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A Weary Road. Shell Shock in the Canadian Expeditionary Force, 1914-1918 by Mark Osborne Humphries

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See table of contents

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A Weary Road

Shell Shock in the Canadian Expeditionary Force, 1914-1918

Mark Osborne Humphries

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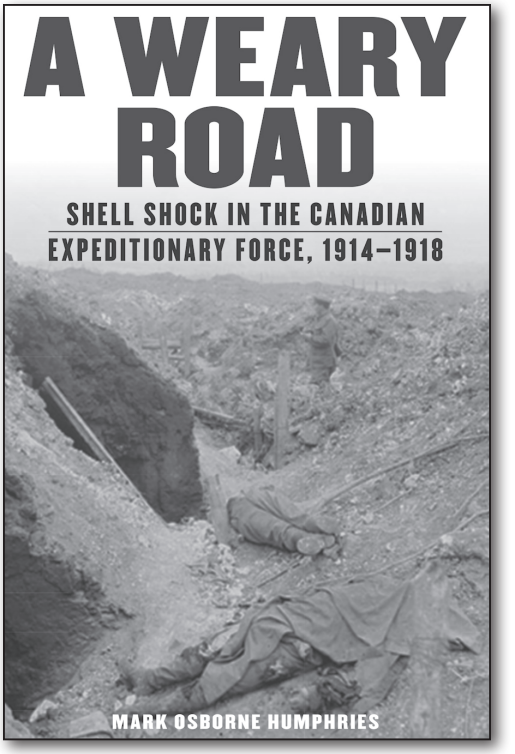

Imagine yourself tasked with producing a study of amputations and their consequences in the C.E.F. throughout the Great War. Daunting in numbers and prevalence, perhaps recorded in spotty and inconsistent ways, your subject would nonetheless be clear. Anyone can spot the difference between a wounded leg and a missing one. No stricken soldier—given the medicine of the time—would find himself blessed by the restitution of a lost arm. Finally, no victim of an amputation at the time would have found his perilous state debated, contested and even denied by those responsible for treating it. The Director of Canada's medical war effort and its official historian—Sir Andrew MacPhail—would never have attributed amputation to "childishness and femininity."

That's hardly the story for Professor Humphries' subject. He is attempting to get a purchase on slippery material. One of his major achievements is his successful mastery of a host of documents and reports that quarrel among themselves. Observers then and now disagree about the exact nature of the condition (not all its victims had been shocked in the same way), its causes (somatic or neurological?) and the means of alleviating or curing it (rest, shock therapy or talk). Humphries is also dealing with a subject that is dynamic rather than static, one that waxes and wanes, one that even endures changes in its designation. He is dealing with a subject that appears to have arisen most identifiably with the rise of industrialized warfare (the U.S. Civil War and subsequent state-based conflicts) with its mixture of volunteer and conscripted soldiers, and with battlefield technologies rendering combat often a matter of destruction in an impersonal way at a considerable distance and in an unpredictable fashion. His concluding sentences, the product of his reflections upon the processes that he has analyzed, share with the reader the intractable and pervasive nature of the affliction:

[A]s long as young people are sent to war, some of them will inevitably break down under the trauma and strain of battle. As long as this happens, armies will continue to struggle to manage these casualties and will fret about morale, discipline, and fighting efficiency. Specialists will also

offer their counsel and will argue that this time the problem can be solved (327).

The structure of Humphries' study fits its subject: his approach is chronological rather than analytic. By this, I mean that in order to examine a *historical* subject, he treats it as it snowballed into attention, as if it were some sort of epidemic or plague with a beginning, middle and end. As was indeed the case. The particular outbreak of shell shock here, we may say opens in August, 1914 and concludes on the eleventh of November 1918. I am not being disingenuous in stating this. I am instead noting that Humphries' chronicle replicates the progress of its subject as it came to military/medical/political and social notice. Since all of this happened during a period of prolonged combat, the author also provides capsule examinations of the nature of the particular contests that lay behind the ebb and flow of shell shock. In other words: just because we know in general what produced it does not mean we can ignore the factors—which in turn generated alterations in the methods for coping with it—heightening its appearance and intensity.

Thus, a timeline can be drawn. 1914 and most of 1915 record relatively few cases of soldiers withdrawing from battle on the basis of a nervous fatigue or disability. The system proves able to handle this degree of wastage, though the gas attacks and savage fighting at second Ypres generate an upward creep that in hindsight appear prophetic. An aside here: while the Canadian forces fought as distinct units, they did so as part of the British Expeditionary Force. Their medical arm especially functioned as a unit within the larger imperial effort, though it is important that the Canadian members of the medical officers were overwhelmingly civilian (rather than military professionals) in their background, and thus less willing to subordinate the needs of their patients to those of the military machine

By 1916 and the Somme offensives, army leadership's concern grew as more and more soldiers declared themselves unfit to continue serving in the front lines, a practise that continued during intense and prolonged periods of combat until war's end. Those "declarations" were of course not always verbal. Actions—confusion, dramatic nervous disorders, loss of motor control, violent tremors and crippling afflictions in the limbs, for example—spoke louder than words. Check out the topic on Youtube if you seek a truly horrifying visual record. But Humphries convincingly points out that the term "shell shock" rapidly made its way into trench culture, and that "nervous" soldiers began to self-diagnose. Authorities faced the existential threat of soldiers deciding the terms on which they felt able to participate in the combat.

Whatever the problem and its sources, the military leadership began to envision a future where moral/somatic unfitness would limit the continuance of the combat. Notice again, as with the civilian doctors: the removal of the conditions for the plague could never come under question. The continuance of the war was a given. Recall that a medical cure had been found for the Yellow Jack that had years before threatened to stop the American Panama Canal project. My analogy is anachronistic, but I introduce it in order to demonstrate that an age of medical progress would naturally have compelled a nation at war to assume that somewhere, somehow, this threatening condition could be curable by some means or other that did not entail abandoning the battle. The point was to keep peace from breaking out.

Thus, Humphries delivers a detailed and convincing account of systematic at-

tempts to label, sort, and rehabilitate. His account often mentions the debate over whether the successful claimant to shell shock was entitled to the honour of a wound stripe on his uniform. This seemingly remote, to us beside-the-point consideration in fact takes us to the heart of the dilemma that it underpins. Was shell shock at bottom a failure in manliness? A violence-ready ideal of masculinity displayed itself not only in the subjection of women, but in a culture's century-long absorption in sport and adventure fiction, the fascination with weaponizing that marked the militarism of youthful social formations and in the very dress affected by Continental civilian leaders. From the blessing of regimental banners to the production of cigarette card mementoes of fighting units, the culture that lay behind the trench culture gave little room for any response to combat beyond a stoic endurance of horror and dismemberment. That set of cultural attitudes, made more compelling by visual technologies, remains with us still.

To move from cultural to more pragmatic forces, Humphries spends considerable time presenting thick description of the various ways in which the reporting and classification of frontline casualties played a central role in the detection, evaluation, and treatment of shell shock. NYDN (Not Yet Diagnosed Nervous, at times interpreted as Not Dead Yet) grew into a useful catch-all, especially in the war's final years. The victim/patient might be faking (not *Yet* diagnosed), but he was nonetheless presenting *some* symptoms (Nervous) of unfitness for further combat. Early on in the War, as *A Weary Road* maps the therapeutic setup, those symptoms of nervousness could get you into a rest area for a few days. Your manliness restored, back you marched into the killing zone, no longer paralyzed by the very realistic fear of destruction in any number of technologically advanced ways.

As the killing machine exacted greater tribute, the high command demanded stricter controls over living bodies escaping the front lines. Centralizing the decision-making that determined whether the patient was victim or shirker and his ultimate disposition was one of those controls. Such a procedure also allowed for a measure of fudging, as the rigidities of the high command's strictures were warped into the more flexible responses by frontline agencies, especially if they lay in the hands of doctors who had passed their formative training in civilian life. This was overwhelmingly the case in the Canadian Army Medical Corps. *A Weary Road* shows in detail how a system ultimately resting upon "an ideology of denial" (309) managed to fabricate some set of protocols for the practice of "a field of medicine in which the experts themselves had yet to agree upon nomenclature, case definition, or basic treatment protocols" (257). On account of that analysis, the study functions as a contribution to the sociology of warfare in addition to its solid historical chronicling of combat/medical experience.

Humphries wisely refrains from presenting his own theories as to the nature and etiology of shell shock, but he does illustrate how a modern, technological culture came up with a rough-and-ready quantitative explanation for the malady. As late as 1945, Churchill's personal physician Lord Moran explained that in his view, "men wore out in war like clothes." That is, most of us have a limited capacity for insult and injury of the sort visited upon combatants in modern war. That capacity reached, we are no longer able to engage in the practise. Thus, [o]ne of the most decorated the most decorated soldiers of the war, Corporal Francis Pegamgabow... end-

ed his war in a shock hospital." (307). He had simply had enough. Many a Western Front medical officer came up with a similar diagnosis (which he then had to translate into medicalese), as did the soldiers themselves. "[M]en learned by observation and word of mouth to both expect and accept breakdown as a logical consequence of prolonged soldiering because it was understood to wear out and fray the nerves." Of course, there was a catch to this. A man had to have been seen as having done his bit. That said, "there was little difference between those who were physically shaking without visible injury and those bleeding from the concussive force of a shell explosion." Yet that catch remained, which is why a Major from B.C. wrote his wife that while he sympathized and understood with shell shock victims, he "despised a coward." (253). We are back to the SCOTUS justice who could not define pornography but knew what it was when he saw it. If you follow the work on PTSD today, you will find yourself in the same circular argument. Everyone knew then and knows now the conditions producing the plague. No one knows any way to stop it except by abolishing those conditions—combat—themselves. Imagine if you sought to control cholera but prohibited from cleaning up the drinking water. You would have to come up with some real stretchers to account for the mess. This, our medical and military establishment did. How else was a war to be fought successfully?

In the meantime, therapies were prescribed. While Humphries does not venture into them in great detail, he does leave us with a priceless doctor-patient dialogue that could have been appeared in a play of Beckett.

MEDICAL OFFICER: let us consider the fact of going back to the trenches, and machine guns, shells. Think of the men already there sticking it out. You were able to stick it out yourself before you were wounded. Is that not so?

PATIENT: Yes, doctor.

MEDICAL OFFICER: Let us go further and suppose that shells are dropped here just now; that they are outside this tent; that one explodes in here this moment, and that we can see bits of ourselves flying over the ropes. What of it? Is it so very terrible?

PATIENT (*after a pause*) It is not really so bad after all.

I can endorse this as a record of a medical consultation only after I have cast John Cleese as doctor and Eric Idle as patient. Yet the very fact of its preservation as a medical record indicates just how desperate a therapeutic system had become in treating what was ultimately the untreatable. Humphries shows again and again the fudging of medical records that took place when no after-results were catalogued. Whether electric shock or mind games or plain r&r, the duration of any treatment's "cure" was a matter of luck and conjecture. Anyone who has ever experienced caregiving today for cancer patients knows just how fungible such predictive figures are, and how adept prognosticators are at moving the goal posts.

A Weary Road takes us along a richly detailed journey involving an aspect of the horrors visited upon the soldiery of the C.E.F. and the attempts to alleviate that malady, efforts begun in pragmatic assessment and which sometimes ended in healing for a greater or lesser duration. Mark Osbourne Humphries' history presents us with a search for meaning amid hellish conditions that ultimately devolved into the imposition of a system of nomenclature.

Dennis Duffy