

“The place is a prison, and you can’t change it” Rehabilitation, Retraining, and Soldiers’ Re-Establishment at Speedwell Military Hospital, Guelph. 1911-1921

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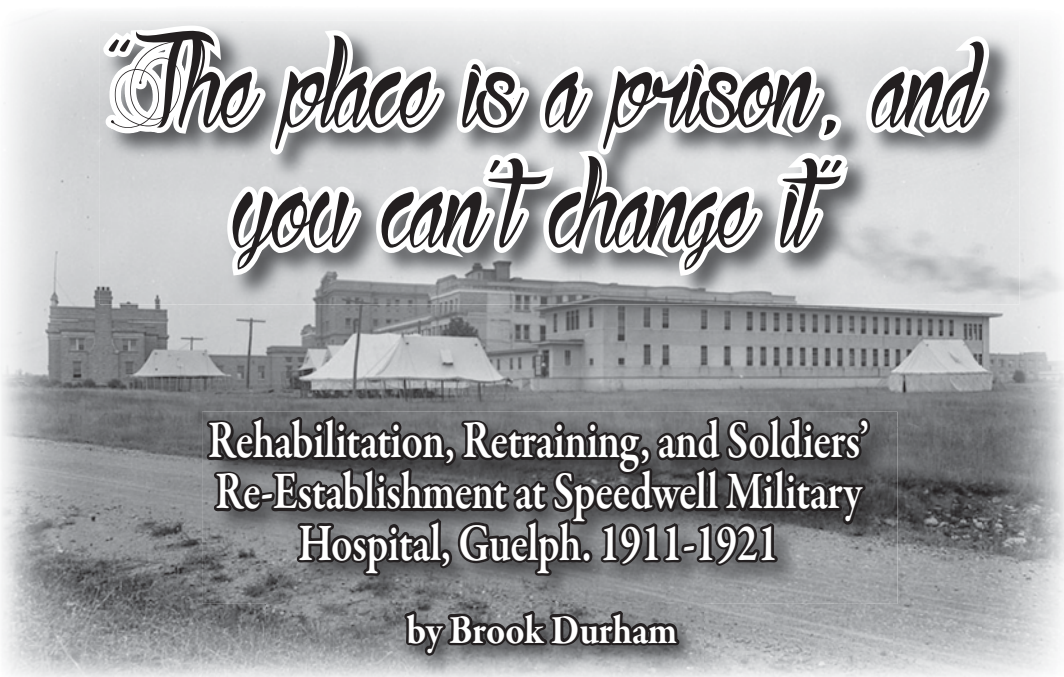
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Article abstract

Speedwell Military Hospital was a hospital for veterans of the Canadian Expeditionary Force located in the newly-built Ontario Reformatory in Guelph. Speedwell was part of a nation-wide program administered by the Department of Soldiers’ Civil Re-Establishment (DSCR) during the First World War intended to neutralize some of the social dangers associated with demobilization. As the health of individual veterans at Speedwell became closely associated with the nation’s economic strength, the ultimate goal of hospitals like Speedwell was the transformation of sick and wounded veterans into healthy and productive workers. However, as the needs of patients changed after the war, the initial promise of Speedwell as a site of rehabilitative labour made it clearly unsuitable for veterans in need of long-term convalescence care.

*"The place is a prison, and
you can't change it"*



Rehabilitation, Retraining, and Soldiers'
Re-Establishment at Speedwell Military
Hospital, Guelph. 1911-1921

by Brook Durham

Private Herbert Chapman was born in Croydon, England on 6 April 1895. The Chapman family resettled in Woodstock, Ontario shortly thereafter, where Chapman apprenticed as a machinist.¹ By October 1915, he was working in a remote mining town about 150 kilometres north of North Bay named Haileybury. It was here that twenty-year-old Chapman enlisted in the Canadian Expeditionary Forces (CEF) and joined the 2nd Canadian Pioneer Battalion, which was recruiting miners, lumbermen, railwaymen, mechanics, engineers, surveyors, carpenters,

and machinists from Haileybury and other nearby places. Chapman departed for England within the month and was deployed to France on 15 March 1916. At the front, his skills were put to use "consolidating positions captured by the infantry, tunneling, mining, wiring, railroad work," and maintaining the trenches.² On 5 April 1917, four days before Canada's fateful Battle of Vimy Ridge, an artillery shell exploded beside Chapman, tearing into his left side.

Chapman underwent emergency surgery at a nearby field hospital to repair multiple compound fractures to his leg

¹ "Herbert Chapman," Regimental Number 166303, Digitized Service File (<http://central.bac-lac.gc.ca/item/?op=pdf&app=CEF&id=B1626-S037>), file, "Ministry of the Overseas Military Forces of Canada," vol. 1626-37, no. 95947, RG150, *Library and Archives Canada*.

² "Pioneer Battalions," *Guide to Sources Relating to Units of the Canadian Expeditionary Force* (Library and Archives Canada). Accessed online (<http://www.bac-lac.gc.ca/eng/discover/military-heritage/first-world-war/Documents/pioneer%20battalions.pdf>) 15 June 2015.

Abstract

Speedwell Military Hospital was a hospital for veterans of the Canadian Expeditionary Force located in the newly-built Ontario Reformatory in Guelph. Speedwell was part of a nation-wide program administered by the Department of Soldiers' Civil Re-Establishment (DSCR) during the First World War intended to neutralize some of the social dangers associated with demobilization. As the health of individual veterans at Speedwell became closely associated with the nation's economic strength, the ultimate goal of hospitals like Speedwell was the transformation of sick and wounded veterans into healthy and productive workers. However, as the needs of patients changed after the war, the initial promise of Speedwell as a site of rehabilitative labour made it clearly unsuitable for veterans in need of long-term convalescence care.

Résumé: L'hôpital militaire de Speedwell, situé à Guelph dans un établissement de réforme récemment construit, était un hôpital pour les vétérans du Corps expéditionnaire canadien. Il faisait partie d'un programme national sous l'administration du ministère du Rétablissement civil des soldats durant la première guerre mondiale, qui avait pour but de neutraliser les dangers sociaux associés avec la démobilisation. Comme la santé des vétérans devenait associée à la puissance économique du pays, l'objectif ultime des hôpitaux tels que Speedwell était la transformation de vétérans malades et blessés en ouvriers sains et productifs. Cependant, avec l'évolution des besoins des patients après la guerre, Speedwell, en tant que site de réadaptation d'ouvriers, n'était plus adapté à la convalescence des anciens combattants, qui nécessitaient des soins à long terme.

and foot caused by shrapnel. He was stabilized and evacuated to Southampton aboard HMHS *Lanfranc* on 17 April. Three hours after departing from Le Havre, at 7:30pm, Chapman's ship was torpedoed by German U-boat SM *UB-40*.³ A nearby destroyer sank the submarine, but Chapman's knee was badly injured in the attack. He was evacuated from the sinking hospital ship and finally arrived back in England to be transported to Netley Hospital where he underwent surgery once more on 24 April for "septic poi-

soning" in his left foot. A series of subsequent operations removed necrotic bone tissue from Chapman's leg before he was transferred to the Duchess of Connaught Hospital in Taplow, Buckinghamshire, on 21 May. By then, Chapman was unable to move his left ankle and needed crutches to walk around. His career as a soldier was over. A year later, Chapman was back in Canada and admitted on 6 June 1918 to the Army Medical Corps Hospital (AMCH) in London, Ontario. After 138 days at London's AMCH, offi-

³ "Pitiful Exhibition of Cowardice by Prussian Soldiers: PRUSSIAN VICTIMS OF HUN TORPEDOES ACT COWARDLY ON BRITISH VESSEL Make Wild Dash for Lifeboats on *Lanfranc*, Sunk by German Submarine Without Warning--Another British Hospital Ship Also Destroyed--Nineteen Britons and Fifteen Teutons Perish on the *Lanfranc*," *The Globe*, 23 Apr. 1917, 1.



Speedwell Hospital, Department of Soldiers' Civil Re-Establishment. c.1918. Credit: Peake & Whittingham / Library and Archives Canada / PA-068114.

cials deemed Chapman's health sufficient enough to transfer him to Speedwell Military Hospital in Guelph.

Like all soldiers in the CEF, Chapman's medical exam included an assessment of his suitability for employment after discharge. The doctors determined his injuries would make any return to his trade as a machinist unlikely. Across Canada, men like Chapman were returning to communities that were quite different after fifty-one months of wartime rationing. Soldiers encountered local

governments deeply ambivalent about the social and economic consequences of reintegrating disabled and unemployed veterans back into their communities.⁴ Facing growing pressure from below, the federal government developed an ambitious program to address the influx of sick and wounded veterans. It was a plan that prioritized vocational retraining so that disabled soldiers might secure employment in occupations geared toward their abilities. Because of Chapman's skills as a machinist and his experiences

⁴ Robert Rutherford, *Hometown Horizons: Local Responses to Canada's Great War* (Toronto: UBC Press, 2004), 226.

during the war, he was an ideal candidate for the program.

The Department of Soldiers' Civil Re-Establishment (DSCR) was the federal agency responsible for Canadian veterans after their return to Canada. Responding to concerns about disabled veterans, the DSCR arranged vocational retraining in variety of pursuits for eligible veterans that occurred concurrently with their physical rehabilitation. Upon discharge, provincial labour boards connected unemployed veterans with employers in relevant fields. By achieving economic independence after discharge, officials at the DSCR hoped disabled veterans would support themselves and their families, thereby absolving themselves of dependency on government assistance. Canada's re-establishment program also reflected wider trends among western nations which saw masculine ideals undertake significant revision in ways that diminished military service and its associated heroic imagery, and emphasized, after the war, an ideal of the veteran as "breadwinner"—economically secure and able to provide for himself and his family. Assuming the role of breadwinner was understood to be the surest method for restoring a sense of 'normalcy' to returned veterans' lives.⁵ Men like Chapman, whose injuries precluded returning to prewar occupations and made them especially vulnerable to

unemployment, the federal government staged unprecedented interventions to provide vocational retraining and employment services to veterans deemed at-risk of transgressing the new postwar masculine ideals.

When Chapman arrived at Speedwell Hospital, on Guelph's eastern boundary, he was entering what was considered to be the "chief educational centre" in the DSCR's vocational training program, boasting a state-of-the-art farming operation (supported by the nearby Ontario Agricultural College) and numerous on-site industries.⁶ There were even opportunities to learn trades suitable for veterans who, disabled from lower-body and spinal injuries, could no longer work while standing. As Chapman's medical carriage turned off York Road onto the grounds at Speedwell, what he saw before him was the Ontario Reformatory, a state-of-the-art prison recently built by the Province of Ontario until its acquisition, in 1917, by a federal government that recognized opportunity in its vocational training facilities. Officials at Speedwell had the unenviable task of carrying out national re-establishment programs, often requiring strict adherence to training schedules and sometimes long periods of convalescence, in what was essentially a prison with unlocked doors.

Chapman's stay at Speedwell was cut short by medical complications. He

⁵ Marjorie Levine-Clark, "The politics of preference: masculinity, marital status and unemployment relief in post-First World War Britain," *Cultural and Social History*, Vol. 7, No. 2 (Apr. 2010), 235.

⁶ Letter to Capt. Ryan, M.O. "D" Unit, M.H.C.C., Toronto, from S.A. Armstrong, re: furnishings of the institution, 4 August 1917, file "Military Hospitals Commission fonds, Part 7 – Speedwell," vol. 162, RG38, LAC.

showed symptoms of what could be described as post-traumatic stress: he was plagued by nightmares that left him “very nervous,” “weak,” and with a slight tremor in both hands.⁷ Although his leg appeared healed, his muscles remained atrophied and walking without a cane was painful. The medical superintendent at Speedwell, Dr. G.N. Urie, reported that Chapman’s x-rays showed bits of shrapnel still embedded in his leg and ankle, requiring further surgery. Unable to participate in Speedwell’s vocational program, he returned to London’s AMCH on 13 December 1918. Chapman was finally discharged on 13 February 1919.

Chapman was one of approximately 138,000 Canadians classified as “battle casualties” by medical authorities during the First World War.⁸ In response to the ever-increasing numbers of veterans need-

ing medical care as the war continued, the Canadian government established the Military Hospitals Commission (MHC) in June 1915. The Commission procured hospitals on behalf of the federal government to provide long-term medical care to veterans who needed it and also found employment for those who could still work. Around the time Chapman was recuperating from his close call with *UB-40*, the MHC was supervising over 115 institutions across Canada that provided medical care and vocational training to nearly 12,000 veterans, including 3,500 veterans suffering from tuberculosis, a stubborn disease that attacked the lungs and required specialized, long-term convalescence.⁹

This is a case study of one such institution, Speedwell Military Convalescent Hospital in Guelph, Ontario.¹⁰ Beginning with the hospital’s prewar construction

⁷ Herbert Chapman, Digitized Service File, 100.

⁸ “The Cost of Canada’s War,” *Canadian War Museum*. Accessed online (<http://www.warmuseum.ca/firstworldwar/history/after-the-war/legacy/the-cost-of-canadas-war/>) 5 June 2015.

⁹ Desmond Morton and Glenn Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930* (Toronto: University of Toronto Press, 1987), 39 and 93.

¹⁰ The administrative records of Speedwell are part of the Department of Veterans Affairs record group at Library and Archives Canada. There are separate administrative records for Speedwell Farm and Speedwell Industries. See “Department of Soldiers’ Civil Re-Establishment. Hospitals—Speedwell Farm, Guelph, Ontario, Vol. 1,” vol. 160, RG38, LAC; and “Department of Soldiers’ Civil Re-Establishment, Invalided Soldiers’ Commission. Hospitals—S.C.R. Industries, Guelph. Vol. 1,” vol. 160, RG38, LAC.. The hospital’s Admission & Discharge Records are part of the Ministry of Militia and Defence record group. These records span a fifteen-year period, from 26 December 1916 to 18 September 1931. The earliest months of Speedwell’s history, however, are mostly absent from the records. Some can be pieced together from the Military Hospitals Commission’s records, which date back to July 1915 See “Military Hospitals Commission Minutes, 1915-1917,” vol. 287, RG38, and “Military Hospitals Commission Memoranda and Reports,” vol. 287, RG38, LAC. Speedwell’s records become much more robust by the end of 1917. The experiences of veterans are more difficult to recover because administrative documents rarely mention matters related to patient care. Whenever possible, these primary sources are supplemented with publications by insiders like Ernest Scammell’s *The Provision of Employment for Members of the Canadian Expeditionary Force on their Return to Canada and the Re-Education of those who are unable to follow their previous Occupations because of Disability – A plan submitted by The Secretary of the Military Hospitals and Convalescent Homes Commission together with Appendices dealing with similar work in England and the Continent of Europe*, Sessional Paper No. 35a. (Ottawa: King’s Printer, 1915); Walter Segsworth’s, *Retrain-*

as the Ontario Reformatory in 1911, this paper examines the transfer of the provincial prison to the federal government in 1917, and traces the history of soldiers' re-establishment at Speedwell Hospital until 1921, when it was returned to the province by the Department of Soldiers' Civil Re-Establishment, the MHC's institutional successor. The objective of this paper is to situate Speedwell within the broader history of demobilization in Canada, a subject that has received considerable attention from historians such as Robert England, Desmond Morton, Glenn Wright, Peter Neary, J.L. Granatstein, Dennis Guest, and Robert Rutherford, and others.¹¹

Speedwell was part of a nation-wide program meant to neutralize the social dangers associated with demobilizing modern armies. The DSCR's top priority was transforming soldiers into efficient and obedient industrial workers through vocational re-training, thereby securing veterans' economic independence and reducing their reliance on costly pensions. This paper argues that, as the health of

individual veterans became closely associated with the national economy, the ultimate goal of hospitals like Speedwell became more than physical and mental recovery: sick and wounded veterans would be transformed into healthy and productive workers. Moreover, institutions such as Speedwell profoundly influenced how veterans experienced national re-establishment programs.

The strengths and weaknesses which made each hospital unique—from its architecture, inside and out, to its facilities and staff, and its local surroundings—also presented unique challenges for local administrators tasked with implementing national re-establishment programs. These programs, in turn, reflected new ideas about the ability of certain disaffected social groups to be “rehabilitated” through engagement in profitable labour. This belief influenced the reform of young criminals, the re-establishment of returned veterans, and even the treatment of tubercular patients.¹² Remarkably, all three of these groups passed through Speedwell's doors in the first two decades

ing Canada's Disabled Soldiers (Ottawa: King's Printer, 1920); and Frederick McKelvey Bell's “Medical Services of the Department of Soldiers' Civil Re-Establishment.” *Canadian Medical Association Journal* Vol. 9, No. 1 (January 1919), 34-40.

¹¹ For an overview of demobilization in Canada, see: Robert England, *Discharged: A Commentary on Civil Re-establishment of Veterans in Canada* (Toronto: The MacMillan Company of Canada Limited, 1944); Desmond Morton, “The Canadian Veterans' Heritage from the Great War,” *The Veterans Charter and Post-World War II Canada*. Edited by Peter Neary and J.L. Granatstein. (Montreal & Kingston: McGill-Queen's University Press, 1998), 16; Desmond Morton and Glenn Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930* (Toronto: University of Toronto Press, 1987); Peter Neary and J.L. Granatstein, *The Veterans Charter and Post-World War II Canada* (Montreal & Kingston: McGill-Queen's University Press, 1998); Dennis Guest, *The Emergence of Social Security in Canada*, Third Edition (Vancouver: UBC Press, 2003); and Robert Rutherford, *Hometown Horizons: Local Responses to Canada's Great War* (Vancouver: UBC Press, 2004).

¹² Katherine McCuaig, *The Weariness, the Fever, and the Fret: The Campaign Against Tuberculosis in Canada, 1900-1950* (Montreal: McGill-Queen's University Press, 1999).



Speedwell [Hospital] Convalescent Ward, [Department of Soldiers Civil Re-Establishment, c. 1918]. Credit: Peake & Whittingham / Library and Archives Canada / PA-068096.

of the twentieth century.

Speedwell Hospital was built a few years before the Great War to serve a very different purpose. Between 1909 and 1916, the Province of Ontario invested about \$1.2 million to construct a state-of-the-art “prison farm” on the outskirts of Guelph, complete with farmland, livestock, and several industries.¹³ When officials went searching for institutions to carry out the MHC’s vocational program, the Ontario Reformatory was a perfect choice. Indeed, Speedwell was *intended*

to specialize in the vocational training of nearly-recovered veterans; men who were healthy enough to work on the farms, in the industries, and in the quarry, thereby developing important skills for future employment. The patient’s time spent inside Speedwell’s limestone walls was expected to be minimal.

What Speedwell *became* was something quite different. The reasons were twofold: it remained provincial government property and the MHC was contractually obliged to continue supplying

¹³ W.J. Waines, “The Ontario Reformatory, Guelph: Achievement of an Objective: A Prison Dedicated to Rehabilitation. Part 2,” *Guelph Historical Society Publications*, Vol. 16, No. 3 (1975-76), 1.



Gardening at Speedwell. Courtesy of Guelph Civic Museum (2009.32.2030 & 1978.6.6).

provincial customers with goods manufactured in its industries, but without the benefit of free inmate labour. This placed significant financial pressures on Speedwell's vocational program, which was compounded by limited funding from the DSCR. The second reason was the administration's unusual system of "dual control" that saw authority shared between civilians and military-medical personnel. The appointment of a business-minded civilian with close ties to the Provincial Secretary's Office, invested with vast authority and mostly indifferent to veterans' concerns, embodied the problems inherent in Speedwell's system of dual administrative control.

Constrained by the economic obligations and compounded by limited feder-

al funding, Speedwell failed to transform itself into the chief educational centre of Canada's re-establishment program. Furthermore, the predominance of civilians in Speedwell's administration, rather than military personnel, sparked several confrontations with the veteran patients. "Its new inmates, returned soldiers," Robert Rutherford wrote about Speedwell, "came to see themselves as almost equally incarcerated there, with little political voice in the early phases of the post-war reconstruction."¹⁴ In the end, Speedwell's failure can be attributed largely to decisions made by its civilian administrator, George Black, to return many of Speedwell's industries to the province, and the toxic relationship that developed between the patients and a bureaucracy

¹⁴ Rutherford, *Hometown Horizons*, 21.

that was demonstrably indifferent to their concerns.

When the war ended, the DSCR's patient demographics began to change. By mid-1919, soldiers suffering from acute injuries such as gunshot wounds, fractures, and gas poisoning had mostly been discharged. Those who remained suffered from chronic and often debilitating diseases such as tuberculosis. Speedwell transitioned during this period into one of the DSCR's largest tuberculosis sanatoriums. However, the institutional strengths which initially attracted MHC officials to Speedwell during the war became significant handicaps for the DSCR's tuberculosis treatment program after the war. No longer would "relatively healthy" patients pass swiftly through the former prison while working its fields and factories. After June 1919, veterans sent to Speedwell endured months, or even years, of treatment in an institution plainly unsuitable for treating tuberculosis.

Demobilization and the Military Hospitals Commission

The few pages dedicated to demobilization in G.W.L. Nicholson's official military history are laudatory. Nicholson de-

termined that disabled veterans received medical treatment, vocational training, and pensions from the Canadian government totaling \$22.5 million per year. "In such manner," he explained, "did a grateful country attempt in some measure to repay its debt to those who served and survived."¹⁵ For their part, historians Desmond Morton and Glenn Wright emphasized the contributions of "a small number of imaginative and clear-sighted Canadians" who pioneered soldier civil re-establishment in Canada, including Walter Segsworth, Frederick McKelvey Bell, and Ernest Henry Scammell. Their greatest achievement, according to Morton, was crafting policies that avoided the so-called "pension evil" that plagued the United States after the Civil War.¹⁶ These pioneers believed the key to minimizing Canada's pension liability was developing veterans' economic independence.

Planning for large-scale demobilization was done in sober recognition that Canada's military involvement in Europe would be more costly and protracted than initially imagined. The 1st Canadian Division lost one-third of its fighting strength, totaling 6,036 casualties, at Ypres in just a few days of fighting in April 1915.¹⁷ Beyond the sheer number of casualties, what distinguished the Great

¹⁵ G.W.L. Nicholson, *Official History of the Canadian Army in the First World War: Canadian Expeditionary Force, 1914-1919*, Second Printing (Ottawa: Queen's Printer, May 1964), 530-533. Accessed online (<http://www.cmp-cpm.forces.gc.ca/dhh-dhp/his/oh-ho/index-eng.asp>), 533.

¹⁶ Pension obligations to Great War veterans grew steadily in the United States after 1918, having quadrupled by 1932, while Canadian pension payments declined during the same period. For more on the American "pension evil," see Desmond Morton, "Resisting the Pension Evil: Bureaucracy, Democracy, and Canada's Board of Pension Commissioners, 1916-1933," *Canadian Historical Review* vol. 68, no. 2 (1987), 200-210.

¹⁷ Morton and Wright, *Winning the Second Battle*, 7.

War from previous wars was the degree to which medical science ensured more people survived war-related injuries and sickness than ever before. As long as the war continued a constant influx of veterans would be returning to Canada for medical care. The *British North America Act* (1867) entrusted the health and welfare of Canadians to provincial governments. By assuming responsibility for the health of all Canadian veterans, the MHC was pioneering federal health care services without any precedent to guide them, and they needed to act quickly. The MHC negotiated a lease for use of the Ontario Reformatory on 19 April 1917, one week after the Battle of Vimy Ridge resulted in 10,000 Canadian casualties.¹⁸ The MHC estimated 1,600 soldiers in need of medical care would soon be arriving in Canada every month.¹⁹ Private Chapman was among them.

Ottawa responded with an Order-in-Council on 30 June 1915 creating a civilian authority known as the Military Hospitals Commission to “deal with the provision of hospital accommodation and convalescent homes for officers and men of the C.E.F. who return invalided from the Front.”²⁰ Prime Minister Robert Borden appointed Sir James Lougheed,

government leader in the Senate and minister without portfolio, to preside over the Commission. Lougheed also served as Acting Minister of Militia during the summer of 1915 while Sam Hughes was overseas.²¹ Lougheed convened a meeting in Ottawa at Chateau Laurier to transfer responsibility for sick and wounded veterans from the Canadian Army Medical Corps to the newly-created the MHC.²² The Commission also assumed responsibility for providing vocational training and employment services to all veterans.²³

The seventeen men who formed the Commission reflected the government’s commitment to vocational training. At least two commissioners were sitting Members of Parliament, nine were lawyers, and five were military men. Most were representatives of business and industry, including Lloyd Harris of the Brantford-based Massey-Harris farm equipment dynasty; Richard Smeaton White of Montreal Trust, the International Paper Company, and Stelco; Lieutenant-Colonel C.W. Rowley from Winnipeg, manager of the Canadian Bank of Commerce; W.K. George, president of the Canadian Manufacturers’ Association; and Major-General Sir Henry Mill Pellat, railway tycoon and owner of the

¹⁸ Tim Cook, “The Battle of Vimy Ridge, 9-12 April 1917,” *Canadian War Museum*. Accessed online (http://www.warmuseum.ca/cwm/exhibitions/vimy/index_e.shtml) 12 June 2015.

¹⁹ Rutherford, *Hometown Horizons*, 249.

²⁰ Morton and Wright, *Winning the Second Battle*, 8.

²¹ David J. Hall and Donald B. Smith, “Lougheed, Sir James Alexander,” *Dictionary of Canadian Biography*, Vol. 15 (University of Toronto, 2005). Accessed online (http://www.biographi.ca/en/bio/lougheed_james_alexander_15E.html) on 06 June 2015.

²² Andrew Macphail, *Official History of the Canadian Forces in the Great War, 1914-19: The Medical Services* (Ottawa: King’s Printer, 1925), 310-11.

²³ Morton and Wright, 16.

Toronto Electric Light Company. Only one member, Lieutenant-Colonel Thomas Walker from Saint John, was a licensed medical practitioner.²⁴

In the fall of 1915 the MHC operated eleven hospitals and convalescent homes serving around 600 patients. One year later, the Commission was responsible for 2,193 beds in forty-seven institutions across the county. Another round of negotiations in May 1917 increased the Commission's holdings to seventy-one institutions, plus an agreement with another twenty-three civilian hospitals to provide "active" medical treatment to the veterans whenever necessary.²⁵ It was during these negotiations that the Ontario Reformatory was transferred to the Commission to become the Guelph Military Convalescent Hospital, known locally as "Speedwell" in reference to the nearby Speed River.²⁶

The accomplishments of the MHC and DSCR are remarkable. By 1920, they had found employment for 175,000 veterans; arranged for another 20,000 to settle on farmland offered by the government; and provided half a million medical treatments to 100,000 patients.²⁷ One

of the toughest challenges faced by the MHC was finding enough applicants from within the ranks of demobilized veterans to fill important positions such as doctors, engineers, laboratory assistants, teachers, and other professional classes necessary to the soldiers' civil re-establishment program. When these positions could not be filled by ex-servicemen, officials turned to civilian applicants.

Canada's civil re-establishment program was created during a period where popular conceptions of the soldier were ambivalent and the cultural divide that separated civilian from veteran was growing. Desmond Morton identified "contrasting public moods of generosity and criticism" which resulted in veteran rehabilitation programs that emphasized "the reconversion of a soldier into a civilian."²⁸ Belief that military service led veterans to dependence on military authority and a weakening of their moral fibre was central to re-establishment efforts.²⁹ The architects of soldier re-establishment were overwhelmingly civilian; veterans were not consulted about the proper road to rehabilitation. For their part, veterans who spent time on the Western Front

²⁴ Scammell, *The Provision of Employment for Members of the Canadian Expeditionary Force*, 4.

²⁵ Macphail, 311.

²⁶ Admission & Discharge Records for veterans at Guelph General Hospital and Galt General Hospital indicate that veterans were sent to civilian hospitals for treatment of influenza, measles, and other infectious diseases; also so that veterans could undergo necessary surgeries, ranging from 'Ingrown Toenail', to 'Tonsillitis', to 'Appendicitis'. See: 'Hospital Admission & Discharge Book - Galt General Hospital, Galt, Ont., M.D.I. - Book No. 43, 17 January 1915 to 7 June 1917', and 'Guelph General Hospital, Guelph, Ont., M.D.I. - Book No. 41, 29 January 1915 to 19 January 1918'; file, "Ministry of Militia and Defence," vol II-L-1 2, RG9, LAC.

²⁷ England, *Discharged: A Commentary on Civil Re-establishment of Veterans in Canada*, 96.

²⁸ Desmond Morton, *Fight or Pay: Soldiers' Families in the Great War* (Toronto: UBC Press, 2004), 138-39.

²⁹ *Ibid.*, 162

had difficulty sympathizing with civilians who complained about “Meatless Fridays” or “Fuelless Mondays.”³⁰ Many veterans believed civilians could never understand their wartime experiences. They formed associations dedicated to advancing veterans’ interests in a society where civilians who had stayed home prospered from promotions and rising wages while returned veterans faced employment shortages and a civil re-establishment program they viewed as “uncaring, overly-bureaucratic, and pitted against them in an adversarial role.”³¹ The growing cultural divide between veterans and the civilians who oversaw their re-establishment led to resentment among veterans and considerable problems for Speedwell’s civilian administration.

The Ontario Reformatory becomes Speedwell Hospital

Belief that problematic groups could learn to conform to societal norms through rehabilitative labour gained significant traction in the years before the Great War. The Inspector of Prisons and Public Charities set about reforming Ontario’s prison system at the turn of the twentieth century. The inspector believed that, rather than languishing in

a prison cell, inmates should carry out useful, skilled labour during their incarceration. Habitual work developed the inmate’s personal responsibility, while cheap prison labour reduced the cost of his institutionalization.³² Over a period of two years prisoners built, then worked in, an abattoir, wood shop, broom shop, tailoring shop, shoe shop, woollen mill, mattress factory, and a machine and paint shop. The Ontario Reformatory’s industries produced goods for other provincial institutions, including other prisons and hospitals.³³

The Assistant Provincial Secretary of Ontario, Samuel Allan Armstrong, who supervised the development of several institutions on behalf of the province, including the Ontario Reformatory, was appointed Director of the MHC. Walter Segsworth, a successful engineer from Toronto, assumed control of the MHC’s vocational training program. Segsworth believed vocational re-training should begin early in the veteran’s convalescence, beginning with arts and crafts while he was bedridden and moving toward “curative workshops” once ambulatory.³⁴ Officials at the MHC considered the prison’s workshops, industries, and farming operations to be excellently suited for

³⁰ Desmond Morton, *When Your Number’s Up: The Canadian Soldier in the First World War* (Toronto: Random House of Canada, 1993), 268.

³¹ Tim Cook, *Shock Troops: Canadians Fighting the Great War, 1917-1918*, Volume Two (Toronto: Penguin Group Canada, 2008), 605.

³² Phil Tsang, “Former Guelph Correctional Center – Historical Background,” *Infrastructure Ontario*, 1. Accessed online (<http://www.infrastructureontario.ca/workarea/downloadasset.aspx?id=2147488052>) on 08 June 2015.

³³ W.J. Waines, “The Ontario Reformatory, Guelph: Achievement of an Objective: A Prison Dedicated to Rehabilitation. Part 1.” *Guelph Historical Society Publications*, 16:2 (1975-76), 2.

³⁴ Morton, “The Canadian Veterans’ Heritage from the Great War,” 19.

re-training disabled veterans.

Segsworth insisted veterans submit to “re-education” in order to overcome years of learned dependence upon military authorities, a process essential for a soldier’s re-establishment. Segsworth explained in 1920,

When a civilian entered the army everything was done to make him a small unit in a large organization. He was taught to obey rather than to think; he was for the most part relieved of the care of his dependents; clothing, food and a place to sleep were provided for him. [...] Thus the whole system, for the time being, tended to reduce the action of his own will and relieve him of all sense of responsibility.³⁵

The patients at Speedwell attended lectures and seminars at the nearby Ontario Agricultural College (OAC) as part of their vocational re-training. Courses in carpentry and poultry farming were popular, especially among the blind. A graduate of St. Dunstan’s school for blinded soldiers, Corporal C. Purkis, attended regular classes at the OAC for sighted pupils before adapting the course material for blinded veterans at Speedwell, helping them build hen houses, trap nests, and poultry runs.³⁶ Segsworth believed preventing disabled soldiers from brooding over their misfortune was important, as it could lead to apathy and institutionalization.³⁷ It is understandable that Segsworth, as voca-

tional director, possessed deeply-rooted faith in economic independence as the best safeguard against veterans’ postwar dependence and unrest. What is surprising, however, was the degree which the DSCR’s medical authorities shared this faith, and viewed the transition from soldier-to-worker as fundamental to the patient’s medical rehabilitation.

In 1919, Lieutenant-Colonel Frederick McKelvey Bell addressed the Alberta Medical Association to discuss his work as director of the DSCR’s medical services. McKelvey Bell explained that the soldier, in order to assume his role within the military’s “machinery” and fight in a cohesive unit, must first shed his identity as an individual and suppress his desire for personal initiative. “It is not surprising,” asserted the medical director, “that the soldier, for whom everything is provided by the State, should lose, to a certain extent, his sense of personal responsibility.”³⁸ If the military required a year to transform civilians into soldiers then, in many cases, an equal commitment was necessary to re-establish veterans in society. At each stage of convalescence, the veteran occupied his time with craft making, skilled trades, and industrial re-education, thereby avoiding “a restless state of mind” which the medical director believed “precludes steadfastness to continuous and uneventful labour.”³⁹

³⁵ Segsworth, *Retraining Canada’s Disabled Soldiers*, 64.

³⁶ *Ibid.*, 135-36.

³⁷ *Ibid.*, 64.

³⁸ F. McKelvey Bell, “Medical Services of the Department of Soldiers’ Civil Re-Establishment,” *Canadian Medical Association Journal* Vol. 9, No. 1 (January 1919), 34.

³⁹ *Ibid.*, 35.



Soldiers making hospital furniture. Courtesy of Guelph Civic Museum (2009.32.2031 & 1978.6.5)

Graduated training schedules prepared veterans for their transition into obedient industrial workers. By closely relating veterans' health to the strength of the national economy, Segsworth and McKelvey Bell demonstrated the DSCR's goal of transforming sick and wounded veterans into healthy and productive workers.

The transfer of the prison to the federal government attracted local press coverage. In February 1917, *The Guelph Daily Herald* reported that

[t]he buildings and grounds of the Ontario Prison Farm, near Guelph, are to be utilized as a convalescent home for returned soldiers, and there the battle-scarred heroes of Europe's Great War will be given opportunities of becoming proficient in some industry that will

equip them to take up new positions in life.⁴⁰

Public discussions about the imminent return of veterans in newspapers such as the *Herald* often featured idealized conceptions of veterans as "battle-scarred heroes" who, having completed their patriotic duty, were now expected to re-engage in "normal" civilian life. This included swiftly finding work, securing economic independent for themselves and their families, and participation in the city's postwar economy. Unfortunately, public expressions of gratitude for veterans' sacrifices rarely resulted in programs and policies that offered veterans what they needed as men and as former soldiers.⁴¹

⁴⁰ "Changing the Plans of a Guelph Institution," *The Guelph Daily Herald*, 24 February 1917.

⁴¹ Rutherforddale, *Hometown Horizons*, 226.

Before the First World War, ideas about male citizenship in Canada were influenced by the so-called “Militia myth”—a widespread belief that Canada’s successful defence against American invasion during the War of 1812 was due primarily to highly motivated citizen-soldiers who comprised the bulk of Canada’s domestic fighting force. Men in the militia received military training for a few weeks every year, but spent the remainder of their time employed in civilian occupations.

Within Canadian militarist discourse, part-time citizen soldiers were valued much more highly than were professional ‘mercenaries’ [...] While the former were viewed as exemplars of patriotic devotion to duty, the latter were frequently seen as, in the words of one Canadian Militia Minister, mere ‘bar room loafers.’⁴²

Even before the Great War, idealized conceptions of masculinity were closely associated with employment and economic independence.

After the war, “notions of the common soldier underwent inversion,” argues Robert Rutherford, and “reverence for ‘our boys’ at the front became dra-

matically displaced once civilians began to imagine them in proximity as dangerous men – diseased, drunken, and generally unfit.”⁴³ Civilian authorities began to express fears that legions of unemployed veterans, perhaps afflicted by amputated limbs, tubercular infections, or serious psychological trauma which left them idle, restless, and unable to return to work, would become a destabilizing burden on Canada’s fragile postwar economy.⁴⁴

In the summer of 1917 the MHC began transforming Speedwell into a hospital suitable for the treatment of sick and wounded veterans. The Robert Simpson Company of Toronto was contracted to cover the iron bars and limestone walls with fresh paint and hide corridor gates behind large curtains. Cell rooms were outfitted with linoleum or rug flooring, window drapes, and a toilet cover to match.⁴⁵ Dormitories were converted to lounge rooms, the Chapel into a concert hall, and the waiting room into a smoking room.⁴⁶ The hospital’s service wing was large enough for seven vocational training classrooms.⁴⁷ Civilians filled the ranks of Speedwell’s administration. George

⁴² Mike O’Brien, “Manhood and the militia myth: masculinity, class and militarism in Ontario, 1902-1914,” *Labour/Le Travail*, Vol. 42 (Fall 1998).

⁴³ Rutherford, *Hometown Horizons*, 227.

⁴⁴ *Ibid.*, 225.

⁴⁵ Letter to Mr. S.A. Armstrong, Director, Military Hospitals Commission, 22 Vittoria Street, Ottawa, from The Robert Simpson Company Limited, 21 June 1917, file “Military Hospitals Commission fonds, Part 7 – Speedwell,” vol. 162, RG38, LAC.

⁴⁶ Letter to Mr. S.A. Armstrong, Director, Military Hospitals Commission, Fort Gary Hotel, Winnipeg, from The Robert Simpson Company Limited, re: Guelph proposition, No Date, file “Military Hospitals Commission fonds, Part 7 – Speedwell,” vol. 162, RG38, LAC.

⁴⁷ Report of Inspection of Guelph Military Convalescent Hospital, 13 August 1917, file “Military Hospitals Commission fonds, Part 7 – Speedwell,” vol. 162, RG38, LAC.

Black, Ontario's director of the Department of Heat, Light and Power, became Assistant Director on 25 April 1917. Black was involved with the Ontario Reformatory's industries while Samuel Armstrong was the Assistant Provincial Secretary.⁴⁸ With Director Armstrong at the helm in Ottawa and Assistant Director Black in charge at Speedwell, the hospital's administration was strikingly similar to the prison's administration a few years earlier.

Black's official title, "Director of Industries," was a slight misnomer. Armstrong was clear he intended to streamline Speedwell's administration under Black's leadership:

Mr. George Black is to be Director of Industries and in that capacity General Manager of the entire plant, responsible to the Provincial Secretary for management of Abattoir and Stores and such other interests as remain under the Provincial Secretary's Department, and responsible to the Military Hospitals Commission for the administration generally of all other plant and services.

Under Mr. Black will be placed all Accounting, Industrial, and other Staffs of both the Provincial Secretary's Department and the Military Hospitals Commission. He will be charged with the business administration of the Hospital, including the operation of industries of both the Provincial Secretary's Department and the Military Hospitals

Commission, maintenance and repairs of all buildings, plant and equipment.

The Industries, exclusive of Farm and Dairy, are to be turned over to the Military Hospitals Commission immediately on the completion of the inventory. [...]

That there may be complete coordination between the Soldiers' Aid Commission and the Military Hospitals Commission, and the difficulties of dual administration eliminated by the creation of one responsible head, it is agreed that in all work in the farm, including Green-Houses, Gardens and Dairy and the Industries, the Principal of the Teaching Staff will take his instructions from Mr. Black.⁴⁹

During the period when the Ontario Reformatory's inmates were relocated to other prisons and veterans were admitted to Speedwell, Black made one of the most crucial decisions about Speedwell's vocational training farms. Speedwell's various workshops and industries had been suspended until veterans were found to replace inmate labour. However, interruption of Speedwell's farm operations would be disastrous for the crops already in the field. To save the MHC from such a disaster, Black paid local farmhands and labourers to tend Speedwell's fields and herds and these men were never replaced by veterans.⁵⁰ Black recommended the Woolen Mill be operated using paid labour at the rate of 30¢ per hour.

⁴⁸ Letter to Hon. W.D. McPherson, K.C., Provincial Secretary, Ontario, Parliament Buildings, Toronto, Ont., from Unknown, re: Ontario Reformatory, Guelph, 25 April 1917, file "Military Hospitals Commission funds, Part 7 – Speedwell," vol. 162, RG38, LAC.

⁴⁹ Letter to The Honourable W.D. McPherson, K.C., Provincial Secretary, Parliament Buildings, Toronto, from Director, re: organization at Guelph, 22 May 1917, file "Military Hospitals Commission funds, Part 7 – Speedwell," vol. 162, RG38, LAC.

⁵⁰ Letter to Armstrong from S.E. Todd, re: Black, 11 May 1917, file "Military Hospitals Commission funds, Part 7 – Speedwell," vol. 162, RG38, LAC.

The farmhands and weavers were soon joined by an extensive list of paid employees. Ninety-three regular employees were on Black's payroll in June: forty-one labourers, fourteen farm hands, seven carpenters and woodworkers, six labour boys, six teamsters, five cabinet makers, an assortment of machinists and iron workers, a blacksmith, a tinsmith, an enameler, and seven foremen. Another twenty-three civilians occupied management positions.⁵¹ To Black, ensuring Speedwell's industries remained efficient and profitable was more important than ensuring veterans had ample opportunities for vocational training.

The Patients of Speedwell Hospital, October 1917 to December 1918

The veterans' experiences at Speedwell Hospital are difficult to recover. Most of the patients' admission and discharge records are missing. The Ministry of Militia and Defence records at Library and Archives Canada (LAC) contain only a portion of these records, dating from October 1917 to December 1918.⁵² It is unclear where the other records might be. The Canadian Army Medical Corps assumed responsibility for Speedwell's

patients from the MHC in November 1917 but their stewardship returned to a civilian body the following April, this time in the newly-created Department of Soldiers' Civil Re-Establishment.⁵³ Consequently, the admission and discharge records remain the work of potentially three separate agencies, complicating efforts to trace accountability to any one of them.⁵⁴ Nevertheless, the records which survive offer interesting insights into the men who passed through Speedwell's halls over a fourteen-month period.

Between 29 October 1917 to 13 December 1918, 512 soldiers were admitted. The majority (fifty-seven percent, or 292 men) were between the ages of twenty and twenty-nine and the most common age was twenty-three. Thirty-six percent of the men were married. Their average length of stay at Speedwell decreased dramatically over the period in question. During the first six months, between October 1917 and April 1918, patients stayed an average of 142 days. By December 1918, however, the average length of stay had fallen to less than forty days. The overall rate of admissions increased substantially during the same period, undoubtedly straining the DSCR's limited resources while incentivizing the patient's early discharge.

⁵¹ Letter to Mr. A.J. Peel, Chief Accountant, Military Hospitals Commission Command, 22 Vittoria Street, Ottawa, from G.E. Black, Assistant Director, 22 June 1917, file "Military Hospitals Commission fonds, Part 7 – Speedwell," vol. 162, RG38, LAC.

⁵² Admission and Discharge Book – Guelph Military Hospital, M.D.1, Book 42 and Book 42a, file, "Ministry of Militia and Defence," vol. II-L-1 2, RG9, LAC.

⁵³ Macphail, *Official History*, 311-12.

⁵⁴ The other major archive groups consulted in this study, including the Military Hospitals Commission fonds and the Department of Veterans Affairs fonds, do not contain the remaining Admission and Discharge records.

Each soldier's regimental number, rank, age, marriage status, religious affiliation, and medical affliction is listed in the admission and discharge records. Other important information, such as their home town or prewar occupation, are not contained in these records. To learn more about these patients, their regimental numbers were cross-referenced with their Military Attestation Papers, recently digitized and made accessible through the online *Service Files of the First World War* database.⁵⁵ The vast majority of Speedwell's patients resided in Ontario. The top cities were London (36), Hamilton (27), Galt (25), and Guelph (21); while Stratford, St. Thomas, and Windsor were home to nineteen soldiers each. Curiously, twenty-one soldiers were from Detroit and others lived as far away as Saskatchewan, New York, Vermont, Ireland, and Russia.

The prewar occupations listed on these attestation papers were diverse. Over 120 different professions were listed: the most common were farmer (88), labourer (65), clerk (16), machinist (15), carpenter (10), teamster (8), engineer (8), fireman (7), plumber (7), and painter (7). The military regiments most represented among the patients were the 168th (Oxfords) from Woodstock; the 34th Battalion from Guelph; the 91st (Elgins) from St. Thomas; the 18th Battalion from Lon-

don; the 111th Battalion from Galt; and the 78th Battalion from Woodstock. The most common medical afflictions during this period were:

- Gunshot Wound – 181 (thirty-five percent of all afflictions).
- Debility – 24.
- Disordered Action of Heart/Valvular Disease of Heart – 23.
- Bronchitis, Myalgia, and Influenza – 18 each.
- Neurasthenia/Shell Shock – 17.
- Nephritis – 15.
- Fracture – 13.
- Rheumatic Fever – 12.
- Pneumonia – 11.
- Tuberculosis – 10.

In early August 1917 Director Armstrong informed the Unit Medical Director in Toronto that Speedwell would not require any specialized therapeutic equipment typically used in the treatment of convalescents. As the so-called "chief educational centre," Armstrong admitted he was "anxious to transfer [to Speedwell] men who are fairly well advanced in their convalescence and who wish to pursue their Vocational work further."⁵⁶ As far as the MHC was concerned, Speedwell would specialize in vocational training for patients strong enough for physical labour. The Ontario government had different ideas. While Ottawa had committed to soldier re-es-

⁵⁵ Service Files of the First World War, 1914-1918 – Canadian Expeditionary Force. *Military Heritage – Soldiers of the First World War*. Library and Archives Canada. Accessed online (<http://www.bac-lac.gc.ca/eng/discover/military-heritage/first-world-war/first-world-war-1914-1918-cef/Pages/search.aspx>)

⁵⁶ Letter to Capt. Ryan, M.O. "D" Unit, M.H.C.C., Toronto, from S.A. Armstrong, re: furnishings of the institution, 4 August 1917, file "Military Hospitals Commission fonds, Part 7 – Speedwell," vol. 162, RG38, LAC.

establishment, William Hearst's Progressive Conservative government remained committed to provincial concerns. Chief among them was ensuring the supply of agricultural and manufactured goods from the Ontario Reformatory to provincial customers continued.

When the Province of Ontario initially agreed to lease its prison farm at the end of 1916, Premier Hearst confided to MHC officials that, while the rental agreement was insufficient to cover the interest payments on the province's capital expenditures, he considered any monetary shortfalls "a direct contribution [by the province] to the war and should properly be included in our expenditure as such."⁵⁷ Hearst's generosity with provincial prison facilities was pragmatic calculation rather than patriotic enthusiasm. In a phenomenon that challenged popular ideas about "heroic" soldiers, many of the men who might otherwise have been incarcerated in provincial prisons found themselves, during wartime, with alternative options. Rather than occupy prison cells, these men instead joined the ranks of volunteer and conscript soldiers on the Western Front.

When the transfer of the Ontario Reformatory was negotiated between the Military Hospitals Commission and

the Province of Ontario, Provincial Secretary McPherson insured the province against the loss of its industries in Clause 7 of the *Memorandum of Agreement*:

7. It is expressly provided and agreed that in conducting said industries the Commission will manufacture for the Province all such furniture and hospital equipment as the Provincial Secretary may require and direct as well for customers of the Province as for Provincial Institutions, and will sell and deliver same to the Province at actual cost of material and of labour at current rates [...].⁵⁸

The MHC reassured provincial customers that Speedwell would meet their demands like the Ontario Reformatory had before them, proposing to "continue the manufacture of all lines of Hospital Equipment as heretofore, employing only skilled [*i.e.*, paid] labour for such purposes."⁵⁹ Unwilling to relinquish the profits of its prison farm, the province ensured Speedwell was contractually obliged to continue manufacturing goods for provincial customers, but without the benefit of inmate labour. The April 1917 *Agreement*, hastily arranged during the rush to accommodate returning soldiers, jeopardized the viability of Speedwell's farms and industries as sites for vocational training.

It was not long before the Commis-

⁵⁷ Letter to Mr. Armstrong, Asst. Prov. Secretary, Buildings, from W.H. Hearst, re: Personal, 26 December 1916, file "Department of Veterans Affairs, Vol. 13. Hospitals – Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

⁵⁸ Memorandum of Agreement between the Military Hospitals Commission of Canada and the Province of Ontario," pp. 4-5, April 1917, file "Department of Veterans Affairs, Vol. 13, Hospitals – Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

⁵⁹ Circular to be sent to Customers in the Province of Ontario, September 1917, file "Department of Soldiers' Civil Re-Establishment, Invalided Soldiers' Commission. Hospitals – S.C.R. Industries, Guelph, Vol. 1," vol. 160, RG38, LAC.



Speedwell Hospital prison, Department of Soldiers' Civil Re-Establishment. c.1918. Credit: Peake & Whittingham / Library and Archives Canada / PA-068113.

sion—now the Department of Soldiers' Civil Re-Establishment—faced tough questions from the Guelph branch of the Great War Veterans Association (GWVA) about the lack of “returned men” employed at Speedwell. The civilians at Speedwell, many employed at the prison farm before the war, were known as the “prison gang” among veterans.⁶⁰ Labels like these underscored the toxic environment between veterans and civilian administrators at Speedwell. The veterans argued that appointments of

civilian officials, including Assistant Director Black, were unfair to veterans who lost employment opportunities to civilians who “stayed behind, got good positions, and being in the position while the returned men were overseas, got accustomed to the positions, and when the returned men came back, held them.”⁶¹ The president of the Guelph GWVA, Archdeacon A.C. Mackintosh, questioned whether men like Black could ever understand the veterans under their care.⁶² Black reassured the new director

⁶⁰ Report on Speedwell Hospital and its Bearing on Tuberculous Work in the Province of Ontario, page 4, No Date, file, “Department of Soldiers' Civil Re-Establishment – Dispute with Ontario, 1916-1931 – Speedwell Hospital Investigation,” vol. 286, RG38, LAC.

⁶¹ Rutherforddale, *Hometown Horizons*, 254.

⁶² *Ibid.*, 255-56.

of the DSCR, F.G. Robinson, that future vacancies at Speedwell would be filled by veterans.⁶³ At the same time, the shuttering of Speedwell's unprofitable industries continued: the enameling room, the bed factory, and the hospital equipment shop closed in March 1919 due to steadily decreasing demand.⁶⁴ By July, officials at the DSCR were forced to admit Speedwell would never become the chief educational centre of men "fairly well advanced" in their convalescence.

Speedwell Transitions to Long-Term Convalescence Care

In the era before antibiotics, contracting tuberculosis was devastating. Victims often spent many months in a sanatorium suffering through long recoveries or painful deaths.⁶⁵ In spite of their dire condition, the DSCR arranged a series of vocational training workshops for tuberculous veterans. The goal was to give them "the physical and mental stimulation of occupational therapy and to make 'taking the cure' [*i.e.*, tuberculosis treat-

ment] easier, while providing limited industrial re-education."⁶⁶ The results were encouraging. Instances of drunkenness and insubordination were nearly eliminated, while treatment completion rates rose from sixty-six to nearly one hundred percent.

During this transitional period several high-profile officials visited Speedwell. The Prince of Wales stopped by on 21 October 1919 during his visit to Guelph where, it was reported, he toured the whole hospital and shook hands with nearly all of the veterans.⁶⁷ In February of the following year, General Sir Arthur Currie traveled from Ottawa with the Honourable Hugh Guthrie, Minister of Militia and Guelph Member of Parliament, to make a "visit of inspection" to Speedwell Hospital.⁶⁸ It is unclear if representatives from the Red Cross met with Guthrie during this visit, but the president of the Guelph branch, Edith Crowe, contacted Guthrie's office the following month. Crowe wanted Guthrie to understand that conditions at Speedwell were deteriorating daily, and the hospital presented to visiting dignitaries did not

⁶³ Letter to Geo. E. Black, Esq., from F.G. Robinson, Director, re: Employment of Returned Soldiers, Guelph Industries, 23 January 1919, file "Department of Soldiers' Civil Re-Establishment, Invalided Soldiers' Commission. Hospitals – S.C.R. Industries, Guelph, Vol. 1," vol. 160, RG38, LAC.

⁶⁴ Interdepartmental Correspondence to Mr. F.G. Robinson, Deputy Minister, Ottawa, from G.E. Black, Assistant Director, re: Guelph Industries, 14 March 1919, file "Department of Soldiers' Civil Re-Establishment, Invalided Soldiers' Commission. Hospitals – S.C.R. Industries, Guelph, Vol. 1," vol. 160, RG38, LAC.

⁶⁵ McCuaig, *The Weariness, the Fever, and the Fret: The Campaign Against Tuberculosis in Canada, 1900-1950*, xv-xvi.

⁶⁶ *Ibid.*, 39.

⁶⁷ "PRINCE VISITS ROYAL CITY – Has Jolly Feast With the Students of O.A.C. and Macdonald Hall – Stops at Kitchener – Woodstock and Chatham Are Looking Forward to Greeting Him," *The Globe*, 22 October 1919, 7.

⁶⁸ "Gen. Currie Will Inspect Speedwell Hospital," *The Globe*, 13 February 1920, 11.

represent patients' daily experiences:

I venture to say that we women [of the Red Cross Society] know more of the seething discontent out there than any official in the place. Here is one of dozens of complaints. In the bitterest of the cold weather an order came through from Ottawa that all heat was to be turned off in the T.B. Wards. Do you know that the water froze in the stone hot water bottles, and the bottles burst in their beds, leaving ice at the men's feet. Army blankets are heavy but there is not much warmth in them, and these poor fellows have suffered much from this cold this winter. I am not sure how far your jurisdiction extends, but I know that what you can do will be done.⁶⁹

Crowe's complaint was immediately forwarded to Lougheed's office, but there was no time to dispatch the DSCR's medical director to investigate. In addition to notifying officials in Ottawa, Crowe alerted her superior. The Chairman of the Canadian Red Cross Society, Lieutenant-Colonel Noel G.L. Marshall, wrote Lougheed that same day regarding numerous complaints, some from "very direct sources," received by the Red Cross about Speedwell Hospital. The chairman wanted to assure Lougheed that, despite appeals for the Red Cross to intervene, there would be no meddling in Speedwell's affairs beyond his organization's

unconditional assistance.⁷⁰

The situation deteriorated further a few weeks later when Speedwell's nursing staff walked off the job. The medical director received an urgent letter from Speedwell's medical superintendent on 12 May 1920 regarding a bitter dispute between the dietitians and nursing staff over the preparation and delivery of special dietary meals to the patients.⁷¹ Standard practice within DSCR hospitals placed all medical staff (including nurses and dietitians) under the authority of an in-house Medical Superintendent. The superintendent reported to a regional Unit Medical Director who, in turn, reported to the Director of Medical Services in Ottawa. Speedwell was different; the dietitians took orders directly from Assistant Director Black.

The dietitians claimed their duty was limited to preparing special dietary meals and that responsibility for delivering those meals to the patient's bedside rested with the nurses. The nurses argued their time was better spent on the ward with their patients rather than in the kitchen with their meals. "We realized it was not our work," said Miss A. Hanlan, one of the nurses on strike, "[t]he dietitians are supposed to be there serving the

⁶⁹ Letter to Edith Crowe to Mr. Guthrie, 23 March 1920, file, "Department of Veterans Affairs, Vol.9. Hospitals – Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

⁷⁰ Letter to Sir James Lougheed from Lt.Col. Noel G.L. Marshall, Chairman Central Council and Chairman Executive Committee, re: condition of affairs at Speedwell Hospital, Guelph, 27 March 1920, file, "Department of Veterans Affairs, Vol.9. Hospitals – Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

⁷¹ Interdepartmental Correspondence to The Director Medical Services, Dept. S.C.R., Ottawa, from Unit Medical Director, "F" Unit, Dept. S.C.R., London, re: Service of Special Diets, Speedwell Hospital, Guelph, 12 May 1920, file, "Department of Veterans Affairs, Vol.9. Hospitals – Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

trays, but it is bad enough for the nurses to have to serve the trays without the dietitians standing by watching them.”⁷² The nurses told the *Toronto Evening Telegram* that Speedwell’s chief dietitian, Miss Mabel Beatty, was Black’s sister-in-law, and that Beatty had usurped control from Speedwell’s head nurse, Miss Maud Wald, with the support of Black’s administration.⁷³

The nurses were justifiably concerned. A patient in another DSCR hospital who had undergone surgery nearly died when he ingested apple pie shortly afterwards, mistakenly delivered by an orderly while the attendant nurse was in the diet kitchen.⁷⁴ Nevertheless, Black objected to the nurses’ demands, arguing that four assistant dietitians would need to be hired for each of Speedwell’s special diet kitchens, which the hospital could not afford.⁷⁵ The issue went to the Director of Medical Services, Colonel E.G. Davis, who confirmed the nurses were responsible for ensuring “her patient receives the proper diet, one which has been prescribed for him; also to supervise the distribution of trays by the Or-

derlies on duty in her ward but the actual preparation of foods, the placing of food on trays in the diet kitchen is certainly not part of her duty.”⁷⁶ The medical director estimated that delivering meals to patients could be done by kitchen maids under the supervision of Speedwell’s existing dietitian staff.

These conflicts indicate that the deeper issue at Speedwell was its system of dual administrative control shared between civilians and military-medical personnel within the same hospital. Colonel Davis acknowledged this in his report to the deputy minister: “The nurses and medical men [at Speedwell], rightly or wrongly, resent the fact of having a layman in charge of medical arrangements resulting in lack of co-operation and constant bickering.”⁷⁷ Black was originally granted vast authority in 1917 as Director of Industries in order to streamline vocational training with medical treatment. After Speedwell’s transition to long-term convalescence care, however, Black’s decisions were increasingly viewed by not only veterans but also medical staff as arbitrary, unqualified, and controversial.

⁷² “Faults At Speedwell Hospital – Nurses Add To Allegations – Water Dripped from Cell Walls in Spring – Patients had to Use Seven of Eight Blankets,” *The Toronto Evening Telegram*, 7 July 1920.

⁷³ *Ibid.*

⁷⁴ Letter to The Deputy Minister, D.S.C.R., from The Director Medical Service, D.S.C.R., re: Nurses and Dietitians, 14 May 1920, file, “Department of Veterans Affairs, Vol.9. Hospitals – Speedwell Hospital Guelph, Ontario,” vol. 161, RG38, LAC.

⁷⁵ Interdepartmental Correspondence to The Director Medical Services, Dept. S.C.R., Ottawa, from Unit Medical Director, “F” Unit, Dept. S.C.R., London, re: Service of Special Diets, Speedwell Hospital, Guelph, 12 May 1920, file, “Department of Veterans Affairs, Vol.9. Hospitals – Speedwell Hospital Guelph, Ontario,” vol. 161, RG38, LAC.

⁷⁶ Letter to The Deputy Minister, D.S.C.R., from The Director Medical Service, D.S.C.R., re: Nurses and Dietitians, 14 May 1920, file, “Department of Veterans Affairs, Vol.9. Hospitals – Speedwell Hospital Guelph, Ontario,” vol. 161, RG38, LAC.

⁷⁷ *Ibid.*

At least two tuberculous patients died as the nurses' strike wore on. Thomas Quin, who served as a sapper with the Black Watch in France, came to Canada after the war to carry out his convalescence closer to his mother, who resided in Toronto. Quin passed away on 29 June 1920 at the age of nineteen.⁷⁸ Another patient named McNamara had to plaster newspaper sheets across the seeping limestone walls of his cell in an effort to "keep the damp off him." McNamara also died during the strike.⁷⁹ The following week, with the support of the Great War Veterans Association, the nurses reported the scandal to the press. Black announced his resignation the same day. He accepted an offer to manage the H.H. Robertson Company of Sarnia, manufacturers of construction materials, but insisted his resignation had "nothing whatever" to do with the dismissal of eighteen nurses from his staff.⁸⁰ Colonel E.G. Shannon, an officer who served overseas with the 50th Battalion, was Black's successor. Shannon's appointment suggests that DSCR officials were beginning to respond to veterans' objections to civilian authority.

The *Toronto Evening Telegram* pub-

lished a series of articles on the scandalous state of affairs at Speedwell based on the testimony of nurses and patients. There were reports of rusty hypodermic needles being sterilized in tin cans due to shortages of medical supplies. Others condemned the hospital's continued use of so-called "private wards" which were half-converted prison cells.⁸¹ William Barden, a patient of Speedwell's tuberculosis ward for the past fourteen months, recounted how a group of patients had approached the medical superintendent, Dr. G.N. Urie, requesting the windows be cleaned, which the *Telegram* described as "filthy and scarcely up to the standard expected in a military hospital."⁸² The doctor allegedly refused the patients' request because the cost of window washing, around \$800, was considered too high. On another occasion, Dr. Urie was presented with a petition signed by 150 patients requested conditions improve immediately at Speedwell. The petition was allegedly torn up and the petitioner kicked out of Dr. Urie's office. The medical superintendent disputed all charges.⁸³ Dr. Urie's actions were consistent, however, with a hospital administration that was constrained by inadequate funding

⁷⁸ "Young Soldier's Death," *The Globe*, 30 June 1920, 4.

⁷⁹ "Faults At Speedwell Hospital – Nurses Add To Allegations – Water Dripped from Cell Walls in Spring – Patients had to Use Seven of Eight Blankets," *The Toronto Evening Telegram*, 7 July 1920.

⁸⁰ "Changes at Speedwell, Assistant Director Leaves. Doctor There and Official at Ottawa Denies Statements Made by former Nurse," *The Toronto Evening Telegram*, 6 July 1920.

⁸¹ "Faults At Speedwell Hospital – Nurses Add To Allegations – Water Dripped from Cell Walls in Spring – Patients had to Use Seven of Eight Blankets," *The Toronto Evening Telegram*, 7 July 1920.

⁸² "Wash Windows At Speedwell First Time in Over a Year. Cost Too High to Have it Done Before, Doctor is Reported to Have Said – Walls of Cell Damp – Patients Sympathetic with Nurses," *The Toronto Evening Telegram*, 7 July 1920.

⁸³ *Ibid.*, 7.

but also indifferent to veterans' concerns.

The Ontario government released its own report in August. The bombshell report, commissioned by Major G.L. Drew, Vocational Officer for the Provincial Secretary's Department, led Drew to conclude the situation at Speedwell "came far short of the service that I considered patients should receive at the hands of the Department."⁸⁴ Frustrated that his repeated allegations to DSCR officials had been ignored, Drew had ordered J.J. Bayliss, from the Mountain Sanatorium in Hamilton, to visit Guelph and investigate the *Telegram's* accusations. "I attach his report," Drew told the DSCR, "[t]he results are far from satisfactory to say the least." In his cover letter, dated 2 August 1920, Bayliss declared that "[...] making a report on Speedwell Hospital was about the most difficult thing I ever had to do." Bayliss confided to Drew:

The evils of this place are so obvious, that to mention some of them would only cast a reflection on certain men who are doing their best, and might possibly let out those men who deserve blame. There is no doubt what-

ever, that some men at Speedwell have done their best in every way for the patients, nor is there any doubt, that others fell far short of their best, and knowingly allowed a situation to develop that has caused a great deal of anxiety and trouble for the Department.⁸⁵

Bayliss's report is remarkable for its historical interrogation of the decisions that had been made during the uncertainty of wartime. "The root of the trouble is much deeper than any question of administration," Bayliss concluded.⁸⁶ His report did not discuss the nurses' strike in great detail, nor did it criticize the staff. Doing so ignored the deeper issue rooted in the initial transference of the Ontario Reformatory to the MHC in 1917. Bayliss recalled the remarks of a patient at Mountain Sanatorium who, when told of his impending transfer to Speedwell, had responded that "[t]he place is a prison, and you can't change it. Surely we deserve something better than a jail."⁸⁷ Bayliss admitted he thought the patient was exaggerating. What he discovered was Speedwell had never fully transitioned into a proper veterans' hospital after 1917, with many necessary improvements never ma-

⁸⁴ Interdepartmental Correspondence to Major Flexman, Director of Vocational Training, Ottawa, from Major G.L. Drew, Vocational Officer for Ontario, re: Speedwell Hospital, 2 August 1920, file, "Department of Soldiers' Civil Re-Establishment – Dispute with Ontario, 1916-1931 – Speedwell Hospital Investigation," vol. 286, RG38, LAC.

⁸⁵ Interdepartmental Correspondence to Major G.L. Drew, D.S.O., Vocational Officer for Ontario, Allen Building, Toronto, from J.J. Payliss, Mountain Sanatorium, Hamilton, re: Report on Speedwell. PERSONAL AND CONFIDENTIAL, 2 August 1920, file, "Department of Soldiers' Civil Re-Establishment – Dispute with Ontario, 1916-1931 – Speedwell Hospital Investigation," vol. 286, RG38, LAC.

⁸⁶ Report on Speedwell Hospital and its Bearing on Tuberculous Work in the Province of Ontario, 1, No Date, file, "Department of Soldiers' Civil Re-Establishment – Dispute with Ontario, 1916-1931 – Speedwell Hospital Investigation," vol. 286, RG38, LAC.

⁸⁷ Report on Speedwell Hospital and its Bearing on Tuberculous Work in the Province of Ontario, 2, No Date, file, "Department of Soldiers' Civil Re-Establishment – Dispute with Ontario, 1916-1931 – Speedwell Hospital Investigation," vol. 286, RG38, LAC.

terializing.

While Speedwell was initially supported by many of the leading physicians across Canada, “the spirit of their recommendations seems to have been almost ignored.”⁸⁸ It required more than fresh paint and curtains covering Speedwell’s iron bars to make the former prison suitable for convalescent care. By failing to undertake necessary improvements, Speedwell Hospital, in the eyes of the superintendent of Mountain Sanatorium, remained a prison.

The persistence of a prison-like atmosphere had significant psychological implications for the patients at Speedwell. During previous outbreaks of tuberculosis in Canada, it was not unusual for the public to go through fits of *phthisiphobia*: a fear of tuberculosis and its sufferers.⁸⁹ Demands were made for the establishment of so-called “prison colonies” to concentrate tuberculous patients during treatment. “[I]n such a colony,” claimed Bayliss, “the discipline, while not as strict as that of an ordinary prison, would still be strict enough to enforce obedience on the part of a patient for the protection of the public at large [...] Speedwell fitted the idea exactly.”⁹⁰ Bayliss was certain the veterans bitterly resented being “imprisoned” due to an illness contracted while

fighting overseas.

The former prison cells, known as private wards, were tolerable during summer months but insufferable during the winter. “The condition of a patient in a small cell with solid stone walls at such a time can be more easily imagined than described,” Bayliss reported, “especially if the window and door are closed for the sake of comfort.” Making matters worse, a few prison cells in its underground tunnel system were maintained for veterans who “acted up a little.”⁹¹ Bayliss concluded that Speedwell “[lacked] the many little things for the patients’ comfort which are to be found in the modern Sanatorium and without which treatment would become unbearable.”⁹² In his opinion the tubercular patients were suffering.⁹³ By the time Bayliss’ report reached the desk of the DSCR’s deputy minister on 21 August 1920, the Tuberculous Board of Consultants was concluding its own investigation into Speedwell.

The fall of 1920 marked the denouement for Speedwell Hospital. Colonel Davis informed the Unit Medical Director in late August that all tuberculous patients were to be removed from Speedwell and dispersed to other sanatoria within the DSCR.⁹⁴ On 28 September, *The Globe* reported that Speedwell would

⁸⁸ Report on Speedwell Hospital, 2.

⁸⁹ Morton and Wright, *Winning the Second Battle*, 25.

⁹⁰ Report on Speedwell Hospital, 2.

⁹¹ *Ibid.*, 3.

⁹² *Ibid.*

⁹³ *Ibid.*, 5.

⁹⁴ Letter to the Unit Medical Director, “F” Unit, Dept. S.C.R., London, from Director Medical Services, re: Speedwell Hospital, 25 August 1920, file, “Department of Veterans Affairs, Vol.10. Hospitals – Speedwell Hospital Guelph, Ontario,” vol. 161, RG38, LAC.

be closed entirely.⁹⁵ The next day, by Order-in-Council #P.C. 2338, the DSCR was ordered to vacate the hospital and return the former Ontario Reformatory back to the province as quickly as possible.⁹⁶ Patients were evacuated completely by 15 November 1920 and most of the administration was transferred to the new DSCR hospital in London.⁹⁷ The remaining employees were laid off at the end of year.⁹⁸ On 24 January 1921, after nearly five years, the Province of

Ontario resumed complete control of the Ontario Reformatory at Guelph.⁹⁹ During that five-year period, Speedwell's administration was the subject of multiple investigations, conducted by a range of organizations, including the Provincial Secretary's Office of Ontario,¹⁰⁰ the Chief Accountant of the DSCR,¹⁰¹ the Board of Tuberculosis Consultants,¹⁰² the *Toronto Evening Telegram*,¹⁰³ the Canadian Red Cross,¹⁰⁴ and the Department of Justice.¹⁰⁵

⁹⁵ "SPEEDWELL IS REPORTED TO BE ABOUT CLOSING – Patients Remaining, Some 70, to be Transferred to London – WHAT OF ITS FUTURE - Stores for Military Hospitals Kept There; Buildings Specially Equipped," *The Globe*, 28 September 1920, 5.

⁹⁶ Memo. from The Deputy Minister, Public Works Dept., Ottawa, to The Deputy Minister, Dept. of S.C.R., Ottawa, re: Order in Council authorizing the use of accommodation in main block of the Dominion Orthopaedic Hospital at Toronto by the Department of S.C.R. as from 1st October 1920, 4 October 1920, file, "Department of Veterans Affairs, Vol.10. Hospitals – Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

⁹⁷ "F. Unit Staff, D.S.C.R., Goes to London this Month," *The Globe*, 8 December 1920, 17.

⁹⁸ Letter to W. Herbert George, General Superintendent, Engineering Branch, Dept. of S.C.R., Ottawa, from Douglass Hogg, Central District Superintendent, Engineering Branch, Toronto, re: Speedwell Hospital, Guelph, 31 December 1920, file, "Department of Veterans Affairs, Vol.12. Hospitals – Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

⁹⁹ Report of Meeting Called for Monday, January 24, 1921, at Speedwell Hospital, Guelph, Ontario, re: Transfer of the Institution from the Department of Soldiers' Civil Re-Establishment to the Provincial Secretary's Department, 24 January 1921, file, "Department of Veterans Affairs, Vol.12. Hospitals – Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

¹⁰⁰ Report on Speedwell Hospital and its Bearing on Tuberculous Work in the Province of Ontario, 2 August 1920, file "Department of Soldiers' Civil Re-Establishment – Dispute with Ontario, 1916-1931 – Speedwell Hospital Investigation," vol 286, RG38, LAC.

¹⁰¹ Letter to The Assistant Deputy Minister, from the Chief Accountant, re: Guelph Accounting, 28 January 1919, file "Department of Soldiers' Civil Re-Establishment, Invalided Soldiers' Commission. Hospitals – S.C.R. Industries, Guelph. Vol. 1," vol. 160, RG38, LAC.

¹⁰² Letter to N.F. Parkinson, Deputy Minister, Dept. S.C.R., from Director Medical Services, 5 August 1920, file "Department of Veterans Affairs, Vol. 10 – Hospitals: Speedwell Hospital, Guelph," vol. 161, RG38, LAC.

¹⁰³ *The Toronto Evening Telegram*, 7 July 1920, 8-9.

¹⁰⁴ Letter to Sir James Lougheed from Lt.Col. Noel G.L. Marshall, Chairman Central Council and Chairman Executive Committee, The Canadian Red Cross Society, re: condition of affairs at Speedwell Hospital, Guelph, 27 March 1920, file "Department of Veterans Affairs, Vol. 9 – Hospitals: Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

¹⁰⁵ Letter to The Assistant Deputy Minister, Department of Soldiers' Civil Re-Establishment, Ottawa, from Mr. Newcombe, Deputy Minister of Justice, re: Speedwell. 13 June 1923, file "Department of Veterans Affairs, Vol. 13 – Hospitals: Speedwell Hospital, Guelph, Ont.," vol. 161, RG38, LAC.

Such was the ignominious end to the noble experiment in soldiers' civil re-establishment that was Speedwell Hospital. What followed was a thorny and prolonged dispute between Ontario and the DSCR that dragged on for a decade.¹⁰⁶ A Board of Adjustment to negotiate Speedwell's return was convened in November 1920, when a detailed inventory of alterations and installations made to the hospital by the DSCR was submitted. It revealed that, while the nurses' quarters remained unchanged since 1917, the superintendent's residence where George Black lived now boasted a three-story extension, including a garage at ground level and sun rooms on the second and third floors.¹⁰⁷ Despite initial progress toward a settlement, the Board was unable to reach an agreement. After two years the dispute was referred to the Department of Justice.¹⁰⁸ Each party made six-figure claims against the other for unpaid expenses and resolution was further delayed. On 29 January 1931, eleven years after Speedwell's return to the province, the DSCR's long-serving Assistant Deputy Minister, Ernest Scammell, now Secretary of the Department of Pensions and National Health, met with the provincial secretary in Toronto, where the dispute was finally settled.

Speedwell's greatest strengths as an in-

stitution—its farms, industries, and workshops—were left unrealized by a cost-conscious bureaucracy lacking the will to utilize them. The inmates who preceded the veterans at Speedwell received vocational training in an array of trades while building the prison and later working in its various industries. These industries, however, were obliged by the federal-provincial agreement of 1917 to remain efficient and productive in order to meet the continuing needs of the province's customers. This obligation eventually led administrators to return Speedwell's unprofitable industries to provincial control, or substitute vocational trainees for paid labourers, essentially ruining Speedwell's prospect of becoming Canada's "chief educational centre" in the soldier re-establishment program. The fact that provincial demands ultimately prevailed is perhaps unsurprising considering many of the MHC's original decision-makers had close ties to the Provincial Secretary's Department. In the end, inmates of the Ontario Reformatory received better vocational training than Canadian veterans found at Speedwell Hospital.

The experiences of tuberculous veterans at Speedwell were lamentable for many reasons, some beyond the control of the most competent administrators. Nevertheless, the fact that the MHC

¹⁰⁶ Rutherforddale, *Hometown Horizons*, 250.

¹⁰⁷ A report of Inspection made November 5th 1920 by Board of Adjustment, namely W.E. Segsworth, Chairman, George E. Black and myself, accompanied by Mr. Douglass Hogg, of Toronto, 5 November 1920, file, "Department of Veterans Affairs, Vol.12. Hospitals – Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

¹⁰⁸ Letter to Deputy Minister of Justice, Ottawa, from Assistant Deputy Minister, re: Speedwell, 27 January 1923, file, "Department of Veterans Affairs, Vol.13. Hospitals – Speedwell Hospital Guelph, Ontario," vol. 161, RG38, LAC.

failed to transition Speedwell away from its prison-like atmosphere, and that veterans' complaints were routinely ignored by officials, indicates a breakdown of leadership at the highest levels. It is also evident that the central goal of civil re-establishment—of transforming wounded veterans into productive and independent workers—reflected civilians' fears about postwar economic instability and social upheaval, indicating a stark divide between civilian and veteran perceptions

of the proper road to rehabilitation. In the absence of more case histories, it is difficult to determine if veterans' experiences at Speedwell were representative of a larger trend of failure or simply an anomaly in an otherwise successful endeavour. In the end, Canada's re-establishment efforts were not perfect and, as the situation at Speedwell underscores, sometimes failed to provide the quality of health care and vocational training that Canada's Great War veterans deserved.
