

Last Veterans—a Short History

Christopher Frank, MD, CCFP, FCFP (COE, PC)

Department of Medicine, Queen's University, Kingston, ON

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INTRODUCTION

When I started out in practice, I often encountered Second World War veterans, and I loved it. When I was a child, I was a bit obsessed with “The War” and this interest continued into my medical years. I still enjoy working with veterans and, like most people, I respect their sacrifices and appreciate that they often show good humour about the hardships they have endured. Early in my career there were still quite a few Great War veterans, who came from a very different generation than my own. For a young doctor, they were like a completely different species. Sadly, I watched First World War veterans become rare and then disappear altogether. Inevitably, the same thing is happening with the men and women who fought in “Hitler’s war”.

I have a store of anecdotes, memories of veterans I have cared for. A few years ago, a 96-year-old former infantryman said, “I have been living on borrowed time since 1944.” He then impressed our junior resident by showing her his “catastrophic” medical certificate from 1944. Another 94-year-old responded to my question, “Have you ever been dizzy before?” with an unexpected response: “Yes, but I’d just been blown up by a hand grenade!” We have admitted a woman who was parachuted into occupied France, and a German Stalingrad survivor who had “fought the Second World War every night for the last 40 years.” Every generation of health providers has seen the passing of a generation of people who have had awful, incredible, and indelible experiences. Meeting living history is what makes health care, and particularly geriatric care, a fascinating occupation.⁽¹⁾

When the last Canadian WW I veteran died, it prompted me to read about the last veterans of other wars. It will not be long before we experience the same with World War II vets. While I was reading about the veterans, it was interesting to imagine oneself as a clinician interacting with them, given their experiences and differing perspectives, and cultural norms in each era. It should be noted that this reflection on last veterans is clearly not done with the precision and techniques of a historian.

Napoleonic Wars

Interestingly, the last surviving participant of the Napoleonic Wars was also the first documented supercentenarian. Geert

Adriaans Boomgaart was born in the Netherlands, with his birth documented as 1788. There is evidence he served in the 3rd Light Infantry in Napoleon’s Grande Armée and he was reported to have fought in Russia during the famous campaign that ended in disastrous retreat. He died in 1899.

It is common that there are generally a number of people vying for the title of last surviving veteran; many of these claims are suspect. As late as 1912, three Polish men claimed to be veterans of the Battle of Borodino; this is unlikely given limited documentation, and the fact that they claimed to be a minimum of 120 years old.

Medical care in the Napoleonic era was basic. Amputation was the most common treatment for significant wounds, and knowledge of hygiene was so limited that death from illness was more common than from combat. Anesthetics were not available so officers received brandy and enlisted men were often given a block of wood to bite on. The soldiers’ code made it shameful to cry out during amputations, and in the Russian army, it was actually a rule that men must remain silent. Advances were made in battlefield care during this period. Baron Dominique-Jean Larrey (1766–1842) is generally regarded as the originator of modern military trauma care. He developed systems of triage, as well as quicker evacuation for injured French troops using “flying ambulances” pulled by horses.⁽²⁾

War of 1812

The war between Britain and new United States of America involved many colonial troops, as well as Indigenous combatants. The last surviving person to fight in the war of 1812 was Canadian-born Sir Provo William Parry Wallis, who was a junior officer in the Royal Navy. He briefly captained the HMS Shannon when his commanding officer was killed, and during that brief tenure, escorted the captured USS Chesapeake into Halifax harbour in 1813. Wallis died in England, still on the active naval list in 1892, age 100 (another centenarian!).

As in many wars before and since, large numbers of combatants in the War of 1812 died from infectious diseases rather than weapons. Medical and surgical care was still based on Galen’s “humoral” theories, and the role of microbes was not yet recognized (even when it was, such as in the First World War, treatments were very limited). Blood-letting, “tartar emetic” using potassium tartrate, or cathartics like anti-mony salts or Jalap root were used to balance dysequilibrium

between humours. Treatment of trauma focused on early amputation, and the Canadian climate was described as a challenge for surgeons and soldiers. In the summer, maggots were a common pestilence for soldiers with open wounds and were a bigger problem than gangrene or tetanus.⁽³⁾

American Civil War

Given the interest in the American Civil War, and the proximity to our time (I find it a bit startling that I was born around 100 years after it ended), it is not surprising that there are a lot of articles about the last veterans from this conflict. As with other wars, many people claiming to be ancient combatants of the civil war were frauds. Albert Woolson, born 1847 in Upstate New York, is considered to be the last veteran of the War Between the States to die. He enlisted as a rifleman, but ended up a drummer and bugler (his father died early in the war in the same role). He received his discharge in September 1865 and went on to live until August 1956. President Eisenhower noted, “The death of Mr. Woolson brings sorrow to the hearts of Americans. The American people have lost the last personal link with the Union Army.” Fifteen hundred people attended his funeral, which is more than the usual number for centenarians, reflecting the importance of such a milestone to many people.

Perhaps the best-known fraud was “Colonel” Walter Williams, who claimed to have fought in the Confederate Army. When he died in 1959, more than 100,000 people lined the streets of Houston to honour him. A writer for *Blue and Gray Magazine* found that Williams was only five years old at the start of the war, too young even to be a drummer boy, and revealed him a fraud. Ironically, the man who Williams contested for the title of “oldest living veteran” was also fraudulent, along with a dozen other Confederate army claimants.

The American Civil War was the bloodiest war in American history. Medical advances made during the war did improve outcomes, however. Once again, twice as many soldiers died from illness as from wounds. Both sides were woefully unprepared for the huge casualties caused by outdated battle tactics and new weaponry. At the start of the war, there were only 113 doctors in the US army and training was limited. Innovations introduced included making stretcher-bearers part of the medical corps, consolidation of field hospitals, and development of a formal ambulance corps. Many of these advances have been incorporated by other armies and used in subsequent conflicts.

There was widespread criticism about the rate of amputations during the war and reports of amputations done without anesthesia. There were 30,000 amputations performed on Union troops, with a mortality rate of approximately 25%. The mortality rate when amputation was delayed by more than 48 hours was significantly higher, so amputations were generally done early as part of an “evidence-based” approach. Contrary to popular belief, chloroform and other agents were used whenever possible. Given that Joseph Lister’s work on surgical infection was not published until 1867, post-operative infection rates remained high.⁽⁴⁾

World War I

The Great War took the lives of an estimated 7 to 8 million combatants due to combat related deaths, with 2–3 million death from illness, accidents, or while prisoners of war. This was a lower rate of death due to factors outside of combat, reflecting advances in medical care, but also to the increased lethality of industrialized war. Canada had a total population of 7.3 million during the war years, and lost 56,638 military personnel.

The last person enlisted in the Canadian army during World War I to die was John Babcock, who died in 2010 at age 109. He enlisted at age 15, and at age 16 was placed in a reserve regiment and shipped overseas. He was training in England when the war ended in 1918. After the war, he moved to the United States and served in the American army. Late in life, he asked Prime Minister Stephen Harper to reinstate his citizenship in 2008. Although this request was granted, Babcock declined the offer of a state funeral because he had not served in combat and said, “I’m sure that all the attention I’m getting isn’t because of anything spectacular I’ve done. It’s because I’m the last one.”

Although “germ theory” was well established, treatments of infection remained limited. Medical services made advances in the organization of care, with improved systems of battlefield treatment, transportation to field hospitals, and improved triage processes. New surgical treatments to help with disfigurement from new weapons evolved. Poison gas was first used in World War I, and although only 1% of all combat injuries were caused by “gas”, the effects were often delayed but long lasting. I have seen gas-related injuries very early in my career.⁽⁵⁾

The context of the war gave rise to distinct injuries on the Western Front. Given trench warfare, with use of high explosives and fought predominantly on farm fields, gas gangrene was a more common complication of traumatic injuries. WW I also saw increased recognition of the psychological effects of war, with the first descriptions and treatments of “shell shock”.⁽⁶⁾

A recent side note highlighting forensic work and dogged determination: in October 2024, the Department of National Defense and the Canadian Armed Forces (CAF) confirmed that the Belgian grave of an unknown soldier was that of Corporal William Benjamin Cunningham, a Canadian soldier of the First World War. The impact of war is still felt generations afterwards in many ways, and can be relevant in our medical encounters.

CONCLUSION

As of the start of 2024, it was estimated that there were approximately 9,000 Canadian veterans of the Second World War. The average age is close to 100! Our clinical interactions with the defining wars of the last century are now usually with people who were children during the conflicts. They bring unique experiences and unique challenges to clinical care, depending on the nature of their wartime experiences.

Considering how those experiences might affect clinical presentation is important, and taking the time to hear patient stories can be relevant to medical management, but also to the meaning and pleasure we take from geriatric care.

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Correspondence to: Christopher Frank, MD, CCFP, FCFP (COE, PC), Province Care Hospital, 752 King St West, Kingston, ON K7L 4X3

E-mail: frankc@providencecare.ca