

# A Comparative Study of Medical and Literary Representations of Shell Shock, 1914-50

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A Comparative Study of Medical and Literary Representations  
of Shell Shock, 1914-50

by

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A thesis submitted in partial fulfillment of the requirements  
for the Honors in the Major Program in the College of Undergraduate Studies  
and  
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## Abstract

This thesis explores shell shock--a common but misunderstood disorder seen in soldiers of World War One—through a Medical Humanities framework. Chapter 1 conducts a traditional medical review of scientific articles published on the pathology, symptoms, and treatment of shell shock between 1914-50. Chapter 2 builds upon this by offering a literary reading of Rebecca West's novel, *The Return of the Soldier*, which was published as the war drew to a close in 1918. The reading of West draws upon the medical research detailed in Chapter 1 to offer new conclusions about Chris's shell shock. The thesis shows how taking an interdisciplinary approach to shell shock enables the development of new perspectives of and approaches to shell shock, its history and significance, and its links to present-day mental health conditions such as post-traumatic stress disorder (PTSD).

## Table of Contents

Introduction: Shell shock and World War One	1
Chapter 1:	
What was shell shock? Medical Responses and Documentation	5
Chapter 2:	
Shell shock in Rebecca West's the Return of the Soldier: a Literary Response	22
Afterword and Conclusion: Shell shock and World War Two	33
Bibliography	36

## Introduction: Shell shock and World War One

This thesis uses aims to offer a revisionary account of the ways mental illness was legitimized and normalized through early twentieth-century medical and literary representations. I aim to chart the gradual shift in the narrative through which mental illness was first described as an ailment of the nerves affiliated with neurosis and neurasthenia, but, hastened by the emergence of shell shock in World War 1, soon became rewritten as a genuine physiological occurrence.

My thesis focuses on two aspects of shell shock: its appearance in medical journals published in World War One and the representations of shell shock that appeared in literature of the period. Literary and medical representations of shell shock are very different in their presentation and purpose but both forms of writing serve to make shell shock more validated and legitimized for audiences who were still confused about what exactly shell shock was. While there are several accounts regarding shell shock from a medical standpoint during 1914-18 and the immediate years following the war, there are not nearly as many that describe the disorder through forms of popular culture during the war. In the 1920s novels like Virginia Woolf's *Mrs. Dalloway* (1925) played vital roles in not only the social acknowledgement of such a relatively abstract condition, but also of the different styles of medical treatment produced by physicians in response to the growing legitimization of this debilitating condition.

However, during the course of World War One few examples of literature exist that discuss shell shock directly. This thesis aims to recover this literary period by showing how one key novel engages with discussions of shell shock that complement and build upon existing

medical literature that was published on the disorder. Rebecca West's *The Return of the Soldier* was published in 1918 while World War One was still ongoing. Comparing the representation of shell shock in West's novel to several medical case studies of shell shock, such as C. S. Myers, "A contribution to the study of shell shock," published in the *Lancet* in 1915, illustrates that an interdisciplinary approach is necessary to understand the true impact of shell shock as only through looking at medical and literary descriptions of shell shock can we start to understand the disorder and its complexity.

The 'Medical Humanities' approach of this thesis combines discussion of the medical descriptions of shell shock as a disease requiring special considerations and radical new treatments with discussion of literary representations of shell shock as experienced by everyday soldiers such as the one in West's novel. This approach is complementary and holistic in its attempt to explore shell shock from both a medical and literary standpoint. To investigate the medical, pathological history of shell shock while disregarding the presence, or even worse, disregarding the potential impact, of literary accounts of how mental illnesses were recognized by the masses and treated by the professionals not only results in the production of incomplete academic writings on the subject, but perpetuates the false narrative that mental illness cannot both be physiological in nature while having relevant non tangible influences.

### *Structure of Thesis*

Chapter 1 assesses medical attempts to describe and explain shell shock when it was still an embryonic and strange malady that many physicians treated with skepticism and dismissal. These studies range from 1915 to the late 1920s as their year of publication. Appearing before large-scale case histories like *The Medical Department of the United States Army in the World*

*War. Volume X. Neuropsychiatry* (1929), these early approaches to documenting and treating shell shock often appeared in well-known British medical journals like the *British Medical Journal* and *The Lancet*. As well as documenting shell shock often times these early representations reinforced prejudicial notions of it as something born out of neurosis, paranoia, and problems of 'the nerves'. The chapter explores how even though prevalence of the term increased, shell-shocked soldiers in World War One were often accused of lacking manliness or courage because some medical professionals still aligned it wrongly with symptoms of laziness, weakness, or cowardice. It also lists some of the statistical and definitional problems defining early attempts to explore shell shock.

Modernist literature, appearing between the early 1900s and mid-1930s, was a controversial and challenging literary form. Including discussions of protests, censorship, and lawsuits, modernist texts were by no means universally supportive of World War One. However, many of the most influential members of the modernist movement, such as T. S. Eliot, Ezra Pound, and Rebecca West, had an interest in emerging forms of psychiatry, along with experience living through war as a citizen or even as someone close to the front lines. It can only be anticipated that their observations of mental illness, particularly shell shock, pervaded their work and were as widely read as the poetry and arts magazines they were often published within. Yet early literary accounts of shell shock remain critically neglected.

Chapter 2 aims to challenge this commonplace by offering new readings of Rebecca West's *The Return of the Soldier* that touch on shell shock as a real, debilitating and terrifying illness that could afflict anyone. To do this I explore key parts of the novel where shell shock is depicted to see how everyday readers and writers thought of shell shock. This allows for a



greater picture of how non-medical audiences conceived of shell shock. I will also compare some of these readings to some of the studies explored in Chapter One. I look particularly at how shell shock was an affliction experienced by families of patients as well as the patient themselves and how this formed a sort of collective trauma. Combining this reading of a literary text from 1918 with several earlier accounts of shell shock in medical contexts will provide new ways of understanding a mysterious ailment that was born out of war, perceived with doubt, and understudied for several decades.

## Chapter 1: What was shell shock? Medical Responses and Documentation

To begin to discuss shell shock in literary representations without a full background on the disorder and its pathology would be to ignore the history of a still largely misunderstood illness. Therefore, this first chapter will work towards providing an analytical and chronological recount of discussions of shell shock in medical literature and contexts. It will begin to address how this condition not only came to public prominence, but how its reception and understanding of its wide-ranging symptoms has morphed and changed with the widespread recognition time has afforded it.

This chapter will also work to cover medicinal depictions of this affliction not only with regards to its chronological development, but with specific attention also paid to the documentation of this disorder from an international perspective as well. Research into shell shock is often undertaken from a Westernized standpoint. To offer a different viewpoint, the chapter addresses these prevalent viewpoints while also encapsulating historical discussions provided by Asian and Oceanic scientific publications throughout the period of the early to mid-twentieth century.

### *Presence of War Related Neurological Effects in Historical Literature*

The first point to note about shell shock is an obvious one: it emerged as a recognizable medical disorder from World War One (1914-18), a conflict that was brutal and bloody on an unprecedented level. Surprisingly, some symptoms of shell shock were seen in previous wars; a common reference cited as the first recorded depiction of unexplainable, seemingly

psychological symptoms induced by a soldier's presence on the frontlines of war is the account of the Battle of Marathon as was presented by Herodotus in 440 BCE. In it, an Athenian by the name of Epzelus is struck with a blindness that has no physical cause which is suggested to have lasted throughout the rest of his life. As M. A. and L. Crocq have suggested, Herodotus therefore represents “the first case of chronic mental symptoms caused by sudden fright in the battlefield” (47). That genuine war-related neurological ailments existed long before there was the sound of artillery shells to create a shock in those soldiers is a largely overlooked idea that must be acknowledged before further discussion of the topic and literature of shell shock.

However, this study focuses on the era in which the distinct symptoms associated with exposure to shell fire became prevalent on a widespread and undeniable scale, and on how symptoms of this nature were encoded into the human psyche through the trauma that was modern warfare. The specific history of shell shock presented in this chapter will work off of this foundation and attempt to describe the different ways in which these symptoms and encodings were in part acknowledged and documented in the medical literature of the period.

When World War I began in mid-1914, Allied countries including England, France, Russia, and the United States fought to prevent the occupation of key European territories including Austria and France. Shell fire was a leading form of weaponry, with approximately 3,000 shells per German gun and a casualty rate that saw 70% of all war injuries deriving from being caught up in shell fire and its after effects, such as infections or loss of blood (Sondhaus 79). It was inevitable that something that could do so much damage to the human body (and mind) would soon be at the forefront of public consciousness, especially as the battles of World War One, especially at the Belgian town of Ypres (April-May 1915) and then at the Somme in

Northern France (July-November 1916), became increasingly ferocious and devastating as the war continued with no sign of a ceasefire. It was also maybe inevitable that one of the first public figures to discuss shell shock was a philosopher whose own thoughts about human consciousness and how reactions to events affect the mental and physical aspects of patients were becoming increasingly prominent in medical and more widespread forms of literature across Europe. This figure is Sigmund Freud.

*First studies: Freud, Myers, Mott: War Neuroses into Shell Shock*

Being at the forefront of scientific investigation into psychology and psychoanalytic theory at the turn of the century, it comes as no surprise that Sigmund Freud would make a contribution to the study of wartime ailments that were initially assumed to be psychological in origin. Freud's investigations into shell shock began in the mid-1910s and first appeared in published form in a book he co-authored with several other psychologists, *Psychoanalysis and the War Neuroses* (1921). For Freud, shell shock was a form of “war neuroses” (1). In this case, “the driving forces which find expression in the formation of symptoms are sexual in nature, and that the neurosis is the result of the conflict between the ego and the sexual impulses which it has repudiated” (Freud 1). Although contemporary readers may not all have agreed with this assessment of shell shock, this acknowledgment of traumatic neuroses observed in soldiers by someone with such credibility at the time enabled shell shock or other forms of “war neuroses” to become legitimized as a real illness. At this point in Freud’s work, his discussions of war neuroses can be seen as an extension of his primary work constituting of dreams and the unconscious, though it

took many more years before physiological cues were investigated in relation to the established psychological symptoms examined and mentioned by Freud.

The first commonly recognized reference to shell shock in a medical journal occurs in Charles Myers's "A Contribution to the Study of Shell Shock," an article featured in the February issue of the British medical journal, *The Lancet*, in 1915. This article offered a clear categorization of post-war neurotic shock. Even if the full physiological science behind it was still out of grasp, the study is a large milestone in the development of the condition. As a medically scientific article, the publication is significant in that it documented three different cases of patients suffering from effects of shell shock and analyzed their physical symptoms, which included "loss of memory, vision, smell, and taste" (Myers 316). Testing of participants included the tracking of retinal damage, hearing capabilities, and various personal responses to powerful scents. The conclusion made in this publication was that the "close similarity" of the symptoms from each case allowed for the recognition of a "definite class" (Myers 320) of patients. These patients were able to be given a firm diagnosis of what Myers termed "shell shock" (320). This legitimization within the medical community meant that Myers's new diagnosis would alter the course of treatment for suffering soldiers for the remainder of the war and meant that by the time World War Two happened almost twenty years later, the signs and symptoms of shell shock were well recognized with better treatment options on offer.

Less than a year after Myers's study, in January of 1916 a physician by the name of Major Frederick W. Mott also published on the topic. The focus of his "Special Discussion on Shell Shock Without Visible Signs of Injury" article is on shell shock being a psychosomatic disorder, but still brought a relevancy and level of validity through its publicity of the affliction

that was increasingly becoming known as 'shell shock'. The article is also important as it sees Mott define shell shock as "traumatic neurasthenia," (ii) a phrasing often used to in early discussions of shell shock. Crucially, Mott's study argued that "[a]lthough there may be no visible sign of injury...from the point of view of compensation or pension the War Office authorities very properly regard shell shock as a definite injury" (iii).

However, this writing is also one of the first to vilify shell shock and to describe shell shock as a way of "malingering" (iv). It is acknowledged that "the detection of conscious fraud is not easy in many cases of shell shock in which recovery may be reasonably expected, for it is difficult in many cases to differentiate malingering from a functional neurosis" (iv). This linking of shell shock with fraud casts a noticeable general tone of doubt over the rest of the early medical history of shell shock, played up by governments and policymakers who typically referenced this writing over that of others such as that produced by Myers. For example, Julian Wolfsohn, an American psychologist based at the Maudsley hospital for shell shock that Mott established in 1915, was encouraged to draw upon Mott's research to arrive at his own conclusions that shell shock was the result of "feeble-mindedness" (177), a conclusion that was repeated many times by the US government in the early years of the war (Tyquin 34). Wolfsohn also concluded that shell shock was more likely to present in patients with a history of family illness, arguing that 70% of all shell shock patients possessed a history of nervous-related illnesses in their immediate ancestry (178). This conclusion furthered the idea that shell shock was not necessarily something borne of the body, but of the brain, a conclusion that later studies would challenge.

Though not fully developed and based not in an understanding of the physical symptoms but in an assumed understanding of the proposed psychological foundations to shell shock, Mott's study offered an etymology of disease and treatment for shell shock. The relevance of this in the validation of shell shock cannot be overstated; regardless of the doubtful tone with which this primary report was written or the psychological basis to it, shell shock was described as a real enough condition that not only required treatment but was a disorder for which scientists and medical professionals were already trying to create a basis for a treatment plan. This treatment plan would eventually be used across hospitals nationally and internationally and would be published in public records and scholarly publications. One of these early recommended treatment plans for shell shock is presented in Mott:

The first point is to be sure of your diagnosis that the disease is altogether functional, and being satisfied thereof to avoid all forms of suggestion of non-recovery. The second point is to strive against auto-suggestion of non-recovery by taking the man's mind off himself with amusements, games, and occupation, if possible in the open air. Prolonged massage and electricity of all forms are better avoided, as a rule, unless as a means of suggestion of cure by their use. Look cheerful and be cheerful should ever be the mode of greeting these patients. (ii)

Another strength of Mott's study is its presentation of shell shock in conjunction with other war-related ailments and conditions such as "concussion, the 'commotio cerebri',...and...'psychic trauma'" (iii). This connection between known illnesses and shell shock worked to validate shell shock and the cases in which it was truly believed to be present. The newness of shell shock was one that many in the scientific community of the time struggled

with and publications like that of Mott, even if riddled with questionable conversations of fraud and malingering, validated shell shock by making it imaginable and understandable to the general public through the use of comparisons, definitions, and examples that turned a frightening, seemingly woundless disease into one that was not only understandable by comparison to other better-known afflictions, but treatable.

### *Shell shock in World War I*

After Myers's initial publication in *The Lancet*, a flurry of articles on the subject appeared. In May of 1915 an article was published in *The British Medical Journal* by W. A. Turner that described the symptoms seen in "shocked" (833) soldiers who were returning from British and French war hospitals. These soldiers were said to have suffered "nervous and mental shock" (Turner 834). The causes of this "shock" were deemed to have been "due to the explosions of big shells in the immediate vicinity of the patient" (Turner 834). In the tradition of early equations of shell shock with neurosis or general nervousness which will receive further discussion below, it was concluded within the paper that these symptoms could potentially be "attributable to exhaustion of the nervous system" (Turner 835).

This article made waves as not only was it a discussion that again utilized the name "shell shock," but it was one that began to provide readers with a realistic, physiologically based hypothesis as to why these symptoms were seen in these soldiers, which acted as a definitive turn from the more psychological explanations of war neurosis as presented by Freud. Turner may have argued that shell shock was due to "exhaustion of the nervous system" (835) but the key point is that he recognized how this shock was, in turn, directly caused not by psychological



factors such as a predisposition to mental illness, but by external factors such as the “explosions of big shells” (834). This was vital in that it provided a cohesive and logical thought process of causation behind a phenomena that had only puzzled physicians before and too often been dismissed as the product of genetically inherited mental disorders, as seen in Wolfsohn’s article.

In 1918 Arthur Hurst published his photographed depictions of shell shock in the pages of *Medical Diseases of the War*. Though the book as a whole addresses many of the common diseases seen in World War I, it offered new and definitive descriptions of shell shock with graphic images. The publication provided undeniable physical evidence of not only the physical manifestations of shell shock but of the changes that could potentially be made in the progression of the disease both with and without treatment. Hurst’s contribution of a specific clinical phenotype for shell shock, which included depictions of symptoms such as “paraplegia, ataxia, tremor...mutism...” and other “...movement disorders” (42) was revolutionary for its time. The reality and physicality of these recorded aspects of shell shock provided a tangible basis for the physiological basis to the disease that would later be expanded on in several government sources, including the British government’s 1922 *Report of the War Office Committee of Enquiry Into “Shell-Shock”*, which was the fruition of a five year long largescale committee investigation spearheaded by Lord Southborough.

Hurst also worked towards the validity of the disease in that he presented seeming successful therapeutic options including hypnotic suggestion and other techniques as viable forms of treatment for the disease when several scientists were still refusing to recognize its existence, or to recognize that it could be treated physically as well as psychologically. While with time other therapeutic options more based in physiology presented themselves, it was these

beginning steps towards a solution that allowed for the problem itself to be medically and scientifically identified as both genuine in presence and treatable in nature.

*Definition problems: Distinguishing Between Neurasthenia and Shell Shock*

As suggested above there is an important tangent to be explored with regards to the characterization of shell shock in early medical journal articles and text books. Even though figures like Hurst were changing the way shell shock was considered, the majority of primary texts, especially those produced by militaries of the time that included statistics on the medical lives of these soldiers, retain a commonality within them; shell shock and a different disease known as neurasthenia were often used interchangeably or synchronically as terms denoting a wide range of capacious symptoms. In other words the wide and vast set of symptoms shell shock included were often described through the language of neurasthenia which was a medical condition characterized by headaches, fatigue, and some sort of emotional disturbance. This has led to the grave misunderstanding and mischaracterization of these two very different diagnoses in scientific literature of the early 1910s and 1920s.

Past a surface level, this serious misuse of terminology and the fact that this misuse sometimes continues to receive no acknowledgement even in contemporary literature means that some issues with understanding what exactly shell shock was occurred then and continue to occur now. Approximately 10 percent of all British battle casualties were classified as having shell shock or neurasthenia, a term that was removed from the Diagnostic and Statistical Manual in 1980 (Macleod 87). In the early twentieth century neurasthenia was a popular way of describing a generalized exhaustion of the nerves, originating from the Greek “nerve weakness”,

that predominantly stemmed from psychological sources, especially when discovered in times of war.

Neurasthenia is most often characterized as exhaustion that presents as “physical and mental fatigue, dizziness, headaches, other pains, concentration difficulties sleep disturbance, and memory loss” (Hales 1552). This condition is often treated with significantly more psychological means due to its symptoms that include “dizziness, dyspepsia, muscular aches or pains, tension headaches, inability to relax, irritability, and sleep disturbance” (1553), most of which require treatment options that are much less physical than that required of shell shock. This mixing of terms in academic writing and reports of the time period were often done with the intention of invalidating shell shock as a genuine condition of the nerves in that the mischaracterization of shell shock as synonymous with something that is significantly less physiological in nature led to soldiers who were given a shell shock diagnosis being faced with development only of treatments that were psychosomatic in nature and therefore not fully productive or effective in the treatment of soldiers who did not suffer from neurasthenia but shell shock.

In reports of the period, one-seventh of all medical discharges from the British Army, or one-third if secondary external wounds were excluded, were done under the diagnosis of shell shock or neurasthenia. By the end of 1918, thirty two thousand army pensions had been awarded for diagnoses of shell shock or neurasthenia, and it is no coincidence that these starkly high numbers are often seen coinciding on the timeline of the abolishment of the term shell shock as a valid discharge worthy diagnosis (Hales 1556). Of course some symptoms of neurasthenia were similar to shell shock, but considering these two conditions as one and the same is erroneous.

While it is important in the documentation of any history of shell shock to acknowledge the similarities between shell shock and neurasthenia (especially with regards to how many of the primary resources of the period categorize most of the military statistics of the two diagnoses as one singular thing and the widespread, outward social effects of the period's frequent and misleading categorization of the two diagnoses as one singular entity) to utilize these terms as interchangeable today is not only irresponsible in rhetoric but is simply incorrect in research and demonstrates a severe lack of credibility. It also perpetuates stereotypes created during the period that saw shell shock ignored as a disease created 'in the mind' and encourages a false narrative that can further extend to the war related illnesses of today such as Post Traumatic Stress Disorder, which were born out of and developed from conditions like shell shock as wartime conditions progressed with time.

*Shell shock's early medical representations: some statistics problems*

Along with the problematic linking of shell shock and other conditions we need to discuss here the bigger problem relating to statistics and medical literature from the early 1900s. Myers's study is an example of how scientists did not always use statistics in a negative way but also opens up another problem: his case study only consisted of three participants. This sort of issue accompanies early attempts to study shell shock as it shows a wider and almost inevitable problem that characterizes early attempts to define and describe a disorder for which there were no existing medical accounts. The problem is a problem of statistics.

While statistical analysis was a useful research tool in the interest of building a more certain understanding of World War I itself from a quantitative perspective, it is also vital to note

in the same vein that there is a large problem with the accuracy of statistics from this period, for a multitude of reasons that extend past the immediate problem of proving or documenting shell shock. One of the first problems with statistics is the manipulation of primary records that occurs via the mischaracterization of shell shock through the lumping together of two vastly different diseases such as shell shock and general work-related stress.

This has the potential to hide the validity, importance, and relevance of shell shock and its greater societal effects. In academic publications, the preface of the statistics is almost as important as the numbers found themselves. In T. J. Mitchell and G. M. Smith's 1931 publication of *History of the Great War: Medical Services - Casualties and Medical Statistics of the Great War*, the authors discuss records of the "over eleven million casualties sustained by the British Expeditionary Forces at home and in the various campaigns overseas during the Great War" (v) which include "both the casualties of the battlefield and those occasioned by disease and injury" (v). While this description allows viewers to believe this to be a very handy source on the subject, it is also vital to note that within this same preface, important notes that speak to research transparency and proper consolidation research practices show how some of the statistical records they drew on were problematic or incomplete.

It is not the grand total [of records] for there were many unavoidable omissions in the records....In the Great War few medical officers had the opportunity of studying conditions or of carrying out High administrative duties on more than one front.

Experience so gained might, therefore, be limited by local surroundings, or be confined to one aspect of the war...The organization for the preparation statistics came unavoidably to an end in 1924. (Mitchell and Smith vi)

There were attempts at fixing the system for documenting shell shock cases while the war was ongoing, especially when records-keeping offices progressively came to the deeper understanding that World War I was going to be unlike any other in its landscape, weaponry, and effects. The realization that it would require special treatment and care with regards to record keeping for these new diseases and injuries meant that inevitably new attempts to organize statistical records soon came into being. However,

With forces increasing in different parts of the world, with unwieldy, inaccurate records coming in, with growing expenditure and an ambitious general scheme to carry out, the central organisation as originally established proved insufficient...To overcome the numerous difficulties associated with record-keeping, the system of keeping an official medical history card for every patient admitted to a medical unit was introduced into all forces. These index cards for kept officially by general and stationary hospitals, and at the end of every six months the completed cards were sent out to the statistical department of the Medical Research Council to be used later as data for the statistics regarding the medical aspects of the war. Although the revised scheme was apparently ideal, it miscarried. (Mitchell and Smith vii)

In addition, there were specific pitfalls with the well intentioned, but failing index card system. As Mitchell and Smith note, “mistakes were made on every side; wrong cards arrived in some theaters of war; and others cards and instructions to not arrive together... when the right cards...were received it was...impossible to distribute them, cancel the old system and establish the new” (viii).

The pushback shell shock faced during this time, while not productive, moral, or correct, is considerably more understandable when we can see the extent of the problems linked with the early attempts to define and categorize shell shock and its patients. It is important to acknowledge that the problems with statistics were just one symptom of an overarching lack of a unified way to deal with a war of unprecedented size, span, spread, and lethality. In the *History of the Great War: Medical Services - Casualties and Medical Statistics of the Great War* it is acknowledged clearly and succinctly that “the failure of this system seriously affected the preparation of the medical statistics of the war” (ix). Any discussion of shell shock using the medical journal articles listed above must therefore take into account the issue of potentially false statistics and results to early research findings.

*A turning point after World War One: Official challenges to shell shock's validity*

After World War One drew to a close in late 1918, more and more articles began to appear documenting shell shock and many of these articles served to further validate the condition too. A prime example of why this detrimental condition required the vast validation presented by the works of physicians and scientific researchers like Myers and Hurst comes in the unmistakable form of the earlier referenced 1922 *Report of the War Office Committee of Enquiry Into “Shell-Shock”*. It is within this document that the public, government-sponsored stance on shell shock post-World War I is clearly revealed. From the beginning, this publication provides what it believes to be a definitive definition of shell shock which includes shell shock being seen as a “commotional disturbance...and/or emotional disturbance” (5) and a “mental disorder” (8). Many more definitions of the term exist in this report and they exceed the definitions quoted here in both qualitative description and unbiased quality. The report was the

culmination of five years of research and aimed to provide a full history and analysis of all observations seen in that five year period relating to shell shock, its pathology, symptoms, and treatments.

The report also offered an account of shell shock's early years: from its nascent period wherein the condition was evolving and becoming recognized in an unprecedented fashion through to the middle of World War One when it was widely documented, the report offers an account of how shell shock was caused and how these causes became better understood as the war continued. Discussion relates not only to what shell shock was, but to the "causation" (76) of it, and how it compared to forms of neurosis seen in "former wars" and "classical literature" (78). The question of how those diagnosed could "return to the fighting line" (84) is raised, but few specific conclusions are drawn. On the surface, this seems to be a relatively unbiased and comprehensive research into the subject and is often treated as such in modern histories on shell shock. However, when a deeper analysis of this writing is done, the bias reads clear in sections regarding the "abuse" of the term shell shock, the "cowardice" involved in shell shock, and the "malingering" (103) or improper exaggeration of the symptoms of the illness. The focus was clear: shell shock was still viewed as psychosomatic, something some soldiers feigned with the intention of being able to escape their militaristic roles and duties.

The committee recognized, therefore, from the outset that the increase of the term 'shell shock' was wholly misleading, but unfortunately its use had been established and the harm was already done. The alliteration and dramatic significance of the term had caught the public imagination and therefore there was no escape from...a loose and indiscriminate use of the term "shell shock". (92)



This writing did much to discredit shell shock not through the overt way of attempting to attack the symptoms themselves but by casting a thick veil of doubt over the veracity of its sufferers and their accounts of their illness. By framing this condition and diagnosis as a ‘catch all’ term for a variety of different symptoms and disorders, while simultaneously taking great care so as to specify these conditions not as physiological concerns but as “mental disorders” (4), this publication read to the public as a governmental demonization of the term shell shock. The report also went as far as to aim at discrediting the term shell shock and in some cases argued for the reintroduction of the term “war neurosis” as a more valid diagnosis than that of “shell shock” (63). This report exemplifies the lengths to which countries like Britain were willing to go to in a post-World War I world to discredit the ailment these soldiers faced as evidence of their own supposed inadequacy at best and blatant deception at worst.

This vilification of shell shock was also the product of other publications within the scientific community of the time. As Jones, Fear, and Wessely have pointed out in their 2007 study, it was dissonance within the scientific community that often times encouraged governmental rejection of this condition by establishing a basis of doubt that could then be used by governments to raise more public doubts with regards to shell shock:

shell shock was initially conceived as a neurological lesion, a form of *commotio cerebri*, the result of powerful compressive forces...[h]owever, doubts soon arose about the contribution of direct cerebral trauma...some expressed the view that the symptoms were more psychological than organic in origin, even to the extent of characterizing them as “traumatic neuroses”...Some military doctors went so far as to state that the disorder was

environmentally or contextually determined and that the way in which health care and compensation were organized served to reinforce both symptoms and disability. (1641).

Although several early attempts to study shell shock were successful in their shaping of new definitions for the disease that focused on its physical symptoms and improved public and medical recognition of these symptoms, some statistical, definitional, and general political problems mean that shell shock was often presented in negative, unfair ways. Sufferers were forced to defend their symptoms as real. The publication of studies like Myers's article marked important moments in defining new treatment plans but often these treatment plans were at risk of receiving criticism and even mockery because of the way that some governments and policymakers continued to dismiss shell shock as something that could be classed as another disorder like neurasthenia. Sometimes this reclassification of the disease meant it was lumped in with other conditions that were not always linked to it, meaning that public understanding of the disease and scientific attempts to define its treatments were often confused by misleading research and statistics used in some cases to justify this research. It is unsurprising that by the time writers, poets, and dramatists began to discuss shell shock in the early years of the war they recognize how one of the key problems victims of shell shock faced was that they were often expected to quantify an illness that remained impossible to reduce down to a single set of universal symptoms. This problem of how some literary works describe, define, and document shell shock for audiences who felt some doubt about it receives further discussion in Chapter 2.

## Chapter 2: Shell Shock: Literary Responses

“‘How is he wounded?’ she asked... ‘I don't know how to put it... He's not exactly wounded.... A shell burst....’ ‘Concussion?’ suggested Kitty... ‘Shell Shock.’ Our faces did not illumine so she dragged on lamely. ‘Anyway, he's not well’. ‘Not well? Is he dangerously ill?’... ‘Not dangerously ill.’” (West 12).

As was established in chapter one, shell shock is an illness that would not only damage the mental systems of those who suffered its affliction, but their motor systems as well. However, two large aspects of this disease that is frequently overlooked by academic literature is first, how severely shell shock could alter a person's perception of where their sense of self was derived from and, second, the effects of this loss of self on the people surrounding those who fell victim to such an ailment. As the war continued and fatalities grew in incidence, almost every facet of society was engaged in mass awareness of the war, the militaristic and bloody nature of warfare itself, and the continued prevalence of a disease that still remained largely misunderstood. It is therefore not surprising that literature was heavily impacted by the multitude of changes happening in this internationally warring world.

In the early twentieth century literary modernism was flourishing and writers were beginning to experiment with forms of literature that considered the war and its impact. T. S. Eliot's *The Waste Land* (1922) is just one of many examples of a modernist post-war text engaging in imagery and language that relates directly to the war. In literary periodicals that were

popular at the time such as the *New Age* magazine and *Poetry* magazine, the war remained a constant source of discussion and debate, meaning that shell shock was an increasingly evident symbol of the war that inevitably received more interest and discussion in writing. This chapter will discuss shell shock in literary forms, such as novels that were published in the early 1900s. In particular I focus on shell shock as exemplified by Rebecca West's *Return of the Soldier* (1918) and how these representations in literature compare to earlier examples of medical responses to shell shock outlined in Chapter 1.

### *Shell Shock in Long Form Fiction*

Rebecca West's *Return of the Soldier* functions as one of the most popularly referenced pieces of period fiction that features shell shock as a central plotline and remains a key focal point for scholars analyzing literary representations of shell shock today. West's pointed depiction shows not only the experience of suffering from shell shock but also that of the experiences of the families and supporters surrounding the shell-shocked soldier. It offers many perspectives from which shell shock can be viewed including objective descriptions of how shell shock presented itself through symptoms, along with general discussions of society's response to the serious ailment.

“That day its beauty was an affront to me, because like most Englishwomen of my time I was wishing for the return of a soldier” (West 5). When West opens her novel with a description of a soldier's return, she creates the familiar feelings of excitement, comfort, and safety that many people associated with the return of their loved ones from the Front. The narrator is “like most Englishwomen of my time,” which reminds the reader just how many millions of men have

been caught up in World War One. The novel first appears to provide a relatively accurate and relatable account of a soldier's return from warfare. The story should be a relatively happy one as so-called 'return fiction' was often digestible and enjoyable in nature for the masses who could benefit from fictional representation of hopeful homecomings. However, it is not long before shell shock receives one of its earliest depictions in the novel form. While less digestible to the public and jarring against the novel's goal of relative fictional entertainment, the presentation of Chris's memory loss and other symptoms as he returns home from fighting is troubling and realistic.

#### *West's Depiction of Shell Shock Medically*

West's introduction of shell shock into the novel occurs similarly to how it was introduced in medical literature: rather than immediately defining it and calling it "shell shock," West's presentations of shell shock are uncertain and not clearly defined. Rather than stating that Chris has shell shock, West prefers instead to construct an image of Chris as a man who cannot understand his own symptoms, which remain equally unintelligible to contemporary audiences on a first reading. The most overwhelming and present symptom of Chris's shell shock is his faults in memory. In the beginning of the novel we see Chris returning in possession of the incorrect belief that he has been misplaced fifteen years. This initial shock is detailed a letter written by Frank Baldry's, a friend of Chris, to Jenny, who is the cousin of Chris's wife, Kitty.

"I am sorry to have to tell you that poor Chris has been disabled. He has had shell shocked and although not physically wounded is in a very strange State indeed... I found Chris in a nice room...with three other officers, who seemed very decent. He was better

than I had expected but does not look quite himself...He was oddly boisterous in his greeting...’Chris,’ I said ‘you have evidently lost your memory. You were married... February in 1906’. He turned very pale and asked what year this was. ‘1916’ I told him. He fell back in a fainting condition” (West 19).

West reasserts the horror of shell shock when Chris makes it apparent that he believes he is twenty again and in love with a woman from his childhood named Margaret. Through his shock he develops a dependency on Margaret and uses her as an emotional homebase throughout the difficult time period in which he deals with his ailment.

The epistolary form—the form in which a novel is written through a series of letters—is utilized by West throughout the novel as it enables a more thorough recount of how debilitating shell shock was. Frank Baldry’s letters continue to get progressively more upsetting in their description of Chris’s illness:

“Chris was looking at himself in a hand mirror...which he threw on the floor as I entered. ‘You are right,’ he said ‘I’m not 21 but 36.’ He said he felt lonely and afraid...Suddenly he...asked, ‘Is father alright?’ I...answered, ‘Your father passed away 12 years ago.’ He said, ‘Good God, can’t you say he *died*?’ and he turned over and lay with his back to me. I’ve never before seen a strong man weep and it is indeed a terrible sight...he then turned over again and said ‘Now tell us all about this Kitty that I’ve married’” (West 12).

This emotionally taxing interaction illustrates many common symptoms of shell shock, including the lack of memory, the sudden influxes of emotion such as anger when Chris throws the mirror, and intense sadness which results in Chris becoming emotional in a way that was abnormal for someone be seen doing in the 1910s. His symptoms follow those outlined in Myers’s early study:

“loss of memory” (316) was one of the first, most easily recognizable symptoms of shell shock Myers outlined. Chris’s memory loss, however, is not momentary or short-term, but long-lasting. It is implied that Chris is not known to be inherently shell shocked until the arrival of Frank, who is forced to make it clear to Chris that he is not living in a world from fifteen years before.

West’s novel kindles new literary representations of not only the symptoms of shell shock but of just how vast and wide-ranging its symptoms could be. While there is not much description of Chris before he left for war, the depictions that West chooses to thread into her dialogue provide a stark picture that is fully accurate of the devastating impact shell shock had upon its victims. Freud may have argued that shell shock’s “the driving forces which find expression in the formation of symptoms are sexual in nature,” (1) but here Chris’s isolation is driven more by a profound sense of dislocation from reality.

“He went to the stables and looked at the horses and had the dogs brought out; he refrained from touching them or speaking to them, as though he felt himself already infected with the squalor of war and did not want to contaminate their bright physical well-being.” (West 7)

The presentation of Chris echoes Mott’s diagnostic symptoms of shell shock outlined in Chapter 1. In ““Special Discussion on Shell Shock Without Visible Signs of Injury” Mott argued that shell shock was an affliction in which “there may be no visible sign of injury” (iii) and although Chris appears as visibly intact, we know from his actions that he is experiencing some of the “psychic trauma” (iii) that Mott outlined just two years before.

The only visible physical change in Chris that is immediately noticeable is a surprising one outlined by Kitty.

“All that he did on the morning just a year ago, when he went to the front...I stood with her on the steps to see him motor off to Waterloo. He kissed us both; as he bent over me I noticed once again how his hair was of two colours, brown and gold...” (West 7).

This change, however subtle, shocks Kitty and the reader because it shows how physical trauma can have a visible and strange impact upon the body. Later West again details how Kitty remains shocked about the change of hair color:

“I cried out, because I had seen that his hair was of three colours now-brown and gold and silver” (West 23).

Psychologically, West goes to pointedly hit upon the shocked soldiers mental state a multitude of times in the writing, however does not often accomplish this descriptive feat as succinctly as she does when describing the soul of the soldier midway through the novel. Though the shell shock has him mentally placed fifteen years in the past, there are still aspects of his life that seem familiar to him, including his house. The plight of the shocked soldier is entering into an unfamiliar world where all he knows is that he cannot trust his own mind. It is this strain on identity and self that is documented so well by West through the narrator’s use of metaphor: “This house is different.’ If the soul has to stay in his coffin til the lead is struck asunder, in its captivity it speaks with such a voice” (West 25).

West’s description of Chris’s symptoms also opens up debates about the treatment, as well as symptoms, of shell shock. When the reader is then given more information by Frank, who tells Jenny that “The doctor...told me he had known nothing of Chris's delusions” (21), West introduces two different ideas. First, the lack of physician knowledge of patient history implies that Chris was likely not afforded a treatment of enough quality to ask simple questions like the



year he believed he was in. Second, it shows the extent of the oversights often seen in the War Offices of the period themselves, especially in cases that related to shell shock. These offices not only failed to notify his family members of his ailment but lacked the aptitude to issue any kind of file with Chris as he was discharged and sent to a Red Cross hospital for further treatment, therefore leaving the physicians in the dark and therefore leaving a large potential gap in proper treatment of patients suffering from this ailment. As we saw in Chapter 1, Mitchell and Smith's *History of the Great War: Medical Services - Casualties and Medical Statistics of the Great War* would go on to detail some of these administrative problems in 1931, but in 1918 when West was writing it was not widely known just how poorly monitored soldiers were.

#### *West's Depiction of Relationships Under Shell Shock Strain*

The power in *The Return of the Soldier* truly comes in its depiction of relationships, both from an external point and an internal one. Shell shock damaged the sense of self of these soldiers to an extent that every interaction they had both with themselves and with the outside world was forever changed. Particularly in this novel, we see the depiction of the breakdown of relationship between Chris, who we learn was a Captain, and his wife, Kitty. It is as if the entire family suffers the effects of shell shock. The reader is prepared to witness this when the request is made of Jenny by another sub-character to "...to prepare Kitty for this terrible shock" (West 22). It is evident how shell shock was mistaken for similar conditions as Chris's symptoms match many of those listed for neurasthenia, which was described by Hayles as consisting of "physical and mental fatigue, dizziness, headaches, other pains, concentration difficulties sleep disturbance, and memory loss" (1552). Chris does not show all of these symptoms however,

which demonstrates how difficult it was to differentiate shell shock from other disorders. Similarly Chris's loss of memory is more pronounced than that described in the medical literature outlined in Chapter 1: his symptoms do not always match the affliction which shows why it was often seen as confusing by the public. Chris's loss of memory and belief that he is enamored with a woman from his childhood, Margaret, is what places the predominant strain on his marriage and therefore his main potential support system through this condition. It is also this strain that provides audiences with the entertainment factor as the issue of whether he will contact Margaret forms a plot twist. The question must be asked whether West is exaggerating some of the memory loss exhibited in shell shock patients so she can use it as a plot device, which feels like an exploitative presentation of the disorder. However in some ways it is inevitable, if distasteful, that writers began to exploit the creative possibilities of shell shock.

Chris' only knowledge of his own wife after the shock set in is described in a discussion between himself and his cousin that depicts not only how the shock has altered his memory but how much so his sense of reality and self has shifted and been called into question.

“‘You can't remember her at all?’ I asked. ‘ Oh yes,’ he said, without raising his eyelids. ‘In a sense. I know how she boughs when you meet her in the street, how she dresses when she goes to church. I know her as one knows a woman staying in the same hotel. Just like that.’ ‘It's a pity you can't remember Kitty. All that a wife should be she's been to you.’ He sat forward...His silence compelled me to look at him and I found his eyes on me, cold and incredulous and frightened. ‘ Jenny, is this true?’ ‘That Kitty's been a good wife?’ ‘That Kitty is my wife. That I am old. That-’ he waved a hand at the altered room- ‘all this.’ ‘It is all true’” (West 32).

Upon their first in-person interaction in the 'after' that the shell shock diagnosis has placed them in, West takes the effort of describing the uncomfortable and wounded feelings that come when shell shocked soldiers often came home for the first time from the hospital. The confusion that West presents, along with the underlying seed of frustration is reflective of the reality of homecoming for many soldiers who returned to find their lives and families and everything they knew has altered irreversibly. We see this in the first meeting between Chris and Kitty:

“‘I am your wife.’ There was a weak, wailing anger behind the words...He looked around for some graciousness to make the seamless wounding...But he could not...Kitty withdrew from the suspended caress. He watched her retreat into the shadows, as though she were a symbol of this new life by which he was baffled and depressed...” (West 24).

With this powerful and timely novel, West extends the narrative past just the medical effects of shell shock on the soldier and into an exploration of the sociological effects on the family as well, primarily through how Kitty is seen changing in the narrator's eyes through her new relationship with her husband. Her “beauty was as changed in grief from its ordinary seeming as a rose in moonlight is different from a rose by day” (West 22).

Against the confusion of shell shock, West utilizes her narrator as a grounding force, one who is a constant presence not only in the present, but in the shell-shocked soldier's history; she is someone who is close enough to be remembered yet still removed enough to not be personally affronted or hurt by Chris's lack of memory. This in itself causes tension:

“This sudden abandonment of beauty and amiability means so much in our Kitty, whose law of life is Grace, that I went over and kissed her. ‘Dear, you're taking things all the

wrong way,' I said. 'Chris is ill-' 'He's well enough to remember her all right,' she replied unanswerably" (West 31).

This paradoxical closeness and distance is symbolic of shell shock's impact upon the patient: they are at once present and absent. While West potentially could have introduced this character merely as a method of easy storytelling, this device of a person who is unfamiliarly familiar to the shell-shocked soldier is a key part of the history of shell shock's documentation, as narrators like this were able to express the true horror, from a third-person point of view, of witnessing a shell-shocked patient.

One of the most important parts of the novel is when West offers a monologue, spoken from the narrator's perspective, inspired by the conversation that acts as the final provocation for Kitty. This interaction and the immediate monologue that follows works to expertly depict the grief suffered by the family of those with shell shock. It acts as a supplemental history for the under-documented phenomena of familial struggles in the support of this illness, and it was this human history of the disease that the medical studies in Chapter 1 and especially Myer's objective "case study of three patients" (316) often lacked.

"...After standing for awhile in the glow of the fire, hesitantly said, 'I want to tell you that I know it is all right. Margaret has explained it to me.' Kitty crumpled her sewing into a white ball. 'You mean, I suppose, that you know I'm your wife. I'm pleased that you described that as knowing 'It's all right,' and grateful that you have accepted it at last on Margaret's Authority. this is an occasion that would make any wife proud.' Her irony was as faintly acrid as a caraway seed, and never afterwards did she reach even that low pitch of violence...she realized suddenly that...something as impossible as death lay

between them...There was nothing to say when all day...He sat like a blind man waiting for his darkness to lift...Kitty lay about like a broken doll...and I try to make my permanent wear...a mood of intense perception in which my strained mind...tried to identify myself with its brightness and its lack of human passion...because I was afraid that when I moved my body and my attention I might begin to think grief is not the clear melancholy the young believe it. It is like a siege in a tropical city. The skin dries in the throat parches as the one we're living in the heat of the desert; water and wine taste warm in the mouth and food is of the substance of the sand; one snarls at one company; thoughts prick one through sleep like mosquitoes” (West 61).

This specific monologue acts as both a sociological and psychological analysis of shell shock's affects. Rather than focusing on the patient and their treatment as the medical studies in Chapter 1 do, it focuses on the stark reality that shell shock afflicted not just its sufferers, but their families, friends, and children. It also shows that sometimes treatment for shell shock did not work. Shell shock creates a sense of grief not only for Chris, but for Kitty too, and then for Jenny who must watch Kitty experiencing psychological pain. This monologue shows the collective representation of trauma that earlier scientific accounts of shell shock often failed to note or explore in adequate detail. While the novel's conclusion is ultimately one of pessimism, it must be remembered that West was writing in the middle of the war. At this point many of the pioneering studies into shell shock outlined in Chapter 1 had yet to be published, and as the development of different scientific studies in medical journals shows, more and more would be done over the next twenty years to combat the disorder that remained, when West was writing, such a prevalent and mysterious threat.

### *Afterword and Conclusion: Shell Shock and World War II*

By the time World War II had begun in 1939, shell shock and knowledge of how to treat it was even more prevalent in society and medicine. In the twenty-one years in between wars, a new generation had arisen and began to fight for their respective countries as the world yet again fell into a state that was inconceivable to most. This new world war that involved mass casualties across multiple continents was evolving, and, like the first one before, impacted not only the social sphere but that of the medical one, as well as more general tactics related to weapons and battle strategy.

While shell shock was still incredibly prevalent during this war, reports tended to refer to its symptoms as “postconcussional syndrome” (Jones 1643). While this can at first seem like a turn away from shell shock in a way that discredits shell shock’s existence in the first place, the development of this term shows instead how knowledge of shell shock was becoming more advanced and nuanced.

Postconcussional syndrome is a disease often caused by large flashing and banging, similar to that of World War I shells. These noises caused injury to the brain to such an extent that the resulting symptoms were enough to remove even the strongest soldiers from active duty. The growth from purely psychiatric diagnoses to that of postconcussional syndrome, which is all but completely anatomically and physiologically based, shows how the physical and mental affects of exposure to battle were being recognized on a more widespread scale, their validity more accepted as World War Two continued. As Jones and Wessely have shown, something of a merger of shellshock and postconcussional syndrome happened during World War Two: a new term,

“battleshock,” (193) was developed to account for the fact that it was not always the specific sounds of shells that caused damage to a sufferer. The reiteration that the disorder was caused by an external agent shows how previous descriptions of shell shock as a result of some form of weakness or nervousness were now greatly out of fashion. The term “battle neurosis” still existed in World War Two but was used with less frequency as it “carried the implication that a psychological or constitutional weakness in the serviceman was at least partially responsible for his inability to continue fighting” (Jones and Wessely 193).

The period in between the two World Wars was one that is characterized by a great many things, but especially in Europe and America, there was a sense of the countries needed to be made aware of the damage war brought about upon its servicemen. The publication of Robert J. Lifton’s *Home From the War* in 1973 brought the realities of life after the Vietnam War to a newly-mobilized generation of politically invested young people. With the atomic bomb drops on Hiroshima, World War II saw the beginnings of an era in which war became almost less physical, and more governed by the rise of nuclear technology and other vastly destructive weaponries. However forms of technological and social development aided attempts to describe shell shock in a way that might not have been possible in the late 1910s. Mass media, early televisions, and popular music brought the realities of World War Two to an even bigger audience, and more and more energy was devoted to examining not only the price of war, but its longterm costs to populations around the globe. The fight for validation that shell shock produced led to conditions like postconcussional syndrome being quickly popularized and more readily accepted, and laid the groundwork for other, more modern conditions to be observed like that of Post-Traumatic Stress Disorder (PTSD), which was officially accepted by the American

Psychological Association in 1980 and resulted in “the popularization of traumatic memory” (Leese 171), and Mild Traumatic Brain Injury, which was seen as the “signature injury of the Iraq and Afghanistan conflicts” (Lindquist et al, n.p.) of the past couple decades.

These advances in determining and treating injuries from warfare would not have been possible without the initial development of shell shock as a recognized, if contested, illness. Over a century ago, shell shock was presented to the world through the efforts of scientists, researchers, and physicians like Charles Myers, and with time it was those efforts that changed the larger field of treatment, validation, and societal regard of mental illness in an unprecedented way, the effects of which society is still benefiting from today. Literary representations helped to compound and consolidate some of the earliest reports of shell shock, bringing the ‘humanities’ edge to the medical studies that first attempted to define the affliction. Medical humanities shows how both these ‘medical’ and ‘human’ approaches, when combined together into a single framework and applied to medical studies and literary texts, offer ways of understanding how shell shock evolved and gained acceptance not just through scientific endeavor but through a process of public effort which encompassed the fields of medicine, psychiatry, psychology, literature, and the wider arts and continued to develop long after the final battle of World War One.



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