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The cultural history of warfare has been obsessed with trauma, despite the fact that the letters and diaries of combatants testify not only to emotional anguish, but also to the pleasures of warfare. The emphasis on emotional breakdown and psychiatric illness has obscured the fact that most men coped remarkably well with the demands being made upon them in wartime. Time and time again servicemen can be heard admitting to the joys associated with combat. In many cases, the same individual also tells of his or her psychological pain but, according to their own account, satisfaction and excitement outweighed distressing experiences.

Within this glorification of murder, however, we do come across the stutters of men driven mad by the horror that inevitably loiters on the battlefield. ‘My nerves are shook up, severe head-ache now and again when my mind is on the affair’ is how Arthur Hubbard described his psychological crisis to his mother in July 1916. His breakdown had been caused by his brutally slaughtering three unarmed German prisoners who had ‘cried for mercy’. It made his ‘head jump’, he sighed.¹ ‘It was an accidental shot, sir, yes, Major, it was not my fault’, stammered another infantryman after shooting dead a wounded Englishman attempting to crawl back to safety. ‘I cannot forget it, no matter how much I sky-lark’, he continued.² Other men found that their days as well as nights were tormented with nightmares. In the words of a young officer known only as ‘Captain B’:

The chief trouble now is dreams — not exactly dreams, either, but right in the middle of an ordinary conversation the face of a Boche that I have bayoneted comes sharply into view, or I see the man whose head one of our boys took off by a blow on the back of his neck with a bolo knife, and the blood spurted high in the air before the body fell. And the horrible smells! You know I can hardly see meat come on the table.³

Private E. Lucas also described his sense of enduring horror. In a halting, distressed paragraph scrawled in a nurse’s scrapbook, he described

1 Private Arthur H. Hubbard, ‘Letters Written May–November 1916’, letters to ‘Mother and All’, dated 5 and 7 July 1916, in Imperial War Museum (hereafter IWM) Con Shelf.

2 Unnamed man quoted in E.E. Southard, *Shell-Shock and Other Neuro-Psychiatric Problems Presented in Five Hundred and Eighty-Nine Case Histories from the War Literature, 1914–1918* (Boston 1919), 463.

3 ‘Captain B’ quoted in Harvey Cushing, *From a Surgeon’s Journal 1915–1918* (London 1936), 489–90.

. . . showers of lead flying about & big big shells its an unearthly sight to see them drop in amongst human beings. The cries are terrible, I escaped being hit but . . . got buried once that caused me to have fits . . . & trip to France is nice but not when the murderers are killing anyone children included, & destroys Churches May the Lord put an unholy curse on them for ever & ever The sights cannot cannot be explained in writing. Writing is not my line. No fighting either. For they that wants to let them fight Because I will never like it no no never.⁴

According to spiritualists, such terrors survived even after death.⁵ Given the abhorrent nature of warfare, it is perhaps correct to argue with two researchers from the University of Manchester just after the war that shell-shocked men were not those who had lost their reason. Rather, their senses were 'functioning with painful efficiency'.⁶

Although in the examples just given, the trauma was related to killing, these men were not 'typical' psychiatric casualties. Most soldiers who collapsed never killed anyone. As Lieutenant-General Sir Charles Burtchaell told the Royal Academy of Medicine in Ireland in 1920, men broke down *despite* never being in the firing line. He was not surprised by this, explaining that this was 'only to be expected seeing that a large number of men who joined the Army were temperamentally unfitted for a soldier's life. Such men got into a nervous state before they came under fire.'⁷ Furthermore, as I argue elsewhere, Medical Officers at the front were forced to recognize that more men broke down in war because they were *not* allowed to kill than collapsed under the strain of killing.⁸ What was unbearable about modern warfare was its passivity in the midst of extreme danger. As Tom Kettle (Young Irelander and Lieutenant in the Dublin Fusiliers) lamented in 1917: 'In the trenches death is random, illogical, devoid of principle. One is shot not on sight, but on blindness, out of sight.'⁹ Or, in the words of the prominent psychiatrist, John T. MacCurdy in *War Neuroses* (1918), modern warfare was more psychologically difficult than warfare in the past because the men had to 'remain for days, weeks, even months, in a narrow trench or stuffy dugout, exposed to constant danger of the most fearful kind . . . which comes from some unseen source, and against which no personal agility or wit is of any avail.' This, coupled with the fact that hand-to-hand fighting was rare, meant that many men never had 'a chance to retaliate in a personal way'. It was their enforced passivity that was emotionally incapacitating.¹⁰ Many soldiers trapped in trenches being shelled to pieces must have echoed the plea of the soldier quoted in the book, *The Irish on the Somme* (1917): 'Please, sir, may we go out and bomb the

4 E. Lucas of the 1st Devons, writing in the scrapbook of the nurse Dorothy Scholes, 'Papers', Wigan Archives Service D/DZ EHC.

5 J.S.M. Ward, *A Subaltern in Spirit Land* (London 1920), 239.

6 G. Elliott Smith and T.H. Pear, *Shell-Shock and its Lessons* (Manchester 1919), 2.

7 Lieutenant-General Sir Charles Burtchaell, 'Disease as Affecting Success in the War', *Transactions of the Royal Academy of Medicine in Ireland*, xxxvii (1920), 540.

8 Joanna Bourke, *An Intimate History of Killing: Face-to-Face Killing in Twentieth-Century Warfare* (London 1999).

9 Professor Tom M. Kettle, *The Ways of War* (London 1917), 171.

10 John T. MacCurdy, *War Neuroses* (Cambridge 1918), 14.

Germans?’¹¹ The modern soldier was pitted against anonymous agents and his aggression was also incognito. Human emotions could not cope with such terrifying impotence.

Despite the unique frightfulness associated with modern, technology-driven warfare, it was widely accepted that the ‘abnormal’ men were those who were repelled by wartime violence. These men had to be cured: that is, they had to rediscover their ‘natural’, masculine bellicosity. The assumption that it was normal for men to act extremely aggressively can be illustrated in numerous ways. For instance, in his classic textbook, *War Neuroses* (1918), John T. MacCurdy described the suffering of one twenty-year-old private. MacCurdy noted that although this soldier had not exhibited ‘neurotic symptoms’ before the war, he still ‘showed a tendency to abnormality in his make-up’. The proof of this lay in the fact that, as a child, he had been

. . . rather tender-hearted and never liked to see animals killed. Socially, he was rather self-conscious, inclined to keep to himself, and he had not been a perfectly normal, mischievous boy, but was rather more virtuous than his companions. He had always been shy with girls and had never thought of getting married.¹²

In other words, ‘normal’ men were psychologically capable of killing because they were tough, did not mind seeing animals slaughtered, were gregarious and mischievous as youths, and were actively heterosexual. They were men who ‘couldn’t or wouldn’t or didn’t play games when they were boys’, according to another commentator.¹³ Psychologically abnormal men were those who tended to ‘return to the mental attitudes of civilian life’ and were therefore unable to cope with the horrors of combat.¹⁴ They were ‘childish and infantile’ and needed to regain their ‘manhood’.¹⁵ Most important, such men had to be ‘induced’ to face their illness ‘in a manly way’.¹⁶ According to the London Regional Director of the Ministry of Pensions, they needed not so much a psychiatrist or neurologist as a ‘good fellow with a kindly eye and manner and with a good square chin — a man in short who can and will command the respect of the patients as a man’.¹⁷

The shell-shocked man often accepted this stigma of being ‘unmanly’. Private Herbert Fiveash, for example, had been sent back to the front after recovering from a serious bullet wound to his chest. When he was forced to

11 Michael MacDonagh, *The Irish on the Somme* (London 1917), 63.

12 MacCurdy, *op. cit.*, 7–8. Such statements were common. For example, see W.D. Chambers, ‘Mental Wards with the British Expeditionary Force: A Review of Ten Months’ Experience’, *The Journal of Mental Science*, lxxv (July 1919), 171.

13 ‘Random Shots’, *Returned Soldier*, 21 May 1918, 47.

14 MacCurdy, *op. cit.*, 11.

15 Thomas W. Salmon, *The Care and Treatment of Mental Diseases and War Neuroses ('Shell Shock') in the British Army* (New York 1917), 525.

16 George Rutherford Jeffery, ‘Some Points of Interest in Connection with the Psychoneurosis of War’, *The Journal of Mental Science*, lxxvi, 273 (April 1920), 140.

17 Letter from W.T. Furse (London Regional Director in the Ministry of Pensions) to C.F.A. Hore of the Ministry of Pensions, dated 13 April 1921, in Public Record Office (London) (hereafter PRO) PIN15/55.

undergo military training prior to the second battle of Ypres-Menin Road, he suddenly lost his eyesight. The Medical Officer diagnosed his blindness as 'hysterical': it had developed because he felt that he had already 'done his bit'. Fiveash understood the implications of this diagnosis, though. It was 'felt by myself as a confession of cowardice', he recognized. It was 'a thing never to be made known to others lest one be regarded as a weak contemptuous kind of "runner-away" from the line of duty'.¹⁸

The process of restoring these men to 'normality' meant enabling them to accept — indeed, embrace — their aggressive urges. The nature of this restoration differed according to the symptoms exhibited. To take an example: one soldier was tormented with nightmares in which someone was 'gurgling in the throat'. Psychotherapy revealed that the patient had been an enthusiastic collector of 'souvenirs' from enemy corpses. On one of his 'unauthorised hunts', he had stumbled upon a German. The two men had fought and the soldier had got his teeth into his opponent's throat, hanging on until death. This was the 'true meaning of the "gurgle"'. The recovery of this memory helped to cure him and he proudly declared to his psychiatrist that he was 'ready to bite another German now'.¹⁹ Psychiatric treatment had successfully repressed his repugnance at taking a human life.

The abhorrence of violence, assumed to be a form of effeminacy, was only one factor that increased an individual's susceptibility to psychiatric breakdown. The 'weak and degenerate', for instance, were said to be likely to suffer psychoneuroses associated with their rectal sphincter, thus soiling their clothes with faeces and urine in battle.²⁰ Soldiers below the age of 20 were also more soft-hearted,²¹ as were conscripts.²² Officers were said to be prevented from breaking down by their 'critical faculties and powers of judgement' as well as the fact that they were in positions of responsibility and thus felt the need to show a good example.²³ When they did succumb, they were allegedly said to develop anxiety reactions rather than the more 'primitive' and 'feminine' hysterical reactions.

More to the point in this article, ethnicity was a crucial variable. For instance, despite their reputation for being a 'martial race',²⁴ Irishmen were generally suspect. Pensioning authorities and the War Office constantly asserted (without reliable statistical verification) that proportionately more Irish servicemen were driven mad in war than their English, Scottish or Welsh

18 Private Herbert Fiveash, 'Private Memories: A Family Legacy', 129, Australian War Memorial Archives (hereafter AWM) Mss. 1217.

19 Millais Culpin, *Recent Advances in the Study of the Psychoneuroses* (London 1931), 31.

20 Dr G. Roussey and J. L'hermitte, *The Psychoneuroses of War* (London 1917), 105.

21 For instance, see J.W. Springthorpe, '12 Months Service at the Front', 26 April 1916, 7, in AWM27/376[19].

22 F.W. Mott, 'Two Addresses on War Psycho-Neurosis (I) Neurasthenia: The Disorders and Disabilities of Fear', *The Lancet*, 26 January 1918, 128.

23 Roussey and L'hermitte, op. cit., 155.

24 Joanna Bourke, "'Irish Tommies": The Construction of a Martial Manhood 1914–1918', *Bullán*, 6 (February 1998), 13–30.

comrades. Ulstermen were exonerated from this devastating slur. In 'Ireland (South)', otherwise known as the 'South Ireland Pension Area', the proportion of ex-servicemen receiving pensions for neurasthenia (and, indeed, all other forms of disablement) was said to be well over the average. In attempting to explain this distressing fact, well-known prejudices emerged. Primarily, it was agreed that the Irish were predisposed to insanity. This had been a common assumption even before the war. As Sir Charles A. Cameron, Chief Medical Officer in Dublin for over 30 years, told the Interdepartmental Committee on Physical Deterioration in 1904, Irish levels of lunacy were high (and rising) because of the long-standing 'cerebral excitement' caused by questions about land and politics.²⁵ According to a writer in *The Lancet* at the end of September 1914, high lunacy levels in Ireland were a 'legacy of mental weakness dating from the sufferings of the famine years'.²⁶ Furthermore, it was said to be indisputable that (like many other 'martial races') Irishmen were children. Ireland was a 'land of children with the bodies of men', complained Colonel Rowland Feilding (of the Connaught Rangers) in one of many letters to his wife.²⁷ Or, in the words of a Royal Irish Fusilier, the Irish soldier typically acted like 'a naughty child'.²⁸ Indisputably, psychoneuroses developed in only two types of people, declared the prominent psychiatrist, Dr M.D. Eder: they were common either in men who were 'inherently below the level of civilization' (that is 'degenerates') or in those who were 'ethically in advance of their age'.²⁹ There was no question into which category Irishmen fell.

Pensioning authorities added to such negative characterizations of the Irish at war. In defence of the extremely high levels in 'Ireland (South)', the District Commissioner of Medical Services for 'Ireland (South)', Dr Boldie, tried to explain that the high percentage of ex-service lunatics in Ireland was not only due to the 'special political conditions' but also to 'a definite Neurasthenic temperament which is prevalent amongst the South Irish'. Another pension authority (Dr Wallace) added that it was 'indisputable' that recruitment practice in Ireland was more lax and that subsequently 'large numbers' of men recruited in Ireland were physically unfit, mentally defective, and subject to a wide range of nervous disorders.³⁰ In a slightly more sympathetic tone, Dr P.L. Forward pointed out that, in his belief, the problem was simply that Irish Service lunatics were kept on their home treatment allowances or in hospital on 'humanitarian grounds' because they had no prospect of supporting themselves in any other way. Forward went so far as to state that, in the current

25 Sir Charles A. Cameron giving evidence in *Interdepartmental Committee on Physical Deterioration*, PP 1904, xxxii, 406–7.

26 'Insanity in Ireland', *The Lancet*, 26 September 1914, 811.

27 Rowland Feilding, *War Letters to a Wife. France and Flanders, 1915–1919* (London 1929), 196–7, letter to his wife dated 14 June 1917. Also see 175.

28 Brigadier W. Carden Roe, 'Memoirs', 8–9, IWM 77/165/1.

29 M.D. Eder, *War-Shock. The Psycho-Neuroses in War: Psychology and Treatment* (London 1917), 17.

30 'Memorandum on Conference of Neurological DCS MS Held at Headquarters on Friday, June 17th 1921', 3, in PRO PIN15/56.

political circumstances, this action was ‘almost justifiable’ since, if this help was withdrawn, the men would ‘drift or starve’.³¹

Such assumptions about the social and ethnic characteristics of ‘shell-shocked’ men translated into poor treatment for the unfortunate men appearing at the Casualty Clearing Stations (and later the hospitals), shaking or screaming, who were assumed to be malingering.³² So called ‘emotional Irishmen’ and ‘weak privates’ were given progressively more painful electric shocks in an attempt to compel ‘cure’.³³ More sympathetic psychotherapeutic techniques could also involve elements of compulsion.³⁴ Even kindly Medical Officers, engaged in gentle persuasion and the ‘talking cure’, believed that there were ‘nice and nasty neurotics’.³⁵ As Lieutenant-General Sir Charles Burtchaell admitted (in 1920 in an address to the Royal Academy of Medicine in Ireland), military medicine had no civilian counterpart. While in civilian practice the individual was paramount, in war ‘it was essential to the success of military operations to look at disease and physical non-effectiveness from a collective point of view’.³⁶ Servicemen had to be prepared to give not only their lives or limbs for ‘the nation’, but their nerves as well.

The ‘sacrifice’ did not end in 1918. As we have already seen, nightmares continued long after the battlefields had reverted to farmland. Familiar sights — like that of a butcher’s shop — could spark another attack.³⁷ As two doctors observed in 1920, if anything, the armistice resulted in a fresh wave of such cases as the failure of many men to adapt back to civilian life led them to act neurotically. Mental illness could easily be stimulated by the ‘surrendering of the privileges of the soldier’s life for the humdrum commonplaceness of civilian life, the question of pension, of adequate recognition for past suffering, the feeling of injustice engendered by the present distribution of wealth in society’.³⁸

The emotional stress placed on ex-servicemen after the war was exacerbated by the realization that their actions in wartime were not in fact appreciated. This process of neglect began the moment they stepped off the hospital ship. W.D. Esplin was one such soldier whose relief at finally reaching the sanctuary of Neltey Hospital was shattered when faced with a ‘welcoming’ crowd. ‘Alas!’, he recalled,

31 Dr P.L. Forward in ‘Provision of Employment for Ex-Service Men in Ireland’, 3, 11 March 1921 in PRO PIN15/899.

32 For a detailed discussion, see Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (London and Chicago 1996).

33 For example, see the brutal description in Lewis R. Yealland, *Hysterical Disorders of Warfare* (London 1918), 97–101.

34 ‘Questions and Answers. House of Commons, 7 July 1921’ in PRO PIN15/56.

35 M.D. Eder, ‘An Address on the Psycho-Pathology of the War Neuroses’, *The Lancet*, ii (12 August 1916), 264–5.

36 Sir Charles Burtchaell, op. cit., 527.

37 ‘Captain B’ quoted in Harvey Cushing, *From a Surgeon’s Journal 1915–1918* (London 1936), 490.

38 Maurice Nicoll and J.A.M. Alcock, ‘Neurosis of War’ in *The Medical Annual. A Yearbook of Treatment and Practitioner’s Index, 1920, 38th Year* (Bristol 1920), 253.

... it so happened not many of our number wore bandages: we bore few signs, outward and visible, that we had been wounded. We were not the battle-stained heroes who had been expected. There was a silence which could be felt. We hung our heads in inexplicable shame. 'Let's get off home', a buxomy, loud-voiced dame counselled. 'Them's only some of the barmy ones.'³⁹

Pensioning officers never relaxed their attempt to prove that mentally ill men were liars and malingerers. The Ministry of Pensions was obsessed with the problem of reducing the pension bill. As late as 1931, they were still warning medical officers to beware of shell-shocked men who exaggerated their symptoms so that their pension would not be re-evaluated at a lower rate. The 'prolongation of a disability' was 'far from uncommon', they insisted.⁴⁰ Or, in the words of the leading specialist, John Collie, 'gross exaggeration' was 'often met'.⁴¹

Within the hospitals, their treatment also left much to be desired. Incarcerated mentally-ill servicemen complained that their treatment was 'shameful' (although they typically cited the lack of biscuits and tea as serious grievances).⁴² Their families were shocked by the fact that the men were given 'the lowest possible rations' and had to work as hard as 'navvies'.⁴³ It was a particularly sore point that insane ex-servicemen were being cared for in the same institutions which housed insane civilians. In Britain during the 1920s, approximately 6000 ex-servicemen were in such mental hospitals.⁴⁴ Sir Frederick Milner, President of the Ex-Services Welfare Society, was appalled. 'Have you ever tried to imagine the thoughts of some pathetic victim of "shell-shock" when, in a lucid interval, he realises that he is a prisoner in a pauper madhouse?', Milner asked rhetorically, adding:

All around he sees tragic cases of incurable lunacy, and hears their demented cries night and day. So far as he can foresee his future, it is an eternity of horror among these unfortunate people. Cannot you realise his feelings that, whatever frail hold he may have on fleeting sanity, his mental grip must steadily relax in such surroundings? *And his bitterest thought must be that his fate is the 'reward' for giving up all to serve his country in the Great War!*⁴⁵

The Ministry of Pensions and the Board of Control did not necessarily agree. They defended themselves by arguing against the assumption that

39 Typescript by W.D. Esplin in PRO PIN15/2502.

40 'Neurasthenia and Allied Disabilities. Memorandum for the Guardians of Medical Officers, MS Instruction No. 50', 1931, PRO PIN15/2947.

41 'Special Medical Board', 2, quoting John Collie, in PRO PIN15/54.

42 Letter to the editor, signed 'One of Them' in *Buzzer. Souvenir Edition HMA Transport 72*, 1917, np.

43 Letter from Mrs J. Williams to The Right Hon. The Viscount Milner, dated 25 August 1917, in PRO PIN 15/886.

44 'Questions and Answers. House of Commons, 11 December 1924', question by Sir Herbert Nield, in PRO PIN15/2499.

45 Letter from Sir Frederick Milne, President of the Ex-Services Welfare Society to Mrs E.F. Pinsent of the Chelsea Embankment, 9 May 1924, in PRO PIN15/2499. Emphasis in original. The underlining stops before 'Great War'.

lunatics in the county and borough asylums were 'pauper lunatics'. This point of view was most succinctly put by C. Herbert Bond of the Board of Control in a letter to the Ministry of Pensions on 6 February 1920. He pointed out that it was not true that the civilian patients were necessarily pauper patients. Rather, he insisted, most had been ratepayers before being admitted and not a few were 'educated above the average'. He admitted that 'a certain proportion of them, as a result of their mental illness, tend to develop objectionable habits and to use obscene language' but, he reminded the Ministry of Pensions, 'so do the Service patients and other private patients of good education'.⁴⁶ Practical concerns were also mentioned in defence of the Ministry and Board of Control. After all, they noted, the scale of the problem effectively ruled out the establishment of separate facilities for insane servicemen.⁴⁷ The only compromise made involved nomenclature: ex-servicemen were classified as 'service patients' in these asylums, in order to indicate that their keep was being paid out of Ministry of Pensions funds.

Of course, the majority of men who had broken down in war did not need to be incarcerated when they returned to peaceable environments. It was discovered, however, that they still had considerable difficulty readjusting to civilian work culture. This was summed up by R.H. Norgate in 1920. As the medical superintendent in Poor Law infirmaries for the mentally ill in Bristol, he was concerned that shell-shocked men

... remain in hospital, attended to by sympathetic nurses, until all inclination for work had disappeared from their minds. They are discharged into a field where work has to be looked for and kept, when obtained, and good work is expected for good wages. All initiative is lost, and they gradually drift to a low ebb, are easily led, and become the associates of a low class of scoundrels, who use them as tools for a variety of evil deeds; and when the Law holds them they make the excuse of shell-shock or plead mental instability from decadent parents.⁴⁸

In the words of another commentator in the extremely popular boys' journal, *Health and Strength*, in 1920, 'shell-shock' was simply an 'excuse for crime', made by men who were 'accelerated degenerates' even before the war and were too 'lazy' to find employment.⁴⁹

The problem did not only lie with the ex-serviceman. Although work was widely regarded as the best remedy for psychiatric patients, it was in short supply in the interwar years.⁵⁰ Labour unrest in Scotland was blamed for in-

46 Letter from C. Herbert Bond of the Board of Control to Colonel A.L.A. Webb of the Ministry of Pensions, dated 6 February 1920, in PRO PIN154/873.

47 For an early statement, see the letter from D.E. Dickenson of the Board of Control to the Clerk to the Visiting Committee of the asylum, dated 16 March 1917, in PRO PIN15/868.

48 R.H. Norgate, 'The Effects of the War on the Mental Condition of the Citizens of Bristol', *The Bristol Medico-Chirurgical Journal*, March 1920, 106–7.

49 T.W. Standwell, 'Are You a Potential Post-War Criminal?', *Health and Strength*, 24 January 1920, 62.

50 Letter from W.T. Furse (London Regional Director in the Ministry of Pensions) to the Secretary, Mr Chrystal, dated 21 January 1921, in PRO PIN15/55.

hibiting re-employment of Scottish ex-servicemen with psychiatric problems.⁵¹ A special investigation of Scottish neurasthenics noted the high level of relapse. They called such cases 'secondary economic neurasthenia' on the grounds that they arose out of unemployment and economic stress.⁵² In cases where work could be obtained, employers were 'often unwilling to accept men after they have heard details of their disability'.⁵³

The shell-shocked ex-serviceman did not occupy an enviable position in England or Scotland, but there were worse places for him to live. In Ireland, men's sacrifices were not simply denied, they were positively derided. As the person in charge of pensions in Ireland, Dr P.L. Forward, noted in March 1921, ex-servicemen who had broken down in war were faced with a 'hostile attitude' directed against them both individually and collectively. Even sympathetic employers bowed to intimidation and threats. In his words:

These patients, in addition to their nervous disabilities resulting from the stress of War, all have the super-added anxiety states occasioned by the hopeless outlook for the future in respect to their obtaining employment, and in earning the means wherewith to maintain themselves and their dependants.

Gloomily, he added that 'no amount of psychotherapy' could relieve their sufferings.⁵⁴ Others agreed that being blocked from employment was desperately painful, going further by observing that neurasthenic patients in Ireland suffered more than their physically disabled comrades because 'in the few who are willing to work the anxiety state is increased, and in those who are unwilling the non-work habit is fostered'.⁵⁵ So serious was this state of affairs that some commentators recommended that self-contained 'work colonies' (the same term as that used to describe prisons in which labour was forced) be established to house any cured Service lunatic agonizing about his status as 'an outcast and an undesirable'.⁵⁶

Despite the assumption that Irishmen were predisposed to lunacy, this did not mean that they would be entitled to greater resources to compensate for their inherent weakness. In comparison with neurasthenic casualties elsewhere, they were shorn of economic resources. In the postwar period, the most effective treatment for psychiatric illness arising out of war was thought to lie in the establishment of special workshops dedicated to 'hardening' men

51 Dr Scott Forrest's report on Scotland in 'Memorandum on Conference of Neurological Deputy Commissioners of Medical Services Held at Headquarters on Friday, June 17th, 1921', 2, PRO PIN 15/56.

52 'Special Investigation of Scottish Cases', 2 in PRO PIN15/58.

53 Dr H.E. McConnell's report from the West Midland Region in PIN15/56 — memorandum, 1921, 2.

54 Dr P.L. Forward in 'Provision of Employment for Ex-Service Men in Ireland', 1–2, 11 March 1921, in PRO PIN15/899.

55 Note by H. Sugars, Staff, DCMS, Ireland (South Region), 21 March 1921, appended to a letter from C.K. Darnell, Ministry of Pensions, Ulster Region, 14 March 1921, in PRO PIN15/899.

56 Dr P.L. Forward in 'Provision of Employment for Ex-Service Men in Ireland', 4, 11 March 1921, in PRO PIN15/899.

through work. As the Director-General of Medical Services warned the Commissioner of Medical Services in Dublin in 1921: since 'the possibility of making neurasthenics is very great', work was 'the all-important [factor] with the Neurasthenic'.⁵⁷ Yet, as those responsible for pensions in Ireland confessed, there were very limited facilities available throughout the island.⁵⁸ For instance, only two institutions catered to ex-service lunatics. In September 1917, Mrs Bernard Dunning presented the estate and mansion of Leopards-town Park, County Dublin, to the Ministry of Pensions as a permanent home for neurasthenic servicemen. Also in 1917, the Craigavon Hospital was handed over by Lieutenant-Colonel James Craig to the Ulster Volunteer Force Hospital Board of Management to be used as a Neurasthenic hospital after it had been argued that forcing Belfast men to attend the neurasthenic board in Dublin was a 'serious matter for men shaken by shell-shock'.⁵⁹ At the opening ceremony, The Right Hon. G.N. Barnes (Minister for Pensions) declared that the country 'must not be content with giving a man a pension; it must build him up and return him a self-supporting and self-respecting unit to the community'.⁶⁰ Craigavon was to be modelled along the lines of the hospital in Golders Green, London, and was to be under the guidance of Lieutenant-Colonel Sir John Collie, famous for his obsession with detecting cases of malingering.⁶¹

However, both institutions were constantly under threat. As early as June 1920, Craigavon only marginally managed to prevent their institution being turned into a sanatorium for consumptives⁶² and there was a constant (and unforthcoming) scramble for money to increase the opportunities for treatment and training there.⁶³ In the South of Ireland three years after the end of the war, there were still 120 officers and 1200 men in the Other Ranks awaiting hospital treatment for neurasthenia. Most of these men were dependent upon 'home treatment allowances' which were costing the Ministry of Pensions over £100,000 a year.⁶⁴ In 1921, the 'South Ireland' Pensions Area

57 Letter from J.H. Hebb for the Director-General of Medical Services, to H. Sugars, Commissioner of Medical Services, Dublin, 21 December 1921, in PRO PIN15/56.

58 Dr P.L. Forward in 'Provision of Employment for Ex-Service Men in Ireland', 1, 11 March 1921, in PRO PIN15/899; 'Memorandum on Conference of Neurological Deputy Commissioners of Medical Services Held at Headquarters on Friday, June 17th, 1921', 2, in PRO PIN15/56; Minute from the Commissioner, Medical Services, Ulster Region, 26 May 1921, in PRO PIN 15/55.

59 Letter to the Earl of Derby at the War Office by unknown author, 29 May 1917, in PRO PIN15/54.

60 'Craigavon Neurasthenic Hospital for Soldiers, Belfast', *British Medical Journal*, 28 July 1917, 132.

61 *Ibid.*

62 'The Proposed Sanatorium at Craigavon, Belfast', *British Medical Journal*, 5 June 1920, 783.

63 Note by H. Sugars, Staff, DCMS, Ireland (South Region), 21 March 1921, appended to a letter from C.K. Darnell, Ministry of Pensions, Ulster Region, 14 March 1921, in PRO PIN15/899.

64 Dr P.L. Forward in 'Provision of Employment for Ex-Service Men in Ireland', 2, 11 March 1921. The Local Government Board *rejected* a request by the Down County Council to borrow £127,000 to purchase Craigavon as a sanatorium for consumptives.

had the highest proportion of ex-servicemen awaiting treatment for neurasthenia in the United Kingdom (see Appendix). The Ministry of Pensions for 'South Ireland' pleaded with the Ministry of Pensions in London for help in expanding facilities at the Leopardstown Park Hospital, arguing that 'unless the neurasthenic institutions in England are able to help us, there is little prospect of the waiting list being reduced in less than eighteen months to two years, and then only allowing for a short course of treatment for each case'.⁶⁵ But nothing was done.

There were other problems faced exclusively by Irish patients. One important question was: what should be done with insane ex-servicemen who acted violently and needed to be forcibly admitted to an asylum? As in Britain at this time, there were two ways to admit a person to an asylum — the police could forcibly bring a dangerous lunatic before a magistrate and have him committed, or the Poor Law Infirmary could admit a patient and, on the first occasion when he acted violently, could transfer him to an asylum. Neither method worked in Ireland, as the Ministry of Pensions in Dublin explained in exasperated tones to the London office. In the first instance, the arresting of dangerous lunatics by the police was 'in abeyance, owing to other difficulties experienced by them in the discharge of their work'. In the second instance, there was the problem of finance. The cost of certification could be met by the Ministry of Pensions in London but, if the Ministry refused to accept that the man's madness was a result of war service, nothing could be done. More seriously, asylums in Ireland were largely run on government grants. However, local authorities refused to recognize the (British) government and to have their accounts audited. Thus, Irish asylums lacked finance and strenuously avoided admitting any patients at all, let alone ex-servicemen.⁶⁶

Problems also arose out of the fact that the Army Council Instruction No. 8 of 1918 was not made applicable to Ireland. This Instruction decreed that soldiers suffering from chronic mental disease for over nine months were to be deemed 'incurable' and were to be 'discharged to the appropriate asylum and handed over as service patients'. Representations were made against the fact that this Instruction did not include Ireland by the General Commander-in-Chief, Irish Command, in 1918. The exclusion of Ireland meant that a man from the south might be kept indefinitely in the Belfast Hospital, 'where his friends may never be able to visit him'. Because there were only two special hospitals in Ireland for mental cases, it was 'seldom possible to transfer a case to another Military hospital where he would be nearer his friends'. The General asked whether it was possible to extend the Instruction to Ireland 'without the men being classified as paupers on admission to the Civil lunatic asylum'.⁶⁷ But this caused a further problem. The fear of a 'pauper taint' meant

65 Letter from H. Sugars of the Ministry of Pensions, Ireland (South) to Dr J.H. Hebb, Ministry of Pensions, London, 24 November 1921, in PRO PIN15/56.

66 Letter from the Ministry of Pensions in Dublin, 24 March 1921, in PRO PIN15/899.

67 Letter from The Secretary, War Office, to The Secretary, Ministry of Pensions, 15 April 1918, in PRO PIN 15/896.

that the Belfast War Pensions Committee opposed the idea of ex-service lunatics being discharged into county asylums.⁶⁸

The position of the relatives of these Service lunatics was equally hard, primarily due to a misprint in the Lunacy (Ireland) Act of 1901. Instead of using the word 'person' (as in the British legislation), the Irish Act had inserted the word 'prisoner'. This meant that any soldier consigned to a lunatic asylum in Ireland became technically a 'criminal lunatic' and the State was therefore liable for the whole cost of his maintenance out of Imperial funds. In England, Scotland and Wales, the cost of maintenance fell on local authorities and if those authorities agreed to waive their claim on a man's pension for his maintenance, the Army Council was allowed to pay that pension to his wife or other dependants. In Ireland, however, because ex-soldier lunatics were technically classified as criminal lunatics, the whole cost of their maintenance was thereby transferred from local Irish funds to the Imperial Exchequer. What this meant was that the War Office simply discontinued the man's pension, thus causing hardship to the dependants of the ex-serviceman. In terms of propaganda, this misprint was a disaster. As one commentator noted, it was obvious that much 'hostile use' was made of the fact that Irish ex-service lunatics were technically 'criminal lunatics . . . to be kept in an Asylum during His Majesty's pleasure'.⁶⁹

Irish servicemen who had broken down in war were right to protest against the position in which they found themselves. Not only were they outcasts for having fought for England instead of Ireland, their maddened minds debarred them from 'making good' in the War of Independence and the Civil War and, in an increasingly militaristic society, discredited their very masculinity. Even their 'sane' comrades in war turned from them in shame for having disgraced myths of the indomitable Irish martial spirit.

Finally, in Ireland more than in Britain, anxiety reactions did not end with the armistice of 1918. The war of independence and the civil war created a further set of hysterical reactions — as in the case of one man whose psycho-neurosis could be traced to an occasion in 1923 when he crouched in the back seat of a car which was crossing O'Connell Bridge under heavy fire. His Republican sympathies in the civil war had also contributed to his breakdown, having exposed him to 'a certain amount of danger'.⁷⁰ There was also the case of an hysterical Private examined by Dr Culpin who (when undergoing painful electric shock treatment) could only chant over and over again 'Damn those Sinn Feiners!'⁷¹ Irishmen not only *suffered* hysterical fits, they *caused* them.

Despite this emphasis on trauma in war, what is most surprising is that *more* men did not seek escape by war neurosis. In the words of Thomas W. Salmon in 1917, neurosis provided 'a means of escape so convenient that the

68 Memo by L.G. of the Medical Services Branch, 21 September 1918, in PRO PIN 15/897.

69 Ibid., also see PRO PIN 15/896.

70 J.H. Pollock, 'A Case of Psycho-Neurosis', *Irish Journal of Mental Science*, 6th series (1928), 168–71.

71 Millais Culpin, *Psychoneuroses of War and Peace* (Cambridge 1920), 79.

real cause of wonder is not that it should play such an important part in military life but that so many men should find a satisfactory adjustment without intervention'.⁷² This was particularly surprising as the war droned on, as conscripts replaced regular soldiers or volunteers, and as training regimes were shortened. What was remarkable was the resilience of men in combat.⁷³ For the men who failed to 'cope', there were nightmares and psychological torment. Probably the hardest thing of all, however, was returning home. Their masculinity was in doubt, their loyalty was derided, and the passivity engendered on the modern battlefield was also found on domestic turf where everyone from the bureaucrats at the Ministry of Pensions to local employers seemed to gang up against them. Irish ex-servicemen were right to be particularly bitter as their activities in the British military were seen as the most shameful fact of all. For such men, the landscape of violence was carried back within them.

APPENDIX

Proportion of All Patients Awaiting Either In-patient or Out-patient Treatment, 1921⁷⁴

Area	% Awaiting In- and Out-Patient Treatment	% Awaiting In-Patient Treatment	% Awaiting Out-Patient Treatment
Scotland	2.5	21.0	0
North	7.5	0	13.5
North-West	37.1	22.5	56.3
Yorkshire	20.9	7.3	24.5
Wales	4.5	5.3	7.6
North Midlands	49.9	22.2	53.1
Midlands	58.6	39.2	64.8
South-West	7.6	8.7	7.3
London	7.2	32.8	5.9
Ulster	22.2	42.1	4.3
'South Ireland'	69.0	87.9	48.2

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72 Thomas W. Salmon, *The Care and Treatment of Mental Diseases and War Neuroses ('Shell Shock') in the British Army* (New York 1917), 24.

73 For a detailed discussion see Bourke, *An Intimate History of Killing*, op. cit.

74 All of these tables have been calculated from the statistics collected in PRO PIN15/56.