They Called it Shell Shock. Combat Stress in the First World War

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Over 80,000 cases of shell-shock were officially recognised by British Army personnel during the First World War. The diagnosis remains a culturally and historically resonant symbol of the First World War in Britain. Its significance has been influenced by the famous post-war memoirs of ex-servicemen who recounted their personal experiences of shell-shock. Similarly, Pat Barker's critically and commercially successful *Regeneration* trilogy only served to reinforce shell-shock as an integral cultural reference point. Yet, this has arguably been damaging to the historiography. These works focus primarily on the officer class which has led the working-class Tommy's torment to be comparatively obscured despite their sizeable majority. Leading military psychiatrist researchers, Simon Wessely and Edgar Jones, went so far as to argue: 'To an extent, shell shock was hijacked by the literary fraternity'.⁽¹⁾ Indeed, it was only in 2002, with Peter Leese's *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War*, that the first in-depth and exclusive academic analysis of Britain's experience of shell shock was offered. Leese's work has been subsequently added to by a small number of additional studies into shell shock.⁽²⁾

Stefanie Linden's *They Called it Shell Shock* provides a fresh approach to the historiography of shell shock and the men who suffered from psychoneurotic reactions as a result of service in the First World War. Drawing on a host of research resources, including medical publications, institutional records and the histories of soldier-patients who underwent treatment during the conflict, Linden's work demonstrates the universal psychological suffering of servicemen of both the British and German Armies. By doing so, this work provides the very first comparative analysis of both British and German servicemen who suffered from combat stress during the First World War.

Linden's study is organised thematically. Her first chapter is devoted to pre-war diagnostic categories, and the career of Jean-Martin Charcot and his research into hysteria. This consideration allows Linden to ably contextualise shell shock as a continuation of pre-war medical understanding, arguing: 'The history of shell shock started in the lecture theatres of Paris ... A quarter of a century later, when Europe plunged its entire manhood into an abyss of mutual destruction, the medical profession finally had to recognise that men could indeed develop hysteria' (pp. 27, 32). Linden casts her net widely by also discussing various pre-war diagnoses including 'Miner's nystagmus' (pp. 63–6), 'railway spine' (p. 71) and 'Ganser syndrome' (pp. 126–8), and how the medical authorities' understanding of shell shock in Britain and Germany was shaped

by these pre-war medical conditions. Linden's consideration of pre-1914 diagnoses helps to refute historians who have argued that the war-time condition as 'unknown concept' prior to 1914 and only 'emerged as a new phenomenon' during the First World War.⁽³⁾ It was the magnitude rather than the nature of the problem which the British Army were unprepared for during the First World War. The immediacy of the shell shock problem is ably demonstrated by Linden's observation that one-fifth of publications included within *The Lancet* and the *British Medical Journal* were dedicated to psychological reactions to warfare between 1914 and 1918 (p. 39).

They Called It Shell Shock contributes to firmly-established features in the historiography of shell shock. For example, Linden makes it clear that traumatised soldiers suffered from a huge variety of subjective psychological symptoms, which could be induced by an immediate incident or the cumulative effect of service, but that some servicemen also developed psychoneurotic symptoms despite never having been exposed to active service with many breaking down away from the Front and even on home leave (pp. 32, 181). Indeed, a quantitative analysis of the Charité records demonstrates that almost a quarter of patients had not even seen action (p. 181). Linden's analysis also provides further evidence of the differentiation in treatment and perception of shell shock depending on whether a sufferer was a private or an officer with the treatment on offer to the latter much preferable to the former (pp. 94–8). In addition to addressing well-trodden paths in the historiography, *They Called it Shell Shock* provides welcome considerations into largely neglected aspects of First World War history. The study addresses suicide and desertion in separate chapters via the analysis of German and British medical literature to consider how service during the First World War could drive German and British servicemen to suicide (pp. 146–57) or desertion (pp. 158–76). Such analyses of these important subjects are welcomed and it is no criticism of the author to suggest that much more research into these neglected topics is now required.

In addition to providing timely analyses into overlooked topics, *They Called It Shell Shock* is undaunted by tackling the complex relationship between shell shock and combat-induced Post-Traumatic Stress Disorder. While recognising the intrinsic similarities in both diagnoses, Linden argues that medical diagnoses are dictated by the existing cultural and environmental context. In warfare, this includes medical progress, societal beliefs, stereotypes and stigma and the nature and conduct of a given conflict. As Linden observes: 'the physical expression of distress may also be mediated by cultural forces through popular health fears, which alert patients and doctors to particular areas of the body' (p. 235). Linden's considered appraisal of the two diagnoses is welcome especially as debate, confusion and disagreement regarding the relationship between PTSD and shell shock continues to feature on the floors of conferences.

The undoubted strength of *The Called It Shell Shock* lies within Linden's analysis of more than 600 original medical case files of British and German soldier-patients who underwent neurological and psychiatric treatment at the National Hospital at Queen Square in London, the Charité Psychiatric Department in Berlin and the Jena Military Hospital in Jena. With regards to the former, the vast majority of patients admitted to Queen Square were private soldiers with only four shell-shocked officers being admitted between 1914 and 1918 (p. 60). Thus, this study brings timely attention to the regular private who has been overshadowed by the officer class. This original research on previously untouched medical archives allows Linden to demonstrate the universality of subjective psychoneurotic symptoms including traumatic brain injury, fits, twilight states, states of stupor, exhaustion and paranoia and psychosis which affected both British and German soldiers alike.

Throughout her discussion of the three hospitals, Linden provides an understated quantitative analysis of the three hospitals being utilised as case studies. For example, when discussing soldier-patients who suffered from 'hysterical seizures', it is made clear that about seven per-cent of Queen Square patients without organic brain disease suffered from such episodes (p. 29). Linden also calculates the average age on admission, their average length of stay, how many soldier-patients had been involved in frontline service and how many had not been exposed to combat (p. 60). Assessing both German and British records, Linden calculates that about a third of patients experienced a physical trauma such as being buried alive (p. 180). This quantitative analysis allows Linden to foreground the records of individual patient records within a

larger institutional framework. This methodology is, for example, utilised effectively in the discussion of functional blindness. Calculating that 462 shell-shocked soldiers treated at Queen Square Hospital suffered from functional blindness, Linden utilises the individual case records of Private Philip. P to offer one individual's condition and experience as a patient under treatment at the facility (p. 81). This consideration of macro-level and micro-level histories allows us to hear the patient's voice but also helps to negate potential accusations that these transcriptions are merely anecdotal. The patient records of the Queen Square Hospital are clearly a rich resource. For example, the records of a Private Peter R include the patient's written recollection of his condition and his own understanding of his mental state (pp. 89–90). This lengthy transcript provides a rare and unique insight into a shell-shocked serviceman's understanding of his condition. It is, once again, a welcome contribution as it demonstrates that methodological challenges in the study of shell-shocked men, namely a lack of source material owing to the stigma attached to mental illness which may have deterred men from articulating their suffering, can be overcome.

In addition to a close reading of patient files, Linden effectively portrays a realistic description of hospital life in London, Berlin and Jena. This picture is achieved via a discussion of hospital facilities, treatment methods and a consideration of the medical staff who worked in the institutions and who treated the soldier patients. Treatment on offer included isolation, exercise, electrotherapy, hypnosis, persuasion therapy and even 'fake treatments'. These various treatment methods available, coupled with the fact that only a minority of soldier-patients were returned to the front-line following treatment, allows this study to re-evaluate the simplified narrative of the punitive and mean-spirited military doctor which is often forwarded in the historical and literary discourse (p. 39).

To date, previous English language shell shock works have been restricted to individual case studies to nation states. As Linden correctly points out, however, her comparative framework is merely a continuation of wartime trends with British and German medical journals regularly reading and translating one another's research into psychoneurotic servicemen during the conflict (p. 77). With this in-depth analysis undertaken at PhD level, the author's sensitive and nuanced reading of individual patient files is the book's undoubted scholarly achievement and helps to ensure that the book will remain a pillar of the shell shock historiography. As we approach the centenary of the Armistice, there is now an opportunity for scholars to follow Linden's lead and provide comparative studies of war neurosis amongst the various combatant nations.[\(4\)](#)

One minor gripe, however, centres on Linden's proposition that 'most soldiers who had gone through the horrors of frontline fighting could not let go of their terrifying experiences' (p. 120). While this thesis may apply to the servicemen discussed in Linden's research resources, a fuller qualification of the sentence is required regarding the millions of British and German servicemen who did not require any psychoneurotic treatment during their army careers.[\(5\)](#) As with all good history, Linden's study leaves intriguing areas deserving of closer consideration in the future. A closer reading of how different campaigns impacted on a serviceman's psychoneurotic wellbeing would, for example, be welcomed. As Linden herself cites, there were potential differences in the psychological impact of static trench warfare as opposed to mobile warfare (p. 140). For example, a comparative of campaigns on the Western Front and the war in East Africa could test such a hypothesis. Linden also references the fact that the war had an adverse impact on the civilian mentally ill population in Britain during the war years (pp 57–8), but further research into this important subject is also now needed. The post-demobilisation experiences of psychoneurotic servicemen also deserve closer scrutiny than it has thus far received in the historiography.[\(6\)](#)

Linden's command of her sources allows her to effectively bring together the experiences of British and German servicemen and each combatant nation's response to combat stress. Linden's work is engaging, thought provoking and wonderfully produced ensuring that her book is highly-readable to academics, students and the public alike; the relatively inexpensive cost of the book (£25) also ensures that this fine piece of scholarship is better positioned than most academic books to impact on the latter audience and both the author and publisher are to be congratulated on this. Ultimately, *They Called It Shell Shock* will be of immense interest to shell shock historians, specialists in trauma studies, those interested in the social and

cultural effects of the First World War, as well as a broader audience of students interested in the impact the First World War had on servicemen and combatant nations.

Notes

1. Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry to the Gulf War* (New York, NY, 2005), p. 52.[Back to \(1\)](#)
2. Peter Leese, *Shell-Shock: Traumatic Neurosis and the British Soldiers of the First World War* (London, 2002); Peter Barham, *Forgotten Lunatics of the Great War* (New Haven, NH, 2004); Fiona Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914–1930* (London, 2010).[Back to \(2\)](#)
3. Hughes-Wilson and Cathryn Corns *Blindfold and Alone: British Military Executions in the Great War* (London, 2001), pp 52–9 and p. 74; Edward Brown, ‘Between cowardice and insanity: shell-shock and the legitimization of the neuroses in Great Britain’, in *Science, Technology and the Military*, 12 (1988), p. 324.[Back to \(3\)](#)
4. For one recent example of such transnationalism see *Psychological Trauma and the Legacies of the First World War*, ed. Jason Crouthamel and Peter Leese (London, 2016).[Back to \(4\)](#)
5. Joanna Bourke, for example, has previously argued that servicemen could find pleasure in active service and the act of killing while maintaining their perception of self and society; Joanna Bourke, *An Intimate History of Killing: Face to Face Killing in Twentieth Century Warfare* (London, 1999).[Back to \(5\)](#)
6. This feature was recognised in a previous review undertaken for *Reviews in History*. Reviewing Fiona Reid’s *Broken Men*, Jason Crouthamel wrote: ‘The history of mental illness is, however, still a developing field, and one of the areas that begs more research is the experience of traumatized men after 1918, in particular their struggle to restore themselves in work and family life’ <<http://www.history.ac.uk/reviews/review/997> [2]> [accessed 26 May 2017].[Back to \(6\)](#)

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