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Review of "A Weary Road: Shell Shock in the Canadian Expeditionary Force, 1914-1918" by Mark Osborne Humphries

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Mark Osborne Humphries. *A Weary Road: Shell Shock in the Canadian Expeditionary Force, 1914-1918*. Toronto: University of Toronto Press, 2018. Pp. 461.

Mark Osborne Humphries in *A Weary Road: Shell Shock in the Canadian Expeditionary Force, 1914-1918* delivers a ground-breaking contribution to the understanding of the Canadian First World War experience. He delivers a painstakingly researched exploration into the treatment of 'shell shock' within the Canadian Expeditionary Force (CEF) while also providing a window into how 'shell shock' became enmeshed within a developing and unique trench culture. Humphries effectively challenges long-held beliefs that the Great War was a watershed moment in the history of psychiatry as well as in the treatment of operational stress injuries (OSIs) and clearly argues that these beliefs (perpetuated initially by the very medical specialists that treated 'shell shock' during the war) do not stand up to academic scrutiny. There was, in fact, very little success in the treatment of OSIs during the war and, for the most part, military medical specialists manipulated their reports both during the war and afterwards to falsely claim success in treating OSIs and returning men to active duty. By the war's end, any inability by the medical profession to treat OSIs was attributed to physiological defects within the patient himself and not with the treatment methods being used.

Humphries begins his study by clarifying how 'nervous illness' entered the medical and cultural lexicon in the nineteenth century as a psycho-somatic disease, effectively meaning a combination of psychological and physiological factors. Certainly by the eve of the First World War, Humphries describes, the British military was aware of 'nervous illness' (due to experiences in South Africa and observed cases during the Russo-Japanese War) but deemed it to be relatively insignificant in terms of concerns over manpower wastage. The belief was that most cases had been managed effectively and a fairly efficient system was already in place to deal with future cases. As Humphries explains, however, some prescient observers highlighted the potential for widespread 'nervous illness,' especially in the case of a lengthy conflict requiring the conscription of civilians into the military ranks. Thus, while acknowledged as a reality of the modernising battlefield, OSIs were simply not a major concern for British high command.

Humphries then moves on to the core of his book by tracing the evolution of ‘shell shock’ treatment within the CEF. The story of the CEF’s treatment of ‘shell shock’ is heavily influenced by policy set at British Expeditionary Force (BEF) senior command, thus Humphries adeptly weaves his study through a chronological exploration of changing BEF policy and how this policy was carried out at the sharp end within the CEF itself. Humphries shows that in 1914 and 1915 concerns over ‘nervous illness’ (or what was now starting to be widely called ‘shell shock’) were never significant enough to warrant any serious attention by senior command. It was not until the ‘shell shock’ crisis of 1916 (directly linked to the unprecedented carnage of the Somme Offensive) that the system practiced within the BEF, and in turn the CEF, was suddenly revealed as wholly inefficient in dealing with the growing number of ‘shell shock’ cases. At this point the loss in manpower from OSIs became a serious concern for Field Marshal Sir Douglas Haig and other senior commanders within the BEF. However, instead of focusing on the development of more effective treatment methods, BEF policy changes were geared towards returning men to active duty as quickly as possible. Many senior commanders felt that British military medical professionals (particularly the ones that were civilians prior to the war) were too lenient with ‘shell shock’ cases and steps were taken to delegitimise ‘shell shock’ as a wound, effectively trying to shame soldiers into not reporting symptoms while pressuring military doctors to actively stem the increasing casualty counts. From 1916 onwards then, a whole series of policy directives, treatment and triage centres, evacuation procedures, and classification systems were adopted, discarded, and manipulated in order to try and reduce the growing casualty numbers from OSIs. However, as Humphries clearly explains, none of this effectively dealt with the root problem: how to prevent, mitigate and cure OSIs. In fact, “[t]he actual health and well-being of soldiers was never part of the equation” as keeping men on active duty was the paramount objective (p. 319). By the end of the war, while more elaborate treatment methods were practiced and a broader support infrastructure had been established, the understanding and treatment of ‘shell shock’ had barely progressed. More concerning was that by 1918 victim blaming became all too common. Specialists argued that soldiers who were unable to heal simply lacked the appropriate (masculine) characteristics to do so. Effective treatment of OSIs

would continue to pose problems for military medicine through the remainder of the twentieth century and quite frankly still do today.

While the literature on 'shell shock' in Britain and the United States is voluminous, Canadian studies on the subject are few and far between. Humphries is arguably already the most well-versed academic exploring this topic and thus his book stands as the culmination of a number of his own previous studies. Humphries' book also fits within the growing body of work by historian Tim Cook, who has delved deep into explorations of trench culture. As Humphries shows, 'shell shock' quickly became a part of trench culture and was used by doctors, officers and ordinary soldiers to describe a variety of reactions to combat. At the same time, the use of 'shell shock' was flexible, "capturing a range of symptoms or behaviours that could be seen as legitimate in one context or illegitimate in another – in one instance it could be a synonym for cowardice and in another a mark of bravery" (p. 314). Thus, the idea of 'shell shock' and the use of the term became important components of trench culture.

A Weary Road is a crucial addition to Canadian military historiography. It is the most comprehensive study on the subject and is a must-read for any student of the Canadian First World War experience. The only minor critique of the book is that this reviewer was left wanting to know more about the post-war literature that spawned so many myths about the treatment of 'shell shock.' Because Humphries seeks to challenge much of what these texts say, and how they laid the groundwork for significant misunderstanding throughout the twentieth century, some review of the major works would have been helpful. However, it is recognised that this might have made the book too unwieldy as it is already fairly dense. Overall, a well-researched and well-written work that stands with the strongest of the newest First World War literature seeking to shed greater light on the Canadian war experience.

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