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An Administrative Learning Curve Casualty Rehabilitation in the Canadian Expeditionary Force

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An Administrative Learning Curve

Casualty Rehabilitation in the Canadian Expeditionary Force

RICHARD HOLT

Abstract: This article discusses the development of an efficient administrative system in England to handle Canadian casualties evacuated from units in France and Belgium. The system consisted not only of medical treatment but also the management of casualties with a view to returning as many as possible to the front lines. Specific topics discussed include standing medical boards, command depots responsible for physical training, and the disposal of those not fit for further service in France. The article concludes that the creation of territorial regimental depots in 1917 to manage casualties marked the transition of the Canadian Expeditionary Force from a hastily organised body to a well organised professional army.

In recent years, there has been some debate over whether British and Canadian forces learned from their experiences and if there was an identifiable “learning curve.” To date, the discussion has been confined exclusively to operations on the battlefield. However, there were also changes in the administrative sphere that were equally as important and paralleled the transition of the Canadian Expeditionary Force (CEF) from the militia of 1914 to the hard-hitting, professional army of 1917–1918.

One of these administrative changes was the development of a comprehensive system to return casualties¹ evacuated from France and

¹ The term includes both sick and wounded.
Belgium to the reinforcement stream after recovery. Creating such a system was important; in wartime, manpower is a vital commodity and has to be carefully husbanded. Units in France depended on a steady stream of reinforcements to maintain an effective fighting strength. Not all of these reinforcements were fit men from Canada; a substantial number were casualties who had been restored to full health.

Surprisingly, historians have paid little attention to the creation of a comprehensive system for returning casualties to the reinforcement stream. Colonel Nicholson's magisterial official history does not mention the topic, even in passing. However, as he wrote, the scope of the book was such that much could be covered "only in broad outline, for the limitations imposed by the covers of a single book have ruled out the inclusion of much detail." The official medical history, on the other hand, contains a brief discussion of command depots but not the overall system. Medical historians have overlooked the means by which casualties were managed, perhaps because their interest lies in medical and not administrative care.

Returning casualties to the front was not a straightforward matter since many of those discharged from hospital were not immediately fit for active service and required a period of convalescence to rebuild their strength. If these men were retained in hospital, they became 'bed-blockers'. But if they were returned to a reserve unit, they became an unwelcome burden on staff who were fully occupied training recruits. The problem, then, was what to do with these men until they were fit for active service.

Initially, men discharged from hospitals who required 'hardening' before being recycled into the reinforcement stream were simply posted

3 Sir Andrew Macphail, *The Medical Services* (Ottawa: King's Printer, 1925), 204–208.
5 Reserve units, based in England were intended to train fit soldiers who could then be posted to France as reinforcements.
Table 1: Reserve Battalions Unfit Men
April–December 1915

<table>
<thead>
<tr>
<th>Month</th>
<th>Fit</th>
<th>Temporarily Unfit</th>
<th>Permanently Unfit</th>
<th>Convalescents</th>
<th>Total Unfit</th>
<th>Proportion Unfit (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>3929</td>
<td>673</td>
<td>78</td>
<td>340</td>
<td>1091</td>
<td>21.7</td>
</tr>
<tr>
<td>May</td>
<td>2842</td>
<td>643</td>
<td>123</td>
<td>3056</td>
<td>3822</td>
<td>57.4</td>
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<tr>
<td>June</td>
<td>4565</td>
<td>831</td>
<td>252</td>
<td>3097</td>
<td>4180</td>
<td>47.8</td>
</tr>
<tr>
<td>July</td>
<td>8093</td>
<td>843</td>
<td>278</td>
<td>3607</td>
<td>4728</td>
<td>47.8</td>
</tr>
<tr>
<td>August</td>
<td>8010</td>
<td>1008</td>
<td>376</td>
<td>3763</td>
<td>5147</td>
<td>39.1</td>
</tr>
<tr>
<td>September</td>
<td>8858</td>
<td>1226</td>
<td>496</td>
<td>3718</td>
<td>5440</td>
<td>38</td>
</tr>
<tr>
<td>October</td>
<td>10029</td>
<td>1730</td>
<td>541</td>
<td>3946</td>
<td>6217</td>
<td>38.3</td>
</tr>
<tr>
<td>November</td>
<td>15159</td>
<td>2662</td>
<td>552</td>
<td>3610</td>
<td>6224</td>
<td>29.1</td>
</tr>
<tr>
<td>December</td>
<td>15823</td>
<td>2953</td>
<td>953</td>
<td>3562</td>
<td>7468</td>
<td>32.1</td>
</tr>
</tbody>
</table>

Notes: (1) The Infantry Base Depot and the Automobile Machine Gun Brigade have been excluded from the April return. (2) Battalions earmarked for the 3rd Division have been excluded from the October and November returns.

Not surprisingly, as shown in Table 1, the number of unfit men held by the reserve battalions increased steadily over time. These unfit men must have been a significant administrative burden to reserve battalion staffs whose primary duty was training infantrymen and not caring for invalids. Private Cox of the 2nd Battalion, for example, was shot in the left elbow at Ypres in April 1915, evacuated...

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6 TNA WO 114/26, Weekly Returns of the British Army and Dominion Contingents at Home other than the Territorial Force 26 April 1915; TNA WO 114/57, Weekly Returns of the British Army and Dominion Contingents at Home other than the Territorial Force 31 May 1915, 28 June 1915, 26 July 1915 and 30 August 1915; TNA WO 114/27, Weekly Returns of the British Army and Dominion Contingents at Home other than the Territorial Force 27 September 1915, 25 October 1915, 29 November 1915 and 27 December 1915.

7 LAC RG 9 III D3 Vol 4950 File 476 reel T-10761, Medical Officer’s War Diary 28 July 1915.

8 TNA WO 293/2, War Office Instruction 148 of 18 May 1915 directing that members of the CEF who were permanently unfit for military service regardless of the cause would be posted to the Canadian Training Division.
to England 2 May 1915, and hospitalised in Sheffield. Discharged from hospital in June 1915, Cox was then posted to the 12th Reserve Battalion where he remained until he was pronounced fit in February 1916 and drafted to France. Presumably the reserve battalion provided remedial exercises during this time. In another case, Private Blake of the 4th Battalion was evacuated (as a prisoner) to England on 28 August 1915 suffering from a mental disease. On arrival he was admitted to the 4th London General Hospital and posted to the 12th Reserve Battalion. On 30 November 1915 he was discharged to Canada 'under escort'. There is no evidence he was discharged from hospital and it is probable that he never reported to the 12th Battalion. Nonetheless the unit was still responsible for his administration. Lastly, Corporal Ferguson of the 15th Battalion was repatriated to England in August 1915 after his leg was amputated in a German prisoner of war camp. Posted to the 17th Reserve Battalion on 11 September, he was discharged from Shorncliffe Military Hospital 23 September. Unlike Blake, Ferguson reported to the 17th and remained with the unit until he was returned to Canada 22 October 1915. In this case the reserve battalion was responsible not only for administration but for rations, quarters, and medical care.

From a unit perspective, the problem with unfit men was acute since they were not evenly distributed amongst the reserve battalions. In May 1915, the 32nd Reserve Battalion held 336 convalescents and seventy-eight trainees while the 23rd Reserve Battalion had trainees only. A few months later, in September 1915, the 9th Reserve Battalion had 866 invalids and 998 trainees, the 39th Reserve Battalion had 832 unfit and 1,134 fit while the 48th had fit trainees only. On average the eleven reserve units had 495 unfit men each. A few months later, in December 1915, the majority of the unfit were concentrated in nine battalions, leaving eight with only a few

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9 LAC RG 150 acc 1992-93/166 Box 2085, personnel file 8086 Lewis Cox.
10 LAC RG 150 acc 1992-93/166 Box 801, personnel file 26512 George Blake. On arrival in Canada Blake was diagnosed with 'delusional insanity' and committed to the provincial asylum at St. Jean de Dieu at Longue Pointe, Quebec. He died at the Westminster Veterans Hospital in London on 30 October 1967 after more than fifty years in psychiatric institutions.
11 LAC RG 150 acc 1992-93/166 Box 3040, personnel file 28022 Angus Ferguson.
men who were temporarily unfit.\textsuperscript{12} The degree to which instructors were diverted from their primary duties depended on the number of invalids and in some reserve battalions the emphasis must have been on handling the unfit. Clearly some form of holding unit was required to allow the reserve battalions to get on with their primary job.

As noted previously there was no formal administrative mechanism to dispose of permanently unfit men or to accommodate the wounded who required graduated exercises before re-entering the reinforcement stream. The results were inevitable and as shown in Table 1, almost a third of the invalids in reserve battalions in December 1915 were unfit for military service. From a functional point of view, these men presented two problems. First, more than a third of the bed spaces at the principal CEF training base at Shorncliffe were taken up by invalids, leaving less than 14,000 spaces for fit infantry trainees.\textsuperscript{13} Second, the hard-pressed training staff with the reserve battalions had to devote time and energy to administering the invalids, time that should have been spent on their primary job of training reinforcements.

The British army had the same problem and in April 1915 created large convalescent hospitals as a solution. However, this approach proved to be unsatisfactory since there was a general shortage of hospital beds and many of the invalids did not require hospitalisation but a regimen of graduated exercises to become fit for the front. In October 1915, therefore, depots were formed in each of the commands in Great Britain. Known as command depots these were not hospitals but convalescent centres where recovering invalids received “graduated exercises, including massage and therapeutic gymnastics, the ultimate object being to harden invalids sufficiently to enable them to join their reserve battalions within six months in a condition fit for drafting overseas.”\textsuperscript{14} However, command depots were

\textsuperscript{12} TNA WO 114/57, Weekly Returns of the British Army and Dominion Contingents at Home other than the Territorial Force 31 May 1915; TNA WO 114/27, Weekly Returns of the British Army and Dominion Contingents at Home other than the Territorial Force 27 September 1915; 25 October 1915 and 27 December 1915.

\textsuperscript{13} LAC RG 24 Vol 1841 File GAQ 10-39D, Minutes of a Conference held at the War Office 28 April 1916 with representatives of the CTD, Director of Quartering, Director of Organization and Director of Staff Duties noting that there were enough huts for 21,000 men at Shorncliffe.

intended only for British troops; dominion forces had to make their own arrangements.\textsuperscript{15}

In December 1915, Canadian Director of Recruiting and Organization Colonel F.A. Reid examined the problem of unfit men with reserve units. His solution, modeled on the British command depot, was to establish a Canadian casualty depot to care for men discharged from hospital who required hardening. As Reid noted, this casualty depot would allow the reserve battalions to focus on training which "would bring them up to a far higher state of efficiency."\textsuperscript{16} His proposal was reviewed by CTD Headquarters at Shorncliffe and the Director of Medical Services at Canadian Headquarters in London, both of whom thought additional features should be added. As a result, the proposal, which was approved by Canadian Headquarters in January 1916, went far beyond Reid's idea to establish a command depot and instead created a comprehensive system to handle all those who were medically unfit.

Under the new system, casualties evacuated from France and Flanders to hospitals in England were posted to a new unit, the Canadian Casualty Assembly Centre (CCAC). These postings were based on casualty lists produced by General Headquarters 3rd Echelon, the agency responsible for all personnel movements in France, which meant the CCAC nominal roll was only as accurate as the information provided by the 3rd Echelon. Members of the CEF who had been discharged from hospitals in Britain were sent to CCAC Headquarters at Folkestone where they were assessed by a Standing Medical Board. Those who were fully recovered were posted to a reserve battalion and fed back into the reinforcement stream while those who were unlikely to become fit within six months were posted to another newly-created unit, the Canadian Discharge Depot, for repatriation to Canada or release in the British Isles.\textsuperscript{17} Men who had recovered but were fit for sedentary duties only were retained by the CCAC in garrison duty battalions to provide workers for routine fatigues and relieve fit men for the front; those who showed an aptitude for clerical work were trained by the School of Stenography

\textsuperscript{16} LAC RG 24 Vol 1844 File GAQ 11-11C, Director of Recruiting and Organization to Officer i/c Records, Westminster 9 December 1915.
\textsuperscript{17} Lieutenant Ralph E. Mathews, \textit{Souvenir of the Canadian Discharge Depot; Published as a Memento of the Last Rest Camp in England} (privately printed, nd), Copy held by the Imperial War Museum
Canadians at Buxton proceeding to the station for discharge and Furlough. [Library and Archives Canada PA 005133]

in London as replacements for fit clerks who could then be posted to France. Finally, those who had not fully recovered but would likely be fit within six months were posted to another unit, the Canadian Command Depot (ccd) at Monks Horton, for remedial exercises and ‘hardening’ before rejoining the reinforcement stream.

The system was periodically modified as problems arose. In June 1916 Headquarters ctd ruled that men admitted to hospital from units in England would be posted to the ccac if the hospital staff determined they were unfit for full duty. Those who were insane or suffering from epilepsy or tuberculosis would also be transferred to the ccac for repatriation to Canada, presumably because of the need for specialised medical care not available at the Canadian Discharge Depot. Lastly it was decided in November 1916 that men with

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18 LAC RG 9 III A1 Vol 74 File 10-8-22 Vol 1, AG Headquarters Canadians to Sir George Perley 7 November 1916; The Imperial War Museum holds a printed copy of a booklet System of Handling and Disposition of Casualties in the Canadian Expeditionary Force (London: np, 31 October 1916). Presumably the author was Colonel F.A. Reid, the Canadian Director of Recruiting and Organization
newly-arrived battalions who were found to be permanently unfit by medical boards would be transferred to the CCAC for discharge or posted to a garrison duty battalion to perform routine fatigues.21

The role of the CCAD was to rehabilitate casualties and return them to reserve battalions where they would be fed into the reinforcement stream. However, Reid thought the reserve battalions would bungle the job and in July 1916 wrote to the Officer in Command (OIC) of Reinforcements at Canadian Headquarters in London that “very much better results would be secured in so far as Monks Horton [CCAD] is concerned, if the men from there were drafted direct from Monks Horton to their Units in the Field. A large number of these men, after they are in shape physically, are returned to Reserve Units and are lost.”22 But, as OIC Reinforcements pointed out, it would be difficult to document, re-equip and dispatch men to the continent directly from the CCD and as a compromise a new unit, the 1st Canadian Casualty Training Battalion was created to return men to their units.23 Intended to be a reserve battalion responsible for reinforcing three fighting battalions at the front, the new unit opened at Brighton on 23 October 1916.24 A simplified diagram of the new arrangements is shown in Figure 1.

The most successful part of this elaborate system was the CCD, designed to hold up to 4,000 men at a time in order to bring them “to the necessary fit condition in a very short time to return to duty overseas [in France or Belgium].”25 From the beginning, this unit returned a steady stream of rehabilitated casualties to reserve battalions until the end of war. The success was such that a second command depot followed in August 1916 and a third in January 1917. The three depots were then harmonised with the reserve structure.

21 LAC RG 3 III B1 Vol 490 File R-50-1, Headquarters Canadians Brighton to GOC Canadian Troops Seaford, OC Canadian Troops Crowborough and OC Canadian Troops Seaford 20 November 1916.
23 LAC RG 9 III A1 Vol 48 File 8-5-58, OIC Reinforcements to Director of Recruiting and Organization 22 July 1916; System of Handling and Disposition of Casualties in the Canadian Expeditionary Force, 87.
25 LAC RG 9 III A1 Vol 48 File 8-5-58, War Office to GOC Shorncliffe 17 April 1916 approving the establishment of the Canadian Command Depot and enclosing War Office letter 24/General No. 4309 (AG 1) 1 October 1915 with the approved establishment for a command depot; LAC RG 9 III A1 Vol 48 File 8-5-58, CTD i/c BF & PT to Director of Recruiting and Organization 19 July 1916.
in England. Number 1 Canadian Command Depot was affiliated with new regimental depots in the Shorncliffe area, Number 2 with regimental depots in the Bramshott area and Number 3 for all other regimental depots.26

The CCD training program was progressive and geared to the trainees' medical condition. On arrival, men were divided into four groups: those who could do all exercises with no difficulty, those who could not do strenuous exercises, those who could not do arm and shoulder exercises, and those who could not do much except for “gentle exercises, games and slow walks.”27 Not all convalescents were enthusiastic about the carefully designed program to restore them to full health, however, and in June 1916, Colonel Reid noted that “these men are not all desirous of being again fitted for the Front, and do not at all appreciate the Physical Training.”28

Unlike the CCD, the CCAC was not overly successful. Intended to be “a Central Authority [in England] for the controlling of casualties,”29

27 System of Handling and Disposition of Casualties in the Canadian Expeditionary Force, 80.
29 LAC RG 24 Vol 1844 File GAQ 11-11C, Director of Recruiting and Organization (Colonel Reid) to Canadian Records Office 9 December 1915.
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A Sergeant of the Fort Garry Horse who went through the Battle of Cambrai, packing his kit at Buxton, Canadian Discharge Depot. [Library and Archives Canada PA 005139]

creating and maintaining accurate and up-to-date records of the whereabouts and status of all those held on strength was absolutely essential. The ccac, however, failed to do this and thus became an administrative nightmare instead of an efficient means of managing manpower.

The ccac was an independent unit commanded throughout its existence by Captain E.A. Hudson (promoted to major on 18 September 1916), a remarkably junior officer to command a unit that reached a peak strength in February 1917 of 41,125 men, 13,849 of whom were in hospital.30 Each man had a personnel file and to simplify record-keeping, Hudson elected to divide the files into five groups based on the individual’s corps, an awkward arrangement that did not acknowledge the many exceptions to the norm and led to some confusion. “Difficulty is often experienced in maintaining these categories” commented the Canadian Records Office in November 1916 “when a soldier belonging to the Infantry is attached to an

Artillery unit for duty and subsequently returned.\textsuperscript{31} The same could be said for the Canadian Army Service Corps driver serving with a field ambulance who was wounded and evacuated to England.

The status of the \textit{ccac} as a unit also meant that only one set of Part \textit{ii} Daily Orders was issued.\textsuperscript{32} With more than 13,000 men posted to or from the \textit{ccac} in October 1916 alone, Part \textit{ii} Orders were very lengthy.\textsuperscript{33} Not surprisingly, given the volume of personnel transactions and the division of records, there were numerous errors. These errors were compounded when reserve units provided inaccurate or incomplete nominal rolls or in some cases, posted men to the \textit{ccac} without notifying Headquarters \textit{ccac}.\textsuperscript{34} In some cases, reserve units failed to transfer unfit men to the \textit{ccac}. Private Roberts of the Canadian Cavalry Depot suffered a compound fracture of the right leg when he was kicked by a horse. After being treated in the Canterbury and Central Military Hospitals, Roberts was transferred to the Canadian Special Hospital at Granville on 9 January 1916 until he was discharged on 20 July and posted to the \textit{ccac}. From February to July 1916, Roberts was unknown to the \textit{ccac} who could not therefore manage his case.\textsuperscript{35} No doubt others were in a similar position.

By October 1916, it had become apparent to Prime Minister Borden that the \textit{cef} organisation in England was badly in need of reform. However, given the extent of the problem, merely modifying the existing structure was not enough and after careful consideration, Borden and his cabinet approved an order-in-council on 27 October 1916 creating a new ministry, based in London, the Ministry of the Overseas Military Forces of Canada (\textit{omfc}). A few days later, on 1 November 1916, Sir George Perley, the Canadian High Commissioner, was formally appointed as the new minister.\textsuperscript{36}

\textsuperscript{31} LAC RG 24 Vol 1844 File GAQ 11-11C, 'Memorandum Relating to Organizing the \textit{ccac} in Relation to Its Effect on Record Office' prepared 24 November 1916 by Colonel Kemmis-Betty, i/c Canadian Records Office
\textsuperscript{32} Part \textit{ii} Orders listed all changes to the status of individual soldiers including promotions and postings.
\textsuperscript{33} LAC RG 24 Vol 1844 File GAQ 11-11C, 'Memorandum Relating to Organizing the \textit{ccac} in Relation to Its Effect on Record Office' prepared 24 November 1916 by Colonel Kemmis-Betty, i/c Canadian Records Office.
\textsuperscript{34} In other words, neither the reserve battalion nor the \textit{ccac} could be sure of where the man actually was.
\textsuperscript{35} LAC RG 150 acc 1992-93/166 Box 8341, personnel file 2475 Peter Joseph Roberts.
\textsuperscript{36} Desmond Morton, \textit{A Peculiar Kind of Politics: Canada's Overseas Ministry in the First World War} (Toronto: University of Toronto Press, 1982), 88–89.
One of Perley's first jobs was to create an efficient military headquarters to bring order to chaos. To do this, he brought Major-General (later Lieutenant-General) R.E.W. Turner back from France and appointed him General Officer Commanding (goc) Canadian troops in England and de facto chief of staff of the new Headquarters.\textsuperscript{37} Turner then selected his principal staff officers; in particular the Adjutant-General, Brigadier-General P.E. Thacker, a Permanent Force officer who had served as Director of Military Training at Militia Headquarters and had been seconded to the War Office in 1912.

The first task of the newly-appointed staff was to review the state of the reinforcement structure in England. The results were depressing. Lieutenant-Colonel McDonald, head of the General Staff Branch, reported there was no system for the supervision or coordination of training, unit establishments were unsuitable both for training and supplying reinforcements, and there was a lack of training materiel because Canadian establishments did not correspond with British establishments. Thacker's report was similar. Reserve units did not have formal establishments, the reserve organisation was ill-suited to provide reinforcements, and the control of manpower by the ccac was unsatisfactory.\textsuperscript{38}

Thacker's comments were well-founded. In November 1916 an audit by the Canadian Records Office in London showed that a large number of men ostensibly with the ccac were actually serving in France, had deserted, died, been repatriated to Canada or simply did not exist.\textsuperscript{39} Nor was the 1st Casualty Training Battalion any more effective. By 29 January 1917, there were 1,168 men with the battalion. However with one exception all were in category Aiii (fully trained but required hardening). In effect, the new unit was not a

\textsuperscript{37} Ibid., 98.
\textsuperscript{39} LAC RG 24 Vol 1844 File GAQ 11-11C, “Memorandum Relating to Organizing the CCAC in Relation to Its Effect on Record Office,” prepared 24 November 1916 by Colonel Kemmis-Betty, i/c Canadian Records Office, Headquarters CTD Shorncliffe circular letter 1 June 1916 referring to CTD Order 1636 of 1 April 1916 noting that units had transferred men to the CCAC without notifying Headquarters CCAC.
reserve battalion capable of providing reinforcements but an extension of the CCD.\textsuperscript{40}

Thacker moved quickly. Dissolving the Casualty Training Battalion was easy and the unit was disbanded on 19 February 1917.\textsuperscript{41} The command depots and discharge depot were working well and were therefore retained. Doing away with the \textit{ccac} however was another matter. After careful consideration, Headquarters \textit{omfc} announced in February 1917 that the unit would be replaced by newly-organised Regimental Depots commencing 10 March 1917. While casualties from France could be absorbed by the new depots almost immediately, transferring men from the \textit{ccac} took some time, if for no other reason, as Thacker wrote that care had to be taken “not to transfer more men at one time than can be handled by the various [new] Regimental Depots without causing congestion.”\textsuperscript{42} By the end of March 1917, the new system was largely in place. However, it was not until August 1917 that more than 6,000 missing men could be traced and until then, the \textit{ccac} records section had to remain in existence.\textsuperscript{43}

The newly organised regimental depots were part of a larger scheme to reorganise the \textit{cef} in England and France on a rational basis. For the infantry, battalions with the Canadian Corps in France and reserve brigades in England were assigned to one of twelve territorial regiments. Each of the regiments also included a regimental depot. The remaining arms and services were not reorganised on a territorial basis but a regimental or corps depot was created for each.

One of the principal reasons for the administrative chaos in the \textit{ccac} had been the sheer volume of personnel records involved and the number of men on strength. The new structure, as spelled out in February 1917 by Headquarters \textit{omfc}, decentralised personnel administration so clerks with the new regimental and corps depots

\textsuperscript{40} TNA WO 114/31 Weekly Returns of the British Army and Dominion Contingents at Home other than the Territorial Force 29 January 1917; TNA WO 293/4 ACI 1023 of 19 May 1916 defined medical categories including AII.
\textsuperscript{41} LAC RG 24 Vol 1844 File GAQ 11-11C, Headquarters OMFC Routine Order 762 of 10 March 1917 announced that the battalion had ceased to exist as of 19 February 1917.
\textsuperscript{43} LAC RG 24 Vol 184 File GAQ 11-11C, historical summary ‘Canadian Casualty Assembly Centre’ prepared by Edwin Pye 20 April 1939.
### Table 2: OMFC Reorganisation 10 March 1917

<table>
<thead>
<tr>
<th>Regiment</th>
<th>Depot</th>
<th>Fighting Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Central Ontario Regiment</td>
<td>Shorncliffe</td>
<td>7 infantry battalions, 2 pioneer battalions, 1 labour battalion</td>
</tr>
<tr>
<td>2nd Central Ontario Regiment</td>
<td>Shorncliffe</td>
<td>5 infantry battalions</td>
</tr>
<tr>
<td>Manitoba Regiment</td>
<td>Shorncliffe</td>
<td>1 pioneer battalion, 1 labour battalion</td>
</tr>
<tr>
<td>British Columbia Regiment</td>
<td>Seaford</td>
<td>7 infantry battalions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 labour battalion</td>
</tr>
<tr>
<td>Eastern Ontario Regiment</td>
<td>Seaford</td>
<td>5 infantry battalions</td>
</tr>
<tr>
<td>1st Quebec Regiment</td>
<td>Shoreham</td>
<td>4 infantry battalions, 1 labour battalion</td>
</tr>
<tr>
<td>2nd Quebec Regiment</td>
<td>Shoreham</td>
<td>5 infantry battalions, 2 infantry battalions</td>
</tr>
<tr>
<td>New Brunswick Regiment</td>
<td>Shoreham</td>
<td>4 infantry battalions, 2 infantry battalions</td>
</tr>
<tr>
<td>Western Ontario Regiment</td>
<td>Bramshott</td>
<td>4 infantry battalions, 1 pioneer battalion</td>
</tr>
<tr>
<td>Alberta Regiment</td>
<td>Bramshott</td>
<td>5 infantry battalions</td>
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<td>Saskatchewan Regiment</td>
<td>Bramshott</td>
<td>5 infantry battalions</td>
</tr>
<tr>
<td>Nova Scotia Regiment</td>
<td>Bramshott</td>
<td>4 infantry battalions</td>
</tr>
<tr>
<td>Cavalry</td>
<td>Shorncliffe</td>
<td>4 cavalry regiments</td>
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<tr>
<td>Artillery</td>
<td>Shorncliffe</td>
<td>All horse, field, heavy and siege batteries and trench mortar batteries</td>
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<tr>
<td>Service Corps</td>
<td>Shorncliffe</td>
<td>All service corps units</td>
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<tr>
<td>Engineers</td>
<td>Crowborough</td>
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<td>Machine Gun Corps</td>
<td>Crowborough</td>
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<tr>
<td>Medical Corps</td>
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</tr>
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<td>Railway Troops</td>
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<td>Forestry Corps</td>
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<td>All forestry units</td>
</tr>
<tr>
<td>All other corps and miscellaneous details</td>
<td>Shorncliffe</td>
<td></td>
</tr>
</tbody>
</table>

Note: Fighting units included infantry battalions with the 5th Division.

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had far fewer files to deal with which significantly reduced the possibilities of errors.\footnote{LAC RG 9 III B1 Vol 1002 File R-5-3 Vol 3,OMFC Routine Order Number 608 of 24 February 1917.}

A circular instruction issued 26 February by Thacker spelled out the administrative details of the new system. “Reserve units only will be responsible for the training of fit men. The only unfit men carried on the strength of Reserve Units will be those who are on the permanent establishment [for general duties].”\footnote{Unfit men were posted to every reserve unit to perform unit fatigues which otherwise would have been done by fit trainees. LAC RG 24 Vol 1844 File GAQ 11-11C, Instructions for Dealing with Casualties and Non-Effectives Generally of the Canadian Overseas Military Forces, 26 February 1917.} Garrison duty battalions were disbanded and their functions assumed by regimental depots. Those who were not fit were posted to a corps or regimental depot if they were evacuated from France or, if serving in England, were found to be unfit for service in France. Those who became fit after hospital treatment or graduated exercises at a ccd were returned to a reserve unit and then recycled into the reinforcement stream.\footnote{LAC RG 24 Vol 1844 File GAQ 11-11C, Instructions for Dealing with Casualties and Non-Effectives Generally of the Canadian Overseas Military Forces, 26 February 1917.}

In comparison to the \textit{ccac} the new system was a model of simplicity. While there is no direct evidence that it was any better than
Figure 11: Simplified Outline Casualty Rehabilitation and Disposal 1917

Note: Rehabilitated casualties were posted to France from reserve units only.

the CCAC, the fact that regimental depots, the command depots and the discharge depot were retained until demobilisation was completed in 1919 suggests strongly that the new organisation met the need for accurate records and close control of personnel movements.

Specific cases illustrate the efficiency and flexibility of the new system. Private Bagley of the 7th Machine Gun Company, for example, was wounded at Passchendaele in October 1917. Evacuated a week later to England, he was simultaneously admitted to hospital and taken on strength of the Canadian Machine Gun Corps Regimental Depot. Transferred to a convalescent hospital 13 January 1918, he fully recovered and was dispatched to the 3rd Canadian Command Depot for hardening on 5 March 1918. Six weeks later he was pronounced physically fit and returned to the Canadian Machine Gun Corps Training Depot for posting back to France.48 On the other hand, Private Bird of the Royal Canadian Regiment became ill and was evacuated to England in February 1918. Posted to the Nova Scotia Regiment Depot, he was treated at a convalescent hospital and then attached to a command depot in July for hardening. However, his medical condition failed to improve and on 25 August 1918 Bird was returned to his regimental depot and

48 LAC RG 150 acc 1992-93/166 Box 336, personnel file 624851 Archie Clifford Bagley.
Table 3: Men Evacuated to England 1917-1919 Disposition

<table>
<thead>
<tr>
<th>Disposition</th>
<th>From CCD</th>
<th>From Hospital or Regimental Depot</th>
<th>Total</th>
<th>Proportion (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posted to reserve unit</td>
<td>212</td>
<td>142</td>
<td>354</td>
<td>59.6</td>
</tr>
<tr>
<td>Discharged to Canada</td>
<td>62</td>
<td>169</td>
<td>231</td>
<td>38.9</td>
</tr>
<tr>
<td>Transferred to RFC or RAF</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td>Deserted</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>Died</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>Posted to Young Soldiers Battalion</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Total</td>
<td>276</td>
<td>318</td>
<td>594</td>
<td></td>
</tr>
</tbody>
</table>

Proportion 46.5 percent 53.5 percent

Note: It is assumed that men posted to a reserve unit were available for military service of some description although medical complications could delay return to duty.

attached to the 23rd Reserve Battalion for garrison duties before he was returned to Canada. Private Kroeker of the 8th Battalion was wounded in the Vimy sector at the end of April 1917 and suffered the loss of his left leg. Evacuated to England 2 May 1917, he was posted to the Manitoba Regiment Depot and admitted to hospital where he remained until 17 October 1917 when he was repatriated to Canada for further treatment. Unlike similar cases in 1915, Kroeker remained on strength of his regimental depot throughout and was not posted or attached to a reserve battalion.

How successful were the CCAC and the regimental depots? In March 1916, Colonel Reid noted that 5,501 men had been screened by CCAC Standing Medical Boards of whom 2,363 or forty-three percent would “be reclaimed for overseas service” after rehabilitation at the Command Depot. Since 60,308 men passed through the CCAC up to December 1916, it is estimated that as many as 25,000 former casualties had been returned to duty, assuming that the majority

49 LAC RG 150 acc 1992-93/166 Box 746, personnel file 814241 John Bird.
50 LAC RG 150 acc 1992-93/166 Box 5258, personnel file 874497 Barney Jacob Kroeker.
51 LAC RG 24 Vol 1844 File 11-11C, Director of Recruiting and Organization to GOC Shorncliffe 28 March 1916.
52 Taken from on-line personnel files found on the LAC data base “Soldiers of the First World War,” available at http://www.collectionscanada.gc.ca/archivianet/index-e.html.
An old soldier (73 years) bidding good-bye at the station, prior to sailing for Canada. [Library and Archives Canada PA 005134]

successfully completed their training at the ccd—a very significant addition to the manpower pool.  

Reid’s estimate was based on a small sample of men admitted to the ccd in a three month period and may have been understated. A sample of 594 casualties evacuated to England from January 1917 to February 1919 shows that 59.6 percent were eventually returned to duty in some capacity. Less than half of these men passed through the ccd but the majority of those who did (76.8 percent) returned to a reserve unit and hence became available for duty. Admittedly the sample may be too small to be statistically definitive, but the results suggest the casualty rehabilitation system materially benefited the CEF by returning a substantial number of men to duty. With 125,884 sick and wounded evacuated to England from January 1917 to November 1918, it is probable that more than 70,000 men were eventually posted to a reserve unit and thus rejoined the reinforcement stream.

Admittedly the figures are soft, but it seems evident that large number of the sick and wounded were able to serve again in France;

54 LAC RG 9 III B3 Vol 3765, Strength returns CEF units in France and Belgium January 1917–November 1918.
a very substantial addition to the reinforcement pool. But, this was possible only because the CEF developed an efficient system for managing casualties. Creating this system took time. Initially, in 1915, reserve units had a dual role; managing casualties and training reinforcements. However experience showed that these roles were mutually exclusive and in early 1916, casualty management was centralised with the creation of the CCAC. But the CCAC suffered from poor records management and the sheer size of the organisation led to inefficiency. Not surprisingly, when Headquarters OMFC was formed in December 1916, steps were taken to form territorial regiments with regimental depots to care for those who were unfit. Decentralisation proved to be the key and the system created in March 1917 was a vast improvement over the CCAC.\textsuperscript{55} During the same period, the CEF in general and the Canadian Corps in particular moved from a militia-based force to a well-organised, hard-hitting professional army. The changes in casualty management were but one facet of this development and a study of these changes clearly shows the transition of the CEF into an efficient force designed to fight a modern war.

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\textbf{ABOUT THE AUTHOR}

Richard Holt is a retired officer who lives in St Marys, Ontario. He received his doctorate from the University of Western Ontario in February 2012 with his thesis, \textit{Filling the Ranks: Recruiting, Training and Reinforcements in the Canadian Expeditionary Force}. Richard has published a number of articles dealing with personnel in the Canadian Expeditionary Force and in December 2014, he published a local history, \textit{The Fallen: War Memorials of St Marys and Blanshard Township}. Currently he is researching felons recruited by the Canadian Expeditionary Force in provincial jails and federal penitentiaries.

\textsuperscript{55} For a good overview of the role of OMFC on reforming the CEF in England, see Desmond Morton, \textit{A Peculiar Kind of Politics: Canada's Overseas Ministry in the First World War} (Toronto: University of Toronto Press, 1982); and \textit{Report of the Ministry: Overseas Military Forces of Canada, 1918} (London: Overseas Military Forces of Canada, c1919).

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