

“Completely Worn Out by Service in France”

Combat Stress and Breakdown among Senior Officers in the Canadian Corps

Patrick Brennan

On 26 March 1916, a little more than a week before his 2nd Division would participate in its first major battle in the St. Eloi craters, Medical Officer Andrew Macphail noted in his diary:

Many cases are not to be distinguished from cowardice. On the other hand there are cases which approach very close to madness. They must be incomprehensible to that part of the profession which knows nothing of the conditions under which such cases are produced. To hold a middle course is difficult – between injustice to the man and injustice to the service.¹

Lieutenant-Colonel J.T. Fotheringham, the deputy director of medical services for the same division, was just as perplexed by the phenomena which he, too, was increasingly encountering. He had recently recommended the evacuation to England of two young officers after their commanders had, as he put it, found them useless through loss of nerve. Although Fotheringham tended toward the view that personal weakness, or at least an individual predisposition, played a role in the onset of such behaviour, he nonetheless believed that “psychic trauma is as definite

a medical...result as physical trauma....”²

Macphail and Fotheringham were talking about “shell shock,” widely, if incorrectly, used to describe a broad range of psychological disorders attributable to the pervasive stress and fear encountered in the combat conditions of the Western Front. Although Fotheringham’s “psychic trauma” stalked everyone in combat, the popular view is that it was primarily an affliction of the long-suffering common soldier. Although junior officers suffered as well, this view asserts, they at least received better treatment, which is true. Upon closer examination, however, it is clear that stress-related “wearing down,” and even breakdown, could afflict the most senior officers, and that its deleterious effects on the combat efficiency of the Canadian Corps were probably much more widespread than we have traditionally assumed.

On 4 April 1916, Lieutenant-Colonel Irvine Robinson Snider led his men into their first action. There was, of course, no “good” time to receive one’s baptism of fire, but for the mostly Winnipeg men of the 27th Battalion the next four days were to be particularly horrific. It was their fate to fight for the St. Eloi craters, arguably one of the most futile and bloody lesser battles fought by

the Canadians in the First World War. With the high command in a fog, the inexperienced Canadians were overwhelmed by annihilating German artillery fire and cut to pieces in their muddy, shattered trenches. The assault ended ignominiously, with the remnants of the 27th, and their Western comrades in the 6th Brigade, driven out of the salient by a fierce counterattack.

St. Eloi was a colossal “screw-up” with blame enough for commanders from Haig down. But it is little more than a footnote in Canadian military history, noted principally for the fulminating of Sam Hughes and the Anglo-Canadian political fallout which led to the sacking of the British Corps commander, Lieutenant-General Edwin Alderson, instead of Major-General Richard Turner and Brigadier Huntly Ketchen, the senior Canadians whose performance had been less than stellar. Still, with the reputations of the latter on the line, numerous lesser lights were sacked for having displayed insufficient “discipline, grit and determination.” Undoubtedly, some of these officers had been found wanting, and had to go – others were just handy “scape goats.” Regardless of which category they fell into, Snider, his second-in-command, staff captain and all



Lieutenant-Colonel Irvine Snider was the well-respected commander of the 27th Battalion and a veteran of the Northwest Rebellion and Boer War, but the difficult fighting at St. Eloi in April 1916 was more than he could take.

him as "a humane, humorous man, with much good sense and experience...[who] therefore...does not need to rely upon the strict letter of the law [in running his battalion]." Macphail approvingly recounted the story of an officer of the 27th—when, one night, Snider's quartermaster claimed that the men had enough straw for sleeping, certainly all they were entitled to, Snider had roared, "I don't give a god-damn for [the regulations]. Get the straw, and get it before you go to bed."⁴ Such actions earned soldiers' loyalty.

What of Snider's experience at St. Eloi? By all accounts, even if no Napoleon, he led his men courageously. During a forward reconnaissance on 5 April, he survived a barrage in which "900 high explosive and 2000 other shells fell into an area 200 yards by 50 yards within about 45 minutes....In places," he calmly recounted in a post-battle interview, "it was impossible for anyone to live under the rain of steel."⁵ The historian of the 27th Battalion describes a litany of horrors that confronted Snider: the trenches were in ruins and filled with British dead – mud waste deep in places – incessant artillery fire – companies pounded and isolated, despite their commander's efforts to hold them together and get reinforcements forward – 100 exhausting hours.⁶ The entries in Macphail's diary make equally grim reading. "27th taking the heaviest losses," he wrote on the 6th, "bits of men sometimes brought in in sandbags..." And the following night: "27th have lost nearly half their effectives." Three weeks later, when the broad outlines of the catastrophe were dawning on the participants, Macphail concluded: "Our men were

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four company commanders were promptly replaced.³

Irvine Snider's war was a short one. He served in France for only seven months and lost his only battle. Like so many militia colonels, 1916 had apparently exposed his inadequacies, and he was gone, never leading men in combat again. But Snider's story is more complicated – and certainly more poignant. It reveals much about the pressures and strains of command, and the toll it exacted on senior combat officers.

Snider was a brave man, conscientious, and a patriot. A 50-year-old homesteader from the

Portage La Prairie district, he was married and had already done his "bit" for King and Empire, having served in both the Northwest Rebellion and the South African War. But he was no doubt steeped in the prevailing martial ethos of the time, and so he enlisted in the Canadian Expeditionary Force in November 1914, assuming command of the 27th Battalion. He led them overseas, supervised their training, and was by all accounts a compassionate and respected, indeed well liked, commanding officer. Less than two months before St. Eloi, Dr. Macphail, a usually caustic diarist, remembered

merely ordered to go into a hole to be slaughtered by artillery [and] were quite defenceless.”⁷ By the end, 230 of Snider’s men were casualties.⁸ The surviving officers, Macphail noted poignantly, “are worn, old gaunt men from loss of sleep and horror.”⁹

Irvine Snider was one of those old gaunt men, worn from loss of sleep and terrible experiences. “My friend Col. Snider...has gone to the base,” Macphail reported on the 18 April, matter of factly employing the euphemism for a sacking. The events of the “craters” were too much for him, the doctor concluded, adding pointedly that “his losses were very heavy[,] one platoon [having] only 10 men left.”¹⁰ Interviewed 47 years later, one of Snider’s men still vividly recalled that the blame for the St. Eloi fiasco had been thrown “on our colonel...and we were wrought up about that.” Private Pinkham went on:

A man might have said, well – as they perhaps did – he is too old, I don’t know what age the Colonel was at that time – he was undoubtedly shaken, as any colonel would be – any CO would be to lose the number of men he did. Without any chance of retaliation. Under these particular conditions...practically...just sitting ducks...¹¹

Lieutenant-Colonel Snider’s personnel file states he was transferred to England on 20 April because of “nervous exhaustion” – subsequently characterized as a “nervous breakdown” – caused by the “strain of military service.” His medical case sheet dated 22 April clearly outlines what he had endured, and its personal consequences:

Complaints – general weakness and easily fatigued. Insomnia and nightmares. Headache, appetite variable and poor. Emotionalism at times. Memory loss. Has been at the front since last September in

command of the 27th Battalion. It has naturally been a constant severe strain...Was at St. Eloi during the heavy action about the mine craters where his battalion got severely punished...Trenches very bad with water and in awful condition with dead. No sleep for six days and nights and naturally felt the loss of his men personally. On retiring to billets felt naturally depressed and fatigued – but it was only when he saw his bed that he went all to pieces and broke down and cried. Came to England eight days ago...could not enjoy his leave. Could not sleep. Suffered nightmares and thoughts. No sign of organic disease...

About a month later, a Medical Board convened to consider his case, ruled:

That this officer as the result of service in France and severe nervous strain has become very emotional and is unable to sleep well except for a short time each night. He is easily exhausted and has some muscular tremor. At present he is quite unfit for any mental or physical exertion and must have a prolonged rest.

By early October, Snider was deemed “recovered” and in January 1917 he was posted to command the 14th Manitoba Reserve Battalion, a training unit in England. Nine months later, in mid-October, he returned to Canada.¹²

Lieutenant-Colonel Snider was an early, but ultimately not rare, example of a combat-related psychological phenomenon experienced on a large scale for the first time during the Great War – mental breakdown induced by accumulated stress. Never before had soldiers had to endure such appalling battlefield conditions for such prolonged periods. Emotional, intellectual, physical and spiritual resources were expended just as rapidly as munitions. The psychological threshold varied

from soldier to soldier, but there was clearly a threshold. When pushed beyond it, a collapse, sometimes dramatic, was inevitable.¹³ Military authorities initially tried to deny the phenomenon, treating it as a disciplinary rather than a medical condition. During the Somme, with its horrific casualties, the British Army ruled that “any failure [of unwounded officers] to control their nerves amounts to cowardice, pure and simple.” The strongest action against them was recommended *pour encourager les autres*.¹⁴ But the sheer numbers of cases, and the desperate need to recycle otherwise “unwounded” soldiers, brought the more pragmatic, if not necessarily enlightened, among them to consider a range of “treatments” of varying effectiveness offered by rival psychiatric factions. As one would expect from the class-consciousness of the time, officers were given a more humane treatment than that specified for the ranks. This was also true because the type of breakdown most frequently diagnosed in officers – “neurasthenia” – manifested less extreme symptoms and was hence considered both more treatable and frankly more credible.

Altogether the Canadian Expeditionary Force experienced an officially estimated 9,000 cases of “shell shock” among its officers and men.¹⁵ Overall, officers in the British forces suffered at about half the rate of their men.¹⁶ Among the commanders of Canadian infantry battalions who served for more than a month and for whom sufficiently detailed records survive, five percent were permanently removed because of “stress” and another seven percent for physical breakdown with accumulated stress clearly a contributing factor in most cases.¹⁷ One brigadier broke down completely and at least four more were so worn out by the combination of physical and psychological exhaustion that they were moved out of their commands

before they could reach that point. Slightly less severe symptoms were apparent in many other instances. By 1918, the problem was sufficiently serious – and recognized – that Lieutenant-General Arthur Currie, commander of the Canadian Corps, developed a policy to revive his worn out commanders and preserve their hard-earned reputations.

As previously mentioned, most senior officers suffered neurasthenia, one of the two principal variations of “shell shock.” The other more dramatic form was hysteria. Those afflicted with neurasthenia manifested what contemporary psychiatrists described as “brain exhaustion” or a generalized nervous collapse or breakdown which included such symptoms as “abnormal irritability, depression, loss of confidence, loss of power of concentration, headache...

general fatigability and loss of sleep and appetite.”¹⁸ Officers started out with several advantages in their fight against the condition. Normally they were motivated by a strong sense of purpose, the responsibility of having to lead by example. Usually they were older and more mature. And as much as anyone in trench warfare conditions possessed any knowledge of what was going on, they did.¹⁹ But battalion commanders, brigadiers and generals also endured a more solitary existence than those in the lower ranks, and companionship was a critical bulwark against stress.²⁰ Exhausting workloads²¹ and an almost paralyzing responsibility no ordinary soldier faced of repeatedly having to send men – many men – to their deaths, where every mistake cost other men’s lives and even their competent decisions emptied the

ranks, surely added to their stress loads. And for all but the most senior – and hence distant from the carnage of the trenches and no-man’s-land – there were the elements officer and man alike faced. Dismembered bodies, fear of one’s own mortality, the shock of initial combat for which no training could prepare, the sheer terror of the battlefield, and ironically the cruel torment of having survived when so many others had not.²²

The stress associated with military administration in wartime and the agonies of personal responsibility, not to mention, particularly in the case of battalion commanders but brigadiers, too, the risk of death in action, was accumulating and unrelenting and exacted a heavy psychological toll on senior field officers. This stress was a direct consequence of both the nature of combat in the Great War as well as their long tenures in command. The former is self-evident and well documented. As for the latter, the situation on the eve of the Amiens attack in early August 1918 is striking. The most senior infantry commanders had held their current command (corps, division, brigade) for an average of 17 months. And, if one considers the continuous period over which they had commanded a unit of battalion size or larger, this period increased to 36 months – nine officers had fought at Second Ypres. Among the 48 battalion commanders, where both physical danger and the opportunity for promotion were greater, average tenure of command was just over 12 months.²³ During the Great War, 40 percent of Canadian battalion commanders served in their posts for at least a year and nearly one in five for at least 18 months – well beyond the Canadian “norm”

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Lieutenant-General Arthur Currie (pointing), commander of the Canadian Corps, developed a policy to revive his worn out commanders and preserve their hard-earned reputations.

of 11 months. And virtually all of them had been junior combat officers before their appointments, adding more months of accumulated strain.²⁴ This was also true of the more senior men. In terms of mental exhaustion, neither their role nor time was on their side, and we should not be surprised accumulated stress exacted its toll.

Between May and September 1918, Currie replaced three long-serving and apparently capable brigadiers – Robert Rennie, F.W. Hill and James Elmsley – who had commanded their brigades for 34, 30 and 23 months, respectively.²⁵ By the spring of 1918, the 39-year-old Elmsley was a broken man, physically and emotionally worn out by service in France. A Medical Board convened in early June granted him extended leave in England to rest. Their description of his condition is revealing:

[He] first noted nervous symptoms after he had been severely wounded in South Africa in 1900. From that time until September 1917 he considered himself slightly nervous. Following the severe strain of the work in September and October 1917, his symptoms became much worse [and] have gradually been becoming more troublesome...

Although describing his present condition as generally “good,” the doctors noted clear neurasthenic symptoms:

Facial expression...tremulous and changeable. Has been worrying excessively over routine matters, particularly having to meet people. Has been excessively worried over the ordinary conditions arising in the brigade under his command. Sleep is fair, but there are times when he will be awake for three or four hours when trying to sleep, in the middle of the night...²⁶

Brigadier-General F.W. Hill, commander of the 9th Canadian Brigade, had been in France since Second Ypres in April 1915. By Passchendaele in the fall of 1917 his time at the front had taken its toll. Heavy drinking was but one symptom which lead Currie to send him to England.

Currie’s assessment of his trusted comrade was frank and touching:

The fact of the matter is that Elmsley is all in...He is one of the most valuable officers I have in the Corps and one whom I am, personally, very sorry to lose. He has commanded his Brigade with most pronounced success, and were his health normal there is no one I would rather have in command of a Division. He is most courageous and conscientious, but is no longer physically able to carry on. Like a great many other officers here, he has felt the strain very much and the time has now arrived when he must be given a change or a very valuable officer will be permanently lost to the service. I do not think that he is really able to do any work in England. I think he needs a complete change for some months; that he ought to go some place where he will never even see khaki...²⁷

Of Rennie’s situation we know a lot less. Apparently, he was not medically boarded. Perhaps Currie simply concluded he was worn out. The degree to which stress played a role is not clear, given the euphemisms commonly used for depression at the time, at least in the cases of “gentlemen” officers. With Hill, however, there were strong hints. On the assumption he would receive a suitable post in England, and convinced he was not up to the tasks the Corps would soon be facing, Currie granted Hill the maximum month’s leave in May. Effectively it meant the end of his command in France. Hill, who



had commanded the 1st Battalion at Second Ypres, took it badly, though he seemed to accept it was necessary. In a letter to General Turner, Currie alluded to the worsening aftereffects of gassing.²⁸ But there may have been a psychological component as well. Hill, affectionately nicknamed “JoJo” by his men, had been a quiet, unpretentious soldier, unconcerned with impressions, but a courageous leader in the field.²⁹ By the fall of 1917, he appears to have been drinking heavily. Although the evidence is anecdotal, if alcohol helped Hill cope with the stress of command, he would not have been alone. Tim Cook has pointed out that alcohol was the permitted – even encouraged – cure for “nerves” in the Canadian Corps.³⁰ Forty-six years later, Gerald Rutherford, in 1917 a young Lieutenant with the 52nd Battalion in Hill’s 9th Brigade, remembered “JoJo” as a “damned drunkard” at Passchendaele. During the 26 October attack on Bellevue Spur,

Rutherford recalled Hill telephoning his commanding officer, Lieutenant-Colonel Foster, and putting him in charge of the attack. According to this soldier's account, Foster and the other three battalion commanders were by this time effectively running the brigade, and Foster had planned for such an eventuality. He calmly put his attack scheme into operation and the brigade carried it out. The following day, Rutherford was sent to Hill's headquarters where the harried brigade major motioned him to a room in the dugout. "There was a bunk in there," Rutherford recalled, "and the brigadier was lying there and he was dead drunk. He looked up and mumbled something at me... It was a pretty disgusting business." The young soldier remembered that Foster always used to say Hill had a good mind if he did not keep it soaked in alcohol.³¹ None of the accounts of Passchendaele mention Hill's drinking, and if Currie knew about Hill's problem, he waited nearly six months to replace him.³² That

said, the corps commander seems to have been a very understanding – and fiercely loyal – man, at least when it came to close colleagues like Hill whom he felt deserving of his consideration.³³

As it turned out, all three of these brigadiers benefited from a practice which Currie had been gradually implementing and now, with Turner's agreement, inaugurated formally. Suitable positions in training commands in Britain were made available for long-serving brigadiers and battalion commanders with exemplary records in the field who were beginning to show unmistakable signs of "wearing out." These postings would be for a set period of several months, after which, their medical conditions permitting, they might be brought back to the Corps. Staying overseas doing meaningful work protected the men's public reputations and self-respect, and the consideration likely helped in their "recovery." Unquestionably, their up-to-date

frontline combat experience would prove an asset in maintaining rigorous training standards. Currie believed that such "rest periods" were critical, had been earned, and would likely be turned down, so he decided such officers would be ordered to go to England if it was necessary to pry them out of the line.³⁴

Like Rennie and Hill, Charles McLaren had fought at Second Ypres. A year later, a fellow artillery brigadier confided to his diary that "Charlie ... has almost broken down" and thought he might benefit from "try[ing] not to worry at all about anything."³⁵ By Passchendaele, he was commanding the 4th Division artillery and during the latter stages of the battle, suffered a complete nervous breakdown, the only senior Canadian officer to do so in the midst of a major engagement. Immediately diagnosed with "neurasthenia" and "exhaustion," he was invalided to England. Nearly three months later, he was still deemed to be suffering from "profound depression" which

The First World War battlefield is best known for the damage it caused to human bodies, but its impact on the mind could be equally devastating.



Major-General Henry Burstall (right), commander of 2nd Canadian Division, recommended that one of his brigadiers, A.H. Macdonnell, be replaced because he was suffering a serious emotional breakdown due "to the severe strain of war."

his doctors attributed to "strain of active service."³⁶ By July 1918, a Medical Board had recommended him fit for service, but Currie was less than convinced, confiding to Sir Edward Kemp, the Minister for the Overseas Military Forces of Canada: "I do not think it would be safe to ask a man who once broke down as he did to assume any serious responsibilities [at the front]."³⁷ Currie had felt similarly about Elmsley, doubting that he would recover sufficiently even in six months. Moreover, Currie accepted the British wisdom that officers returned to England for a rest were never as good men upon their return to the field. This was especially true, he thought, when it was a question of nerves and not just general health. "[The man] might think and a Medical Board might think, that he had fully recovered, whereas the first severe battle would probably prove otherwise," Currie concluded. It had to be left up to the Corps commander, and his rule was correct – the Corps should "have the best men available if the best results are to be always obtained."³⁸

Arthur Currie's compassion had its limits – he would rarely trust a "nerves" man to command in battle again – none of the brigadiers and only a handful of the battalion commanders so diagnosed made it back to the Corps, although Elmsley took command of the Canadian Siberian Expeditionary Force in the fall of 1918.³⁹ But as with others, he would intercede for McLaren. He wrote Kemp, pointing out that "like so many others, [he] is very anxious to continue serving in some capacity until the close of the war," and "remembering [his] faithful



service of more than two and a half years, I venture to make a plea on his behalf."⁴⁰ Knowing "that we were anxious to use his services" would, Currie was hopeful, "assist very much in his recovery."⁴¹ Eight months later, when command of the Reserve Artillery Depot at Witley came open, Turner appointed McLaren to command it, largely on Currie's recommendation. Like Currie, Turner felt such appointments must work to the good of the Corps – the well-being of men like McLaren had to be a secondary consideration – but "the prospect of work," Turner happily confided to Currie, already appeared to be "doing him some good."⁴²

Even before McLaren, Currie had to deal with other cases. In July 1917 Henry Burstall, the 2nd Division commander, recommended Currie replace Brigadier A.H. Macdonnell. Macdonnell, Burstall argued, "has not the ability to command a brigade in

the field," an opinion he had drawn from the brigade's poor performance during the Arleux fighting and equally unsatisfactory preparations for forthcoming operations.⁴³ The 49-year-old Macdonnell, a prewar regular, had commanded the Royal Canadian Regiment from late 1915 and the 5th Brigade since the spring of 1916. The fact is, having served 18 straight months, he was suffering a serious emotional breakdown which Currie was right to attribute "to the severe strain of war." The Corps commander accepted Burstall's assessment that Macdonnell had to go. Nevertheless, he pressed a somewhat reluctant Turner, who grumbled that it was not as easy to find suitable positions in England for brigadier-generals as colonels, to help find Macdonnell some useful work out of respect for "his long and loyal service to the Corps."⁴⁴ Macdonnell was temporarily given command of the Nova Scotia

Reserve Regiment and subsequently granted extended leave to Canada. By the summer of 1918, however, he was using political connections – his brother was a senator – to press for another command at the front – with no success.⁴⁵

Evidence of incapacitating stress in the form of diagnoses of neurasthenia or “shell shock” among senior Canadian combat officers is not widespread.⁴⁶ However, given the ability of many individuals to “hang on” against the slow wearing away of their mind’s will to continue, and the stigma attached to “nervous breakdown,” this would not be surprising among such a group of highly motivated and self-disciplined individuals. That said, there were many careers which pointed to the onset of neurasthenia or in which it clearly had occurred. “As a result of 20 months service in Flanders,” a medical board ruled that John Girvin was “debilitated and his nerves are shaken – requires a long rest.” He was sent home to Canada. Shortly after Vimy, he was back commanding a company, and assumed command of the 15th Battalion after Lieutenant-Colonel Bent was wounded during the Amiens attack.

Lieutenant-Colonel E.S. Doughty suffered severe shell shock during the Mount Sorrel counterattacks and two weeks later was plagued by insomnia and headaches and “was decidedly tremulous and nervous.” Two months of “complete rest” found him “cured” and back with his unit at the front where he commanded it effectively during the Last Hundred Days. His medical report at time of discharge, however, portrayed a nervous, irritable man who did not sleep properly, was easily fatigued, and lacked any motivation other than the overwhelming desire to take his 31st Battalion home to Alberta.

Major Frank Wilkin, who commanded the 1st Motor Machine Brigade from late 1916 onward,

became progressively more afflicted with severe headaches after April 1917. Initially it was diagnosed as a case of “trench fever,” though his temperature barely budged. By the spring of 1918 he was losing weight, was unable to sleep, his memory was fading, and any amount of work left him physically and mentally exhausted. Wilkin was transferred to the railway troops, diagnosed in September 1918 with “neurasthenia, gastritis and debility,” and finally sent home.

Lieutenant-Colonel J.B. Rogers arrived in France just after Second Ypres. In July, neurasthenia was diagnosed. By October he was deemed fully recovered and promoted to command the 3rd Battalion, a post he held until the end of the war despite a medical board’s verdict of “general debility” in February 1918.

Lieutenant-Colonel Elmer Jones had been diagnosed as suffering “nervous disability during war” in April 1916, received 15 days’ leave, and was soon promoted to command the 21st Battalion. Save for a period of recuperation from a severe wound received in the Vimy attack, he continued to do so without break until killed in action at Amiens.

Within seven months of bringing the 26th Battalion to France, Lieutenant-Colonel J.L. McAvity was suffering from chronic gastritis and insomnia which he adamantly attributed to “stress of service.” Doctors noted tremors, nervousness and constant fidgeting as well as poor concentration. Despite a series of extended leaves in England, he was unable to recover, and was allowed to return to Canada.

Lieutenant-Colonel Milton Francis served as second in command of the 46th Battalion during the winter of 1916-17 and was then promoted to command the 47th Battalion shortly after Vimy. Francis lasted through Passchendaele after which he was diagnosed with heart trouble and a

“nervous breakdown.” Following several months’ recuperation, he returned to France but lasted only eight days, thereafter holding various training appointments in England including instructor at the prestigious Senior Officers’ course at Aldershot. The citation for Francis’s Distinguished Service Order remarked that “his personal courage at all times has been an inspiring example to his unit.” Very fit prior to the war, he was spent at 33. Although this officer was officially diagnosed as “medically unfit,” his medical board went out of their way to state that “nervous overstrain” was the underlying cause of his breakdown.

Staffwork provided no exemption. Major J.C. Ball had arrived in France in July 1915, subsequently serving as a brigade major with first the 3rd and then 2nd Divisional artillery from the summer of 1917 onward. Yet in October 1916, a medical board had noted that he was “suffering from nervous debility and sleeps badly,” attributing his condition “to [the] long strain of his duties.”⁴⁷

Finally, there was the case of Lieutenant-Colonel Sam Sharpe. Sharpe, who had enlisted in November 1915, finally reached the trenches as the commanding officer of the replacement 116th Battalion early in 1917. He led his unit effectively throughout the heavy fighting of 1917, then temporarily stepped down as commander to attend the Senior Officers’ course commencing in January 1918. This officer reported himself sick in March, and the report of his Medical Board spells out the price he had paid to serve King and Empire:

Until present illness health has always been very good. States that on arrival in France felt especially good – about the latter part of February [1918] began to worry a great deal about his work and about the men in his battalion – troubled a great deal

with insomnia, also with bad dreams, war dreams. Felt very nervous at times, also very despondent. Felt that he was losing his grip on himself. Lost [about 20-25 pounds] in a very short time ...

On 24 March he was given the catch all "general debility" diagnosis, but, the doctors noted optimistically, "was feeling better than on admission." A week later, he was "feeling much better...dreaming a little and understands the effect his experiences in France [have had] and realizes that his 'nerves' get him at times."⁴⁸ Sharpe was detached from his course and admitted to Buxton Canadian Officers' hospital. Discharged 13 May, he was granted compassionate leave to Canada to continue his recuperation in friendlier surroundings. There were no obvious medical problems recorded at the time of discharge. Sharpe reached Canada safely, but passing through Montreal on his way to his home in Ontario, he had been forced to stop his train journey and enter hospital for "nerves." As the *Globe & Mail* reported on 27 May:

Sam Sharpe..., recently returned from England, met his death yesterday morning...by jumping from a second storey window and falling to the concrete pavement below. The nurse, who left his room a few minutes previously, reported he showed no signs of mental aberration, and talked quite intelligently to her. He was dressing to go out for a drive which had been arranged by the nurse.

As the article duly noted:

Men who have returned spoke highly of him as an officer. He was always up with the men, careful of their comfort, and sharing all the war conditions of the men in the trenches.⁴⁹



Lieutenant-Colonel Sam Sharpe commanded the 116th Battalion effectively in combat but the strain forced him from the front in late 1917. His return to Canada did little to ease his situation and his subsequent suicide was attributed to his combat experience.

As the *Toronto News* succinctly put it, Sam Sharpe had jumped to his death "suffering from a nervous breakdown incurred during his service at the front."⁵⁰

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General Currie was not a psychiatrist and there is no reason to believe that he did not hold the mainstream views of his time about "shell shock." That said, his own experiences in command and combat – one thinks of his possible attack of panic during Second Ypres – seem to have elicited his compassion toward senior officers with whose psychological lot he could identify personally. That compassion could never get in the way of military necessity, but at least it did allow him some leeway in handling the cases of excellent, long-serving commanders who finally had broken down or were clearly nearing that point. By 1918, the Corps commander had accepted that his senior commanders, by the nature of the roles, would wear out – physically and emotionally – and that when possible this must be addressed by some provision for rest, lest they

become permanent casualties. As the war wound down, a formal administrative plan for dealing with this was being put in place in what was an early but effective form of "man management."

In retrospect, wearing down from the severe stress of sustained combat on the Western Front – whether its source was one terrifying incident or, as in this paper's focus, a cumulative effect – was inevitable. As Lord Moran, personal physician to Prime Minister Churchill two decades later, but a British medical officer on the Western front, bleakly concluded:

Men wear out in battle like their clothes. In battle the soldier's senses are dulled out, even if he comes out unscathed, the ordeal will shorten his life in the line...it is the long-drawn-out exercise of control which is three parts of courage that causes wear and tear.⁵¹

Whether a full-blown case of "shell shock" or "neurasthenia" resulted depended on the personality of the man and his inner resources, his particular command circumstances, and undoubtedly a large measure of luck.

Canadian military historians rightly have focused on the "rabble to army" paradigm in assessing the performance of the army's Great War commanders – the professionalizing of the senior officers and ordinary soldiers alike and the continuous (and steep) learning curve that this entailed. But as the battalion commanders, brigadiers, divisional commanders, staff officers and the Corps commander himself became more experienced, and the best men won promotion, the war inexorably ground on. "Soldiering in France is far different from soldiering in Witley Common," Currie allowed with understatement in late 1917. "We have had extremely hard and bitter fighting this year, and those

who have survived have suffered a great deal.”⁵² There are certainly more than enough serious cases revealed in the personnel records of the Canadian Expeditionary Force to make us realize that psychological attrition, too, must be factored into an assessment of command leadership in the Canadian Corps.

Notes

1. Andrew Macphail Papers, Library and Archives Canada [LAC], MG 30 D150, v.4, Diary 1914-1916.
2. John T. Fotheringham Papers, LAC MG 30 E 53, v.5, file 39, War Diary, 18 February 1916.
3. Thomas Leppard, “Richard Turner and the Battle of St. Eloi,” unpublished MA thesis (University of Calgary, 1994), pp.79-80.
4. Macphail Papers, v.4, Diary 1914-1916, 14 February 1916.
5. LAC, RG 9 III D 1 [LAC], v. 4679, folder 4, file 1, WR Bradley file, “Verbal Statements from Officers Who Participated in [St. Eloi] Operation,” statement from Lieutenant-Colonel Snider, undated.
6. Bruce Tascona, *From the Forks to Flanders Field: The Story of the 27th City of Winnipeg Battalion, 1914-1919* (Winnipeg: Bunker to Bunker Books, 1995), pp.25-6.
7. LAC, Macphail Papers, v.4, Diary 1914-1916, 27 April 1916. Ibid. 6 and 7 April 1916.
8. Tascona, p.26
9. LAC, Macphail Papers, v.4, Diary 1914-1916, 17 April 1916.
10. Ibid.
11. LAC, RG 41 B III 1, CBC Papers, *In Flanders Fields* interviews, 27th Battalion, interview with Pinkham, tape 1, 9.
12. LAC, RG 150, CEF Personnel Records, Acc. 1992-93/166, Snider file. Ibid., Proceedings of a Medical Board, 18 May 1916 and Medical Case Sheet, 22 April 1916.
13. Dave Grossman, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (Boston: Little, Brown, 1996), pp.44-5; Chris Madsen, *Another Kind of Justice: Canadian Military Law from Confederation to Somalia* (Vancouver: UBC Press, 1999), p.46; Denis Winter, *Death's Men: Soldiers of the Great War* (Toronto: Penguin Canada, 1979), pp.129 & 131.
14. Richard Turner Papers, LAC, MG 30 E 46, v.11, file 80, HN Sargent, DA & QMG Reserve Army, as quoted in PE Thacker, AA & QMG 2nd Cdn Div, 10 September 1916.
15. Tom Brown, “Shell Shock in the Canadian Expeditionary Force, 1914-1918: Canadian Psychiatry in the Great War, in Charles Roland, ed., *Health, Disease and Medicine: Essays in Canadian History* (Toronto:

- Hannah Institute/Clarke Irwin, 1984), p.309. Ibid., p.318.
16. Winter, 138.
17. Patrick Brennan, “Good Men for a Hard Job: Canadian Infantry Battalion Commanders on the Western Front,” *Canadian Army Journal* vol. 9, no. 1 (Spring 2006), pp.16-17.
18. As quoted in Brown, p.310.
19. Winter, p.132.
20. Ibid., pp.132-4 & 137-8 and Grossman, pp.45-7.
21. Anthony Kellett, “The Soldier in Battle: Motivational and Behavioural Aspects of the Combat Experience,” in Betty Glad, ed., *Psychological Dimensions of War* (Newbury Park, CA: Sage, 1990), p.222.
22. Ibid., pp.216-18 & 222-3; Winter, p.134.
23. During the Amiens attack, two battalion commanders and a brigade major (staff) were killed and four battalion commanders and a brigadier seriously wounded.
24. Brennan, pp.17-21.
25. At the beginning of the year, Currie had considered both Rennie and Elmsley suitable for divisional commands. Hugh Urquhart Papers, McGill University Archives, Currie Correspondence, undated memo (spring 1918).
26. LAC, RG 150, CEF Personnel Records, Elmsley file.
27. LAC, Richard Turner Papers, v.8, file 48, Currie to Turner, 23 May 1918.
28. LAC, Turner Papers, v.8, file 48, Currie to Turner, 23 May and 26 June 1918.
29. LAC, Macphail Papers, v.4, Diary 1914-1916, 15 March 1916.
30. Tim Cook, “‘More a medicine than a beverage’: ‘Demon Rum’ and the Canadian Trench soldier in the First World War,” *Canadian Military History* vol. 9, no. 1 (Winter 2000).
31. LAC, RG 41 B III 1, v.15, 52nd Battalion, GS Rutherford, tape 4.
32. Daniel Dancocks, *Legacy of Valour: The Canadians at Passchendaele* (Hurtig: Edmonton, 1986), pp.130-2 and GWL Nicholson, *Canadian Expeditionary Force, 1914-1919* (Ottawa: Queen's Printer, 1964), pp.319-20.
33. When later urging Turner to offer Hill a senior training command, Currie emphasized that Hill “was not sent to England because I desired to get rid of him; and in fairness to an officer who has had nearly three and half years service in the field, I cannot put him in a position where it could be suggested that his services had been dispensed with.” Turner Papers, v.8, file 48, Currie to Turner, 26 June 1918.
34. Ibid., 25 April 1918. Ibid. and undated memo [17 July 1918].
35. John Creelman Papers, LAC, MG 30 E 8, v.1, Diaries, 1914-17, 10 June 1916.
36. LAC, RG150, CEF Personnel Records, McLaren file.
37. LAC, Edward Kemp Papers, MG 27 II D 9, v.132, C-file 25, Currie to Kemp, 4 July 1918.
38. Arthur Currie Papers, LAC, MG 30 E 100, v.1, General Correspondence, 1915-18,

- G-L file, Currie to Harrington, 27 July 1918.
39. LAC, RG 150, CEF Personnel Records, Elmsley file.
40. LAC, Kemp Papers, v.132, C-file 25, Currie to Kemp, 4 July 1918.
41. LAC, Currie Papers, v.2, General Correspondence, 1915-18, S-Z file, Currie to Manley-Sims, 16 December 1917.
42. LAC, Turner Papers, v.8, file 53, Turner to Currie, 27 August 1918.
43. LAC, Turner Papers, v.11, file 79, Burstall to Currie, undated [July 1917].
44. Ibid., Currie to Turner, 23 Jul 1917. LAC, Kemp Papers, v.151, file M-33, Macdonell to Kemp, 2 July 1918.
45. LAC, Kemp Papers, v.151, file M-33, Mewburn to Kemp, 22 July 1918. Turner Papers, v.11, file 79, Turner to Perley, 27 Jul 1917. A.H. Macdonell was the cousin of A.C. Macdonell, the GOC 1st Division after Currie's promotion to Corps command. A.H. Macdonell had extensive combat experience in South and West Africa, including many close calls with death, and had earned a Distinguished Service Order (DSO). Although there is no substantiating evidence in his medical records that the roots of his cumulative battle exhaustion can be found there, as was clearly the case with Brigadier-General Elmsley, it may nonetheless have been a factor. Regardless, his earlier experiences help to explain why he was being treated with consideration.
46. There were almost twice as many instances of physical breakdown among battalion commanders noted in the official record. Brennan, pp.17-21.
47. Even Major Archer Fortescue Duguid, the future official historian of the CEF, was diagnosed with shell shock in the summer of 1917, though he, like so many, “recovered,” and their careers steadily advanced. LAC, RG 150, CEF Personnel Records, Duguid file.
48. Ibid., Sharpe file. Ibid., files for Ball, Doughty, Francis, Girvin, Jones, McAvity, Rogers and Wilkin.
49. 27 May 1918, p.7.
50. 27 May 1918, p.2.
51. As quoted in Winter, p.134.
52. LAC, Currie Papers, v.2, General Correspondence, 1915-18, M-R file, Currie to Perley, 10 November 1917.

Patrick Brennan earned his PhD from York University. He is an associate professor in the history department at the University of Calgary where he is a fellow in the Centre for Military and Strategic Studies. His research interests focus on the Canadian Expeditionary Force. He is currently working on a study of senior commanders in the Canadian Corps – *Currie's and Byng's Commanders: A Study in Military Leadership during the Great War*.