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Shell-shocked Veterans:

care in the community

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First World War veteran song

‘Now the bleeding war is over,
Oh, how happy was I there;
Now old Fritz and I have parted,
Life’s one everlasting care.
Civvy life’s a bleeding failure.
I was happy yesterday.’

A post-1918 song quoted from Allan Allport *Demobbed*, London: Yale (2009), 5.

Shell Shock: a wartime disorder

Contemporaries believed that shell-shocked veterans would recover naturally once at home with their families and in employment unless they had a pre-service, history of mental illness. The finding that a soldier could perform creditably on the battlefield but subsequently suffer a persisting post-traumatic illness was not acknowledged until after the Second World War.

Tracey Loughran, *Shell-Shock and Medical Culture in First World War Britain*, Cambridge: 2017, 212-17.

Scale of veteran trauma

An extrapolation from the official medical history of the war suggests that 325,000 servicemen (6% of the 5.4 million British soldiers who served on the Western Front) were treated for neuropsychiatric illnesses during the conflict. If we add soldiers who were treated for wounds and did not report psychiatric symptoms because of stigma, the number suffering from an enduring post-traumatic illness is likely to be higher. As many as 500,000 veterans (9.3%) may have suffered from enduring mental ill health.

T.J. Mitchell & G.M. Smith, *History of the Great War based on Official Documents, Medical Services*, London: HMSO: 1931, 320-21; Alexander Watson, *Enduring the Great War*, Cambridge University Press: 2008, 240.

Historians' view

In *Forgotten Lunatics of the Great War*, Peter Barham argued that "in the absence of an official policy or programme of community care in the interwar period, to a large extent it fell to ex-servicemen and their families to manufacture alternatives to the chronic destinies that would otherwise have greeted them".

However, Barham acknowledged that war pensions improved life chances and mediated social injustices for shell-shocked veterans.

Peter Barham, *Forgotten Lunatics of the Great War*. Yale University Press, 2004, 366; Deborah Cohen, *The War Come Home – Disabled Veterans in Britain and Germany, 1914-1939*, University of California Press, 2001, 101-2.

War Pensions

The UK government awarded a total of 84,700 war pensions for neuropsychiatric illnesses. However, the number in payment peaked at 65,000 in 1921. Retrenchment reduced the number to 32,970 by 1927. Pensions awarded to veterans suffering from shell shock fell further to 30,220 in 1936, despite new claims throughout the interwar period.

Most pensions for shell shock were for a limited period and paid at a low rate (20% to 30%), being classified as an aggravated disorder rather than attributed to combat.

Edgar Jones, Ian Palmer and Simon Wessely, 'War pensions (1900-1945): changing models of psychological understanding', *British Journal of Psychiatry*, 2002; 80: 374-79, 378.

A comparison of UK war pensions

Illness	First World War veterans	Second World War veterans
Wounds and injuries	504,000 (37.5%)	122,572 (24.4%)
Rheumatism	84,855 (6.3%)	7,943 (1.6%)
Heart disease	118,995 (8.9%)	19,814 (4.0%)
Epilepsy	8,436 (0.6%)	1,766 (0.4%)
Neurological and mental disorders (excluding epilepsy)	84,681 (6.3%)	50,060 (10.0%)
Others	542,161 (40.4%)	299,281 (59.7%)
Total	1,343,128 (100%)	501,436 (100%)

Source: *Ministry of Pensions, Twenty-Eighth Report… for the period to 31 March 1953,* HMSO, London, Appendix 4, 97.

Treatment to replace pensions

To reduce the cost of pensions, the Ministry provided treatment in three ways. It set up its own hospitals and out-patient clinics but also funded care in voluntary hospitals (private, non-profit, and charity) should a veteran require specialised care not available in a public or Ministry hospital or clinic.

The number of veterans receiving neuropsychiatric treatment funded by the government rose from 63,296 in 1921 to 74,289 in 1925 and peaked at 74,867 in 1929. However, this was as much budget cuts as recovery.

Fourth Annual Report of the Ministry of Pensions, 1 April 1920 to 31 March 1921, London: HMSO, 1921; *Eighth Annual Report*, London: HMSO, 1926, 24; *13th Annual Report*, London: HMSO, 14; Leese, *Shell Shock*, 124.

Out-patient care

So that shell-shocked veterans could work or seek employment whilst receiving treatment, the Ministry of Pensions approved a plan in October 1919 to set up "out-patient psychotherapy clinics" in major towns. Initially, 15 "Special Medical Clinics" were set up, where possible, within an orthopaedic out-patient department.

The National Archives, PRO PIN15/55, Treatment of Neurasthenia, Psychotherapy Clinics, 30 October 1919; 14 Edgar Jones, 'Shell Shock at Maghull and the Maudsley: Models of Psychological Medicine in the UK', *Journal of the History of Medicine and Allied Sciences*, 2010, 65: 368-95, 392.

In Liverpool, for example, one full-time and 15 part-time doctors were employed at the Special Medical Clinic, GPs being paid 1.5 guineas and a specialist 2 guineas per session. Between 200 to 300 GPs may have been trained for the service. Details are unknown but some may have trained at the Maudsley Hospital and other Ministry funded hospitals. Frederick Mott had set up a three-month training course in “shell shock and war neuroses” in September 1918. No fees were charged and the curriculum included the “general principles of treatment of functional diseases of the nervous system” and “psychology as applied to war neuroses”.

‘Shell Shock’, *British Medical Journal*, September 1917, 260.

‘Special medical clinics’

According to the Ministry, the deep economic slump of 1920 triggered relapses as traumatised ex-servicemen were vulnerable during periods of “economic and domestic stress”. By 1921, the number of clinics had increased to 29 and the number of veterans treated rose to 6,975.

However, when cuts were applied care in the community was the first service to be sacrificed and in 1927 only 541 veterans were treated in out-patient clinics, the number falling to 218 by 1930 and 40 in 1936.

Peter Leese, *Shell Shock, Traumatic Neurosis and the British Soldiers of the First World War*, London: Palgrave Macmillan, 2002, 124; Barham, *Forgotten Lunatics*, 375; TNA, PIN15/2401, Numbers under treatment for psychosis and neurasthenia, 1921-36.

Little is known about the operation of the clinics and outcomes. From anecdotal accounts they appear to have focused on abreaction and catharsis supplemented by dream analysis.

Harold Eshelby, formerly a private in the Northumberland Fusiliers who had been treated for exposure to gas in July 1918, attended a Special Medical Clinic in Leeds. He was seen by Dr Towers for 22 sessions between October 1920 and September 1921, and for a further 16 sessions between March and October 1924.

Case notes record that Eshelby reported dreams of war on a regular basis, including a recurring one of going through a bombardment after which he had to “assist in collecting and burying the dead”.

War Pension file for Harold Eshelby, ME4 984W, 27 March 1919.

In-patient veteran care

By February 1922, the Ministry of Pensions had established 18 “neurological hospitals” with capacity for 170 officers and 2,500 other ranks. In September 1923, it was decided to introduce a program of “hardening” in selected hospitals comprising “an intensive course in the workshops, amounting to not less than 6 hours a day”. Work was to become progressively harder to achieve a target of eight hours a day within two months, the goal being a return to full-time employment. Hospitals at Shotley Bridge, Mossley Hill, Bath, Orpington and Leopardstown Park, Dublin, were identified as “most suitable”.

By December 1925, the Ministry had reduced its neurological hospitals from 18 to 10, the number of beds being reduced by 1,000.

The National Archives (TNA), PIN15/2964/23A, Memo, 28 September 1923; PIN15/2964/ 34A, Memo, 6 December 1923; PIN15/2946/80A, Memo, 15 December 1925.

Shell shock reframed as a physical disorder

Soldiers with shell shock treated at the National Hospital in Queen's Square, London, were increasingly given an organic, rather than a psychological or functional, diagnosis. During the war only 11 cases of shell shock (2.5% of 436 admissions) were interpreted as organic but between the Armistice and December 1924 the number percentage to 30.2% (65 of 215 admissions).

This may have reflected stigma attached to mental illness and a wish to save the veteran from feelings of guilt or shame, but it had an adverse impact on pension claims. By diagnosing cases as epilepsy, disseminated sclerosis or stroke, it cut the causal link with the trauma of war and the case for compensation was removed. Pensions were either reduced in value or withdrawn, often creating financial hardship for the veteran and his family.

Stefanie Linden, *Beyond the Great Silence, The legacy of shell shock in Britain and Germany 1918-1924*, Helion & Co: 2024, 121-31.

Treatment challenges

The recovery of mild cases of shell shock during the war and the apparent success of forward psychiatry had encouraged the Ministry of Pensions to believe that it could successfully treat veterans with severe or persisting mental illness. However, therapeutic targets were not met and in 1926 the Ministry concluded from patient outcome data that ex-servicemen with persisting psychological disorders were unlikely to be cured.

TNA PRO PIN15/2410, 1B, J.F.E. Prideaux, Memorandum on Neuropsychiatric Disorders, 1939, Appendix 3.

Mental health charities

Formed in January 1919, the Ex-Services' Welfare Society (Combat Stress) opened a residential home for the treatment of 'cases of nervous and mental breakdown' at 50 Putney Hill, a house with beds for 13 patients. This and subsequent homes were staffed by qualified nurses and treatment guided by a visiting psychiatrist, Edward Mapother. In 1927, it acquired the Thermega factory at Leatherhead to make electric blankets and provide employment and re-training for neurasthenic veterans. Although the charity provided respite care for traumatised veterans, it remained small-scale with an income of only £12,765 in 1932.

Fiona Reid, *Broken Men, shell shock, treatment and recovery in Britain 1914-1930*, London: Continuum, 2010, pp. 103-05.

FOR MENTALLY BROKEN EX-SERVICE MEN

H.R.H. THE DUKE OF CONNAUGHT opens the
" Sir Frederick Milner " Home, Beckenham, Kent, 22nd October, 1924

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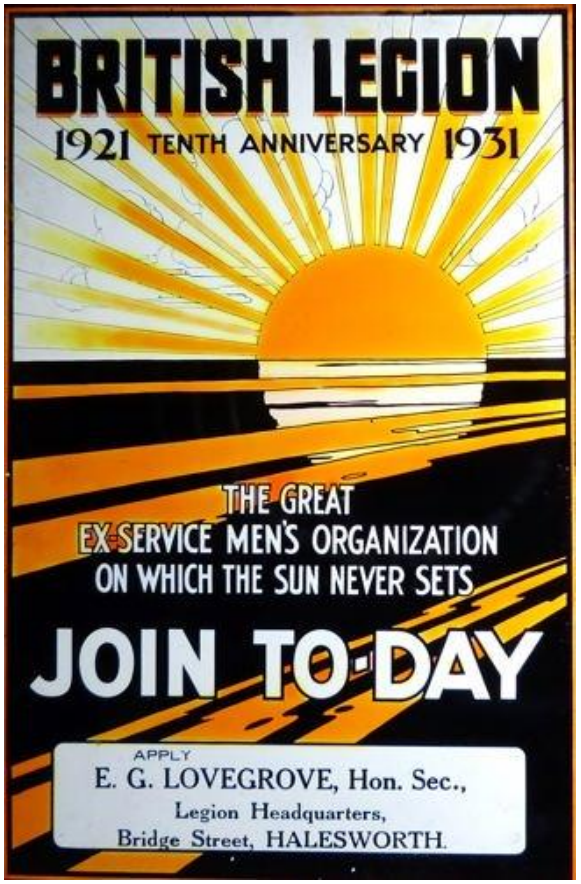
Likelihood of psychiatric care for veterans

Given that the Ministry of Pensions had an estimated 1,500 beds for psychiatric cases by 1927 and the limited resources of military charities, it is apparent that most veterans who suffered from a post-traumatic illness received little or no specialist care. Indeed, once public sympathies for shell-shocked ex-servicemen had cooled, articles appeared in the popular press suggesting that neurasthenic veterans were akin to malingerers or individuals with an innate vulnerability to poor mental health.

Joanna Bourke, *Dismembering the Male, Men's Bodies, Britain and the Great War*, (Reaktion Books, 1996), pp. 118-19.

Comrades' groups

Informal support and welfare was provided by a range of comrades' groups during the 1920s. These included regimental associations and other military charities such as Toc H, and from May 1921 the British Legion. With an initial membership of only 18,100, the Legion grew slowly to 100,000 by 1923 and 400,000 by 1938 (only 10% of eligible veterans). The political weakness of the British Legion was illustrated by the failure if its campaign to declare Armistice Day as a national holiday as in France, Belgium and Poland.



Summary: the challenges

Given that the limited access to specialist medical care, it is likely most shell-shocked veterans remained troubled by symptoms of trauma until their deaths. Family members often recalled enduring personality change. There was a popular belief that a shell-shocked veteran could be identified in the street by his behaviour. However, the foundations had been laid for veteran welfare with a pension system attuned to mental illness and the provision of out-patient services.