THE NEVER ENDING WAR OF THE MIND

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War began between the Allies and the Central Powers on July 28, 1914. A new alliance was formed between the former Triple Entente of the United Kingdom, France, and the Russian Empire; they would later be joined by the United States, Japan, and Italy. Comparatively, the Central Powers of Germany and Austria-Hungry had been based on the former Triple Alliance, although Italy had opted out, they still posed formidable force by aligning with the Ottoman Empire and Bulgaria. Clearly, a war of this magnitude had never before been seen, and as a result of its massive scale the conditions of war had forever changed. The massive alliances of newly industrialized countries led to technological advances in weaponry such as mustard gas, automatic weapons, grenades, and above all artillery. These weapons greatly amplified the horrors of the First World War in ways that soldiers had never before seen, and many of them became deeply disturbed. However, medical officers at the beginning of the war believed that the men’s strange behavior was due to physical damage to the brain from the massive impact of highly explosive artillery shells, hence the term shell-shock. Soldiers had broken down in previous wars, “but never on the scale seen in the world’s first industrial war. There were tens of thousands of cases of shell-shock in the Allied armies alone. By the end of the war, doctors had declared shell-shock the storm centre of military medicine.”[[1]](#footnote-1)

This paper will explore the origins of shell-shock and its relationship with modern weaponry by investigating major battles; first hand medical accounts; and technological advancement. Moreover, this paper will investigate the founding father of this medical diagnosis; survey why some soldiers were diagnosed with shell-shock and others weren’t; and examine the attitudes of military leadership towards this tragic wartime disorder. More importantly, this paper will argue that technological advancement in weaponry has created the perfect conditions for the emergence of shell-shock in World War I and that technological advancement in weaponry has remained as the constant driving force behind the progression of shell-shock into Post-traumatic stress disorder (PTSD).

From the very outset of World War I this new phenomena, shell-shock, began to be observed. For example, on August 3, 1914 War began between Germany and France, and five weeks later the German army had smashed its way to within 18 miles of Paris. There the battered French army miraculously rallied their forces at the Marne River. At the very beginning of the battle, a disturbing phenomenon began to occur. Men began to hallucinate their dead comrades standing post, “the illusion was so complete that often the living would speak to the dead before they realized the true state of affairs.”[[2]](#footnote-2) Most thought that this was just another outlandish story that soldiers tend to make up from time to time, however medical officers noticed that this instance seemed to be different, but didn’t know exactly what was causing the men to act in such a strange way. Not having any previous research to base the medical diagnoses on the commonsensical classification of the strange behavior was “asphyxia,”[[3]](#footnote-3) an effect of the highly explosive artillery shells.

Shortly after the battle of the Marne, a British medical journal known as *The Lancet* defined this phenomenon as “shell-shock”[[4]](#footnote-4) In February 1915, only six months after the start of the war. In a up-to-the-minute article, “Capt Charles Myers of the Royal Army Medical Corps who is considered to be the founding father of shell-shock, noted the remarkably close similarity of symptoms in three soldiers who had each been exposed to exploding shells: Case 1 had endured six or seven shells exploding around him; Case 2 had been buried under earth for 18 hours after a shell collapsed his trench; Case 3 had been blown off a pile of bricks 15 feet high. All three men exhibited symptoms of reduced visual fields, loss of smell and taste, and some loss of memory.”[[5]](#footnote-5) Myers thought that comments on these cases seemed superfluous, and, after documenting in detail the symptoms of each man he concluded they all seemed to have symptoms of shell-shock.

At first the prevailing medical theory took a common-sense approach to shell-shock. Most medical officer’s concluded that the strange behavior that the men exhibited was “commotional,”[[6]](#footnote-6) which simply meant that the severe concussive blast of the shells had shaken the men’s brains in a very damaging way. Therefore, shell shock was initially deemed to be a physical injury, and “the shell-shocked solider was thus entitled to a distinguishing wound stripe for his uniform, and to possible discharge and war pension.”[[7]](#footnote-7) However by 1916, military officials began to question the diagnosis, because soldiers who had never experienced artillery fire began to exhibit signs of shell-shock. Most officers tended to think that shell-shock was just a weakness in the man’s constitution, and consequently, men that experienced headaches, tinnitus, dizziness, poor concentration, confusion, loss of memory, and sleep disorders were considered to be weak and in most cases a hindrance to their company and battalion.

This raised the question of whether shell-shock was an “organic” injury caused from new high explosive artillery shells? Or “neurasthenia,” a psychiatric disorder inflicted by the terrors of the modern war. To the soldiers dismay medical officers and the medical community concluded that shell-shock encompassed both organic injury and neurasthenia. Therefore, “the majority of shell-shock cases were perceived as emotional collapse in the face of the unprecedented and hardly imaginable horrors of trench warfare.”[[8]](#footnote-8) Consider this, on the western front alone the trenches stretched into a continuous line of heavily fortified positions, which zigzagged their way 500 miles from the English Channel to the Swiss frontier. Soldiers spent months at a time in trenches and experienced unspeakable horrors, disease, and the constant pounding of artillery. And now to makes matters even worse, the term shell-shock had been cast in an entirely new light due to the advancement psychiatry. Therefore, the conventional practice became to mildly assess the afflicted solider, and “if the disorder was nervous and not physical, the shell-shocked soldier did not warrant a wound stripe, and if unwounded, could be returned to the front.”[[9]](#footnote-9) For example J. Jameson Evans M.D., an eye doctor, notes that “when symptoms are noted with little or no evidence of injury to the eyes or neighboring cavities, it is usual to regard them as functional-a form of traumatic neurosis- and in the majority of cases this view is correct.”[[10]](#footnote-10) Therefore, one can clearly assume that if the doctors of World War I could not identify any physical injury, they would recommend that the solider was fit for duty and the soldier would be sent back to the front.

The experience of being “blown-up,” a term that was commonly used at the time, evokes powerful emotion in the letters and memoirs of World War I. As an illustration, mull over this letter from a young American Red Cross volunteer from 1916, “there was a sound like the roar of an express train, coming nearer at tremendous speed with a loud singing, wailing noise, it kept coming and coming and I wondered when it would ever burst. Then when it seemed right on top of us, it did, with a shattering crash that made the earth tremble. It was terrible. The concussion felt like a blow in the face, the stomach and all over; it was like being struck unexpectedly by a huge wave in the ocean.”[[11]](#footnote-11) The shell and it effects that this young man is describing exploded over 200 yards away, and had gouged a hole in the earth as big as a small room.

Both the Allies and Central Powers were utilizing devastatingly powerful artillery systems. For example, in 1904 the Germans had observed the importance of artillery in the Russo-Japanese War, and as a result developed the 420mm Big Bertha siege gun. Big Bertha was a “96,000lb system that could lob 1,800lb shells nearly 8 miles.”[[12]](#footnote-12) However, this astonishingly powerful system could only fire at a rate of 8 rounds per hour. Nevertheless, the Big Bertha was able to smash a series of “impenetrable”[[13]](#footnote-13) Belgian forts at Liege on August 12, 1914. These monstrous German guns lay waste to the Belgian defenses in only four days, and completely demoralized the Allied forces. This dominating triumph over the Allies led the Germans to continue development into more mobile and powerful howitzers. Comparatively, the pride of the French army was a sleek 75mm field gun, which weighed in at 3,400lbs with a near 9 foot long barrel in the 155mm caliber. Although the 75mm gun was smaller than the Big Bertha, its rate of accurate fire more than made up for its size. Due to the barrels internal assembly it helped eject the exiting projectile. This greatly increased accuracy and the rate of fire. For example, during the battle of the Marne “a battery of mobile 75mm field guns swept ten acres of terrain, 435 yards deep, in less than 50 seconds.”[[14]](#footnote-14) And within a five day period the French had fired a total of 432,000 shells.

As the war progressed, the volume of soldiers that reportedly displayed symptoms of shell-shock had drastically risen. In prior wars, it was assumed that soldiers that displayed these symptoms were the result of poor discipline and personal cowardice. However, with the extended artillery barrages being a commonplace during the First World War, the concept evolved from a mere lack of discipline and personal cowardice to an actual neurological disorder that resulted from the high air pressure of exploding shells. For the first time in military history these physiologically disturbed soldiers began to be assessed and treated as if they had been physically wounded in battle. For example consider Dr. Mott’s article from 1917, which is titled Mental Hygiene and Shell Shock During and After the War. He says “the term shell-shock is applied to a group of varying signs and symptoms, indicative of loss of functions and disorder of functions of the central nervous system, arising from sudden or prolonged exposure to forces generated by high explosives. In a large number of cases, although exhibiting no visible injury.”[[15]](#footnote-15) Additionally, he argues that “it has been shown that the force generated by 17inch shells is equal to 10,000 kilograms per square meter, or 10 tons to the square yard. This supports the contention that even death may occur as the result of concussion, generated by high explosives, without visible injury.

The progression of shell-shock throughout history seems to be directly linked with the use of heavy weapons. For example, “during the early years of World War II, psychiatric casualties had increased some 300 percent when compared with World War I, even though the pre-induction psychiatric rejection rate was three to four times higher than World War I. At one point in the war, the number of men being discharged from the service for psychiatric reasons exceeded the total number of men being newly drafted.”[[16]](#footnote-16) As war continued into the Vietnam era different battle related behaviors began to be observed. Surprisingly, the symptoms that soldiers began to display were very different from the symptoms that were usually associated with shell-shock. As the war continued, “a previously obscure but very well documented phenomenon of World War II, some men suffering from acute combat reaction, as well as some of their peers with no such symptoms at war’s end, began to complain of common symptoms. These included intense anxiety, battle dreams and problems with interpersonal relationships, to name a few.”[[17]](#footnote-17)

The reoccurrence of acute combat reaction, in contemporary warfare seems to indicate that there might be different causal factors for both shell-shock and acute combat reaction. However, it is important to note that both are forerunners of the concept of PTSD. The difference however is that shell-shock is specific to artillery barrage. For example, World War I was largely a static campaign where soldiers on opposing sides remained immobile for much of the duration of the war. As a result, much of the actual fighting was done through artillery barrage, which conditioned soldiers to fear its reoccurrence. In contrast, World War II and more recent wars have been much more mobile and strategic, which in turn forced soldiers to raid enemy positions and resort to hand-to-hand combat much more frequently. Acute combat reaction seems to be more of a depressive condition, and soldiers that suffer from it do not seem to carry the same type of prolonged fear that shell-shocked soldiers had. Therefore, this analysis argues that acute combat reaction is a more archaic term for post-traumatic stress disorder. For example “in a sample of 313 National Guard veterans of the war in Iraq, Dr. Erbes and his colleagues from the International Society for Traumatic Stress Studies found that nonspecific symptoms, including emotional numbing and general avoidance (part of a dysphoria factor of PTSD symptoms), were most predictive.” Nevertheless, in both shell-shock and Post-traumatic stress disorder soldiers experience similar neurosis.

Interestingly, it would also seem as though soldiers in wars prior to World War I must have experienced Post-traumatic stress disorder not shell-shock. The dearth of heavy artillery bombardment would amplify successive battle rather than static position defense. As an illustration consider the battle of Gettysburg during the Civil War. On July 1,1863 General Robert E. Lee and the Confederate army arrived at the town of Gettysburg and engaged a smaller contingent of the Union army who were ready to fight to the death to hold their elevated position on the south side of town. Lee’s army was able to overcome the smaller Union force, “but by the morning of July 2, 1863 five of the seven infantry corps of the Unions Potomac Army had raced to Gettysburg, and Lee was forced to mount an ambitious and bloody assault on a series of Union positions-the Peach Orchard, the Wheatfield, Little Round Top-whose idyllic names belied the viciousness of the fighting that raged around them.” [[18]](#footnote-18) These massive skirmishes and advancements happened within forty-eight hours of each other and within three day period roughly 40,000 men were killed or wounded. Where as in World War I during the battle of the Somme troop movement was almost at a complete standstill throughout its entirety, and still resulted in the maiming or killing 1,000,000 men making it one of the deadliest battles in human history.

The major difference between these two war defining battles was the advancement in military technology especially in regards to artillery. The powerful artillery that was employed by both the Allies and the Central Powers was the key factor, which kept World War I static. For instance, consider the *British Medical Journal’s* 1917 article titled: Death from High Explosives without Wounds, “the extraordinary thing was that none of these huddled bodies showed any signs of a wound. The monstrous concussion of a great shell exploding outside the confined space of the trench had apparently killed the whole of them instantaneously.”[[19]](#footnote-19)This illustrates the uniqueness of World War I. It seems that the artillery used during World War I had advanced further than other weapon systems that were used during that time. Therefore, advanced artillery made World War I static, which in turn led to the unique terror symptoms associated with shell-shock. Conversely, during wars prior to World War I such as the Civil War where artillery had not advanced as far led to moving battles. Additionally, contemporary war technology has advanced to a point that enables quick troop movement and engagement. Therefore, the large occurrences of shell-shock during World War I seems to be directly linked to the particular instance in time when the majority of world nations became industrialized. Therefore, the reoccurrence of shell-shock on a massive scale is unlikely in any foreseeable future.

All in all, war is hell for everyone involved, and it makes no difference if you suffer from shell-shock or Post-traumatic stress, both disorders stay with brave men throughout the entirety of their lives. In *Good-Bye To All That,* Robert Graves says, “I read some of the more painful poems by Sassoon and Wilfred Owen about men dying from gas-poisoning, and about buttocks of corpses bulging from the mud. I also suggested that the men who had died, destroyed as it were by the fall of the Tower of Siloam, were not particularly virtuous or particularly wicked, but just average soldiers, and that the survivors should thank God they were alive, and do their best to avoid wars in the future.”[[20]](#footnote-20)Graves’s words capture the essence of war, and although the lucky tend to survive they are still doomed to battle a never ending war of the mind.

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