹¹³ Timm, *The Politics of Fertility in Twentieth-Century Berlin*, 40, 43.

⁹¹⁴ Canada, Department of National Defence, *King's Regulations and Orders for the Canadian Militia, 1939 – Amendment*. (Ottawa: King's Printer, 1944), 79.

⁹¹⁵ Keshen, *Saints, Sinners and Soldiers*, 138.

⁹¹⁶ Ibid; see also Cassel, "Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century," 161.

⁹¹⁷ Pierson, *They're Still Women after All*, 192.

⁹¹⁸ Copp and McAndrew, *Battle Exhaustion : Soldiers and Psychiatrists in the Canadian Army*,

discourage venereal disease. The First Canadian Army issued a routine order which would prevent cases of syphilis and gonorrhoea from repatriating back to Canada.⁹¹⁹ 5th Canadian Armoured Division officers attempted to explain the ruling as protection for Canadians back home, and not as a punishment.⁹²⁰ Medical officers reported that the order had good effect but it was rescinded too soon, with a quick regression to higher rates. Propaganda posters shifted to increasingly use images of the home front, showing images of families back home and encouraging men to "Think Soldier - Think of Them".⁹²¹

In England, there were concerns over a lack of legislation compelling those infected with VD to be treated.⁹²² Rates at the outset of the war, however, were low. In the first six months in Britain there were only 356 cases of venereal disease in Canadian soldiers (6.29 percent of hospital admissions). Rates increased into 1941 however, and in May the Canadian authorities formed a committee which recommended lectures to small groups of men, fortnightly "short-arm" inspections, and condoms provided at an affordable price. In late 1942, Major-General Rod Keller, the new General Officer Commanding the 3rd Canadian Infantry Division, called for a meeting of all regimental medical officers, officers from field ambulances, unit auxiliary

1939-1945, 91.

⁹¹⁹ W.P. Turner, VDCO, 3CID, "Monthly Venereal Disease Report for July 1945 - 3 Canadian Infantry Division (CDA)", CMHQ File 11/Hyg V.D/9/2 "Reports V.D. C.O.S.", LAC RG24 Vol 12,613, August 1945.

⁹²⁰ J.M. Colthart, VDCO 5CAD, "11 Canadian Field Hygiene Section, RCAMC - V.D.C.O. Report July, 1945", CMHQ File 11/Hyg V.D/9/2 "Reports V.D. C.O.S.", LAC RG24 Vol 12,613, August 1945.

⁹²¹ Major B.D.B. Layton, VDCO, CMHQ, to DMS, CMHQ, "Venereal Disease Control - Cdn Army (Overseas) - Progress Report for period April to June 1945 (Incl.)", CMHQ File 11/Hyg V.D/9/2 "Reports V.D. C.O.S.", LAC RG24 Vol 12,613, 9 August 1945.

⁹²² Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 149.

supervisors (in charge of troop entertainment) and chaplains to ask for co-operation in lowering the incidence of venereal disease in the division.⁹²³ The meeting is the first sign of concern over rates in the division, and shows that Keller thought of this as a medical, disciplinary and morale problem that could be alleviated with the help of both chaplains and auxiliary supervisors in charge of comforts and entertainment. When the division entered the North-West Europe campaign, the Assistant Director of Medical Services encouraged “constant publicity” surrounding the disease, and implored regimental officers to build up an “esprit de corps” in the unit which sought to keep infection rates low, especially in comparison to other units.⁹²⁴ In late 1944, however, disciplinary action was still being considered for those who developed infection without taking prophylactic measures.⁹²⁵

In Canada in early 1943, one medical officer curiously noted that "the use of mechanical prophylactics is being discouraged to the disadvantage of V.D. statistics."⁹²⁶ Others attributed the rise to units moving closer to cities, or the festivities of the Christmas season. An announcement recorded in the routine orders of the No. 2 Special Employment Company, stationed in Calgary, shows how the Army responded. The notice read, "Personnel who have

⁹²³ 3CID ADMS War Diary, 15 October 1942.

⁹²⁴ Col. C.H. Playfair, ADMS 3CID, to all Med Units, all Inf Bns, etc., “Weekly Summary of Sick & Injured – 3 Cdn Inf Div – Week Ending 3 Nov 44”, ADMS 3CID, November War Diary, Appendix 10, 9 November 1944.

⁹²⁵ Major J.B. Cram, VDCO 3CID, “Monthly V.D. Report – Nov 44 – 3 Canadian Infantry Division”, attached to “Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Canadian Infantry Division – Nov 44”, ADMS 3CID, November War Diary, Appendix 13.

⁹²⁶ Colonel C.R. Hill, Director, Special Services, "Morale in the Canadian Army - (December, 1942)", 6th February, File 8917-3-6, folder "Morale Reports - Monthly Summary", RG24-C-1, LAC, 1943.

made sexual contact with women will report to the Prophylactic Station...Personnel will be provided with treatment certificates and if soldier later develops Venereal Disease and is NOT able to produce a certificate, severe disciplinary action will be taken."⁹²⁷

Venereal Disease Control Officers grew to accept that sexual contact was inevitable, at times associating sexual activity with good health. One report wrote "While refusing to entertain and accept the old adage that 'good fighters are, etc.', one would be unreasonable and impractical to expect that sexual exposures will not occur especially [sic] among healthy young men in which class the vast majority of our soldiers are included."⁹²⁸ In hindsight, the suggestion of a medical officer in the first quarter of 1945 that non-fraternization rules would preclude VD infection in Germany seem absurdly optimistic. "[Adherence] to rules against fraternization in GERMANY," the 3rd Division ADMS wrote, "precludes any possibility of infection from sources in that country."⁹²⁹ One psychiatric advisor to 21st Army Group in spring 1945, wrote that a non-fraternization policy in the occupation forces would, "up the psychiatric casualty rate and depress morale unless the policy were understood and accepted, and other provision made for compensating soldiers for the emotion loss entailed."⁹³⁰

⁹²⁷ Folder No. 894, "No. 2 Special Employment Company JULY 1942 - FEBRUARY, 1944" RG24 Vol. 15321, LAC, December 1942.

⁹²⁸ Major BDB Layton, RCAMC, "Analysis of the V.D. Problem in the Canadian Army Overseas.", CMHQ File 11/Hyg V.D/9/2 "Reports V.D. C.O.S.", LAC RG24 Vol 12,613, 1945.

⁹²⁹ Col. E.E. Tieman, ADMS 3CID, "ADMS Quarterly Report 1 January 1945 to 31 March 1945." 3CID ADMS April 1945 War Diary.

⁹³⁰ He curiously wrote that leave had little effect on morale and health, which is not borne out by the bulk of other documents. Watterson wrote that "men anticipate their leave with excitement and satisfaction, but show an almost uniform depression and emotional disturbance a day or two after returning, lasting about a week." Lt.-Col. D.J. Watterson, D.M.S., Adviser in psychiatry

The relation between prostitution and military personnel can be traced back to the first organized military forces. The sex trade has long been associated with venereal disease. Those concerned with venereal disease in Canada at the turn of the twentieth century were shocked by the number of women with VD, and doctors were quick to blame this on husband's contacts with prostitutes.⁹³¹ In the First World War, Dominion troops, with no local ties and more money than British soldiers were actively sought out by prostitutes.⁹³² There was some controversy over what action was to be taken and initially, women's patrols of suffragettes attempted to dissuade promiscuity. On the front, a different approach was taken by some armed forces. The German military had tolerated prostitution, even managing brothels and providing doctors for others.⁹³³ In the Second World War, however, professional prostitutes were shown not to be the primary source of venereal disease for Canadian soldiers. Cassel draws from a RCAF wartime study to suggest that over 90 percent of sexual contacts were "pickups", or encounters with those who were not formal professional prostitutes.⁹³⁴ A study in 1942 of those infected in Alberta showed only 1 percent of contacts were identified as prostitutes, while 23 percent claimed that waitresses

"Report for the quarter ending 31 Mar 45 by the Adviser in Psychiatry, 21 Army Group.", folder "Neuropsychiatry Generally", 11/PSYCHIATRY 1/2, RG24 Volume 12,631, Library and Archives Canada (LAC), May 1945.

⁹³¹ Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 20.

⁹³² *Ibid.*, 124, 127; The Germans during the First World War in a study from August 1914 to July 1917, suggested 67.5 percent of soldiers were infected while on leave at home. Timm suggests that the 32.5 percent which occurred at the front is telling close to the percentage who named their contact as a prostitute (32.2 percent). Timm along with historians Richard Bessel and Cornelia Osborne, and 1920s Weimar contemporaries, doubt the accuracy of statistics and the increase of VD infection among soldiers during the war. Timm, *The Politics of Fertility in Twentieth-Century Berlin*, 41, 43.

⁹³³ Timm, *The Politics of Fertility in Twentieth-Century Berlin*, 41.

⁹³⁴ Cassel, *The Secret Plague*, 145.

were the source of VD.⁹³⁵ Keshen suggests that these figures should be drawn into question due to likelihood of false reporting. “Many men were embarrassed to admit they had used professional services; they also sometimes thought that visiting a prostitute would be interpreted as a gross disregard for the threat posed by VD.”⁹³⁶ In Britain, during the war, medical interviews revealed that 80 percent of those contracting VD had not paid money for sex. By the time the war was over, loose estimates cited the potential of thirty thousand illegitimate children in Britain with Canadian fathers. During the Second World War, the 1916 Venereal Diseases Act was altered by Defence Regulation 33B which allowed for the tracing of alleged carriers named by any two men and compulsory testing and treatment.⁹³⁷ Problems actually tracing British sources of venereal disease lay largely in the failure of men to identify their sexual contact. In summer of 1943, the 3rd Canadian Infantry Division built a nominal roll of venereal disease cases, complete with an attempt to trace contacts for the approximately twenty fresh cases weekly, only 10-20 percent of contacts had their names listed by soldiers on their forms. Some of these were easily traceable, as their full name and address were given, yet others were simply identified by their first name and the theatre or pub they frequented.⁹³⁸ Very seldom was a prostitute listed as such.

Chaplains played a key role in moral regulation and advice. A senior Roman Catholic chaplain of the Canadian Reinforcement Units recorded his “points discussed with New Drafts

⁹³⁵ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 139.

⁹³⁶ Keshen, 139, 232-33

⁹³⁷ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 150.

⁹³⁸ 3CID ADMS War Diary, July 1944 Appendix, LAC RG24 Vol. 15,660.

from Canada”, which dealt with the three classes of women which they were likely to encounter. The first were prostitutes. He wrote these were, "More common than at home. Cold, calculating lot. Interested in your pocket book. VD prevalent. Here they are not obliged to seek medical treatment as they are at home. Hardly necessary to waste time talking about them. You do not have to meet them. They will meet you. Beware."⁹³⁹ Secondly there were the, “Working girls, factory, munitions etc. Probably away from their own homes. They will entertain you and they are serious about it. If they had any morals, they have discarded them. But first, as they invite you to have a beer or lunch or to a dance, they will also suggest you stay all night. These are very dangerous because they take you unawares."⁹⁴⁰ Finally there were the “good girls”. “This is the last class you will meet. You won't find them in pubs, etc., but usually in their own homes. Naturally they are the last ones you meet, because they are not always on the street. When meet then, treat them as you would treat your best girl at home, or as you want English, Australian or other airmen training in Canada, to treat your sisters and sweethearts.”⁹⁴¹

The nature of sexual contact, varied according to circumstance and place. In the spring and summer of 1944, in the Italian campaign, investigation of cases showed that practically all VD was contracted from prostitutes.⁹⁴² Prostitutes had cards certified by Italian doctors, usually

⁹³⁹ Stacey and Wilson, *The Half-Million: The Canadians in Britain, 1939-1946*, 135.

⁹⁴⁰ *Ibid.*

⁹⁴¹ *Ibid.*

⁹⁴² “Consolidated Weekly Health State – 5 Cdn Armd Div – for week ending 7-13 May 44 incl.”, 5th Canadian Armoured Divisions ADMS, War Diary, Appendix 8, LAC RG 24 Volume 15,664, 15 May 1944; One report notes that small boys were working to lead soldier's to prostitutes. “Consolidated Weekly Health State – 5 Cdn Armd Div – for week ending 18-24 Jun 44 incl”, 5th Canadian Armoured Divisions ADMS, War Diary, LAC RG 24 Volume 15,664, June 1944.

forged or expired, that falsely certified their freedom from infection. The Italian campaign is unique for the Canadian Army in the Second World War for the high incidence of prostitutes as contacts for those contracting VD.⁹⁴³ One history wrote that “Combat troops turned to prostitutes, whose numbers in southern Italy had grown in proportion to the level of starvation.”⁹⁴⁴ Interaction between Italians and Canadians were not as cordial as memory maintains. There was some individual kindness, but censors wrote of a “general attitude [...] of contempt and distrust.”⁹⁴⁵ In contrast to the 44,886 war brides who married Canadians in Britain, none came from Sicily, and only twenty-six from Italy. Jeff Keshen explains that, “Men were on the move, few spoke Italian, and many rejected the women for being ‘too dark.’”⁹⁴⁶ In Sicily, a rare case of a Canadian commander considering the establishment of a military brothel is recorded in general Chris Vokes’ memoirs.⁹⁴⁷ As commander of 2nd Canadian Infantry Brigade, then Brigadier-General Vokes hoped for an army-run brothel with inspected women and issues of condoms, but Eighth Army caught wind of the scheme and shut it down. Ironically, earlier in the war, Vokes’ superior, Eighth Army commander, Bernard Montgomery,

⁹⁴³ “Consolidated Weekly Health State – 5 Cdn Armd Div – for week ending 7-13 May 44 incl.”, 5th Canadian Armoured Divisions ADMS, War Diary, Appendix 8, LAC RG 24 Volume 15,664, 15 May 1944; One report notes that small boys were working to lead soldier's to prostitutes. “Consolidated Weekly Health State – 5 Cdn Armd Div – for week ending 18-24 Jun 44 incl”, 5th Canadian Armoured Divisions ADMS, War Diary, LAC RG 24, Volume 15,664, June 1944.

⁹⁴⁴ Glass, *Deserter: The Last Untold Story of the Second World War*, 122.

⁹⁴⁵ Chief Base Censor, CMF, “Appreciation & Censorship Report No. 40 for Period 1-15 Mar 44 Inclusive.”, DND Folder 46-3-5/INT Censorship Reports – CMF Nov 43 – April 45, 215C1.98(D334) Censorship Reports, LAC, RG 24, Volume 10,705.

⁹⁴⁶ Around 70 percent of veterans were single when they returned to Canada after the war. Keshen, *Saints, Sinners, and Soldiers: Canada’s Second World War*, 246, 267.

⁹⁴⁷ Chris Vokes, *My Story*, Memorial edition (Ottawa: Gallery Books, 1985), 127.

had been censured for his own support of military brothels.⁹⁴⁸

The assembly line aspect of some brothels, with long queues, identified by historians as a characteristic of sexual experience in Europe during the World Wars, was shared by at least some Canadian service personnel, as long lineups for brothels occurred in Halifax.⁹⁴⁹

Prostitution was widespread in liberated Europe. Estimates of the number of prostitutes in Naples, both professional and amateur, ranged to fifty thousand.⁹⁵⁰ In the Low Countries after operations in Beveland and Walcheren Island, the 2nd Canadian Infantry division moved into a rest area. Two day passes, alcohol and “prostitutes without number” led to the highest weekly incidence to date with sixty-two gonorrhoea cases and seven syphilis cases occurring in the week ending 18 November 1944.⁹⁵¹

The regulation of prostitution itself is another way that military forces have attempted to control venereal flare-ups among personnel. In Britain during the First World War, Australian,

⁹⁴⁸ Brian Bond, “The British Field Force in France and Belgium, 1939-40”, in Addison and Calder, *Time to Kill: The Soldier's Experience of War in the West, 1939-1945*, 42.

⁹⁴⁹ Eksteins casually describes men on the Western Front in the First World War as queuing up “as at the latrines”. He cites Denis Winter for the statistic that 27 percent of all diseases in the British Army in that conflict were classified as venereal. Modris Eksteins, *Rites of Spring: The Great War and the Birth of the Modern Age* (New York: Anchor, 1989, 1990), 224-225; Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 136, Vancouver's chief of police reported an “all out effort to suppress prostitution.” Pierson, “*They're Still Women After All*”, 209.

⁹⁵⁰ Keshen, 250; Caution must be deployed in accepting such figures as accurate. As a point of comparison, Berlin in 1927 was estimated by welfare officials to host eighty thousand prostitutes, 10 percent of which were registered with the police. Timm, *The Politics of Fertility...*, 50.

⁹⁵¹ Quarterly Report – (October to December [1944]) – Medicals – 2 Cdn Inf Div, Folder “HQ 2nd Cdn Inf Div A.D.M.S. Jan 45 to Oct 45”, 152/(ADMS)-1-1-Jan 45, 2CID ADMS War Diary, January 1945, RG24 Vol. 15,660, LAC, Appx 1.

Canadian and New Zealand authorities pressed for coercive measures on the sex trade, but the British were reluctant due to the history in that country of nineteenth-century Contagious Diseases Acts being withdrawn due to perceived infringements on women's civil liberties.⁹⁵² Modris Eksteins noted that, “On the home front morality loosened its corsets and belts too. Prostitution increased strikingly.”⁹⁵³ For Eksteins the First World War was a dramatic moment of sexual liberation, yet Susan Grayzel notes that lack of access to contraception and abortion meant that there were grave repercussions for women for this “liberation”.⁹⁵⁴ From the early nineteenth century, continental Europeans created red-light districts, government-certified brothels and regularly examined prostitutes for venereal disease, but Canadians felt this was too invasive a method, and one which promoted promiscuity.⁹⁵⁵ Since 1892 the Canadian Criminal Code had made living in a “bawdy” or “disorderly” house, or living off the avails of prostitution, illegal. In 1917 an Order in Council was introduced which made it illegal for a woman with VD to solicit or have sex with a member of the armed forces, with women being charged, inspected and detained until cured. In 1919, the wartime measure was incorporated into the criminal code. In 1937 in Vancouver, the most determined efforts against prostitution were taken and later military authorities in Quebec closed brothels. Studies suggested this did little to change sexual

⁹⁵² Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century,” 162.

⁹⁵³ Eksteins, 225.

⁹⁵⁴ Grayzel, “Liberating Women? Gender, Morality and Sexuality,” 126.

⁹⁵⁵ Scandinavian countries had led the way in venereal disease legislation, with Denmark mandating that physicians should report VD from 1788-90. They also licensed brothels which was controversial and unsuccessful, ending in Norway in 1890 and Denmark in 1906. Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 89.

activity.⁹⁵⁶ During the war, prostitution increased with servicemen in Canadian towns. Charges for those in “bawdy” houses in Toronto jumped from forty-two in 1938 to 172 in 1939.⁹⁵⁷ Raids against brothels and cracking down on streetwalkers attempted to reduce venereal disease transmission. In 1941, the greatest number of days lost to sickness was to venereal disease at 30.5 percent of the total. Suggestion that the Canadians take up the European practice of regulated brothels with medical examinations were quickly rejected as morally destitute.

Contact tracing was another way that infected prostitutes could be discovered and charged. During the First World War in Canada, military officers had found that only a third of contacts were paid for sex, and Jay Cassel further qualifies that only 10 percent were “bona fide” prostitutes.⁹⁵⁸ Contact tracing was used since late 1917 in Canada to try to track down women spreading venereal disease.⁹⁵⁹ Medical officers targeted places that sexual contact took place including bars, dance halls, hotels and railway stations. This reaction was common to many states after the First World War. Annette Timm’s study of sexual politics in twentieth-century Berlin notes that during the Weimar Republic, “health, welfare, and police agencies became more involved in the surveillance of individual’s sexual choices.”⁹⁶⁰ The earliest VD counseling

⁹⁵⁶ Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century,” 162.

⁹⁵⁷ Keshen, *Saints, Sinners, and Soldiers: Canada’s Second World War*, 135.

Keshen, *Saints, Sinners, and Soldiers: Canada’s Second World War*, 135.

⁹⁵⁸ Cassel, “Making Canada Safe for Sex: Government and the Problem of Sexually Transmitted Disease in the Twentieth Century,” 163.

⁹⁵⁹ Cassel, *The Secret Plague: Venereal Disease in Canada 1838-1939*, 142.

⁹⁶⁰ In Germany, the 1927 Venereal Disease Law shifted the onus of VD efforts from police to public health agencies. Police were only to be used upon request, yet those refusing inspection, or thought to be a danger could be subjected to examination, hospital confinement, and

clinics, established in 1917, employed Morality Police Officers to determine where diseases had been contracted. This expansion of surveillance was also typical of the Canadian state. The degree to which these efforts, like those of the German social hygiene movement in the interwar years, promoted sexual empowerment, remains to be seen. During the Second World War and the 1950s in Canada, contact tracing was most prevalent in Ontario and British Columbia. Jeff Keshen has called contact tracing on the home front during the Second World War, “clumsy, repressive, and destructive”, especially when letters were sent to women at home and work demanding their inspection.⁹⁶¹

In active theatres, contact tracing was a key factor which went hand in hand with epidemiology. The forms that men filled out after contracting venereal disease asked for information about the woman that they contracted it from including her name, address, businesses frequented, physical description, her “reputation or history”, and details on payment rendered. Paul Jackson suggests that doctors were “trained in interrogation techniques designed to convince the patient to cooperate.”⁹⁶² In July 1944 after soaring infection rates during the Italian Campaign, provost corps members were to take all those infected within ten miles of the 5th Canadian Armoured Division's medical services back to the “place of exposure for

treatment. Regulated prostitution was also ended, although it was not completely banned, with provisions made to ban soliciting in certain areas (small towns, churches, or schools). During the Nazi era, surveillance and policing were intensified in 1936 in hope to clean up Berlin for international visitors to the Olympics, and later served as a model of intensification during the Second World War. Timm, *The Politics of Fertility in Twentieth-Century Berlin*, 39, 55, 59–60, 173.

⁹⁶¹ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 141.

⁹⁶² Jackson, *One of the Boys: Homosexuality in the Military during World War II*, 61.

identification of source.”⁹⁶³ While means of identification were often scarce, the provost did take a number of “sources of infection out of circulation.”⁹⁶⁴ Later on in Belgium it was reported that, “Civilian authorities in BELGIUM are greatly concerned about the rising VD rate, and will co-operate to the utmost in the apprehension and treatment of contacts.”⁹⁶⁵ The provost would contact local police or the local civil affairs officer, who was tasked with apprehending the contact with help from the provost if necessary.⁹⁶⁶

The difficulties of contact tracing were due to the prevalence of single night contacts.⁹⁶⁷ A draft memorandum to officers' commanding units of First Canadian Army wrote hopefully of improving the situation: “Particularly do we want the men to [realize] the importance of obtaining the name and address of any and every girl companion. The girls will be flattered.”⁹⁶⁸ In the 3rd Division, VDCOs interviewing men who could not state a place of contact became

⁹⁶³ 5CAD ADMS War Diary, Operations Log, LAC RG 24 Volume 15,664, 4 July 1944.

⁹⁶⁴ Col. K.A. Hunter, "Quarterly Report of Medical Activities of 5 Cdn Armd Div - July to September 1944 incl", 5CAD ADMS, War Diary, LAC RG24 Vol 15664, September 1944.

⁹⁶⁵ Col. K.A. Hunter, Assistant Director of Medical Services, 5 Canadian Armoured Division, Medical Administrative Instruction No. 27, “Venereal Disease”, 5CAD ADMS War Diary, RG24 Vol. 15,664, 8 March 1945.

⁹⁶⁶ Assistant Director of Medical Services, 5th Canadian Armoured Division, Medical Administrative Instructions, “No. 40 Venereal Disease – Notification of Sources”, 5CAD ADMS War Diary, 20 March 1945.

⁹⁶⁷ Regimental medical officers claimed in January 1945 that filling out the contract tracing portion of the forms was not worth it in many cases. Capt. R.B. Kay, VDCO 3CID, “Monthly V.D. Report – Jan 45 – 3 Canadian Infantry Division”, attached to Capt. R.B. Kay, A/CO No. 7 Cdn Fd Hyg Sec to ADMS 3CID, “Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Cdn Infantry Division – Jan 45.”, 3CID ADMS War Diary, 1 February 1945.

⁹⁶⁸ Draft for Officers Commanding units FCA, “Venereal Disease Control – Prevention – Identification of Disease Sources”, Draft for OsC units FCA, “Venereal Disease Control – Prevention – Identification of Disease Sources”, CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, LAC RG24 Vol. 12,613,[August?] 1945.

standard in the later months of the war. The soldier would lead the VDCO personally to the place of contact.⁹⁶⁹ While the German system in Holland of having police escorted by soldiers to the woman was described as “rigid”, it seems to differ little from Canadian practice.⁹⁷⁰ In terms of tracking down the sources of infection, a report noted of the high rates in First Canadian Army from April-July 1945, that,

In all cases the civilian Public Health authorities have shown good cooperation in the segregation and treatment of all civilian contacts brought to their attention by the Army. Unfortunately many exposures took place under conditions which made it impossible for the soldier to give any worthwhile help in tracing these contacts, and as a result our efforts at controlling these diseases at their sources still leaves something to be desired. [sic]⁹⁷¹

Coercive methods were a viable method of prevention, if local authorities were compliant.

In the Netherlands in July 1945, women were being detained in Groningen for treatment, admitting seventy-five women in that month.⁹⁷² VDCOs suggested that it would be easier to remove prostitutes from leave areas in Germany, presumably because more coercive measures would be more acceptable among a recently conquered Axis nation.⁹⁷³ Treatment of civilians

⁹⁶⁹ No. 7 Cdn Fd Hyg Section to ADMS 3CID, “Monthly Hygiene Report (Sanitary & Epidemiological State – 3 Cdn Infantry Division – Mar 1945”, 3CID ADMS March 1945 War Diary, Appendix 39, 1 April 1945.

⁹⁷⁰ H.E. Christie, VDCO, “Weekly VD Report – Apr 1945 – 3 Canadian Infantry Division”, Appx. 1 in Major E.L. Davey, OC 7 Cdn Fd Hyg Sec, “Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Canadian Infantry Division – Month of April 1945.”, 3CID ADMS April 1944 War Diary Appendix 30, 30 April 1945.

⁹⁷¹ File 133.065(D327A), Folder, "MEDICAL REPT - 1st Cdn Army - 1 Apr/30 Jun 45 - Quarterly...", LAC, RG 24 Vol. 18,712.

⁹⁷² J.M. Colthart, VDCO 5CAD, “11 Canadian Field Hygiene Section, RCAMC – V.D.C.O. Report July, 1945”, CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, LAC RG24 Vol 12,613, August 1945.

⁹⁷³ Major B.D.B. Layton, RCAMC, “Analysis of the V.D. Problem in the Canadian Army Overseas.” CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, LAC RG24 Vol.1 12,613, 1945;

with military drugs varied with their availability and circumstance. Italian women were not eligible to be treated by military penicillin.⁹⁷⁴ In North-West Europe in January of 1945, Captain A. Gould reported increasing amounts of penicillin were available for civilian use.⁹⁷⁵ It is clear, however, that older toxic methods were still resorted to. Reports of military liaisons with civilians in the summer of 1945 note that sulphathiazol was being used to treat women infected with gonorrhoea, and bismuth and nearsphenamine (an arsenic based compound) being used for syphilis.⁹⁷⁶ Preventative measures using silver picrate in July 1945, were generating complaints of irritation to urethral mucosa.⁹⁷⁷

From the high rates of VD in Canadian formations, it appears that the will to obey for Canadian soldiers largely failed when extended to the sexual realm. Legalized European brothels would have been a welcome venue for many Canadian soldiers seeking sex on leave.⁹⁷⁸

The Nazi's approached prostitution and venereal disease with characteristic brutality. For those from the East, those accused of infected a German soldier with VD could be executed. Slave laborers from the East who were found to have VD were likely deported to concentration camps. Military brothels incarcerated prostitutes from the beginning of the war in Poland. When 30th British Corps moved into occupy Germany, its ordinances allowed for a maximum imprisonment for life for communicating VD to Allied soldiers, which was protested by local authorities as too harsh. Timm, *The Politics of Fertility...*, 176-185, 199.

⁹⁷⁴ Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*, 131.

⁹⁷⁵ CII Medical Society, "Minutes of a meeting of the CII Medical Society held at 11 Canadian Field Ambulance, 1400 hours, 17 January 1945", 2CID ADMS, RG24 Vol. 15,660, January 1945, Appx 20.

⁹⁷⁶ P. Bernstein, VDCO, First Canadian Army Leave Centre, "VDCO Monthly Report for Month Ending 31 July 45" CMHQ File 11/Hyg V.D/9/2 "Reports V.D. C.O.S.", LAC RG24 Vol 12,613, August 1945.

⁹⁷⁷ J.M. Colthart, VDCO 5CAD, "11 Canadian Field Hygiene Section, RCAMC – V.D.C.O. Report July, 1945", CMHQ File 11/Hyg V.D/9/2 "Reports V.D. C.O.S.", LAC RG24 Vol 12,613, August 1945.

⁹⁷⁸ In Germany, locked brothels and police regulation of prostitution had been banned in 1927,

There was at least one consideration of establishing military brothels by a Canadian Commander. Standing orders for 3rd Canadian Infantry Division before Operation OVERLORD stressed that brothels were out of bounds, yet later on in the campaign it is clear that they were frequented by Canadian soldiers.⁹⁷⁹ In June 1944, Allied authorities speculated that gonorrhoea was likely prevalent in France due to harsh German discipline regarding venereal disease and soldiers' consequent tendency to treat themselves with ineffectual home remedies.⁹⁸⁰ In the Canadian Army, officers often sought treatment outside the military due to embarrassment.⁹⁸¹ Soldiers in Amiens, France, had their pick of more than two dozen brothels concentrated in the Red Light District.⁹⁸² Sex trade workers here underwent compulsory medical exams, and those walking the street had to carry a card showing they had maintained an examination schedule. During the war, with increased numbers of women driven to prostitution and the disturbance of the medical and policing system, the regulation of the trade was disrupted. In Belgium, the small operations above cafes were more difficult to control, and in Ghent over one hundred establishments were available. In Brussels one thousand card carrying prostitutes were regulated, apparently a

ushering in a compromise between "police regulation of prostitution and full legalization". During the Nazi era, from 1936, the brothel system and police regulation was reinstated. Prostitution was especially tolerated by the military. Timm, *The Politics of Fertility in Twentieth-Century Berlin*, 177.

⁹⁷⁹ ADMS 3CID, "3 Cdn Inf Div Medical Standing Orders for Ops", 3CID ADMS May 1944 Appendix, 19 May 1944.

⁹⁸⁰ M.L. Sutcliffe for Brigadier DDMS 1 Corps to DDMS Second Army, "Public Health Infectious Diseases (Civil) Calvados), n.d., 3CID ADMS War Diary Appendix, June 1944; preventions were the guarantees of condom supply, the early provisions of early treatment rooms and placing brothels as out of bounds. "1 Corps Medical Operation Instr No.1, Neptune, Bigot", ADMS 3CID, July War Diary, Appendix 36, 15 May 1944.

⁹⁸¹ Jackson, *One of the Boys : Homosexuality in the Military during World War II*, 59.

⁹⁸² Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 252.

number that had increased from a mere forty at the beginning of the war, and an estimated ten thousand others were conducting business without their papers.⁹⁸³ The 3rd Canadian Infantry Division VDCO noted in February 1945 that in terms of places of contact, Brussels was “by far the worst offender.”⁹⁸⁴ Liaison with public health authorities gave insight into high rates of VD amongst registered prostitutes, 85 percent of which were under treatment for syphilis, and practically all of which were considered asymptomatic gonorrhoea carriers.⁹⁸⁵ Most prostitutes averaged ten to twenty customers daily. In November 1944, the 3rd Canadian Infantry Division’s VDCO, Major J.B. Cram, reported that the cafe brothel system tolerated in Belgium was “by long odds the greatest source of infection.”⁹⁸⁶ Cram noted that, “Easy accessibility, congenial surroundings, abundance of liquor and attractive girls are all factors in promoting promiscuity.”⁹⁸⁷ Cram’s report reveals the varied nature of brothels, which seemed to be differentiated on class lines:

⁹⁸³ Ibid, 253; Major R.A. Wilson, VDCO Brussels Area, "Preliminary Report Regarding Vd Control and Epidemiology in Brussels.", CMHQ File 11/Hyg V.D/9/2 "Reports V.D. C.O.S.", LAC RG24 Vol. 12,613, April 1945.

⁹⁸⁴ Ghent was the next largest source of VD, followed by Nijmegen, which had steadily risen since Allied occupation when it was considered that VD rates amongst civilians was low there. Capt. R.B. Kay, “Monthly V.D. Report – Feb 45 – 3 Canadian Infantry Division” attached to Maj. EL Davey, CO, 7 Cdn Fd Hyg, to ADMS 3CID, “Monthly Hygiene Report (Sanitary & Epidemiological State) 3 Canadian Infantry Division – Feb 1945”, 3CID ADMS February 1945 War Diary, Appendix 29, 1 March 1945.

⁹⁸⁵ Major R.A. Wilson, VDCO Brussels Area, "Preliminary Report Regarding Vd Control and Epidemiology in Brussels", CMHQ File 11/Hyg V.D/9/2 "Reports V.D. C.O.S.", LAC RG24 Vol 12,613, April 1945; Gonorrhoea was often symptomless in women, causing problems in policing in 1920s Germany. Timm, *The Politics of Fertility*, 62.

⁹⁸⁶ Major J.B. Cram, VDCO 3CID, “Monthly V.D. Report – Nov 44 – 3 Canadian Infantry Division”, attached to “Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Canadian Infantry Division – Nov 44”, ADMS 3CID, November War Diary, Appendix 13.

⁹⁸⁷ Ibid.

Two brothels were reported and investigated in Nijmegen. These both turned out to be social problems. In one case a woman of about 34 was operating alone in a small front room in a building up a narrow alleyway. She was very unattractive, slovenly and appeared sub-standart [sic] mentally. She was accepting anything from tins of bully beef to 5 Guilders. She was advised to stop her business and the Pro [Provost] were notified. The second case was that of two girls living in very poor surroundings in the old section of the city. Here too the Pro were informed.

In the better class Cafe Brothels of Ghent it was apparent that the women were interested in selecting one man for the night or for the length of his stay in the area. This was the situation with a number of officers. In the second rate spots business was more on the cash and carry basis. In others, as in the Nijmegen case referred to, the queue [sic] system was in effect.⁹⁸⁸

Cram noted that men were not being coerced or tempted in any way, and that infected men had searched out sexual contact. In late November, there was still some concern about organizing liaison between local authorities, the 21st Army Group civil affairs group and the provost.⁹⁸⁹

In Sicily, prostitution was legal, and brothels were put out of bounds to military personnel. Jeff Keshen suggests that “many officers turned a blind eye when it came to the use of brothels, which they themselves often patronized.”⁹⁹⁰ Brigadier Chris Vokes’ suggestions to create a brigade brothel of tested women was rejected by Eighth Army due to the potential for press scandal. Sexual contact was largely made in the large cities when soldiers were on leave, yet in November 1944 when the 1st Canadian Corps was resting after hard fighting through the

⁹⁸⁸ Major J.B. Cram, VDCO 3CID, “Monthly V.D. Report – Nov 44 – 3 Canadian Infantry Division”, attached to “Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Canadian Infantry Division – Nov 44”, ADMS 3CID, November War Diary, Appendix 13.

⁹⁸⁹ By January 1945, the 3rd Division’s VDCO was reporting better understanding with civil affairs and the provost. Capt. R.B. Kay, VDCO 3CID, “Monthly V.D. Report – Jan 45 – 3 Canadian Infantry Division” in Capt. R.B. Kay, A/CO No. 7 Cdn Fd Hyg Sec to ADMS 3CID, “Monthly Hygiene Report (Sanitary & Epidemiological State) – 3 Cdn Infantry Division – Jan 45.” 1 February 1945.

⁹⁹⁰ Keshen, *Saints, Sinners, and Soldiers: Canada’s Second World War*, 246.

Gothic Line, the weekly report recorded, "Some patients, however, admit contact with transient women (often refugees) who they pick up on the road and transport in vehicles."⁹⁹¹ In December 1944, the final quarterly report for the year could claim that venereal disease rates were down to 212 cases, and suggested that lack of access to larger cities and women caused the decrease. The report read, "It was felt, however, that the principal factor accounting for this reduction was the scarcity of alluring Italian beauties in this war-torn countryside where the troops have spent most of their time during the past three months."⁹⁹²

In the Netherlands, a VDCO complained of poor civilian diagnosis which failed to diagnose 75 percent of infections.⁹⁹³ The lack of Dutch legislation against prostitutes was another problem reported. The VDCO went to the treatment unit and interviewed patients who did not report an address on their forms. He had some success identifying sources when the man personally led him back to the place of contact.

Disciplinary restrictions that had sexual contact in mind could relegated problem localities out of bounds and could range from certain cafes and hotels, to red light districts, or even include entire towns and cities. In Italy in May 1944, Major A.M. Doyle reported that morale was never as high as it was during and immediately after the breaking of the Hitler Line, yet it quickly plummeted. Doyle noted that the inability to follow the Germans was one reason for flagging

⁹⁹¹ "Consolidated Weekly Health State - 5 Cdn Armd Div for week ending 12 Nov - 18 Nov 44 incl.", 5CAD ADMS, War Diary, LAC RG24 Vol 15,664, November 1944.

⁹⁹² Ibid.

⁹⁹³ Capt. R.B. Kay, "Monthly V.D. Report – Feb 45 – 3 Canadian Infantry Division" attached to Maj. EL Davey, CO, 7 Cdn Fd Hyg, to ADMS 3CID, "Monthly Hygiene Report (Sanitary & Epidemiological State) 3 Canadian Infantry Division – Feb 1945", 3CID ADMS February 1945 War Diary, Appendix 29, 1 March 1945.

morale, but that another was the policy of putting towns out of bounds due to VD control. Doyle wrote that "the principle of punishing men because of the acts of a few always leads, as it did here, to poor morale."⁹⁹⁴ On the home front, authorities in Camp Borden placed as many as sixty-seven cafes, hotels and dance halls in a number of surrounding Ontario cities out of bounds to personnel due to brawls and venereal disease infections.⁹⁹⁵ Camp Borden's detention barracks had the highest capacity in the nation, with cells for 141.⁹⁹⁶ In the Sicilian campaign, brothels were declared out of bounds, but those that were unguarded had the signs torn down, and some officers turned a blind eye, even frequenting them themselves.⁹⁹⁷ The suggestion by Chris Vokes to establish a brigade brothel was quickly shut down by Eighth Army commanders fearing outrage if word of the operations reached the home front.⁹⁹⁸

In Italy, the 5th Canadian Armoured Division would attempt to concentrate soldiers away from crowded towns and cities, but as a medical report read, "Individual, intimate personal contact, however, is more difficult to control, with the result that Venereal Disease reached epidemic proportions. VD seems to be prevalent among most Italian women, and has been acquired from by many irresponsible personnel."⁹⁹⁹ In August, postal censors recorded that putting towns out of bounds to Canadian troops notably increased the volume of bitter criticism

⁹⁹⁴ A.M. Doyle, Neuropsychiatric Advisor, Cdn Section, GHQ, 1 Echelon, AFHQ, Unnamed partial report, Folder "Neuropsychiatry Generally", 11/Psychiatry 1/2, RG24 Vol. 12,631, LAC..

⁹⁹⁵ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 139.

⁹⁹⁶ Ritchie and Canadian Provost Corps Association, *Watchdog: A History of the Canadian Provost Corps*, 120.

⁹⁹⁷ Keshen, *Saints, Sinners, and Soldiers: Canada's Second World War*, 246.

⁹⁹⁸ *Ibid.*

⁹⁹⁹ Col. K.A. Hunter, "Quarterly Report of Medical Activities of 5 Cdn Armd Div - July to September 1944 incl", 5CAD ADMS, War Diary, LAC RG24 Volume 15,664, September 1944.

found in Canadian mail.¹⁰⁰⁰ One browned off private wrote home: “Every damn place is out of bounds to the Canadians. It is getting beyond a joke now. Most of the boys are wondering if Canada will be 'Out of bounds.' I guess the only place they can trust them is at the front.”¹⁰⁰¹ A report noted of a later rate increase in November that “The majority of cases are gifts purchased in ROME or FLORENCE.”¹⁰⁰² In January 1945, an estimated 60 percent of cases in 5th Canadian Armoured Division were thought to originate in Rome.¹⁰⁰³ During operations in fall of 1944 in Italy, instructions were issued that VD casualties that occurred during operations, likely those who were previously infected and were now displaying symptoms, would not be evacuated for treatment until the operation was complete.¹⁰⁰⁴ Medical Officers could give them sulphur drugs if they saw fit. Some attempts were made to establish prohibited areas in North-West Europe as well. In the Netherlands in 1945, streets and districts with "bad cafes" and large numbers of prostitutes were put out of bounds and patrolled by 7 Canadian Provost Company.¹⁰⁰⁵

Even before the Operation OVERLORD there were plans for medical officers to liaise with local European authorities in the attempts to curb the spread of disease. The senior medical

¹⁰⁰⁰ Chief Censor, Central Mediterranean Force, “Appreciation & Censorship Report No. 50 for Period 1-15 Aug 44 Inclusive”, CMHQ File 4/Censor Repts/3, “Censorship Reports from AAI”, LAC RG24 Volume 12,323.

¹⁰⁰¹ Major C.C.B. Rice, Chief Base Censor, CMF, “Appreciation & Censorship Report No. 51 for Period 16-31 Aug 44 Inclusive.”, 5 September 1944.

¹⁰⁰² “Consolidated Weekly Health State - 5 Cdn Armd Div for week ending 12 Nov - 18 Nov 44 incl.”, 5CAD ADMS, War Diary, LAC RG24 Vol 15664, 29 November 1944.

¹⁰⁰³ “Consolidated Weekly Health State – 5 Cdn Armd Div – for week ending 14 Jan – 20 Jan 45 incl.”, 5CAD ADMS War Diar, LAC Rg24 Vol 15,664, January 1945.

¹⁰⁰⁴ 5CAD ADMS War Diary, Operations Log, LAC RG24 Volume 15,664, 21 August 1944.

¹⁰⁰⁵ P. Bernstein, VDCO, First Canadian Army Leave Centre, “VDCO Monthly Report for Month Ending 31 July 45” CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, LAC RG24 Vol. 12,613, August 1945.

administration officer of a formation occupying a town or village was to investigate prostitutes and the VD situation, quickly surveying the situation and plan prophylactic administration centres.¹⁰⁰⁶ The low incidence of venereal disease at the beginning of the campaign was attributed to "negligible [...] facilities for contract" due (aside from the heavy pace of combat) from villages and towns being put "Out of Bounds".¹⁰⁰⁷ When the Canadian Army liberated Holland, administrators concerned with civil affairs set to work to control venereal disease. An intriguing note from the First Canadian Army administration reports in January 1945 recorded that, "tie up on VD control in the liberated part of the Netherlands is improving. While the authorities have rescinded the German law with regards to the control and treatment of affected women, they have replaced it by a law which covers the whole subject."¹⁰⁰⁸ Public health authorities created advice bureaus in all the large towns, and statistics suggested that the Netherlands would not be as much of a problem as Belgium and France.

Studies of forces on campaign had long showed that most infections were caught when on leave.¹⁰⁰⁹ Discussions between VDCOs in March 1945 questioned the logic of concentrating men on leave in large cities. As they reported,

It seems rather paradoxical that the chief purpose of a soldier's leave – the uplift,

¹⁰⁰⁶ "1 Corps Medical Operation Instr No.1, Neptune, Bigot", ADMS 3CID, July War Diary, Appendix 36, 15 May 1944.

¹⁰⁰⁷ Major J.B. Cram, VDCO 3CID, "Monthly VD Report – Aug 1944 – 3 Canadian Infantry Division", August War Diary Appendix, n.d.

¹⁰⁰⁸ Major A.L.S. Ireton, "First Cdn Army Administrative Report - Weekly", Folder 215C1.053 (D4), "ADM 1st Cdn Army Weekly Admin Reports 1st Cdn Army Jan/30 Apr 45." RG 24 Vol. 10,667, LAC, 1 January 1945.

¹⁰⁰⁹ K.A. Hunter, ADMS, "Prophylaxis", ADMS Circular Letter no. 14/44, 5th Canadian Armoured Division ADMS, War Diary, Appendix 7, LAC RG 24 Vol. 15,664, 15 April 1944.

physically and psychologically that he may achieve – should be implemented by transporting him to an environment which encompasses and in which is heavily concentrated overcrowding, idleness and vice in all its various forms. Is this to be preferred to wholesome exercise, sports, association and companionship with girls who have some ideals and principles rather than the sole purpose of commercial prostitution?¹⁰¹⁰

A spike in the gonorrhoea rate in 2nd Division for the week ending on 18 October 1944 was explained with succinct euphemism: “the population of Antwerp is very friendly.”¹⁰¹¹ Late in the year, the rest period, dubbed Operation RELAX, highlights the morale paradox of leave time for soldiers. As one 3rd Canadian Infantry Division report stated, “All ranks entered enthusiastically into the spirit of recreation, one evidence being the rise in incidence of VD some days later.”¹⁰¹² From that time to the end of the year, rates averaged twenty-eight weekly, which was considered much too high.¹⁰¹³ The archival record suggests that short leave to Paris and Antwerp were cancelled in late December 1944 due to rising numbers of venereal disease infection.¹⁰¹⁴ The proportion of infected soldiers citing Antwerp as the source of VD infection dropped dramatically as a result of the Leave Centre there being placed out of bounds.¹⁰¹⁵

¹⁰¹⁰ Major B.D.B. Layton, RCAMC, “Analysis of the V.D. Problem in the Canadian Army Overseas.” CMHQ File 11/Hyg V.D/9/2 “Reports V.D. C.O.S.”, LAC RG24 Vol. 12,613, 1945.

¹⁰¹¹ Quarterly Report – (October to December) – Medicals – 2 Cdn Inf Div, Folder “HQ 2nd Cdn Inf Div A.D.M.S. Jan 45 to Oct 45”, 152/(ADMS)-1-1-Jan 45, RG24 Vol. 15,660, 2CID War Diary, January 1945, Appx 1.

¹⁰¹² Col. C.H. Playfair, ADMS 3CID, “ADMS Quarterly Report 1 October 1944 to 31 December 1944.” 3CID ADMS War Diary, January 1945, Appendix 1, 6 January 1945.

¹⁰¹³ Col. C.H. Playfair, ADMS 3CID, “ADMS Quarterly Report 1 October 1944 to 31 December 1944.” 3CID ADMS War Diary, January 1945, Appendix 1, 6 January 1945.

¹⁰¹⁴ “First Cdn Army Administrative Report - Weekly”, RG 24 Vol. 10,667, LAC, 25 December 1944.

¹⁰¹⁵ Major E.L. Davey, 7 Cdn Fd Hyg Sec to ADMS 3 Cdn Inf Div, “Monthly hygiene Report (Sanitary & Epidemiological State) – 3 Cdn Infantry Division – Dec 4”, 1 January 1945. The

Several weeks later it was noted that the VD pro forma was working well, and that a few women listed as sources of the infection were traced and treated.¹⁰¹⁶ Advice Bureaux and district nurses were proving useful in tracing and collecting suspected sources.¹⁰¹⁷ In March of 1945, 5th Canadian Armoured Division's Venereal Disease Control Officer, a relative newcomer to the theatre, reported that in Holland "the [civilian] incidence is very high, and there are very large numbers of prostitutes, semi-pros and amateurs of easy virtue in the larger centres."¹⁰¹⁸ The 5th Division's VDCO reported that the control program was not as vigilant as it was in Italy, and that "methods [to] bring infected [civilians] under treatment generally less drastic." As the incubation period for gonorrhoea was 3-21 days and syphilis 30-90 days, the delay involved in

last quarterly report of the 2nd Division's medical headquarters noted that in built up areas and "especially ANTWERP", V.D. was "extremely prevalent in a certain section of the civilian population." "Quarterly Report – (October to December [1944]) – Medicals – 2 Cdn Inf Div", 2CID ADMS War Diary, Folder "HQ 2nd Cdn Inf Div A.D.M.S. Jan 45 to Oct 45", 152/(ADMS)-1-1-Jan 45, RG24 Vol. 15,660, January 1945, Appx 1.

¹⁰¹⁶ It was expected that the short supply of sulphatizole would be improved with new [ARB?] units moving up. "First Cdn Army Administrative Report - Weekly", File 215C1.053 (D4), "ADM 1st Cdn Army Weekly Admin Reports 1st Cdn Army Jan/30 Apr 45.", RG 24 Vol. 10667, 29 January 1945; Sulphanilamide cream was also short in both 2nd and 3rd Divisions during the last quarter of 1944. Col. C.H. Playfair, ADMS 3CID, "ADMS Quarterly Report 1 October 1944 to 31 December 1944." 3CID ADMS War Diary, January 1945, Appendix 1, 6 January 1945. In 2nd Division sulphanilamide had been used up on burns and skin infections. Quarterly Report – (October to December) – Medicals – 2 Cdn Inf Div, Folder "HQ 2nd Cdn Inf Div A.D.M.S. Jan 45 to Oct 45", 152/(ADMS)-1-1-Jan 45, War Diary, January 1945, RG24 Vol. 15,660, 2CID ADMS, Appx 1.

¹⁰¹⁷ In April 1945, it was noted that locating and treating sources of V.D. infection was now performed by social workers. "First Cdn Army Administrative Report Weekly", Folder "215C1.053 (D4) ADM 1st Cdn Army Weekly Admin Reports 1st Cdn Army Jan 30 Apr 45." RG24 Volume 10667, LAC, 23 April 1945.

¹⁰¹⁸ 5CAD ADMS War Diary, LAC RG24 Vol. 15,664, 26 March 1944.

patients showing signs of infection must have curtailed efforts to trace contacts.¹⁰¹⁹ Especially in regards to syphilis, numerous sexual partners could have been contacted within three months' worth of soldiering, and memory of the particulars may not have been strong. The 5th Canadian Armoured Division's first quarterly medical report of 1945 indicates the cosmopolitan nature of contact in the records of the 323 cases. Centres of contact included: Rome, Florence, Naples, Marseilles, Avignon, Paris, Brussels, Bruges and Ghent. The report stated, "More recently we have imported some cases from England, Scotland and Wales. These souvenirs purchased by our troops during their travels seem to be almost as popular as those displayed in shop windows."¹⁰²⁰ The report lamented that the expected decrease in the VD rate upon leaving Italy was not observed, and "Facilities for the spread of these disease seem to be as readily available here as they were in Italy."¹⁰²¹ The second quarterly medical report for the Army noted that venereal disease rates rose to 10.8 percent calculated yearly. In this period 5500 cases were diagnosed, representing 27 percent of total sickness. The *pro formae* that soldiers filled out indicating the source of infection, noted that around 80 percent of all cases were contracted at leave centres in the United Kingdom, Belgium and Holland.¹⁰²² In attempts to curb the problem, six Canadian PACs were established in the Army area, and an additional VDCO was authorized

¹⁰¹⁹ "Questionnaire for those contracting Venereal Disease", 5CAD ADMS War Diary, LAC RG24 Vol. 15,664, March 1945.

¹⁰²⁰ Lt Col J.S. McCannel, A/ADMS, 5CAD, "Quarterly Report on Medical Activities of 5 Canadian Armoured Division – January to March 1945", 5CAD ADMS War Diary, RG24 Vol. 15,664, April 1945.

¹⁰²¹ Ibid.

¹⁰²² The largest number came from Holland as the quarter closed. File 133.065(D327A), Folder, "MEDICAL REPT - 1st Cdn Army - 1 Apr/30 Jun 45 - Quarterly...", LAC, RG 24 Vol. 18712.

for Amsterdam.

The provision of medical care for Canadian soldiers with venereal disease was more consistent than attitudes towards sexuality. While a minority of army administrators may have felt that sex was a healthy activity for soldiers to engage in, the majority felt that soldiers should be counselled to avoid sex and pursue more wholesome activities. Most of those with any experience commanding soldiers reluctantly accepted that sexual contact would occur, and that prophylaxis in its various forms was the best way to keep soldiers free of communicable diseases. Disciplinary approaches changed throughout the war. Originally men were docked pay if they contracted the disease, but later in the war, different attempts were made to keep men free from infection. Men were pressed to use preventative measures, and to avoid brothels and communities that were considered a risk. Leave was paradoxical for Army administration. While the greatest relief from military discipline was time spent away from camp, this was also the period when sexual disobedience, in the form of contracting VD, was possible. The Army recognized that citizen soldiers' willing obedience was predicated on their belief that service conditions were fair. Soldiers' expected time to relax outside of the watchful eye of their superiors, and blew off steam with alcohol and sex. Try as the Army might, the large spike in VD after May 1945, shows the incomplete nature of the controls on soldier's sexual behaviour. The nature of prostitution and sexual contact varied depending on locality, but medical and disciplinary aspects of Canadian Army surveillance were broadly extended to soldiers' sexual partners in Europe. The intervention of venereal disease control officers and provost personnel into this civilian sphere shows that the powers of the Army to enforce obedience and conduct

surveillance extended beyond its own personnel. It is to the nature of this intervention in Canadian lives that we turn to in conclusion.

Chapter 10: Conclusion

This work has argued that during the Second World War the Canadian Army used medicine to measure morale in several important ways. Medicine was a key feature of morale surveillance that the Army used to monitor soldiers' will. Sickness itself was scrutinized as a potential failing of the desire to perform military tasks. Medical officers and line officers alike were told to keep a sharp eye out for malingerers on sick parade who could perform regular duties if they only had the motivation. In Canada, morale surveillance was institutionalized within the Directorate of Special Services which used disciplinary and medical indicators interchangeably to develop a picture of corporate morale. Morale surveillance overseas was not gathered under a single administrative branch, yet it permeated all layers of command. Here too, commanders from the highest operational headquarters, to those of the smallest sub-units, integrated medicine and discipline in their understanding of morale. From dramatic and obvious indicators of the lack of will to soldier such as self-inflicted wounds, to the more subtle transgressions such as the failure to avoid contracting venereal disease, morale was medicalized in a system which sought to get the most out of Canadian manpower. The most explicit medicalized morale indicator was that of battle exhaustion, where psychiatric breakdown on the battlefield was explained by psychiatrists and operational officers alike in reference to will, and disposal of unstable personnel included a combination of medicine and discipline.

The Army is a key institution of the Canadian state, and is thus of great interest in the development of the relationship between citizen and bureaucracy. During the World Wars, the powers of the government were greatly enhanced, and the armed forces extended military

discipline to large populations of former civilians. The Army is perhaps the ultimate instance of a rationalized bureaucratic department creating dossiers on its subject population. Personnel selection is one manner in which the Army sought to optimize manpower by using an increasingly complex categorization system to assign men to appropriate roles. By doing so, administration sought to keep even those men whose stability or mentality ratings were too low for combat roles, as obedient cogs in the machine. It might be suggested here, however, that we need not interpret scientific personnel management as merely a nefarious tool of state power. Assigning men to roles for which they were apt surely eased frustrations for many soldiers. It also aimed to improve morale in the sense of willing obedience. There is also the case to be made that the system failed to control soldiers. While this work has described a medicalized disciplinary regime established to monitor and regulate behaviour, it has also shown that many Canadian soldiers behaved in ways that were unacceptable to their superiors. Individual soldiers still had the agency to act on their desires, whether it be disobeying regulations on sexual activity or facing the enemy in battle.

A key aspect to the implementation of morale administration was surveillance. While interwar pensions set a precedent for medical surveillance on Canadian veterans, the expanded powers of an active army during wartime led to a massive intrusion into Canadian lives with little debate or justification offered. This surveillance could reach into the most intimate aspects of a soldiers' life by reading his mail, or interrogating him about his sexual contacts. Little was left to privacy. A broad range of tools such as medical or disciplinary statistics and personnel categorization also sought to know the Army and determine its willingness to obey.

Quantification reigned supreme. Vast dossiers of medical and disciplinary figures were compiled to allow commanders to observe corporate morale. Rates of maladies from gonorrhoea to self-inflicted wounds were compiled in an effort to keep tabs on formations. In postal censorship reports, men's private thoughts were categorized, quantified and compiled in hopes to turn a chaotic mass of emotions into a knowable object. On the home front, the Directorate of Special Services used these quantitative methods as well as the new research tool of the social sciences: the public opinion poll. Vast quantities of soldiers were asked how their life in the Army might be improved, and which aspects they approved of.

While a very slim minority of soldiers would have served out their war years without at least one contravention of military law, there was no large scale collapse of discipline during the Second World War. The will to obey was maintained. This is not to say that the Army was not concerned about discipline. It invested a great deal of administrative resources attempting to determine where discipline was a problem, and the military justice system was kept busy during the conflict from commanding officers' desks to the field general court martials. For most Canadian soldiers, the simple act of going away without leave was their worst transgression. Many men who felt they were not given enough leave time, or those who were caught up in the merriment of a break from military discipline simply extended their time away from the Army on their own authority. Depending on the circumstance, such offenders could be dealt with by minor fines and duties, or serious imprisonment. Long absences could approach desertion, which was a matter of gravity, especially for those in active theatres of war. Many Canadian soldiers had a difficult time transitioning from civilian to military life, and going AWL was one

manifestation of this friction.

Morale was medicalized during the war for a number of reasons. Foremost among them was the suspicion that sickness was being used as a method to escape duty. A basic function of regimental medical officers (not to mention other junior officers and NCOs) was to keep alert for shirkers and malingerers. In a certain sense, morale, as willing obedience, operated on the psycho-somatic plain, where, if morale was high, psychological motivation could overcome the body's failings, and the soldier could continue to be of use by performing his regular duties. Medicine was also particularly well suited to provide the Army with information which it could understand. Epidemiological reports of the rates of battle exhaustion, venereal disease, and sickness could quickly summarize the corporate morale of formations. The feature of quantitative medical surveillance fit very well with the disciplinary picture which similarly monitored rates of Away Without Leave and other military crimes to produce figures on collective morale.

Rationalization, bureaucracy, and surveillance are keys to the modern state, considered by many in a negative Orwellian light. Yet, in the mass mobilization of Canadian citizen-soldiers during the Second World War, was there an alternative to these modern means? A critique of state power is moderated by the nature of the war against a belligerent, expansive, and genocidal regime. In considering a cost-benefit analysis of the state monopoly and mobilization of violence, surely the end of Nazism justifies the erosion of freedoms? While the work of Jeff Keshen, and the current study have shown that the notion of the patriotic "Good War" needs to be modified in analysis of the Canadian Second World War, the conflict and the modern

response to it still seems justified by the nature of the regime that Canada opposed. Despite these qualifications, the widespread invasion of privacy during the war is worthy of note. The Army used medical records to keep tabs on its personnel, and there was no privacy barrier between the medical and operational staff. Little justification for this state invasion of privacy was offered, and little demanded. The unprecedented nature of such surveillance meant that Canadians had not deeply considered the right to privacy and its limits.¹⁰²³ While a cost-benefit analysis in light of the depredations of Hitler's regime may justify the benefits of this intrusion, the nature of the costs are worth consideration. Enormous government power to know its citizens most intimate thoughts and actions deeply infringed on privacy. The Army implemented an early case of bureaucratic surveillance which should resonate with Canadians in the twenty-first century. Christopher Dandeker wrote as early as 1990 that, "Today, one of the most obvious indicators of the pervasiveness of bureaucracy is the massive expansion of personal documentary information which is held by a range of organizations, such as the branches of the welfare state, banks, credit agencies, police authorities and so on. The age of bureaucracy is also

¹⁰²³ American historians have pointed the 1880s and particularly Samuel Warren and Louis Brandeis' "The Right to Privacy" in the 1890 Harvard Law Review as the earliest legal consideration of privacy, in that case, against prying journalists. Erin K. Coyle, "E. L. Godkin's Criticism of the Penny Press: Antecedents to a Legal Right to Privacy.," *American Journalism* 31, no. 2 (2014): 263. In Canada, laws allowing search and seizure for criminal cases, which clearly contravene privacy for the greater good, date back to the original 1892 Criminal Code. In the 1960s, revelations of RCMP surveillance of separatist movements in Quebec led to legislative controls from 1964. These and the Watergate scandal led to the 1974 Protection of Privacy Act. See, Douglas Camp Chaffey, "The Right to Privacy in Canada", *Political Science Quarterly* 108:1 (Spring 1993), 117-133.

the era of the information society.”¹⁰²⁴

The significance of this dissertation has been to expose the manner in which medicine was used by the Canadian Army to observe and enforce discipline through the surveillance of morale. It provides insight into the critical growth of “man management” and administration in the Canadian military context and situates medical practitioners as important elements of the disciplinary system. It has used archival sources in new ways (such as the neuro-psychiatric record) and exposed sources (such as postal censorship) that have yet to be thoroughly examined by historians. The medicalization of morale aided the Army in monitoring soldiers. It gave administration a quantifiable index of the willful obedience of large groups of soldiers. This process reveals the role of medicine in the historical development of the Canadian Army as an institution.

¹⁰²⁴ Dandeker, *Surveillance, Power and Modernity: Bureaucracy and Discipline from 1700 to the Present Day*, 2.

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