Shell Shock and Its' Lessons: Still Teaching

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Shell shock, now commonly referred to as Post Traumatic Stress Disorder (PTSD) first came to public awareness during World War One. An increasing number of soldiers returning from the trenches appeared to have developed a mental illness, referred to as a disease. Scientists and doctors struggled to understand the cause of this disease and its physical manifestations. The source that this essay will focus on is Shell Shock and Its Lessons by Grafton Elliot Smith and Thomas Hatherley Pear, which outlines what shell shock looks like, how it is treated, and how the condition emerged. This particular source is a primary source, meaning that it is a source from World War One, written in 1917, about that time period and contains first-hand experiences. Primary sources can help understand what the people of the time believed and knew about the world around them. This source allows the reader to learn about the medical knowledge of shell shock in World War One, without being clouded with the knowledge that scientists hold today. This essay will argue that this source is very useful in understanding the medical view of shell shock during this time as it is created by knowledgeable writers, it provides a good medical description of the condition, and it is fairly unbiased, yet the specialized nature of the source means that background sources are necessary.

The first way that this source is effective is through knowledgeable creators. This document was created by Smith and Pear, physicians associated with the University of Manchester in England.¹ These doctors saw patients with shell shock and worked with other people also studying this disease and created this official public source to give an overview of what they believed about the disease and the prevailing beliefs in the medical community.² This is a close primary source as it focuses on direct observations made by the authors. Additionally, the authors use anecdotes created by others as evidence, but as they are able to offer

¹ G. Elliot Smith and T.H. Pear, Shell Shock and Its Lessons, 1917. In *The First World War: A Brief History in Documents* Edited by Susan R. Grayzel (Bedford/St. Martin's, 2012), 121.

² Elliot Smith and Pear, Shell Shock and Its Lessons, 1917, 121.

time-specific commentary on these, the evidence and explanation offered should be considered primary. As these creators were well placed to see shell shock and offer their commentary on it, this source is an effective primary source.

The second way that this source is effective is through providing a good medical description of shell shock. This source is short, being only four pages, and it asks and answers three critical questions; what does shell shock look like, how is it treated, and how did it emerge. The first question discussed is what the condition looks like. The authors outline the appearance of soldiers with shell shock when removed from the trenches, saying that they often had a "loss of consciousness, or in a dazed or delirious condition with twitching, trembling or absence of muscular power."³ This medical description would have enabled doctors at the time to better diagnose the condition, while helping people today to understand the beliefs at the time. The second question discussed is what the common treatment involved. The source describes soldiers being left alone, isolated or told to cheer up, methods deemed to be the wrong approach by the authors.⁴ They instead suggest the confidence of the men should be raised through interaction.⁵ This particular section sheds light on the views of the medical community changing from segregating the mentally ill, to understanding the unique pressures of a modern battlefield.⁶ The third question discussed is how the condition emerged. The authors describe it as a side effect of modern warfare. Previously, soldiers were face to face with the enemy, offering them a tangible combatant. In World War One, soldiers were not able to villainize a specific combatant and were subject to "impersonal, undiscriminating, and unpredictable" shelling and attacks.⁷ Through describing the condition in this way it clarifies why this condition only emerged in World War

³ Elliot Smith and Pear, Shell Shock and Its Lessons, 1917, 124.

⁴ Elliot Smith and Pear, Shell Shock and Its Lessons, 1917, 122.

⁵ Elliot Smith and Pear, Shell Shock and Its Lessons, 1917, 122.

⁶ Elliot Smith and Pear, Shell Shock and Its Lessons, 1917, 123.

⁷ Elliot Smith and Pear, Shell Shock and Its Lessons, 1917, 124.

One. This source is a good resource as it describes to the reader what shell shock is, and how people at the time were thinking about it.

The third way that this source is effective is through being fairly unbiased. It does not aim to create an enemy or lay blame but rather exists to further the understanding of shell shock within the medical community. At no point in this article does it blame the enemy, the Germans, for causing shell shock, but rather it discusses how soldiers experience it. This is important as it is a public source, a medical document created to further understanding of shell shock, and that could be used to inform care for both soldiers in Britain and other countries. In areas where the source has a dissenting opinion to the general medical community, they offer evidence-based conclusions to change the medical community's treatment of this disease. One example of where this was achieved is when they disagree that men have lost their senses, and offer instead that since men can be re-educated, this loss did not occur.⁸ This makes the source more widely applicable and trustworthy as they demonstrate that they have completed effective research and observation in the preparation of this document.

While this is a strong source on its own, its specialized nature means that some background knowledge is needed to fully understand the situation being discussed. This document was published in 1917 by British physicians during World War One.⁹ As this source is directed at other physicians the audience is assumed to have pre-existing context. However, a modern reader must gain context through additional readings in order to understand the conditions in the trenches and the emotional and mental tax of the war. Two particularly good sources for finding additional context to this primary source are the books *The Great War* by Ian Beckett and *The First World War* by John Keegan as they offer an overview of the war, the

⁸ Elliot Smith and Pear, Shell Shock and Its Lessons, 1917, 123.

⁹ Elliot Smith and Pear, Shell Shock and Its Lessons, 1917, 121.

weapons and methods used for fighting and the conditions at the front lines and in the trenches. Trench warfare and artillery bombardment, the prevailing form of warfare, had been occurring since 1914, shortly after the outbreak of the war.¹⁰ Artillery was able to be fired from behind the front lines into the enemy's trenches, often not directly destroying trenches, but the shrapnel within it had the ability to kill and seriously maim soldiers both in and behind the trench line.¹¹ In addition to the danger within the trenches, soldiers also experienced danger when passing through No-Man's Land on attacks. More soldiers died while attacking than when defending trenches as they had to run through large stretches of open land while being vulnerable to artillery and gunfire.¹² It was these conditions in which soldiers acquired shell shock. Even if not physically injured, they were mentally injured from the fear caused by living in these conditions and the pain of watching men die around them. It is important to understand the context when reading this primary source, as it explains why these men were mentally incapacitated, and the fear and terror that lead to these emotional breaks.

In conclusion, this is an effective source. This primary source was created by physicians who had direct experiences with shell shock patients, therefore, possessing a sound knowledge base. Through providing a medical description of shell shock this source is useful for the medical community at the time, and to the modern researcher as it demonstrates the prevailing beliefs in the medical community. Through being unbiased this source is more widely applicable and trustworthy. While an effective source, it cannot stand alone. It has specialized knowledge that can only be fully appreciated if background information is acquired. Through a combination of this primary source and relevant background information, a greater understanding can be gleaned of the medical community and shell shock.

¹⁰ John Keegan, *The First World War* (New York: Random House, 1999), 168.

¹¹ Ian Beckett, *The Great War* (New York: Routledge, 2013), 223.

¹² Beckett, The Great War, 168.

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