

War Amputations in Upper Canada

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Amputation was the prototypical act of early nineteenth century military surgery. Removing a soldier's limb was quick, brutal, and definitive; the operation had a grim finality that guaranteed a major change in the life of survivors. Many details about the techniques of surgery then are known and there is some statistical information about amputation after war wounds. Yet, next to nothing is known about the survivors' later life, neither veterans of the regular army nor of the militia. What work could they do? What rehabilitative efforts were made? How well did they survive? The intent of this study is to describe amputation during the War of 1812, and to attempt some tentative answers to these and similar questions. The evidence makes it plain that an informal spectrum of financial aid was available for militiamen of Upper Canada. This article should be seen as a preliminary effort to outline this system as it applied to a few men who had limbs amputated during the war.

THE WAR AND MILITARY MEDICINE

The War of 1812 was fought entirely in North America, and largely in what are now the states of New York, Ohio, Michigan and Wisconsin and the provinces of Ontario and Quebec. The war often was referred to as "The American War" by the British, when they referred to it at all: "our" war was very much a sideshow while Napoleon held much of continental Europe in thrall. The number of engaged men remained small by European standards, although on the British-Canadian side these numbers rose from their nadir, when Madison declared war in 1812, of 3,269,¹ to a zenith of 27,248 regulars early in 1815.² Figures for the militia are difficult to estimate because they varied so widely from time to time. Total casualties have been stated to be 8,774 British and Canadians, and 7,738 Americans.³ The heaviest fighting took place in the Western District, at Chrysler's Farm on the St. Lawrence, and especially on the Niagara Frontier, and thus it was these actions that resulted in the bulk of the war's casualties (exclusive of disease).

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- 1 Public Record Office, London (PRO), WO17/1516, page 53, General Monthly Return Sergeants, Trumpeters, Drummers, and Rank and File of Several Corps Serving in Canada, 1812.
 - 2 PRO, WO17/1519, page 6, General Monthly Return Sergeants, Trumpeters, Drummers, and Rank and File of Several Corps Serving in Canada, 1815.
 - 3 William Jay, *New York Historical Society Collections* (New York, 1849), p. 466.

Medical services in the British army at this time were provided in general hospitals staffed by physicians, surgeons, apothecaries, and purveyors who were part of the army general staff, or in regimental hospitals, created and manned by regimental personnel. Because amputation⁴ after injury in the field was usually carried out as promptly as possible,⁵ and because general military hospitals were located in Quebec, Montreal, Kingston, and York, sites distant from most campaigns, only regimental medical arrangements are examined here. A regiment composed of 500 men or more was supposed to have one surgeon and two assistant surgeons.⁶ However, the second assistant surgeon often would not be commissioned until the regiment was on a wartime footing. Even in wartime, a regiment frequently would be short of surgeons because of illness, transfer, resignation, or death. When the regiment was in the field, the surgeon would requisition or rent any suitable building that was available, for use as a hospital. "Suitable" buildings often were quite unsuitable.⁷ The non-medical staff, designated "hospital servants," usually consisted of a sergeant, an orderly, and a nurse.⁸

Equipment was scanty indeed; in a list of equipment issued as a standard supply for 250 men, little beyond 2 basins, a pewter bedpan, a pewter urinal, and

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- 4 The technical aspects of amputation in the early years of the 19th century will not be discussed here. Contemporary texts abound and should be consulted for further information; among these, works by Guthrie and Bell can be particularly recommended. G. Guthrie, *On Gun-Shot Wounds of the Extremities, Requiring the Different Operations of Amputation, With Their After-Treatment* (London, 1815). Charles Bell, *Illustrations of the Great Operations of Surgery, Trepan, Hernia, Amputation, Aneurism, and Lithotomy* (London, 1821). Especially useful historical summaries are found in Theodor Billroth, *Historical Studies on the Nature of Treatment of Gunshot Wounds from the 15th Century to the Present Time* (New Haven, 1933, reprint edition), and in Owen H. Wangensteen, Jacqueline Smith and Sarah D. Wangensteen, "Some Highlights in the History of Amputation Reflecting Lessons in Wound Healing," *Bulletin of the History of Medicine* 41 (1967): 97-131.
 - 5 A medical debate that continued for decades was whether amputation should occur immediately after the inciting injury, or after a lapse of several days. Among many writers on the subject, one contemporary surgeon should be noted for his succinct historical summary of the arguments. He concluded that "American surgeons, in the War of 1812, followed to a large extent the prevailing French and English practice," i.e., prompt amputation after an accident likely to produce final loss of limb (W. E. Horner, "Surgical Sketches: A Military Hospital at Buffalo, New York, in the year 1814, Part III," *The Medical Examiner and Record of Medical Science* 9(1853): 69-85. See pages 71-80.
 - 6 Except where otherwise attributed, this brief account of the work of the regimental surgeon and his hospital is derived from two sources: R. Hamilton, *The Duties of a Regimental Surgeon Considered, with Observations on his General Qualifications; and Hints Relative to a More Respectable Practice, and Better Regulation of that Department* (London, 1794), second edition, 2 volumes; and Anonymous, *Instructions to Regimental Surgeons, for Regulating the Concerns of the Sick, and of the Hospital, to Which is Prefixed His Majesty's Warrant for Increasing the Advantages &c. of the Medical Officers of the Army* (London, 1808, Third edition).
 - 7 At Moraviantown, the wounded in Procter's force were sheltered and cared for in a barn, while at Lundy's Lane, Wm. Dunlop, of the 89th Foot, performed surgery in an old ruined barracks. William Dunlop, *Recollections of the American War, 1812-14* (Toronto, 1905), p. 52.
 - 8 Although the efforts of Florence Nightingale revolutionized the concept of hospital nursing, the idea is as old as mankind. In the British army, at the beginning of the 19th century, nurses were most often the wives of soldiers. Regulations permitted each company of 100 men to be accompanied by six wives on overseas postings, and it was from these women that nurses were recruited. The calibre of care provided was not high; many of the women were rough, sometimes drunk, and occasionally dishonest.

a scale with weights would appear to be in any way “medical.”⁹ Of course, each surgeon would have his personal set of instruments—also a short list. An amputating saw and knives, some scalpels, curved needles, a bullet forceps, tourniquets, trephines, tooth extractors, a trocar and some probes comprised the set, and indicate how limited surgery was. The abdomen would not be opened, nor the chest. The trephine was used to attempt to release pressure on the brain but no other cranial operations were attempted. Boils were lanced, wounds closed, bullets probed for, fractures set, and limbs amputated. The scope did not greatly exceed this list.

AMPUTATION DURING THE WAR

Even today, no one enjoys the prospect of surgery. A century and a half ago, this prospect must have loomed black on the mental horizons of the soldier, on those occasions when he contemplated the hazards of his trade. Surgery—all surgery, military and civilian—was very different then. Anesthesia remained undiscovered; patients might be plied with alcohol, a poor substitute. If the subject of a patient’s suffering is mentioned in the medical writings of the time it is usually only to congratulate that rare patient who bore the necessary torture bravely and quietly.¹⁰ For the others there was, in addition to the alcohol, stout straps and brawny men to maintain order and to permit the surgeon to finish. And one of the surgeon’s chief contributions to his patient’s comfort was speed.

The stereotype of the old-fashioned surgeon in blood-stained clothing, gripping his scalpel in his teeth while he tied a ligature around a spurting artery, is not exaggerated. A good surgeon was, by definition, a speedy operator. Robert Liston¹¹ was a contemporary surgeon of legendary skill, strength, and speed. An anecdote survives, perhaps apocryphal, that Liston once amputated a leg at the thigh, along with the homolateral testicle and two of his assistant’s fingers, all in less than a minute. If exaggeration exists here, it relates to the number and identity of the organs sacrificed, not to the duration of the operation. Hamilton, in his book of instructions to military surgeons, wrote: “As a surgeon in the operative part of his profession improves greatly by practice, since dexterity of hand is as necessary as judgement, he ought frequently to operate.”¹² In wartime, there was little likelihood that surgeons would lose their dexterity.

Not only was the surgeon quick, he was also dirty. Antisepsis, as a concept, came 50 years later. A surgeon who washed his hands regularly was displaying personal fastidiousness, not attempting to aid the patient. Most surgeons went from patient to patient without regard to such niceties, and there is much evidence to show that at least some rather prided themselves on the accumulation of blood, pus, and other debris on their operating clothes. Since the infective properties of germs were unknown, want of cleanliness can be understood, but of course the consequences were catastrophic. A precise comparison of statistics is

9 Anonymous, *Instructions*, p. 50.

10 In 1809, Ephraim McDowell performed an ovariectomy on a woman who, according to her son, read from the Psalms continuously during her surgery. See A. Schachner, *Ephraim McDowell: Father of Ovariectomy and Founder of Abdominal Surgery* (Philadelphia and London, 1921), p. 66.

11 1794-1847, Scottish, Edinburgh graduate, and professor of surgery in London in the 1830s.

12 Hamilton, *Duties of a Regimental Surgeon*, vol. 1, p. 202.

not feasible because of great differences in the kinds of data collected, but even gross figures are convincing. One surgeon reported mortality from simple or closed fractures in civilian practice as 9%, and from compound or open fractures as 42%.¹³ In selected data on military mortality, the figures for death after gunshot fractures ranged from 10% to as high as 50%.¹⁴ Guthrie, who had enormous experience during the Peninsular War, collected statistics during 1813. Of 551 soldiers having amputation in the general hospitals, 265 died; he also observed that officers did better than rank and file, presumably because they generally were in better health (and better fed).¹⁵

Thus the soldier looked forward to an uncertain future if he received a serious wound in the arm or the leg: painful and brutal surgery, often on or just adjacent to the field of battle, followed by pain, misery, and a depressingly high likelihood that he would not survive. In the face of all this, some men faced their ordeal stoically. In the one personal narrative found for the War of 1812, Shadrack Byfield, not a militiaman but a private in the 41st Foot, recorded the events after he was wounded in the left arm at Black Rock in 1814:

“They prepared to bind me, and had men to hold me, but I told them that there was no need for that. The operation was tedious and painful, but I was enabled to bear it pretty well. I had it dressed and went to bed. They brought me some mulled wine and I drank it. I was informed that the orderly had thrown my hand on the dung heap. I arose, went to him, and felt a disposition to strike him. My hand was taken up, and a few boards nailed together for a coffin; my hand was put into it, and buried in the ramparts.¹⁶ The stump of my arm soon healed . . .”¹⁷

Horner, an American surgeon, also commented on this stoicism by soldiers, who considered the expression of pain unmanly. However, he believed that it was harmful to suppress “this natural mode” of behavior; he also opposed the practice of chewing a bullet. Some of this appearance of calmness also can be

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- 13 J. M. Wallace, “A statistical account of fractures treated in the Philadelphia Hospital,” *Medical Examiner* (Philadelphia) 1(1838): 20-22.
- 14 Cited in O.H. Wangensteen and S.D. Wangensteen, “Successful pre-Listerian antiseptic management of compound fracture: Crowther (1802), Larrey (1824), and Bennion (ca. 1840),” *Surgery* 69 (1971): 811-824. See page 819.
- 15 Guthrie, *On Gun-Shot Wounds of the Extremities*, p. 41.
- 16 In this respect, Byfield showed unusual delicacy. Severed limbs usually were merely discarded, and the pile of limbs was a characteristic scene after any major battle. Ewald wrote that “. . . the amputated arms and legs lay around in every corner and were eaten by the dogs”: J. Ewald, *Diary of the American War: A Hessian Journal*, Translated and edited by J.P. Tustin, (New Haven, 1979), p. 342.
- 17 National War Museum, London. Manuscript: “The Narrative of Shadrack Byfield, Light Company of the 41st Foot, 1807-1814,” page 33. One should note that Byfield wrote his memoir many years later. The old soldier may have embellished his story, or mis-remembered, though there is no reason to doubt the general facts. When Byfield wrote his account he was a Chelsea Pensioner, “. . . a veteran who, after treatment, is granted a pension by the [*British*] Board of Commissioners because of disabling wounds acquired in active service.” (J.K. Johnson, “The Chelsea Pensioners in Upper Canada,” *Ontario History* 53 (1961), p. 273.) These pensions were not available to veterans of the colonial militia, and thus are not a factor in assessing the financial status of militiamen of Upper Canada. The concept of such pensions, which had been initiated in 1682, may have played a role in encouraging the legislature of Upper Canada to begin its program, although no evidence of this relationship has come to light.

credited to individual differences in sensibility. Horner saw one soldier who, while his leg was being amputated, “was smoking tranquilly during the whole operation, his ease not seeming to be an affectation.”¹⁸ Similar tales of fortitude have been recorded, from about the same period, from Europe. Blanco records several such instances of stoicism amongst the wounded after Waterloo.¹⁹ Lord Henry Paget, commander of Wellington’s cavalry, “. . . never moved or complained; no one even held his hand. He said once, perfectly calmly, that he thought the instrument was not very sharp.”²⁰

The generally held opinion that serious wounds of the limbs called for speedy amputation often must have meant needless amputation. Tilton, the American surgeon, noted that he and his colleagues amputated less and less often: “From obstinacy in the patients and other contingencies, we had frequent opportunities of observing, that limbs might be saved, which the best authorities directed to be cut off.”²¹ Mann also records an instance of such “obstinacy” resulting in a salvaged leg.²² By such means, medical opinion began to shift away from insisting upon immediate amputation. The sheer press of the demands upon him often forced the surgeon to operate when a more conservative therapy might have preserved arms and legs. Beaumont, who was present with the U.S. 6th Regiment when the magazine exploded at York in 1813, wrote of the carnage: “On the night of the explosion we were all night engaged in amputating and dressing the worst of them, the next day also and the day after I performed four amputations . . .”²³ After the Battle of Chippawa, William Dunlop, at the time the only surgeon with his regiment, the 89th Foot, had over 200 casualties in his care. We can sympathize with both the surgeon and his patients, for he wrote that “. . . many a poor fellow had to submit to amputation whose limb might have been preserved had there been only time to take reasonable care of it.”²⁴

Those who had surgery still faced many hurdles before they needed to worry about coping with civilian life. Many did not survive the operation itself, and many more died of various complications. Douglas, surgeon to the 8th Foot, believed that both the heat of summer²⁵ and winter’s cold increased the danger to the amputee, as did delay in performing the operation. Moreover, hectic fever, intermittent fever, and hemorrhage were serious complications.²⁶ Fortunately, two especially dreaded problems were seldom seen in Upper Canada—hospital gangrene and tetanus.²⁷ Another nuisance *was* present in abundance to torment

18 W.E. Horner, “Surgical Sketches: A Military Hospital at Buffalo, New York, in the year 1814, Part II,” *The Medical Examiner and Record of Medical Science*, 9 (1853): 1-25. See page 7.

19 Richard L. Blanco, *Wellington’s Surgeon General: Sir James McGrigor*. (Durham, 1974), pp 158-159.

20 Marquess of Anglesey, *One-Leg, The Life and Letters of Henry William Paget, 1st Marquess of Anglesey*. (London, 1961), p. 150.

21 James Tilton, *Economical Observations on Military Hospitals; and the Prevention and Cure of Diseases Incident in an Army* (Wilmington, 1813), p. 62.

22 J. Mann, *Medical Sketches of the Campaigns of 1812*, (Dedham, Mass., 1816), p. 211.

23 J.S. Myers, *The Life and Letters of Dr. William Beaumont* (St. Louis, 1912), p. 53-54.

24 William Dunlop, *Recollections of the American War, 1812-1814* (Toronto, 1905), p. 53.

25 On the other side of the lake, at Buffalo, Dr. Horner also observed the bad effects of summer heat, to the extent that he avoided doing such operations. (W.E. Horner, “Surgical Sketches,” Part II, p. 3)

26 John Douglas, *Medical Topography of Upper Canada* (London, 1819), p. 96ff.

27 Douglas, *Medical Topography*, pp. 103-4.

the convalescent soldiers, and that nuisance was maggots. In the summer months, maggots infested wounds of all kinds. Every medical writer of the day mentions their presence and describes methods for eliminating them.²⁸ Maggots did not kill but they disturbed and irritated the patients. If a man survived his amputation and all these later hazards, he would be discharged and sent home, being no longer capable of serving his king.

THE FATE OF THE AMPUTEE

The consequences of having a limb amputated differed greatly, depending upon one's station in life. In both the militia and the regular army, the soldier from the ranks was, with extremely rare exceptions, at the end of his army life. A man with one arm could not fire a musket; a man with a wooden leg could not march over rough terrain, to say nothing of charging with the bayonet. In some circumstances, however, a regular officer could carry on his career, and many did. Horatio Nelson probably is the best known example, losing his right arm in 1797 but returning to active command the following year.

In attempting to discover what happened to amputees from the War of 1812, one encounters several problems. There is, first, the basic question of how many soldiers were subjected to amputation. General statistics of this nature do not exist for North America, although they are available, in reasonable detail, for the Peninsular campaigns. Indeed, one of the British military medical contributions of this period was the initiation of the first comprehensive reporting system, a reform for which much credit must go to James McGrigor, who had charge of the Medical Department of Wellington's army from 1812 on.²⁹ Unfortunately, McGrigor's influence did not extend to North America. His counterparts here, first Gabriel Redmond and then John Wright, apparently did not have so strong a belief in the utility of record-keeping.

There were certain details that regimental surgeons were supposed to compile as part of their official duty. One was a report book of admissions and discharges, "... in which the name, age, disease, diet, and treatment are to be inserted."³⁰ The surgeon also was to keep a report of the state of the regimental medical stores. Financial accounts were mandatory, of course; and finally, the surgeon had to complete and forward to his superior officer a monthly Sick Return.³¹ Some of the last have survived. Other records seem scanty indeed. Whether surgeons simply neglected to complete such bookkeeping, or whether the returns vanished subsequently, for whatever reason, is not known. Militia officers, on the average, had less impetus to do routine paperwork than did their counterparts in the regular army. The medical records that do survive suffer from many deficiencies—the chief of which is lack of detail. A Return of Sick in the Hospital at York can serve as an example. Of 42 men in hospital on 4 June 1813, 25 had

28 For example, Douglas recommends spirits (such as brandy) diluted with water and injected into the wound (Douglas, *Medical Topography*, p. 95). Horner ("Surgical Sketches," Part II, p. 4) found the juice of the Elder bark (*Sambucus nigra*) to be effective in keeping flies away from wounds.

29 Blanco, *Wellington's Surgeon General*; McGrigor's appointment is noted on page 112, and on page 122 he is quoted thus: "I immediately set about establishing certain returns and records."

30 Anon., *Instructions*, p. 18.

31 *Ibid.* p. 36-37.

gunshot wounds, and of those 9 were recorded as “dangerous” wounds.³² From what is known of dangerous gunshot wounds of the legs and arms, some of these men would have, or already had, amputations. There is no additional information.

Official returns prepared after an engagement for the signature of the commanding officer are of even less help. Only officers wounded or killed are mentioned by name, and seldom, if ever, are the wounds described. For example, Colonel Procter reported 24 men killed and 158 wounded at Rivierre au Raisin on 22 January 1813.³³ The wounded included 116 privates, 1 bombardier, 6 sergeants, and so on. The regiments to which the men were attached is known, but nothing more. Exceptions do occur; some returns provide medical information, but only sporadically and never with more than minimal detail. The 41st Foot reported 107 men sick in hospitals in Ancaster on 25 November 1814, and the reporting officer provided a one- or two-word diagnosis in each instance. Intermittent fever affected 81, dysentery 15, and a variety of illnesses and injuries the remainder.³⁴

Occasionally, however, some tantalizing scraps of medical information do survive. Major G.F. Heriot prepared a list of casualties sustained by the Canadian Voltigeurs during the war that proves extremely interesting.³⁵ Because Heriot provided some detail in the columns labelled “How in what manner killed or wounded” and “Remarks,” we have much more insight into how injuries were sustained and some impression, at least, of some of the possible consequences. Thus, it is recorded that Jean Gupiere of St. Augustin, was at Chrysler’s Farm where his arm was shattered and “lost use forever,” and that his parents are poor. A. Galarneau of St. Francois, was at Odelltown on 11 September 1814, where he was “wounded in leg—leg amputated.” Galarneau had a wife. August Germain, who was killed at Sackett’s Harbour, left a wife and a child and was “very poor.” And so on. But even with this record the need for more information is evident. For example, the site of wound was unstated in 6 of the 24 men who were wounded (11 were killed and one entry is illegible). Three received wounds to the head and neck, one to the body, six to the arm or shoulder, and eight to the leg. Of the 14 wounds to extremities, one man lost the use of his arm and one of his legs, and Galarneau had his leg amputated. In seven other instances, the injury was categorized as severe but the ultimate fate of the patient is not given. So even with this comparatively complete record we can conclude only that of 24 men wounded, one had an amputation and two others had apparently permanent loss of use of an arm or leg. Yet our knowledge of early 19th century military surgery would lead us to expect several other amputations after “severe” injury to a limb. Again, we simply do not know.

32 Public Archives of Canada (PAC), RG5 A1, vol. 17, pp. 7347-8, Return of Sick in Hospital at York, 4 June 1813.

33 PRO, WO1/96, Return of Killed and Wounded in the Action at Rivierre au Raisin 22 January 1813.

34 PAC, RG8 C912, pp. 99-100, Return of the Sick of the 41st Regim^l in Hospitals at Ancaster November 25 1814.

35 PAC, RG9 IA7, vol. I, Return of Killed and Wounded of the Canadian Voltigeurs During the Late War with America.

PUBLIC AID, PRIVATE CHARITY

If Canadians lost an arm or a leg or the use of an arm or a leg during the war, what public or private efforts were made to assist these men? They surely would need assistance, for the physical demands of pioneer life in Upper Canada were such that few occupations would be available for the disabled. The population of the few towns in the province was small and most men engaged in farming. Yet, clearing land and farming it in a preindustrial age were pursuits requiring vigorous good health and a full complement of limbs. No coherent system of aid for the disabled existed. In addition to their pay while actually in service, the only other expectation that a member of the militia had from the Crown was the prospect of a grant of land in recognition of his loyalty.³⁶ Such grants were made to the disabled as well as the able-bodied, but this largesse must have been a mixed blessing to the amputee because all grants were made with the proviso that the land must be resided on and a reasonable proportion cultivated before it could be sold. Unless a man had several stalwart sons, he could scarcely fulfill this obligation if he had but one arm or one leg.

Specific assistance to the disabled, apart from individual acts of private charity and other aid, came from government and from the community. The government provided both pensions and bounties. Community involvement was by way of the Loyal and Patriotic Society of Upper Canada, one of its self-appointed responsibilities being to assist impecunious soldier's widows and children and those labouring under disability from war wounds. The Society was careful, too, to limit its relief to instances where such aid could be shown to be required over and above whatever provision the Legislature made.³⁷ The system of pensions was, in the case of militia, a locally administered system created in response to provincial legislation. The militia statute passed in 1808 addressed the matter in the vaguest of terms, assuring those wounded or disabled while on active service that "he shall be taken care of and attended during the time of such disability agreeably to his rank."³⁸ In March 1812, the Assembly became more specific in its exercise of largesse, committing itself to an annuity of £9 (provincial currency) each year to every noncommissioned officer or private of militia disabled "so as to be rendered incapable of earning his livelihood," for as long as he remained incapable.³⁹ A certificate to this effect was required from "some competent surgeon."⁴⁰ Officers were not mentioned. This omission was rectified the

36 The granting of land to soldiers from disbanded regiments is discussed in Robert England, "Disbanded and Discharged Soldiers in Canada Prior to 1914," *Canadian Historical Review* 27 (1946), 1-18. A particular instance of the way the system worked, and of its flaws, is John D.P. Martin, "The Regiment de Watteville: Its Settlement and Service in Upper Canada," *Ontario History* 52 (1960), 17-30.

37 *The Report of the Loyal and Patriotic Society of Upper Canada With an Appendix, and a List of Subscribers and Benefactors* (Montreal, 1817), p. 11.

38 48th Geo. III, c. 1, subsection xxxix [1808].

39 52th Geo. III, c. 8, subsection xix [1812].

40 PAC, RG9 IB1, vol. 2, Militia General Orders, Fort George, 25 January 1813, Aneas Shaw, Adjutant General Militia.

following year and the annuity was raised to £20 provincial.⁴¹ For some reason, the Glengary Light Infantry were promised 18 pence sterling per day if disabled—a decidedly superior arrangement.⁴²

Post-war elaboration came in 1821, when provision was made for examination of pension claimants by any two or more members of the Medical Board of Upper Canada. Grievances were to be adjudicated by the board, at York. The medical inspectors were recompensed at the rate of two guineas daily while in this service for the crown.⁴³ The legislation was renewed in 1830 for an additional four years.⁴⁴ It should be noted that the aristocratic notion of the Act of 1808, making care commensurate with rank, disappeared in all future legislation—perhaps an instance of the growing democratization of the province. When the Loyal and Patriotic Society of Upper Canada was created in 1812, it acted quickly to alleviate distress in the militia from a lack of warm clothing. It also saw a need for financial aid to widows, orphans, and wounded militiamen. During the five years of its active existence, the Society provided money to many deserving Upper Canadians, in some instances providing help where none would have been available, in others supplementing government pensions. In addition to the pension, another form of official recompense for loss of a limb (and for other injuries sustained on service) was the bounty. During the American Revolutionary War, for example, the Horse Guards decreed that loss of a limb or an eye, or of full use of a limb, would result in a bounty to an officer amounting to one year's full pay, plus the cost of his care if that care was not performed by an army surgeon and if the charge was reasonable. This bounty was, however, payable only to officers.⁴⁵ Four decades later this system continued in existence, and was applicable to both regulars and militia.

THREE CASE STUDIES

In the unfortunate action at the Long Woods in March 1814, Captain *John McGregor*, Kent Volunteers, received a wound that necessitated the amputation of his left arm thirteen days later; Hospital Assistant Cyrus Sumner testified to this on 21 March 1815. And on 7 February 1816, a medical board held at York made his injury official for the record.⁴⁶ This official examination must have been for the sake of formalizing his qualification for a pension, however, because McGregor already had received the first payment towards his pension,⁴⁷ and he had received his bounty. On 10 January 1815, Captain John McGregor, of the Loyal Kent Volunteers, was awarded one year's pay for the loss of his arm in

41 53d. Geo. III, c. 4 [1813]. This sum was not of a size to assure the recipient a luxurious life. The average annual earnings of a common labourer just after the war were £26.19.0, and a blacksmith could expect to earn £60. (Robert Gourlay, *Statistical Account of Upper Canada, Compiled with a View to a Grand System of Emigration* (London, 1822), vol. 1, p. 456.)

42 *Quebec Gazette*, 28 May 1812.

43 2nd Geo. IV, c. 4 [1821].

44 11th Geo. IV, c. 23 [1830].

45 PRO, WO4/273, p. 159, War Office Correspondence 1776.

46 PAC, RG9 1B4, vol. 1, pp. 17-18. The members of the board were Edward Keating, president, Christopher Widmer and Peter Diehl.

47 PAC, MG9 D10. Inspector General of Provincial Public Accounts. Item N4, Drummond to McGill, 6 March 1815. McGregor, who had a wife and children, was paid £20 as his pension from 4 March 1814 to 4 March 1815.

action: £172/9/3 (Army sterling).⁴⁸ Nor did the bounty replace the pension, as can be shown by the fact that McGregor continued to receive his pension, at least for the first six months of 1817.⁴⁹ Yet in October 1824, Drs. Widmer, Powell and Horne, of the Medical Board of Upper Canada, did “not find him so disabled by his wound as to render him incapable of earning his livelihood.”⁵⁰ And that, presumably, was the end of his pension.

From the same set of documents it can be seen that McGregor’s experience was not unique. Captain John McDonnell, of the Incorporated Militia, similarly received the bounty in 1815 and the pension at a later date. He lost his arm during the Battle of Lundy’s lane, 25 July 1814. Aside from the bounty and small pension, there was little done by government to aid these disabled militiamen. What happened to them? The record contains few traces.

We do know, from a memorandum that may have been written by John Strachan, that during the Battle of Queenston Heights, “one of our poor fellows had his leg shot off by a ball which carried away the whole calf of another lad’s leg.”⁵¹ The following January, the captain of the 3rd Regiment, York Militia, prepared a return of casualties for that battle: four men killed and seven wounded. The latter included *Andrew Kennedy* who lost his leg, and Thomas Major, “now in hospital, lost the calf of his leg, at Queenston.”⁵² One month later, the Loyal and Patriotic Society resolved “That Andrew Kennedy, who has lost his leg in the service, and Thomas Major, badly wounded in the leg . . . receive each the sum of eight dollars [£2] immediately, and two dollars [10s] per week, till such time as their annuities from the Province become payable, at which time this sum of two dollars from the Society shall cease.”⁵³ Over the following five months, Kennedy’s father and brother received this payment in his behalf. When the payment for the week ending 3 July 1813 was made, the Secretary appended a note saying that he presumed that “the annuity will be paid as soon after the 30 June, as an application is made for the proper certificate.”⁵⁴ However, a further delay must have occurred because Kennedy ultimately was paid through the end of July. Including the initial sum of £2, he received in total £11 5s 0d during a six month period.⁵⁵ In this way, the Society acted to fill what could have been a catastrophic gap between a disabled man’s release from hospital and the actual receipt of his pension.

For reasons that are unclear, Kennedy received only a partial pension in 1813 and 1814, amounting to £12 10s per year. However, this was rectified in 1815 when he was awarded £18 2s 5½d as back-pension.⁵⁶ Kennedy, who had also been

48 PAC, RG8 C703D, p. 4, Accounts Relative to Militia, 1813-1815.

49 *Upper Canada Gazette* York, 13 November 1817, p. 182.

50 William Canniff, *The Medical Profession in Upper Canada, 1783-1850* (Toronto, 1894), p. 52.

51 Archives of Ontario (OA), MS4 Reel 9 Section B, Sir John Beverley Robinson Papers.

52 Baldwin Room, Toronto Metropolitan Library. Militia: Correspondence, Regimental Orders, Returns of Officers, Proceedings of Courts Martial, Accounts, Casualties of York Militia, 19 August 1812 to 11 September 1822. Return of casualties, York, 5 January 1813; D. Cameron, Captain 3d. Reg. Y.M.

53 *Report of the Loyal and Patriotic Society*, pp. 31-32.

54 *Report of the Loyal and Patriotic Society*, p. 68.

55 *Report of the Loyal and Patriotic Society*, p. 226.

56 PAC, MG9 D10, Item B1, Robinson to McGill, 20 July 1815.

present at the capture of Detroit,⁵⁷ next appears in a listing of militia pensioners,⁵⁸ and in the *Upper Canada Gazette* his pension is recorded as being £20 provincial for 1817.⁵⁹ He was certified as eligible for pensions by the Medical Board in January 1822.⁶⁰ Land records show that a Military/Militia free grant of land was made to Andrew Kennedy, of Scarborough. The record is undated. He received lot N½30 in the 4th concession of Scarborough.⁶¹ The Toronto directory for 1833 lists a Kennedy as Barracks Sergeant.⁶² This role is one that a soldier with a wooden leg might well fill adequately. The army had, perhaps looked after its own. There is a hiatus in the records until 1846, when an Andrew Kennedy purchased a lot of land in Concession 7 of Dorchester South, near London.⁶³ Pension records show that this was the same man who had lost his leg at Queenston 34 years before; he now designated himself a farmer.⁶⁴ It might be assumed that he was married and had grown sons to help him on the farm, by that date. The final trace is in 1859, at which time Kennedy still received his pension.⁶⁵ Nothing more is known of Kennedy's convalescence after Queenston, his rehabilitation, what kind of artificial leg he was able to use, or how independent he became. In the case of Andrew Kennedy, it should be acknowledged that there is more documentary evidence than is the case with most military amputees, especially those who were not officers.

One further type of aid may have been the provision of a civil service job for a deserving veteran of the militia, even though this could have been applicable to only a small number. One of the bloodier battles of the war was fought over the Chippawa River on 5 July 1814. The Americans reported 275 casualties, the British and Canadians 513.⁶⁶ One of these was Ensign *Robert Kirkpatrick*, 2nd Battalion, Lincoln Militia. According to Robert Kerr, that tough old soldier and Surgeon to the Indian Department:

“the rifle Ball, entered the right Breast, passed thro the right lobe of the Lungs, went thro below the right scapula or shoulder Bone . . . I attended him when he was first wounded, and have occasionally attended him since; the Effect the Wound has on his general health, and on the habit of his Body (being often dangerously ill with a Pulmonic affection) is equal to the loss of an Eye, or a limb.”⁶⁷

Kirkpatrick was one who seems to have been rewarded for his injury, for the year that Kerr examined him, he was appointed Collector of Customs at the Port of Chippawa, with an average annual emolument of £30.⁶⁸ Even though holding

57 E.A. Cruikshank, “Record of the Services of Canadian Regiments in the War of 1812: Part XII—The York Militia,” *Select. Papers Trans. Canad. Milit. Inst.* 16 (1908): 31-54. See p. 51.

58 PAC, RG9 IB4, vol. 1, p. 1, Militia Pensioners 1812-16.

59 *Upper Canada Gazette* York, 13 November 1817, p. 182.

60 PAC, RG5 B9, vol. 61, p. 44.

61 PAC, RG1 C13, vol. 132, p. 2.

62 George Walton, *York Commercial Directory, Street Guide, and Register, 1833-34: With Almanack and Calendar for 1834* (York, n.d.) p. 49.

63 OA, CC B3, vol. 26, p. 73, Canada Company records.

64 PAC, RG9 IC5, vol. 9, Upper Canada Pensions, War of 1812. Barbara Wilson, PAC, drew this reference to my attention.

65 PAC, RG9 IC5, vol. 1, List of Militia Pensions Paid by the Board of Upper Canada.

66 PAC, MG11 Q Series vol. 128, p. 57.

67 PAC, RG8 C704, p. 305. Certificate of Robert Kerr, 23 January 1816.

68 PAC, RG5 B6, vol. 1.

this job might seem to prove, *res ipsa loquitur*, that he was not permanently prevented from earning a living, he also received a pension of £20 provincial in 1817,⁶⁹ and as late as 1823 the Medical Board certified him incapable of earning his living as a consequence of his wound.⁷⁰ In 1854 he continued to be paid a pension.⁷¹

SUMMING-UP

These examples tend to show that the disabled veteran of the militia from the War of 1812 was not totally abandoned. Loss of a limb could result in a man receiving a payment of a bounty, a modest assistance in the short term from the Loyal and Patriotic Society of Upper Canada, and a small pension. But only the pension had any continuity. The standard grant of land could have been little help to seriously disabled veterans. There is no record of further assistance. The purchase of an artificial arm or leg presumably was the responsibility of the individual. Rehabilitation services were non-existent. No provision seems to have been made for medical care of any kind, at government expense, once the initial acute injury was healed. Although this financial assistance was small, it undoubtedly was important—perhaps vital—to many recipients. And small though it was, the payment of the pension and the other sums may be seen as precedent setting. This reaction to the results of warfare was the first systematic effort by the government of Upper Canada to provide a group of persons with what we would now term social welfare. From this modest beginning has sprung an expensive, encompassing, highly elaborate programme of pensions, workmen's compensation, health insurance, and numerous related benefits.

69 *Upper Canada Gazette*, p. 132.

70 Canniff, *The Medical Profession in Upper Canada*, p. 50.

71 PAC, RG9 IC5, vol. 1, List of Militia Pensions Paid by the Board of Upper Canada.

The author acknowledges that research for War Amputations in Upper Canada was assisted by a grant from Associated Medical Services and the Hannah Institute for the History of Medicine, Toronto.

Résumé

L'amputation des membres des victimes de la guerre de 1812 au Canada n'était pas seulement une expérience horrifiante et douloureuse; elle restreignait fortement les chances du soldat à s'insérer normalement dans le contexte de la société, une fois son congé militaire accordé. L'auteur met en lumière le destin de quelques amputés du Haut-Canada et suggère que leur état a contribué à la création du système de bien-être social.