

**A Conspiracy of Silence?**

**Self-Inflicted Wounds in the Fourth Army During the Battle of the Somme**

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## Acknowledgements

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### **Abstract**

This dissertation seeks to take a vague understanding of the issue of self-inflicted wounds during the First World War and contextualise and analyse known cases in order to begin to understand the scale of them, the physical cost, the issue of morale and the economic cost to the war effort.

The retention of a sample of medical records by the Ministry of Health includes four admissions books for the casualty clearing station designated to receive suspected cases of self-inflicted wounds which provides names for the period covering the offensive on the Somme in the summer of 1916. Using these books as a basis on which to further investigate the known individuals, it has been possible not only to carry out an in depth assessment of almost 800 men accused of having self-inflicted wounds and expound on who they were, and exactly how they received such suspiciously regarded wounds.

The study has made it possible to build upon the framework put forward by Joanna Bourke to categorise cases of malingering and self-inflicted wounds. In so far as a general appreciation of self-inflicted wounds, this study has also shown that primarily, in 1916, the issue of remained a legal one, and was not identified, for example, as a medical problem caused by a lapse in mental health. Perhaps the most interesting findings were in terms of the response of the authorities to those suspected of carrying out self-inflicted wounds. These responses, from the Fourth Army's commander, General Sir Henry Rawlinson, down to individual battalion commanders, were far less arbitrary than might be expected. In addition, a large number of transfers reflect not only a pragmatic acknowledgement on the part of the authorities that some of these men were not suitable for front line service, but also a surge in the requirements for military labour in the latter years of the war and trends as to how men were routed to it.

This dissertation also contributes to the wider discussion on morale in the British army by examining it at a key juncture in the chronology of the First World War, and towards investigating the concept of psychological resilience.

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## **Abbreviations**

SIW: Self-inflicted wound

CCS: Casualty Clearing station

## Introduction

For the purposes of this study, a self-inflicted wound is characterised as an injury incurred by a soldier on purpose, as an attempt to evade active service. Britain's official medical history of the First World War (1922) has almost no reference to self-inflicted wounds within it. The most serious manifestation of self-harm, suicide, appears just once, in passing in a table of statistics relating to native troops in German South West Africa.<sup>1</sup> We know at the very least from sporadic references in official documents, that both suicide and self-harm occurred in the British Army in the years 1914-1918. The fact that this information has reached us shows that a total reluctance to acknowledge self-mutilation did not exist during the war or in the years immediately following it. Self-inflicted wounds are also discussed anecdotally in myriad accounts of the war by participants, in oral histories such as some 70 interviews at the Imperial War Museum alone, and in written accounts, and yet they have no place in the official record of the war that was assembled in Britain after 1918.<sup>2</sup> The question becomes not only to what extent is it problematic for us to adequately assess the issue of self-inflicted wounds now, but also why did nobody talk about it when the authorities had the means to properly assess all of the evidence in the years following the Armistice?

This study will show that it is possible to make inroads into quantifying self-harm in the British Army during the First World War after an overwhelming destruction of evidence, and to begin establishing patterns in how such cases were addressed by the military authorities. By doing this, we can contextualise the scant references we find in personal accounts within the framework of an official, military response, and begin to better understand how the men that resorted to this act were viewed and treated by the establishment. This is crucial to understanding of the nuances of voluntary service that create narratives away from that of the hero. It will also add to understanding of

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<sup>1</sup> Major-General Sir W.G. Macpherson: History of the Great War Based on Official Documents: Medical Services Vols I-IV. (London, HMSO, 1921-24) Vol.I p.20

<sup>2</sup> Imperial War Museum online catalogue: <https://www.iwm.org.uk/collections>, Accessed 1st September 2020. The figure for interviews featuring references to self-inflicted wounds is a compilation of analysing search result descriptions run on the terms "suicide", "self-inflicted" and "self-mutilation."

contemporary responses by the authorities to what was construed as abnormal behaviour amongst First World War soldiers, for which scholarship already exists, such as men shot at dawn.

With regards to both self-inflicted wounds and suicide during the period 1914-1918, there is no central source referring to military suicides, or of men found guilty of causing themselves self-inflicted wounds. It is no longer possible to collate this information using the records of individuals. The vast majority of the complete collection of medical records was pulped in 1975, filling 16,524 sacks weighing 275 tons. A small proportion of those records was singled out for salvage.<sup>3</sup> During and after the war, a collection of what now comprise 2,389 volumes known as MH 106 was drawn together, entitled. "First World War Representative Medical Records of Servicemen and Servicewomen." Of the surviving material, records include the admission and discharge registers for a sample of hospitals, casualty clearing stations and field ambulances, Also included is one ambulance train and one hospital ship.<sup>4</sup> Fortunately, one of the casualty clearing stations for whom records were preserved, number 39, was the receiving unit for all suspected cases of self-inflicted wounds in General Sir Henry Rawlinson's Fourth Army. Therefore the focus of this study is specifically on trying to analyse the extent of self-inflicted wounds in the Fourth Army as it took a lead role during the Battle of the Somme in 1916. This presents itself as a unique moment in the history of the British war effort; acting as a bridge between an offensive fought entirely by voluntary soldiers and the large number of conscripts that were to come, as well as a key staging post in the evolution of the BEF towards the all-arms force required to win an industrial war reached by 1918.

### **Stigmas attached to self-inflicted wounds**

There were existing stigmas in Western Society that helped perpetuate a reluctance to talk about self-harm during and after the First World War. Suicide is the ultimate act of self-harm and, therefore, the easiest to track responses to in historical sources.

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<sup>3</sup> <https://discovery.nationalarchives.gov.uk/details/r/C10949>, accessed 6th June 2022.

<sup>4</sup> Ibid

Self-murder, voluntary death, or suicide garnered diverse responses in the Ancient World. In Ancient Rome there was no official prohibition of suicide, either religious or in law. Arbitrary responses related to the economic impact, not the act itself. For instance, if a slave took his or her own life, the act deprived their owner of his property and this was unforgivable.<sup>5</sup> It was the emergence of Christianity and the medieval church that cemented hostile attitudes in Western society to those who took their own lives. St Augustine was emphatic when he wrote in the early 400s: "No man may inflict death upon himself a will merely to escape from temporal difficulties... No one may end his own life out of a desire to attain a better life which he hopes for after death, because a better life after death is not for those who perish by their own hand." As investigated by Gregory Minois in his study of suicide in the west, by the early 17th century, although the church remained immovable on the subject, people in Western Europe had begun to question such arbitrary responses to suicide as dragging the corpse through the streets, hanging it and denying the victim's family the right to inherit. Shakespeare articulated curiosity around suicide in Hamlet with his famous soliloquy: To be, or not to be.<sup>6</sup> This speech did not appear in isolation, but is "the most fully worked out expression of an anxiety typical of both English and European thought during the years 1580-1620."<sup>7</sup> Over the course of the ensuing two centuries a lengthy discourse occurred, harking back to ancient philosophy, about whether suicide was, in fact, the ultimate expression of freedom, but responses to suicide remained mostly negative.

A dominant, society-wide stigma attached to self-murder and self-mutilation is therefore reflected in military attitudes in the British Army prior to 1914. The Army Act was passed in 1881<sup>8</sup> and still dictated official responses during the First World War. By recording that an individual soldier self-mutilated to avoid service, the authorities

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<sup>5</sup> Gregory Minois: *A History of Suicide: Voluntary Death in Western Culture* (Baltimore, Johns Hopkins University Press, 2001) p.48

<sup>6</sup> William Shakespeare: *Hamlet*, Act III. Scene I. (<http://shakespeare.mit.edu/hamlet/full.html>, accessed 6th June 2022.)

<sup>7</sup> Minois, *A History of Suicide*, p.88

<sup>8</sup> The Army Act, 1881 is available at: <https://api.parliament.uk/historic-hansard/acts/army-act-1881>



stated that that man had committed a crime. Section 18, the clause in the act which outlined the law as it relates to self-inflicted wounds, came under a heading of "disgraceful conduct." The crime described in part two of this section specifically referred to a man who "wilfully maims or injures himself or any other soldier... or causes himself to be maimed or injured by any person, with intent thereby to render himself unfit for service." Part three also extended this to cover a man who "by means of... misconduct or disobedience produces or aggravates disease or infirmity, or delays its cure.." The punishment recommended in the manual of military law was that the soldier in question "shall on conviction by court martial be liable to suffer imprisonment, or such less punishment as is in this act mentioned."<sup>9</sup> As for suicide, in plain terms the severest form of self-harm carried out by serving soldiers to avoid service, Section 38 (2) mandated that any man who had survived a suicide attempt: "shall on conviction by court-martial be liable, if an officer, to be cashiered, or to suffer less punishment as is in this Act mentioned, and if a soldier, to suffer imprisonment, or such less punishment as is in this Act mentioned."<sup>10</sup>

It is not surprising that admitting that thousands of your soldiers do not want to fight is not desirable, and as the experience of the French Army on the Western Front in 1917 shows, dissent or resistance is catching, or at the very least is perceived to be.<sup>11</sup> Military authorities historically have never wanted offenders against military law anywhere near other troops on active service because it is a method of containing their behaviour. To this end, the men of the Fourth Army who were suspected of having contravened the appropriate sections of the Army Act pertaining to self-injury in 1916 were shut away from others, lest they taint an honest man who had been shot by a German. It must be acknowledged that there were disciplinary procedures during and after treatment, such as investigations, that can also explain at least in part why it would have been expedient to keep these men somewhere specific, but this isolation helped to establish a precedent whereby suspected offenders were isolated from

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<sup>9</sup> War Office: Manual of Military Law. (London, HMSO, 1907) p.284-5

<sup>10</sup> Ibid, p.298

<sup>11</sup> See: Ian Sumner: *They Shall Not Pass: The French Army on the Western Front 1914-1918*. (Barnsley, Pen and Sword, 2012) p.159-169

other wounded men and regarded negatively; as a detriment to morale. And yet records were kept in the shape of admissions books, legal records when they were tried by court martial and in records of their punishments. So why did nobody want to include them in any post-war record of medicine in the First World War?

Simply put, they were excluded because this would have had a negative impact on a post-war narrative of heroes all that has only strengthened in the years since we have lost all of the former combatants. In *The Great War and Modern Memory*, Fussell wrote that the myths perpetuated in the wake of the First World War have become part of the fibre of our lives. He also argued that memoirs of the conflict were fiction, in a way, and in fiction the hero of the piece must be held up to a higher ideal than the reader is capable of.<sup>12</sup> He has a point. Our collective, broad memory of the First World War Tommy does not allow for nuance. The idea that the glorious dead got drunk, didn't turn up for parade, swore at their officers, stole from each other, deserted and that in a small percentage of cases, were willing to maim or kill themselves to get out of fighting does not fit the solemn regard in which we now hold all of the men who fought in the First World War. We have dehumanised, or canonised them, even if by just scratching the surface of this veneer of perfection we have created, it becomes obvious that it can only be a fallacy.<sup>13</sup> These were human beings, being subjected to incredible strain, and thus it is not very surprising at all that they misbehaved.

Recording that men gave themselves a self-inflicted wound implies weakness and arguably has no place in a the narrative attributed to a victorious army. War is traditionally an overwhelmingly masculine domain, and therefore notions of masculinity and how it was perceived weigh heavy on any assessment of why the authorities adequately failed to record self- harm as part of the official record after the war. Jessica Meyer identifies two constructs in terms of soldiers. One was the heroic, "associated primarily with the battlefield and the homosocial society of the military sphere, and only secondarily with the home front that men sought to defend. The second, equally important, identity that men sought to establish was the domestic,

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<sup>12</sup> Paul Fussell: *The Great War in Modern Memory*. (Oxford, OUP, 1975) p.310-11

<sup>13</sup> See: *The First World War soldier and his contemporary image in Britain*. Helen McCartney in *International Affairs*. Vol. 90, No. 2, *The Great War* (March 2014), p. 299-315

located much more clearly in relation to women with its emphasis on men's roles as good sons, husbands and fathers, as both protector and provider."<sup>14</sup> A man willing to blow a hole in his own foot, or one who drank creosote to avoid fighting fit into neither ideal. Therefore the subject became taboo, especially when some of these men later went on to serve with distinction, win gallantry medals, or were killed in battle and became one of the glorious dead. To talk about their weaknesses can be seen as a desecration of their service and their sacrifice, and so it is not only the official record which excluded evidence of self-harm during the First World War. The conspiracy of silence, as we shall see, was supported and by the men who witnessed such cases, participated in self-mutilation and knew first hand of others that had done so. To conceal self-inflicted wounds was to protect the men who did it, and their comrades were highly motivated to do this, even decades later. This is evident in an interview with Frederick Goodman of the Royal Army Medical Corps, Recorded by the Imperial War Museum in 1986. The interviewee became increasingly hostile to the interviewer when she began to press him for details about conduct along these lines on the part of his comrades, eventually shouting at her and refusing to continue with that line of questioning.<sup>15</sup>

Recording an act of self-mutilation was also a contravention of a particularly important ideal, the context of which has been forgotten since the initial establishment of First World War narratives: duty. On a superficial level, for the first time, war was also the moral obligation of the entire nation, not a select few. Whether voluntary enlistees or conscripts, joining the army represented a contract between a man and his state to render service obediently. He was therefore obliged to do his duty. But "duty" in Britain at the turn of the century was engrained into the social consciousness in a manner that can be difficult to understand now. Duty was not only derived from the legal document that a man signed when he agreed to serve in the army, it was also a long-standing emotional construct that played into society's expectations of a soldier. The highest praise one could give the fallen was that a man did his duty.

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<sup>14</sup> Jessica Meyer: *Men of War: Masculinity and the First World War in Britain* (Basingstoke: Macmillan, 2009) p.2

<sup>15</sup> Imperial War Museum, Sound Archive, interview with Frederick Goodman, 1986, 9398, Reel 5.

The cultural understanding of duty was engrained in British society from childhood onwards. We see constant references in war-time recruitment literature of a man's duty to King and Country. This isn't rooted in the law, but in the moral obligation as a British subject and, and this is a key construct during the First World War. Shortly before the war, Captain Robert Falcon Scott epitomised these tropes as he wrote a farewell note from his tent in the Antarctic: "For my own sake I do not regret this journey, which has shown that Englishmen can endure hardships, help one another, and meet death with as great a fortitude as ever in the past... But if we have been willing to give our lives to this enterprise, which is for the honour of our country... Had we lived, I should have had a tale to tell of the hardihood, endurance, and courage of my companions which would have stirred the heart of every Englishman."<sup>16</sup> In death, Scott appeared to console himself with ideals of manliness that an Englishman should live by, and these ideals were well established in society. Such ideas were heavily tied to the notion of sacrifice, as Jones continues:

"The veneration of suffering reached its apogee before the First World War. A resonant language of heroic sacrifice emerged, which drew on classical, chivalric, and religious models, Roman warriors, Arthurian knights, and Christ himself. This language of sacrifice, in which failure was redeemed by the exhibition of heroism in the face of death, rang out after the sinking of the Titanic, but found its most sonorous expression in the response to the death of Captain Scott."<sup>17</sup>

The death of Scott and his men was almost justifiable in these terms. "Commentators interrogated Scott's methods, but the conviction that his death was worthwhile was very widely held: courage exhibited in the face of death turned tragedy into triumph."<sup>18</sup> In the cases of both moral obligation and duty, to mutilate oneself, or to remove oneself permanently from the battlefield by the act of suicide was to renege on your commitment to the nation and to your position as a male in society. Such acts also denied society the sacrifice one should be proud to make, and illustrate why the subject of self-harm in a First World War context was taboo to those originally charged

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<sup>16</sup> Max Jones: *The Last Great Quest: Captain Scott's Antarctic Sacrifice*. (Oxford, OUP, 2003) p.100-101 [Originally Daily Express, 12th February 1913]

<sup>17</sup> *Ibid* p.228

<sup>18</sup> *Ibid* p.232

with recording the conflict. Deliberately harming oneself as a means to escape active service, whether it was a non-violent act that rendered a man incapable of carrying out his duty, or, at the other end of the scale, a successful suicide attempt in the midst of the war to escape his obligations as a soldier, was seen as failure. In British society, there was little room for a man to exhibit such traits without bringing shame on those left behind and denigrating his own name.

Having said all of this, it is important to note, that there are dangers in approaching this subject through a 21<sup>st</sup>-century lens and passing too severe a judgment on this omission in the record. Ambiguity as well as discomfort limited accurate record keeping. While it is clear that the authorities did not want to record self-mutilation and suicide when they were shaping the narrative of the conflicting in the years immediately following 1918, it would be an injustice not to point out the additional inherent difficulties in identifying cases of suspected self-inflicted wounds in the first place, or the overwhelming volume of material pertaining to men's medical care. There were some 24 million admissions cards alone that needed processing in the wake of a conflict that had left Britain's workforce, economy and society in utter disarray.<sup>19</sup> In his *History of the Great War Based on Official Documents: Casualties and Medical Statistics*, Mitchell noted that there was a "necessity to strike a balance between theoretical perfection and financial economy" that accounted for a massive delay (it was published in 1931) in producing even a general statistical account of medicine during the war.<sup>20</sup> With this in mind, it is important to record from the outset that factors such a time, money, and other pressing priorities in the wake of a global conflict that resulted in a lack of precise and detailed statistical studies, as well as an obvious reluctance to acknowledge that something like self-inflicted wounds had been part and parcel of the war.

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<sup>19</sup> Major T. J. Mitchell: *History of the Great War Based on Official Documents: Casualties and Medical Statistics*. (London, HMSO, 1931) p.xii

<sup>20</sup> *Ibid*, p.xi

### **British Attitudes to Mental Health in 1914.**

As well as investigating military responses to discipline, this study would not be complete without examining British responses to mental health at the time. In 2022, anyone who engages in self-mutilation or attempts suicide is not considered by society at large to be in a state of good mental health. However, cultural outlooks looked very different in the run up to the First World War in Britain.

Attempts to understand mental health and mental illness were still in their infancy by modern standards. The Mental Deficiency Act of 1913 was as much an indicator of Victorian/Edwardian morality as it was a measure of mental health. A person could be put inside an institution for being “morally degenerate;” for example pregnant and unmarried. Also in this category were those suffering from tertiary syphilis. Insanity was a broadly applied label during this period. It could apply to practicing homosexuals, dyslexics, left-handed individuals, epileptics and frequent masturbators as well as the obviously or criminally insane, or the generally “feeble-minded”.<sup>21</sup>

By the onset of the First World War, confinement and restraint still dominated Britain’s approach to mental illness, with huge numbers institutionalised behind locked doors and isolated from society. This was in response to the fact that such cases represented a large-scale issue with no reliable system of treatment that led to permanent results. It is also important to note that those regarded as insane populated prisons at a high rate, too.<sup>22</sup> There was no plea of any sort of diminished responsibility when committing a crime at this time, and so rather than be routed to an asylum instead, offenders went to prison. For example, in legal terms, suicide was still a criminal offence during the First World War. It was not until 1961 that the Suicide Act finally decriminalised it and ensured that those who failed in the act of attempting it would no longer be prosecuted.<sup>23</sup> “Criminally degenerate” is another label that was

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<sup>21</sup> Simmons, H. G. (1978). *Explaining Social Policy: The English Mental Deficiency Act of 1913*. *Journal of Social History*, 11(3), p.387–403

<sup>22</sup> For discussions on this trend, see, for instance: Cox, Catherine & Marland, Hilary (2018) *He Must Die or Go Mad in This Place: Prisoners, Insanity, and the Pentonville Model Prison Experiment 1842-52*. *Bulletin of the History of Medicine*, 92(1), Spring 2018.

<sup>23</sup> <https://www.legislation.gov.uk/ukpga/Eliz2/9-10/60/contents>, accessed 9th June 2022

used to account for small-time, repeat offenders, and these were regarded as insane too.

We therefore might expect, in any study of self-inflicted wounds, to see an unwillingness to accept any sort of diminished mental capability and little evidence of sympathy with the men carrying them out. Diminished responsibility was only first introduced with the Homicide Act of 1957.<sup>24</sup> Britain had demonstrated prior to the First World War that in assessing a criminal act, such as self-inflicted wounds and suicide were at the time, it did not accept that there could be extenuating circumstances aligned with an individual's mental health. The perpetrator was simply insane and/or a degenerate.

Despite all of this, is it important to recognise that even if society still regarded those with mental health issues as inferior specimens, within the field of medicine, advances were being made in psychiatry in the years leading up to the First World War.<sup>25</sup> Tracey Laughton has demonstrated that labels such as hysteria and neurasthenia were liberally in evidence in the field of psychiatry in the run up to 1914. However, they were still evolving. For this reason, there was no concrete definition of what either of them actually represented. Those using the terms could at least be certain that they were diagnosing a condition of nervous weakness, but after that, the exact symptoms and their meaning were frequently different depending on the individual referring to them. In short, we can say that both were believed to be caused by some inherent, genetic weakness in the individual. We can also say that both were referred to as functional diseases, "which result from some disturbance or change in the functions of an organ without presenting any definite organic lesion by which the disease may be distinguished."<sup>26</sup> Attempts to understand both were continuing to undergo an organic, though admittedly accelerated change in the years 1914-1918.<sup>27</sup> It is important to record that in terms of assessing breakdowns in mental health, the war

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<sup>24</sup> <https://www.legislation.gov.uk/ukpga/Eliz2/5-6/11/contents>, accessed 9th June 2022

<sup>25</sup> See Ben Shephard: *A War of Nerves: Soldiers and Psychiatrists 1914-1994*. (London, Pimlico, 2002) p1-20.

<sup>26</sup> See: Tracey Loughran, "Hysteria and neurasthenia in pre-1914 British medical discourse and in histories of shell-shock," *History of Psychiatry*, 19 (1) (2008), pp.025-046

<sup>27</sup> See : *Report of the War Office Enquiry into Shell Shock*. (London, HMSO, 1927) p.140

did not bring about a sudden change in how either neurasthenics were understood, or treated. These changes were already in evidence. Therefore it would be reasonable to expect that we might find a surge in development in terms of acknowledging the mental health issues that led to men committing both suicide, and acts of self-mutilation in the years 1914-1918.

In a military context, the most common term in evidence will inevitably be “shell shock,” a term much in vogue throughout and after the First World War. However, we should not use it as an all-encompassing diagnosis. As demonstrated by Loughran with regard to “neurasthenia” and “hysteria,” there was no single interpretation of what it actually meant. It underwent a constant evolution both in the way it was used and how it was dealt with in the years 1914-1918. The term “shell shock” was first used significantly in print by Charles Myers in a *Lancet* article during 1915.<sup>28</sup> It was variously used to account for “a psychological reaction to war, as a type of concussion, or as a physiological response to prolonged fear,” and therefore even if there is some acknowledgment of a mental deficiency in the case of a man accused of having inflicted a wound himself, we cannot be entirely sure how this term was being interpreted in his case.<sup>29</sup>

There are two other considerations that we can expect to become apparent during this study as they were well established during the period. Firstly, we need to be mindful of pre-existing external assumptions and attitudes towards soldiers and the army in general, as these may have had an impact on responses to these individuals. These were long-standing and present from the top of the social strata to the bottom. In 1813, the Duke of Wellington remarked that: “We have in the service the scum of the earth as common soldiers.”<sup>30</sup> It was refrain he used more than once. More than

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<sup>28</sup> Charles Myers, “A Contribution to the Study of Shell Shock: Being an Account of Three Cases of Loss of Memory, Vision, Smell, and Taste, Admitted into the Duchess of Westminsters War Hospital, Le Touquet,” *Lancet*, 1915, J, 316-20;

<sup>29</sup> Tracy Loughran: Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories. *Journal of the History of Medicine and Allied Sciences*, (January 2012), Vol. 67, No. 1, pp. 94-119

<sup>30</sup> John Gurwood, (ed.), *The dispatches of Field Marshal the Duke of Wellington, KG, during his various campaigns ... from 1799 to 1818* (London, 1837-9), X, pp. 495-6. Earl Wellington to Lord Bathurst, 2nd July 1813



200 years later in the 1930s, Arthur Osborn, a cavalryman himself, wrote: "In England the ranks of the Regular Army had always been a refuge for the man out of work, the man with no friends and no prospects, for the boy who could not find a job and had neither energy nor initiative to make one for himself, for the healthy man who was not a blackguard but a failure in civil life because he could not fight successfully against his fellows in a sternly competitive world."<sup>31</sup>

Within the army, we also need to be mindful of distinctions based on class. These distinctions are important not only to acknowledge in terms of how men were judged and disciplined in a military context, but equally so that we might analyse, where possible, how those who self-harmed and committed suicide were regarded and in the context of their mental health. Leed argued that prior to, and during the First World War, diagnoses of hysteria and neurasthenia ran along class lines, with officers given a respectable diagnosis of neurasthenia and men in the ranks labelled as hysterical.<sup>32</sup> Such pre-existing attitudes will arguably manifest themselves in a marked difference as to how those two different classes of men were regarded and treated when it came to cases of self-inflicted wounds and attempted suicide.

This study will make inroads into understanding what happened in a military context, when during the course of four years the army witnessed unparalleled numbers of men reacting to new, industrialised warfare, some of them allegedly by carrying out acts of self-mutilation. Before the data is analysed, it is important to understand a wider framework in terms of what terms like "self-mutilation" and "self-inflicted wounds" actually mean in a First World War, military context. Chapter 2 will therefore deal with the categorisation of self-harm and suicide in a military context. Chapter 3 will discuss available sources. The study will be based on MH 106, but it is also necessary to identify other datasets that have been used to contextualise and expand upon the information in the CCS admissions book. Chapter 4 will form the main body of the study, analysing almost 700 cases of men accused of self-inflicted wounds in the Fourth Army during the Battle of the Somme in MH 106. Finally, Chapter 5 will further expand upon the cases identified and recorded, to see what more can be gleaned

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<sup>31</sup> Arthur Osborn: *Unwilling Passenger* (London, Faber, 1936) p.51

<sup>32</sup> E. Leed: *No Man's Land: Combat and Identity in World War One* (Cambridge: CUP, 1979) pp.163–4

both about individual men and wider responses to self-inflicted wounds on the Western Front in 1916. Using the results of this analysis, it will be possible firstly to dispel some of the simplistic notions employed in analysing self-inflicted wounds earlier in the war . It will become apparent that men would use any means available to them to mutilate themselves in order to get away from service; that they would risk permanently disfiguring and even life-threatening wounds to achieve the same aim; and that these claims apply not only to men serving in front line, fighting battalions.

## **2. Categorising Self-Harm and Suicide in A Military Context and Finding Sources**

In terms of source material, compiling evidence of cases of self-inflicted wounds and self-harm during the First World War is challenging. There is no centralised database of those suspected, or charged with having maimed themselves to evade service. To begin with, we have to consider if there is anything at all we can use in the official record. Generally the answer is yes, we can find references to self-inflicted wounds in individual accounts and memoirs such as those identified at the Imperial War Museum (see introduction), but that none of the available sources reveal the scope of the problem, put it into context or reveal a consistent stance developed and adhered to by the military hierarchy. There is simply not enough information.

For example, the records of Courts Martials carried out during the First World War might reveal a man charged under the relevant section of the Military Act, but cases of self-inflicted wounds cannot be definitively separated from cases of fraud under the same clause.<sup>33</sup> The records are also ambiguous in that they do not give any context to the injury which can then be analysed and compared to other cases. Inevitably, they also do not take into account any cases of malingering or self-inflicted wounds for which a man was not charged. This might be because his offence went undetected, or simply because in the middle of an offensive, it was not possible to monitor cases with any efficiency. And of course, a man who commits suicide cannot be charged, so he will not appear in these records. Therefore Courts Martial records are very much a legal appraisal of self-inflicted wounds, not a cultural or a medical one, and they only refer to those for whom it was deemed advisable to progress to a FGCM (Field General Court Martial).

Interesting information relating to individuals can be found in surviving service files but this is the burnt record series, classed as WO 363 at the National Archives in Kew. The former records office was set on fire during the Blitz and the documents were largely destroyed.<sup>34</sup> This means that cases can only be found by laboriously picking through surviving files, less than 20% of them, and looking for mentions of self-

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<sup>33</sup> The National Archives (UK): Judge Advocate General's Office: Field General Courts Martial and Military Courts, Registers, 1909-1963, WO 213)

<sup>34</sup> <https://www.longlongtrail.co.uk/the-1940-fire-at-arnside-street/>, accessed 7th June 2022

inflicted wounds. Although these isolated records might provide information about the cause of said wound, and how this man was punished, once again it tells us nothing about whether this is a common injury, or a common method of dealing with it, or if there was a pattern of cases in his unit. The method required to weed such cases out is also extremely prohibitive.

By combing through certain war diaries belonging to Adjutant and Quartermaster Generals, it might be possible to find some records/guidance pertaining to how to treat cases of self-inflicted wounds and punish them, but this information is piecemeal and does not allow us to build a picture of any overall, official position with respect of these cases.<sup>35</sup> Again, the prohibitive method and time required to pursue this line of investigations makes it prohibitive to the current study.

Beyond the scant source material in the official record, as we will see in all of the following categories, we are reliant to a large degree on anecdotal evidence. This can be presented as oral, film, or written material in formats that can vary from diaries kept at the time to a published memoir produced many decades later. This type of evidence produces many issues. Todman points out that just because a soldier witnessed an event, it does not make him a reliable witness.<sup>36</sup> Meyer takes this further with respect to critically appraising unofficial accounts produced in the hundred years since the conflict. "All these forms of narrative have yielded important information about men's experiences and understanding of war. But if we are to look at soldiers' narratives critically, we must bear in mind the fact that memoirs, even those that remained unpublished for decades, are often written with a specific audience in mind. An interviewer may shape the construction an oral history. Fiction may aim for dramatic effect as much as an absolute 'truth'."<sup>37</sup> Therefore once we move away from the official record, the reliability of evidence and its anecdotal nature, with no way of substantiating it, is problematic. This is especially true of a topic as sensitive as self-inflicted wounds, which has been proven, for instance in the oral testimony of

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<sup>35</sup> The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, WO 95

<sup>36</sup> Daniel Todman: *The Great War, Myth and Memory*. (London, Bloomsbury, 2013) p.186-7

<sup>37</sup> Joanna Bourke, *Dismembering the Male: Mens Bodies, Britain and the Great War*. (London, Reaktion Books, 1999) p.11

Frederick Goodman discussed on page 10. The topic encourages a distortion of events amongst those providing the evidence.

Attempts at categorising those men who engaged in attempts to physically remove themselves from harm's way have been made before. In *Dismembering the Male*, Bourke organised malingerers into three categories based on the actions of the man concerned: "actions aimed at avoiding the armed forces altogether, those aimed at prolonging incapacity and those aimed at being sent back from active service."<sup>38</sup> In formulating this approach, it is important to point out that Bourke was not solely examining malingering in a military capacity, but also an industrial one. This study enables a different approach because it only takes into account men serving in the army. Therefore, though her categorisation acts as a base for analysis, in more nuanced cases it requires adjustment. In this study, I think that given the question of a man's mental health and how that might impact his decision making capability under stress, rather than sorting cases of self-inflicted wounds by what the man concerned hoped to gain, it is more apt to analyse them according to the level of harm that men were willing to do to themselves to evade active service.

Broadly speaking, cases of men purposely evading service by using the concept of being unfit to serve during the First World War can be split into four categories, each of them escalating in terms of the amount of damage that they were willing to do to their own bodies. The first, lowest category of avoiding service in a military context contains the cases relating to men who were not actually debilitated, but claimed that they were injured or sick in order to have themselves withdrawn at least temporarily from service. The second contains men who did present with physical injuries, but through neglect such as not taking action to prevent trenchfoot. The third category contains men who violently caused themselves harm, and the fourth those who took their own lives as a means to evade service.

With regard to the first category, shirking or malingering was not a new phenomenon in the First World War and neither was it exclusive to the military sphere. The first English physician to write about malingering was Hector Gavin, whose textbook on feigned diseases appeared in 1843. By the advent of the First World War in 1914, this had been surpassed by Sir John Collie with his book *Malingering and Feigning*

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<sup>38</sup> Ibid, p.81

*Sickness*. Published in 1913, by the time he presented it again four years later, the experience of the war had caused it to nearly double in size. This perhaps justifies the approach made by Bourke in discussing industrial malingering as well as military. According to Bourke, there is a difference between the two terms. Malingering is a particular form of shirking. "The malingerer's weapon was his body. Although the shirker who withdrew his labour from a particular task by definition withdrew his body from the workplace, the removal of his body was incidental... In contrast, the malingerer's protest centred on his body: often, it was the last remaining thing he could claim as his own."<sup>39</sup>

In any workforce, in any class, place or time there will be those individuals less inclined to work than others. The scope for this is, of course, heightened during times of active service. Baulking at the idea of a threat to one's body is a natural response to danger, and the idea that some men reacted to that threat by trying to avoid it should not be at all surprising.

If we can not count the cases of shirking and feigning illness or injury, we certainly cannot analyse them in the absence of any convincing dataset. In the official record, nobody was counting suspected cases of feigning illness or injury. In fact, Bourke suggests that they could have been so ubiquitous, that there were accepted as a way of military life. So far as sources are concerned, it is the first category for which cases are the hardest to find evidence of, because by definition there is no evidence of a debility. Not only did men not report each other, because they were all at it, or because they did not want to report on each other, but they might have accepted feigning debility as so commonplace as to not draw comment. The graph (figure 1) comes from a brigade war diary and denotes men reporting sick in April 1917, and clearly indicates a surge in men attempting to see the doctor just prior to the participation of the 1/6th Black Watch in the various stages of the Arras offensive in April 1917. It is a reasonable assumption to make that rather than a sudden outbreak of coincidental illness, these men were feigning illness to varying degrees.

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<sup>39</sup> Ibid.

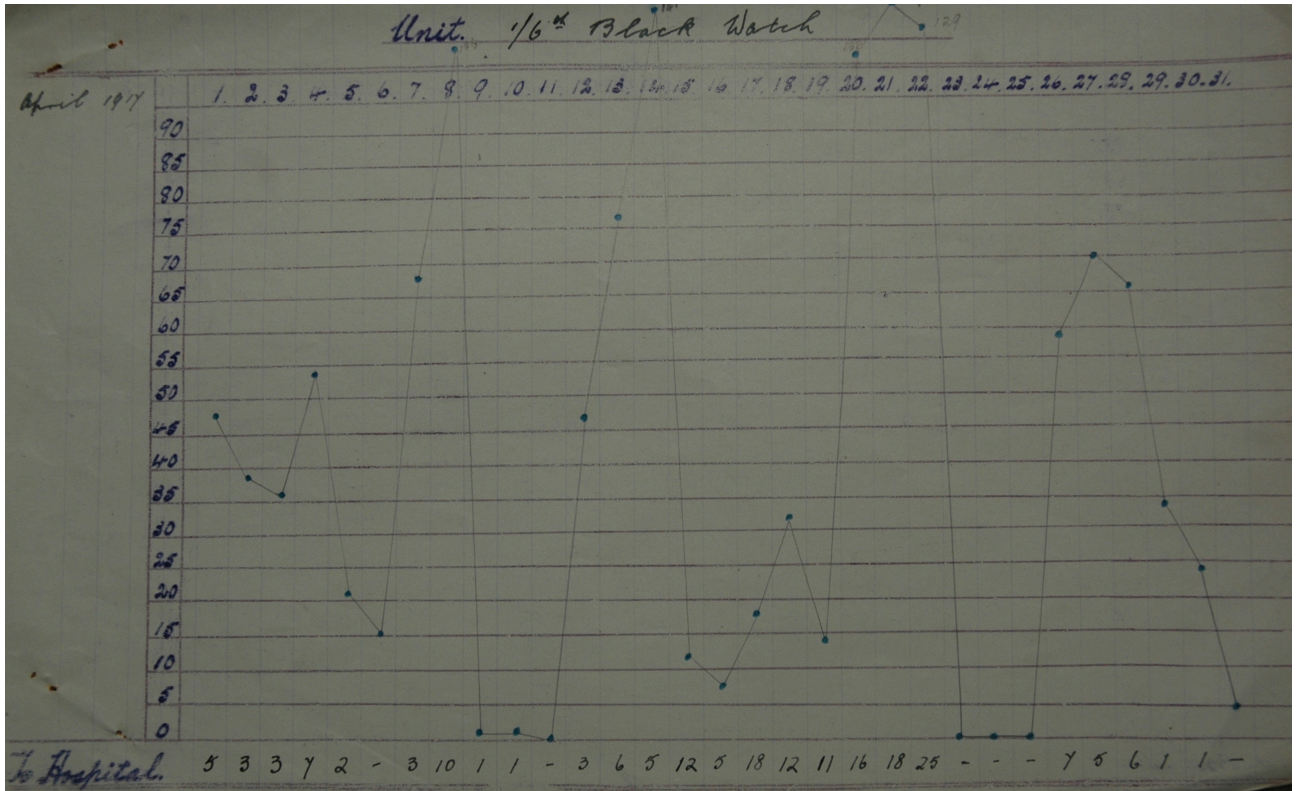


Figure 1. The National Archives (UK), World War I and Army of Occupation War Diaries, 1914-1919, WO 95 2872/1

Such a graph is extremely rare, but anecdotally, tales have come down to us of innumerable ways of pretending to be sick. Pricking tonsils to produce blood when coughing was one ploy. "When a doctor was discovered to be particularly sympathetic towards sufferers of lumbago (he himself was tormented by aches), an epidemic of such pains ensued... Soldiers hawked specimens of saliva containing tuberculous bacilli to their mates... Indian soldiers were accused of being particularly adept at feigning eye diseases... In Mesopotamia, the skull of a dead jackal was used to start a rabies scare that had men evacuated to hospital... Scurvy, with its symptoms of fetid breath, spongy and ulcerated gums and effusions of blood under the skin - could be simulated with the help of horse dung rubbed into the gums, avoiding teeth cleaning and passing a sewing needle through the vein behind the knee.<sup>40</sup> Men also simulated venereal discharge by injecting condensed milk into their urethra.

Within the first category, it is also important to reference the development of attitudes towards mental health and the scope for feigning an unseen wound such as shell shock as part of the discussion on malingering. As Bourke points out, it warrants its

<sup>40</sup> Ibid, p.85

own consideration because: "Firstly, it does not fit into the overly neat distinctions made... between the real and the feigned. Secondly, it draws attention to the ambiguities inherent in the word malingering."<sup>41</sup> Some 80,000 cases of war neuroses were accounted for in the First World War, and throughout, there was often an underlying suspicion that men were not genuinely afflicted but using the nature of this condition to avoid service.<sup>42</sup> It is perhaps fortunate that the authorities demonstrated an increasing willingness to accept a collapse in mental health as a genuine "wound," and correspondingly reduce the punishments doled out, but it is perhaps as much down to the fact that they would not want to admit such a prevalence of feigning illness, as it is owing to a growing understanding of the effect of war on a man's mind as well as his body.

In analysing the escalating stages of self-inflicted wounds, the second category belongs to those men who actually had a debility, but had either become incapacitated through intentional neglect or through non-violent means as result of trying to falsify a condition that would remove them from service. As an example, we might refer to cases of trench foot. Measures had to be introduced to police how men looked after their feet, but we cannot now substantiate throwaway comments about not taking action to avoid trench foot. We know that documents were issued about stopping men from not caring for their feet, and that checks were carried out, but no set of records provides enough for a full analysis. Trench foot is also a seasonal issue and therefore even if we did have accurate statistics it would not be possible to compare cases, because they would be dependent on the weather. It is not something you can make happen in summer with ease, which is when most offensives took place. Non-violent means of inducing a condition that prevented service were varied. Men smoked cordite from the inside of their rifle rounds to induce heart palpitations:

"For a fee, an orderly would prepare a long needle, drag it through some caustic black powder and then pass it through the joint cavity of the knee, resulting in a painful, oozing inflammation. Around barracks, a man could recruit the services of an 'unscrupulous chemist or other person' to induce an

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<sup>41</sup> Ibid, p.108

<sup>42</sup> Ibid



abscess by injecting an irritant (such as paraffin or turpentine) under the skin... Obliging orderlies caused epidemics of dysentery by giving enemas of saturated solution of alum followed by the introduction into the anus of pledgets of cotton. Men... deliberately sought out prostitutes infected with venereal disease."<sup>43</sup>

Even if we did try to analyse cases of neglect, this would present problems in trying to ascertain just how culpable each man was in respect of his condition. It is important to note that neglect is not always the fault of the men. This is evident from an account of one artillery unit: "A certain battery was frequently reported to the divisional staff for neglecting the essentials of camp sanitation. The incidence of enteric and dysentery in this unit was high. The medical advisory committee when visiting the 15th Divisional area was asked to inspect this unit and reported as follows: "This battery has not only been needlessly contracting sickness with constant inefficiency but has been a very probably source of infection to other units in adjoining camps. Effective measures should be taken to put an end to this state of affairs."<sup>44</sup> In the event, the GOC 15th Division was authorised to remove the commander of the battery if the sanitation of the unit was not brought up to scratch.

The third category refers to those men who violently mutilated or incapacitated themselves by their own hand to get out of active service. Bourke refers to self-mutilation as "only the most dramatic form of malingering," but I would argue that the act of taking a firearm or a blade to one's person sets them apart from those who merely pretended to be sick or imitated a disease. On the one side, you have men who will pretend to be afflicted, on the other you have men who are actually willing to pick up a rifle, an axe, a bomb and create the necessary affliction, and that is too big a distinction to ignore.

The causes of these violent cases are as varied as the means available to inflict them in a military context. Naturally, rifles account for the vast majority of self-inflicted wounds, because men had them to hand in most instances, but revolvers feature heavily, and for those not armed with these weapons, men resorted to everything from

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<sup>43</sup> Bourke, *Dismembering the Male*, p.85

<sup>44</sup> MacPherson, *Official Medical History*, p.318

creosote (ingesting it) to taking an axe to their fingers, to taking broken glass to themselves.<sup>45</sup>

In the case of categories two and three, the official record is devoid of any source that provides an overview of cases in the years 1914-18. Once again, we are reliant on anecdotal evidence, and it can often be incomplete. We know anecdotally that in the Carpathians at the beginning of 1915, men went out into the snow and succumbed to exposure on purpose, but it is not officially or statistically quantified.<sup>46</sup> We will never know to what extent Austro-Hungarian or Russian soldiers let the weather take them in order to escape the horrors of the Winter War. On the Western Front, in the case of the 47th Battalion of the AIF, on 30th January, 1917 the adjutant recorded that two men were found dead in huts at Mametz, on the Somme. The cause of death was given as heart failure.<sup>47</sup> Consulting the Commonwealth War Graves database only reveals the name of one casualty on that date. Robert Arrindale Scott of Tasmania was 22 years old.<sup>48</sup> It is possible that there is an error in the database causing the absence of a second name, or that he in fact survived, but the circumstances suggest an uncommon event, and it is a possibility that some method such as smoking cordite might be responsible for sudden heart casualties occurring at the same time in close proximity. Another oral account features the claim that an officer offered twenty francs to the man in his unit that caused him an injury in a football game that would get him a "Blighty." Apparently, he was successful in obtaining this injury, but we don't know his name, accurate dates or any other specific information that would enable us to validate this claim.<sup>49</sup>

In terms of category three, cases leave a lot less room for doubt. There is at least physical evidence of an injury with which to begin trying to make an assessment. It may not always be possible to judge whether the wound was genuinely inflicted by

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<sup>45</sup> The National Archives (UK), First World War Representative Medical Records of Servicemen and Servicewomen, 1910-1926, MH 106/808

<sup>46</sup> Nicolai Eberholst: Conrad's Folly, the Austro-Hungarian Winter War 1914-1915. In *Salient Points*, V.1 Issue 2, February 2021 (London, Great War Group) p.93

<sup>47</sup> Australian National War Memorial: Australian Imperial Force unit war diaries, 1914-18, AWM4 Subclass 23/64

<sup>48</sup> <https://www.cwgc.org/find-records/find-war-dead/> accessed 7th June 2022

<sup>49</sup> Imperial War Museum, Sound Archive, interview with James Harvey, 1975, 714 Reel 1

the enemy, but as we will see from the available dataset for the Battle of the Somme, the British Army at least credited themselves with being able to make this call and route these men to a separate chain of treatment. It is also worth mentioning that men did not have to belong to just one category. There is an immense amount of cross-over within the first three categories. A man imitating symptoms might inadvertently cause himself an injury. Vanda Wilcox cites the incidence of 19 Sicilian peasants who presented to the Italian medical authorities with eye infections, which they had induced by rubbing gonorrhoeal mucus into their eyes. Four managed to permanently blind themselves in doing so and others suffered ongoing visual impairments. These men therefore attempted to bring about a method of temporarily evading service, only to cause themselves permanent disability.<sup>50</sup> Another example is presented by Bourke in John William Rowarth, who "was a typical frontline malingerer. Although he had frequently been punished for being absent without leave, he came to recognise that more drastic action had to be countenanced: "I started to scheme, how the hell can I work my ticket and get out of this bloody war. I admit I am a coward. a bloody, bleeding coward, and I want to be a live coward than a dead blasted hero."<sup>51</sup> When pretending to be mad did not work, which places him in category one, he stepped out in front of a truck and let it crush his foot, which places him in category three.

In all three categories it is interesting to consider methods of detection, because the results of this detection have affected the available evidence. Malingering and self-inflicted wounds were a fact of life, as was having to attempt to police them so that they did not widely effect morale and the functionality of the army. Doctors needed to be as cunning as their offending patients when it came to detecting malingering. Tests were devised, suspects were interrogated to the point that their claims fell apart. Some doctors evidently took it too far. An anonymous dysentery sufferer in Mesopotamia complained: "I am still hanging on, very weak, but unless you have a temperature of about 150 degrees, or half your head blown off the Dear Doctor says there is nothing the matter with you and you are loafing. Our doctor is sick himself. I

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<sup>50</sup> Vanda Wilcox: *Morale and the Italian Army During the First World War* (Cambridge, CUP, 2016) p.178

<sup>51</sup> Bourke, *Dismembering the Male*, p.83

hope he doesn't die, that would be too easy. I only hope he is ill about a year, so we don't see him again and so he will have time to think of the way he has treated sick men here. I heard him tell a youngster who said he was run own and could not do his duty: Oh, I've nothing to give you. A lot of you have got to die yet."<sup>52</sup>

In addition to over-zealous individual medical officers, we also have to consider that certain stereotypes, based on class, race and many other factors such as a battalion's reputation or the date a wound occurred, could make a man more likely to be accused of having caused himself injury than another with the same wound. It is clear that we have to be mindful that what information has survived, it might have been skewed by prejudices against certain soldiers, or by giving others the benefit of the doubt where others would not have received it. This certainly applied to Indian soldiers, who were thought to be particularly likely to self-harm. Early in the war, from his position in charge of the workhouse in Brighton, which had been adapted into one of three hospitals in the town dedicated to the care of Indian soldiers, Colonel Sir Bruce Seton of the Indian Medical Service produced a report which he claimed: "...has been undertaken with the object of clearing up, if possible, the question of the degree of prevalence, if any, of self-infliction of wounds among Indian troops."<sup>53</sup> At the end of his analysis, Seton was left with a claim that as few as six of the men concerned had self-mutilated themselves. "That being so it would appear to be fairer to the Indian Army to seek some other explanation, before suggesting, as is very commonly done, that there is a strong suspicion attaching to any individual with a wound in his hand, especially in a left hand."<sup>54</sup> This is just one example of how a man might wrongly be accused of having caused a self-inflicted wound based on factors that had nothing to do with his injury. Class prejudice was present as well as that of race when it came to deciding who would or would not lower himself to inflicting a wound upon himself. The documents consulted for this study provide instances of only ten officers being

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<sup>52</sup> Ibid, p.92

<sup>53</sup> British Library: An analysis of 1000 wounds and injuries received in action, with special reference to the theory of the prevalence of self-infliction. Colonel Sir Bruce Seton, Kitchener Indian Hospital Brighton, no imprint, 1915, IOR/L/MIL/17/5/2402

<sup>54</sup> Ibid

suspected of having wounded themselves. This is, however, a far higher ratio than the eight flagged in the official history for the whole of 1916-1920 on all fronts.<sup>55</sup>

The fourth, final category considers those men who took their own lives in order to escape military service by inflicting a fatal wound upon themselves. Category four should be the easiest of all to quantify, because a man dies and the body needs to be dealt with. His body is evidence. And yet, it still isn't necessarily easy to quantify whether or not a death was suicide on the battlefield. Richard Adlington uses this ambiguity to great effect in the closing lines of *Death of a Hero*: "Something seemed to break in Winterbourne's head. He felt he was going mad, and sprang to his feet. The line of bullets smashed across his chest like a savage shell whip. The universe exploded darkly into oblivion."<sup>56</sup>

Establishing an actual suicide rate is impossible. A factual example of this difficulty is present in the case of Henry Dundas, a Captain in the Scots Guards who died at Canal du Nord on 27th September, 1918. At the time of his death, Henry had lost his best friend and was in a state of deep depression that is clearly established both in his own correspondence and by eyewitnesses who recounted his behaviour during this period. His death came at the hands of a sniper, but for 100 years, the question of whether or not he walked out into the open unnecessarily, knowing that he would be killed, because he had lost the will to go on has remained open.<sup>57</sup>

Apart from those who accidentally killed themselves in trying to give themselves a wound, these category four men can be set apart from the other three, both in respect of motivations and intentions. I would argue that in general, men who killed themselves had not previously engaged in acts of malingering and self-inflicted wounds and then merely escalated to a final solution of sorts. One example was the case of Reginald Mendel. A 20-year-old officer in the artillery, he had an exemplary record of service until he was wounded by falling masonry. Whilst recovering at home,

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<sup>55</sup> See: Major T. J. Mitchell: *History of the Great War Based on Official Documents: Casualties and Medical Statistics*. (London, HMSO, 1931)

<sup>56</sup> Richard Adlington: *Death of a Hero* (London, Penguin, 2013) p.340

<sup>57</sup> Private papers belonging to the Dundas Family, accessed 2012.

he put his revolver in his mouth and pulled the trigger because he could not face the thought of returning to the battlefield.<sup>58</sup>

There is also one final, important difference to note regarding voluntary death in addition to the distinction between accidental and intentional, and that is the difference between egotistical suicide and altruistic. Egotistical suicide, Minois defines as selfish and motivated by one's own weakness. These are arguably easier to define. A strict interpretation would claim that Mendel, for example, could not face returning to the front, did not want to go, and so he took his own life. Altruistic suicide, however, Minois defines the former as for the greater good, and this is the one that muddies the waters in terms of selecting cases to classify as belonging to category four.<sup>59</sup> Take for example the case of Robert Haldane, an officer of the 6th Black Watch killed in action at the age of 21 on 13th June 1915. "The regiment was in a charge and lost heavily through the machine-gun fire of the enemy. Some of the men were caught up on the enemy's wire entanglements. He climbed under these, tearing his kilt to ribbons, and with his pocket filled with bombs mounted the German parapet... and then proceeded to throw bombs at the enemy. He received many bullet wounds, but not before he had accounted for many Germans."<sup>60</sup> Should this be classed as a case of extreme bravery under fire, or one of an altruistic suicide? This question perhaps would require independent study in order to develop a framework for categorisation, outside the scope of this study.

In the cases of categories one and two, the evidence is such that no meaningful statistical analysis can be carried out unless an unlikely new source presents itself that can assess a broad collection of cases on the same terms. In the case of the fourth category, a lack of official record keeping means that any reliable database could only be formed at great expense (in procuring death certificates) and taking at face value claims as to whether the men in question did, or did not maim themselves with the explicit intention of ending their own lives. The core of this study therefore focuses on men who were classified by the authorities as belonging to category three: men who

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<sup>58</sup> The National Archives (UK), War Office: Officers' Services, First World War, Long Number Papers, 1914-1939, WO 393/71738

<sup>59</sup> Minois: A History of Suicide p.12

<sup>60</sup> Balliol College War Memorial Book, (Oxford, Balliol, 1924) p.212-213

willingly injured themselves to evade service. Because the accusation has created a paper trail that enables us to analyse and contextualise an official response to self-inflicted wounds, in these cases, we can better understand how the men suspected of having resorted to this act were treated by the military authorities.

The selection of the offensive on the Somme in 1916 as the basis for the study is key because it is unique in the timeline of the war on the Western Front for the British Army,. It represents the beginning of the change from a force entirely composed of voluntary enlistees to one that began to absorb the first conscripts arriving on the battlefield. Therefore we can begin to compare and contrast the two categories of men with respect to self-inflicted wounds.

### **3. Analysis of Self-Inflicted Wounds in the Fourth Army During the Battle of the Somme**

#### **Sources**

When the series known as MH 106 was put together it comprised a sampling of medical documents from 1910-1926, to allow a limited number of millions of records to be preserved to enable statistical analysis of injuries, diseases and treatment during the First World War.<sup>61</sup> The justification for retaining two sets of 500,000 cards out of 24 million was that they would form a representative sample of the whole collection, though David Noonan subsequently presented several issues with this concept.<sup>62</sup>

In the case of self-inflicted wounds (SIWs) during the Battle of the Somme, the documents providing the basis of this study are admission books relating to a casualty clearing station. A Casualty Clearing Station (CCS) would be the first unit of the chain of evacuation that would keep a wounded man long enough to keep a detailed record about a suspected self-inflicted wound. Before that the chain was ad hoc. As illustrated in a simplified diagram (figure 2), the units feeding wounding men into these treatment centres were all transitory and there was no pattern by which a case might have been singled out as a self-inflicted wound and reliably recorded. A CCS thus represents the first opportunity to settle a case down and gather any kind of statistical information about the man in question and his injury.

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<sup>61</sup> The National Archives (UK) Ministry of Health - First World War Representative Medical Records of Servicemen and Servicewomen, 1910-1926, MH 106

<sup>62</sup> David Noonan: *Those We Forget: Recounting Australian Casualties of the First World War*. (Melbourne, MUP, 2014) pp.40-44. Noonan employed statistical theory to argue that if a sample was truly random, then the original size of the dataset does not matter, the results will be proportionate. However, he also pointed out issues with the sample in question; namely that the years sampled (1916-1920) skewed the analysis disproportionately towards peacetime, and that not enough information was available about the mechanics of sampling from the beginning, the middle and the end of the records to ensure that it was a representative sample.



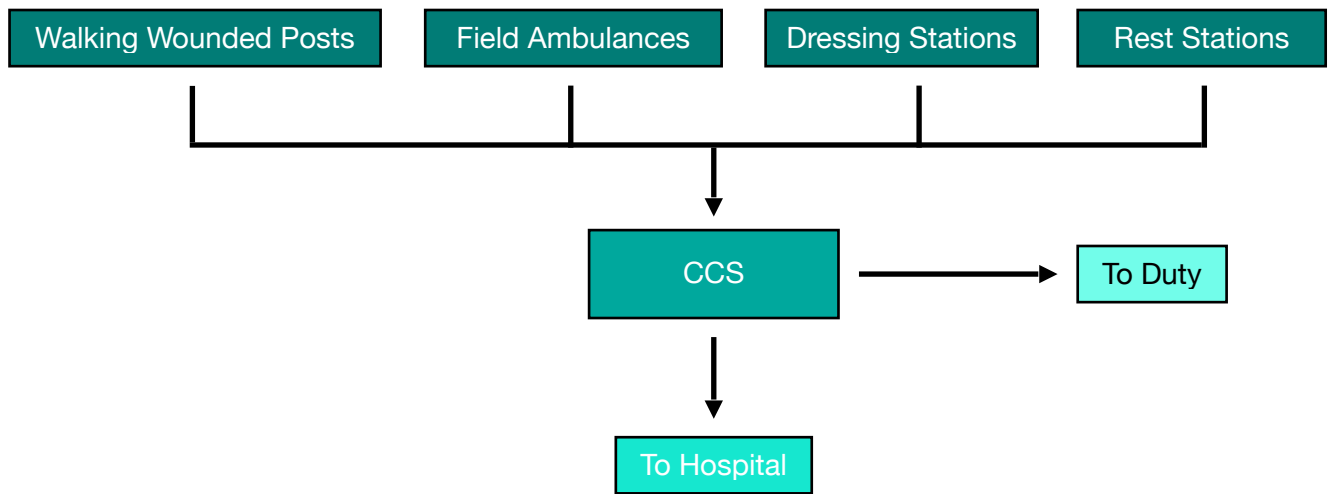


Figure 2. Standard chain of evacuation on the Western Front during the Battle of the Somme in 1916.

### The CCS in Question

Having crossed to France from Britain in February 1916 as a new unit, the 39th CCS was part of the huge medical establishment at Etaples. It then moved on to St. Ouen, in between Amiens and Abbeville for a short spell in May. In July, by which time the Battle of the Somme had begun, it moved to Allonville, where it remained into 1917.<sup>63</sup> At this point the 39th CCS became the default destination for all suspected cases of self-inflicted wounds occurring in the Fourth Army. Just to the northeast of Amiens, the 39th CCS was placed at a crucial point logistically in terms of collecting men from the whole army area.

Its main speciality was to look after the "infectious camp" for the Fourth Army, but the officers and men had also been briefed in how to manage the self-inflicted wounds hospital, where cases were brought and kept isolated from other men. Once the move to Allonville took place on 31st July, the unit became scattered in nature, with the medical officers, nursing sisters and men spread across what were essentially four smaller facilities. Three of the camps, or "wards"<sup>64</sup> were located in the local chateau

<sup>63</sup> The National Archives (UK), World War I and Army of Occupation War Diaries, 1914-1919, WO 95/499/7

<sup>64</sup> Ibid

and the self-inflicted wounds camp was one of these. The largest camp, the isolation facility for infectious cases, was located some 4-500 yards away from the main chateau building and was temporary in nature.<sup>65</sup>



Figures 3 and 4: Two views of the Chateau d'Allonville, where the self-inflicted wound "camp" was located. The chateau, with its open courtyard, was built in the 18th Century. The chateau and its grounds would also be utilised as a rest camp for Australian troops in 1918.<sup>66</sup>

On arrival at Allonville at the end of July, the 39th CCS inherited the admissions book for self-inflicted wounds, a document which became MH 106/808, which contained cases going back to April. The 39 CCS was henceforth exclusively responsible for any man placed under escort and, as was normal procedure, brought to Allonville for treatment in a ward isolated from other men. This made the 39th CCS exclusively responsible for identified, or suspected cases of SIWs in the Fourth Army. The key word here is *identified*. These were men falling into categories two and three, those with identifiable wounds. Should a man fall into category one, or evade detection in categories two and three, or find himself, for example, let off by an understanding senior officer with a less severe wound or a failed attempt to maim himself, he was already missing from the record as far as the source volumes are concerned. Whilst putting MH 106 together, four casualty clearing station admissions books from the 39th Casualty Clearing Station were retained and are now deposited at the National Archives in Kew. These rare volumes detail cases of SIWs from a medical instead of a legal perspective. For the purpose of studying the Battle of the Somme, the relevant volumes are MH 106/808, 809, 851 and 857. The 39th CCS is the only one of the

<sup>65</sup> Ibid.

<sup>66</sup> <https://www.ville-allonville.fr/chateau/>, accessed 6th June 2022.

sampled CCS units in the MH 106 series that includes separate logbooks for men classified as suffering from SIWs. The first two books record self-inflicted wounds for other ranks. MH 106/808 and MH 106/809 begin in Spring 1916, which means that they are perfectly placed to give an overview of the topic for the duration of the Battle of the Somme (1st July to mid-November) The extremely limited records for officers are to be found in MH 106/857, whilst there are also limited references to self-inflicted wounds for the dates concerned in MH 106/851 which relate to Canadians and New Zealanders. As these troops did not serve with the Fourth Army, they are by no means a complete reflection of those Dominion troops during the battle, and appear to be cases of incidental overflow from the adjoining Reserve (Later Fifth) Army.

ADMISSION AND DISCHARGE BOOK											FIELD SERVICE											
HOSPITAL											Self Inflicted Wounds											
Index number of admission. If a patient has more than one admission with the same unit, the date of admission should be indicated in red ink in a separate series.	Regiment, Coy. or other unit.	Squadron, Battalion or Company.	Regt. No.	Rank.	Surname.	Christian name.	Completed years of		Completed months with Field Force.	DISEASES (Wounds and injuries in action to be entered according to classification on fly leaf)	Date of Admission		Date of Discharge		Date of Transfer				Number of days under treatment.	Number or designation of ward in which treated.	Religion.	OBSERVATIONS (Number and page of case book to be quoted for all cases recorded in it. In transfers the designation of the hospital or sick conveyance, by which or from which the patient is transferred, and any other facts bearing on the man's operations, also in movable field hospitals, should be given in the admission. All track plates should be indicated. Place of action to be noted in case of wounds and injuries received in action.)
							Age.	Service.			For original disease.	By new disease supervening.	To Duty.	By new disease supervening.	By Death.	To Sick Conveyance.	Other Hospitals.	From Convoy.				
205	1st Northants Regt.		1961	Sgt	Lockwood	L	19	1 1/2	5 1/2	R.R. Hand (R)	21/1/16							53	1001	C.E.	2 F.A.	No. 12 Amb. Train
206	5th Buffs		2078		Lockwood	W.R.	19	1 1/2	5 1/2	145 Loos (R)	21/1/16							2	1001	C.E.	2 F.A.	No. 12 Amb. Train
207	13th Durham L.I.		20259		Black	J	20	2	6 1/2	145 Loos (R)	21/1/16							26	1001	C.E.	2 F.A.	No. 12 Amb. Train
208	2nd Buffs		9723		Gray	J	18	1 1/2	6 1/2	Foot (R)	15 3/16							27	1001	C.E.	2 F.A.	No. 12 Amb. Train
209	3rd Buffs		1038		Angus	A	29	3	12	Foot (L)	27-7-16							8	1001	C.E.	2 F.A.	No. 12 Amb. Train
210	7th L. Norfolk		12653		Greenhalgh	J	27	1 1/2	12	Arm (L)	21/1/16							14	1001	C.E.	2 F.A.	No. 12 Amb. Train
211	8th Gloucesters		17072		James	H	20	2	12	Hand (L)	21/1/16							33	1001	C.E.	2 F.A.	No. 12 Amb. Train
212	1st Buffs		15102	Dr.	Ashman	E.	28	2 1/2	10 1/2	Diarrhoea Eyes	21/1/16							7	1001	C.E.	2 F.A.	No. 12 Amb. Train
213	10th Gloucesters		27813	Sgt	White	J	23	1 1/2	12	Hand (L) Injury of	21/1/16							50	1001	C.E.	2 F.A.	No. 12 Amb. Train
214	4th Buffs		5522		Logan	E	20	2	1	Arm (L)	21/1/16							13	1001	C.E.	2 F.A.	No. 12 Amb. Train
215	7th Buffs		11244		Day	J.R.	27	1 1/2	12	Hand (L)	21/1/16							20	1001	C.E.	2 F.A.	No. 12 Amb. Train
216	1st Buffs		1446		Black	A	35	1 1/2	12	Ball (L) Hand (L)	21/1/16							77	1001	C.E.	2 F.A.	No. 12 Amb. Train
217	1st Buffs		25094		Small	J	18	1 1/2	12	Ball (L) Hand (L)	21/1/16							67	1001	C.E.	2 F.A.	No. 12 Amb. Train
218	1st Buffs		22283		Black	W	20	1 1/2	12	Foot (R)	21/1/16							47	1001	C.E.	2 F.A.	No. 12 Amb. Train
219	1st Buffs		479		Stevens	H	35	2	14	Arm (R)	21/1/16							23	1001	C.E.	2 F.A.	No. 12 Amb. Train
220	1st Buffs		2112		Seward	E	21	1 1/2	12	Hand (L)	21/1/16							23	1001	C.E.	2 F.A.	No. 12 Amb. Train
221	1st Buffs		10139		O'Brien	J.P.	21	2	16	Foot (R)	21/1/16							28	1001	C.E.	2 F.A.	No. 12 Amb. Train
222	1st Buffs		1172	Sgt	Steele	W.	20	1 1/2	12	Arm (L)	21/1/16							14	1001	C.E.	2 F.A.	No. 12 Amb. Train
223	1st Buffs		21144	Sgt	Barthley	J	26	1 1/2	12	Foot (R)	27-7-16							2	1001	C.E.	2 F.A.	No. 12 Amb. Train
224	1st Buffs		241	Sgt	Knot	H	21	1 1/2	12	Foot (R)	27-7-16							12	1001	C.E.	2 F.A.	No. 12 Amb. Train
225	1st Buffs		11259	Sgt	McFarlane	H	20	2	12	Arm (R)	27-7-16							20	1001	C.E.	2 F.A.	No. 12 Amb. Train
226	1st Buffs		3503	Sgt	Smith	W	24	1 1/2	12	Hand (L)	27-7-16							16	1001	C.E.	2 F.A.	No. 12 Amb. Train
227	1st Buffs		9465	Sgt	Barrie	J	23	6	14	Hand (L)	27-7-16							21	1001	C.E.	2 F.A.	No. 12 Amb. Train
228	1st Buffs		11925	Sgt	Forbes	F	20	3	17 1/2	Hand (L)	27-7-16							20	1001	C.E.	2 F.A.	No. 12 Amb. Train
229	2nd Buffs		19912		Barle	J	34	1 1/2	12	Hand (L)	27-7-16							8	1001	C.E.	2 F.A.	No. 12 Amb. Train
230	1st Buffs		7349		Blackley	E	23	1 1/2	12	Hand (L)	27-7-16							33	1001	C.E.	2 F.A.	No. 12 Amb. Train
231	1st Buffs		10229	Dr.	Black	E	20	1 1/2	12	Hand (L)	27-7-16							24	1001	C.E.	2 F.A.	No. 12 Amb. Train
232	1st Buffs		20575	Sgt	Barrie	J	20	1 1/2	12	Foot (L)	27-7-16							30	1001	C.E.	2 F.A.	No. 12 Amb. Train
233	1st Buffs		3711		Stewart	G.T.	22	1 1/2	12	Hand (R)	27-7-16							30	1001	C.E.	2 F.A.	No. 12 Amb. Train

Figure 5. The National Archives (UK) Sample page from MH 106/808 showing information recorded on each patient.

It is important here, too, to make the distinction between the Fourth Army casualties in the months July-November 1916 and the extent to which they represent casualties in the Battle of the Somme. The overwhelming bulk of the launch of the offensive on 1st July fell to General Rawlinson and his Fourth Army. The only exception was the

diversionary attack carried out at the northern end of the battlefield by Allenby's Third Army. However, on 4th July, two of Rawlinson's Corps, X (Morland) and VIII (Hunter-Weston) at the northern end of the Fourth Army sector were transferred to General Gough, who was in command of the Reserve Army. So already we can say that the SIWs being routed to Allonville do not represent all of those suspected during the Somme offensive. As the battle continued, more and more of the fighting would devolve on units not under Rawlinson's command, hence the need to specify that this study is concerned with the Fourth Army on the Somme. Figure 6 shows the battlefront on the Somme. Allonville was situated some 15 miles southeast of Albert. As more of the fighting devolved north of Albert as the offensive continued, it highlights the likelihood that more and more suspected SIWs associated with the battle would have been allocated away from the 39 CCS.



Figure 6. The Somme, 1916. Official History of the Great War: Military Operations: France and Belgium 1916. (London, Macmillan & Co. Ltd., 1938)

The fighting at High Wood and Delville Wood in the height of summer fell to the Fourth Army, as did engagements in September at Guillemont, Ginchy and Morval, further south. Other portions of the battle were mixed endeavours. The Battle of Bazentin Ridge (beginning 14th July) featured three Fourth Army corps and one belonging to Gough. Fighting at Pozieres (23rd July - 3rd September) featured one Fourth Army corps and two from Reserve Army. The significant attempt to force the offensive in September at Flers-Courcelette fell to three Fourth Army corps and two from Reserve Army. At the end of September, the Reserve Army carried out its first exclusive attack at Thiepval, before contributing with one corps to a Fourth Army effort at Le Transloy throughout October. The latter part of the 1916 campaign was led by Gough's men. The Battle of the Ancre Heights fought in October and November was an entirely Reserve Army venture. By then renamed Fifth Army, it once again took a leading role in mid-November on the Ancre as the Somme offensive drew to a close, with the Fourth Army contributing a single corps to that final attack.<sup>67</sup> Therefore it is at most possible, under the circumstances, to say that the 39th CCS admissions represent a significant snapshot of the identified suspected self-inflicted wounds incurred during the Battle of the Somme.

MH 106 (see figure 5) specifically includes a date-ordered record of everyone delivered to the self-inflicted wound camp at Allonville by the Fourth Army during the Battle of the Somme. Firstly there are columns for both division and unit, which tell you where they came from. On occasion too, it includes details of a company, battery or a more accurate unit description.

We are also provided with surname, initials and a service number (not applicable for officers, as they did not have them in the First World War) in order to be able to identify each individual. The age column is extremely interesting, as it enables an analysis on whether, for instance, a teenager was more likely to offend than a man in his thirties. Even more interesting are the service details.

Firstly we have their service broken down by length of time in the army, enabling us to roughly work out when they enlisted. This is absolutely key in assessing the data, because it enables us to work out whether or not a man was more likely to offend if he

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<sup>67</sup> See: Captain Wilfred Miles: *Official History of the Great War: Military Operations: France and Belgium 1916 Volume 2*. (London, Macmillan & Co. Ltd., 1938)

was in the army voluntarily or through conscription, and I have broken the enlistment phases down into three:

1) Before October 1915 - This phase constitutes men who enlisted in the army entirely of their own volition. This includes pre-war regulars, men who flooded to enlist in the peak months of August and September 1914, and those who were under only limited pressure to serve, especially if they had families.

2) October - December 1915 - This phase, which I have labelled the Derby Period, is murky, because we have no way of analysing the motivations of men who came forward in this period and deciding if they were entirely voluntary. However I believe the categorisation is essential. In the last quarter of 1915, it was becoming increasingly clear that conscription was coming. The National Register was a last ditch attempt to gather information about why men had not enlisted and to convince them to sign up on a promise that they would not be called upon until absolutely necessary. However, nearly half of the single men on the National Register did not come forward, and the total response rate to Derby's scheme was only just over 50%.<sup>68</sup>

Therefore, whilst these men did enlist of their own volition, during this time period there were other motivating factors than a simple desire to join the army. There was social pressure to conform, with attached guarantees that the men in question would not be called upon before more suitable recruits, and for some, knowing that sooner or later they would be forced to serve, it was a case of just getting it over with and putting your name on a list to hold it off for longer by aiding the authorities.<sup>69</sup>

3) January 1916 onwards - The final phase constitutes those who joined the army after the advent of conscription and therefore had no choice. It is important to recognise though, that anyone coming of age after these dates and wanting to serve would be absorbed into these numbers, because they might have enlisted earlier, but could not.

In the context of the Battle of the Somme, it stands to reason that we will begin by dealing with cases exclusively from sets one and two, because at that point no conscripts had arrived, and that as the battle progresses, time having elapsed during which conscripts might have been trained and shipped to France after the

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<sup>68</sup> Alexandra Churchill, *In the Eye of the Storm*, (Solihull, Helion, 2018) p.128

<sup>69</sup> *Ibid*

implementation of the Military Service Act, that we will see an increasing number of conscripts on the list.

In a stroke of what has turned out to be bureaucratic genius on the part of the British Army, there is also a column which details how long the man has actually been serving at the front. You might expect that the longer the man had been at the front, the more likely he was offend, when in fact it will transpire that the opposite is true. The exceptional information contained in MH 106/808, 809, 851 and 857 is the level of detail provided about the individual cause and nature of each man's self-inflicted wound.

Despite the shortcomings in the data provided in the MH 106 volumes, it is possible to use the data to follow up on each case in a manner that might tell us more not only about individual cases, but about how the British Army interacted with, and regarded men who were suspected of giving themselves SIWs.

Firstly, using each individual's details, we can look for each man in surviving service records (The National Archives, WO 363 series). We can also look for them in pension records (The National Archives, WO 364 series). The MH 106 volumes give us a rough idea of when each enlisted but it is vague. For instance a man's service might be given as "three years." The most important statistic that a surviving WO 363 or 364 record will give us is an exact date of enlistment, and both the date they left the army and why (discharged as unfit, demobilised etc). These files, if available, can also provide a multitude of documents that tell us about self-inflicted wounds, such as results of disciplinary procedures, transcripts of trials by FGCM, details of transfers on to other units away from the front lines etc.

As has been illustrated, however, the cases in which these documents are available for consultation are in a minority. Therefore we are forced to look elsewhere to for a more complete picture of the approximately 800 men contained in the MH 106 volumes. The most obvious was to run them all through the Commonwealth War Graves database to see if they subsequently died as a result of the war. This provides us, in those cases where men were killed or died of wounds, with information as to how that particular man's service came to an end.

If they didn't die, one of the most useful documents is the Silver War Badge records. The Silver War Badge (SWB) was authorised by King George V in 1916 to honour men who had left the service of their country as a result of wounds or illness contracted at home or abroad after 4th August 1914. It was quite literally, a little silver badge, and its inception was also tied in with the issue of former servicemen being accosted for not being in uniform. From a social perspective, it was also intended as a visible confirmation that the man wearing it had fulfilled his duty to his country and should be left alone. The fact that men who had become wounded of their own volition were given this badge almost wholesale, suggests a far less arbitrary attitude to them than one might expect. Firstly, it is interesting that in almost all cases, those men who were subsequently physically unfit to serve, either as a result of their self-inflicted wound, were not denied this award. In the absence of a service file or pension record, the Silver War Badge roll is key because it gives a date of enlistment. It also provides the date of discharge and the cause. (See figure 4) Assuming whether or not a wound resulting in discharge is the same wound as the self-inflicted one referred to in MH 106 is problematic. This is because often a man might remain under treatment for an extended period of time, which makes the case ambiguous. Is it the same wound? Or is it a new one that has been incurred after treatment for the SIW had been completed? Without a service file, we don't know. In no case does the SWB roll specify whether or not a wound resulting in discharge is self-inflicted,. However, what it does do is provide clarification of whether or not the man concerned still served with the unit he was with in the MH 106 volumes, or whether he had been transferred elsewhere. This turned out to be hugely significant in gauging the wider response of the army to those who had offended in terms of SIWs.



8 NOV 1917  
No. F. 857/1

ROLL OF INDIVIDUALS entitled to the "WAR BADGE"

WAR OFFICE ORIGINAL

7 NOV 1917

27, Abingdon Street, Westminster, London, S.W.

is indicated on the envelope.

Regtl. No.	Rank	Name (in full)	Unit discharged from	No. of Badge and Certificate (To be completed at War Office)	Date of:—		Cause of Discharge (Wounds or Sickness and para. of K.R.)	PARA. A.C. 1017	Whether served Overseas (Yes or No)	
					Enlistment	Discharge				
55550	Pte	Sunderland, Harry	Nottingham & Derbyshire Regiment	269, 013 ✓	19-7-16	2-8-17	Sickness 40-10 yrs mths	a11	No	
20877	Pte	Sissons, Robert		269, 014 ✓	18-13-14	13-11-17	sickness 41	a1	Yes	
19246	Pte	Sankey, George Orgill		269, 015 ✓	17-11-14	15-11-17	wounds 24	a1	Yes	
21980	Pte	Smith, William		269, 016 ✓	11-1-15	30-10-17	sickness 23	a1	Yes	
<del>25554</del>	<del>Pte</del>	<del>Tomlinson, Frank</del>		<del>269, 017 ✓</del>	<del>11-12-15</del>	<del>15-10-17</del>	<del>sickness 22-10</del>	<del>a1</del>	<del>Yes</del>	<i>Dup badge for reuse on list 12/11. Badge returned by Records 27/11/17</i>
7054	Opl	Wiffin, Arthur		269, 018 ✓	22-8-01	24-10-17	sickness 34-11	a1	Yes	
16098	Pte	Yeomans, Thomas		269, 019 ✓	21-2-14	24-10-17	wounds 29	a1	Yes	
<del>14208</del>	<del>Pte</del>	<del>Wyatt, Albert</del>		<del>269, 020 ✓</del>	<del>4-8-14</del>	<del>22-10-17</del>	<del>sickness 34 (shell shock)</del>	<del>a1</del>	<del>Yes</del>	<i>on list F. 657 33</i>
19805	Pte	Laxton, Horace	269, 020 ✓	31-8-14	27-2-16	wounds 21	a1	Yes		

I certify that the particulars furnished hereon are correct.

Place Lichfield Date 7/11/17

Signature and Rank of Officer certifying Claimants' service.

I certify that Badges and Certificates, numbered as above, have been issued to the individuals concerned.

Place Lichfield Date 24.11.17

Signature and Rank of Officer certifying issue.

for Officer i/c No.1. Records, No.6 Dist

for Officer i/c No.1. Records, No.6 Dist

Figure 7: Example of the Silver War Badge Roll: The National Archives (UK) War Office and Air Ministry: Service Medal and Award Rolls, First World War, 1914-1922, WO 329

If the man concerned did not have a SWB, or a service/pension record, then analysis becomes even more difficult and the search has to move on to medal records, which are the most complete record available of those who served in 1914-1920 but provide less detail. In terms of the medal index cards, they are not uniformly completed but they enable us to furnish a man's name, and follow any subsequent service numbers. In the absence of a date of enlistment, we can gain from the card a date that the man first arrived in a theatre of war. This is useful for clarifying whether or not a man was voluntarily in the army. Based on having analysed hundreds of WO 363 records, I do not believe it possible for anyone enlisting after the beginning of the Derby Period (1st October) to have reached any of the units in question before the end of the year. Occasionally, a medal card will also have details of a discharge date.

In terms of the actual medal rolls, star lists (Figure 8) present evidence of a man's voluntarily enlistment if his name appears within them. The 1914 Star was only awarded to men who served in France or Belgium prior to 22nd November 1914. The 1914-15 Star was awarded to any man who arrived in any active theatre of war against the Central Powers up to 31st December 1915. Men serving overseas prior to 1st

(To be rendered in duplicate.)

ROYAL SUSSEX REGIMENT **Regiment or Corps when Decoration was earned.** 53.

ROLL OF INDIVIDUALS entitled to the Decoration granted under Army Order 20 of 1919. ORIGINAL

To be left blank.	On Date of Disembarkation.		NAME.	Date of Disembarkation.	REMARKS.	Record of disposal of decoration.	To be left Blank for use in War Office.
	Regtl. No.	Rank.					
	✓ 511465	PTE.	STANDEN.	P.T. 18.2.1919			
	✓ 19767	..	STANDING.	F. 14.11.1919			
	✓ 18687	..	STAPLEHURST	C. ..			
	✓ 110431	..	STARK.	F. 29.11.1919			
	✓ 613176	..	STEELE.	R. 31.8.1519			
	✓ 61230	..	STEER.	F. 29.9.1919			
	✓ 10040	C.Q.M.S.	STEER.	J. S. 14.11.1919			
	✓ 110496	C.P.T.	STENNING.	F. 26.1.1919			
	✓ 61313	PTE.	STEPNEY.	A. 31.8.1919			
	✓ 13270	C.P.T.	STEPHENSON.	W. 14.11.1919			
	✓ 18106	PTE.	STERLING.	F.T. ..			
	✓ 612317	..	STEWART.	A.E. 24.11.1919			

I certify that according to the Official Records the individuals named in this ROLL are entitled to the Decoration as detailed above.

No. 2 Infantry Record Office

Place Staines Road, Hounslow

Date 20 DEC 1919

Signature and rank of Officer certifying, **Lieut. Colonel J.C. Hounslow.**

Figure 8: Example of a 1914-1915 Star Medal Roll: The National Archives (UK) War Office: Service Medal and Award Rolls Index, First World War, 1914-1922,

(To be rendered in duplicate.)

ROYAL AIR FORCE. **REGIMENT OR CORPS.** 163

ROLL OF INDIVIDUALS entitled to the Victory Medal and/or British War Medal granted under Army Orders 266 & 301 of 1919. Page 164

Hold by an individual in the Corps in respect of which the rolls are submitted.	NAME	In sequence (Units and Corps previously served with by each individual and Regtl. Nos. therein; the highest rank whether substantive, acting or temporary, recorded as having been held for any period in a theatre of War, unless reverted for misconduct, being shown against the name of the regiment or Corps which is to be inscribed on the medal)	Theatres of war in which served	Clasps awarded (to be left blank)	Record of disposal of decorations			REMARKS
					(a) Presented	(b) Dispatched by Post	(c) Taken into Stock	
R.A.F. No. 407427	✓ FOLEY Charles.	200214. 1st London Regt. Private.	X					Trans. "G" Res. 23.3.19. Discharged. 29.5.20.
536245	✓ FELLOWS Robert.	123236 R.F.A. Dvr.						
335991	✓ FATHERS, Charles J.	107779 R.R.R.G. Rifleman.						do. 26.5.20.
145233	✓ FAULDER-SMITH, E. Christian E.	9855 Gordon H'ldrs. Private.						Discharged. 1.5.19.
519984	✓ FITCHEN, W. W.	947361 London Bde. R.F.A. Driver.						
27264	✓ GOACHER, Walter.	7649 Coldstream Gds. A/Corporal.	X					
408906	✓ GLEWISTER, Clement	11915 R. Sussex Regt. L/Corporal.						Trans. "G" Res. 15.4.19.
401599	✓ GLENNIE, Charles.	8998 Middlesex Regt. L/Corporal.						do. 26.2.19. Discharged. 9.5.19.
134075	✓ GRAVES, Charles.	4709 Yorks. Regt. Pte.						Trans. "G" Res. 13.5.19.
417062	✓ GRANGE, J.R.	3250 D.C.L.I. Private.						
409199	✓ GREGG, Alfred.	1862 Welch Regt. Private.						Discharged. 14.12.18.
518972	✓ GILLINGHAM, H.E.	23006 R.E. Corpl.	X					Dis. Hon. Comm. 7.5.19.

I certify that according to the Official Records the individuals named in this ROLL are entitled to the Medal or Medals as detailed above.

Place RUISLIP.

Date 10th October 1923

Signature and rank of Officer certifying, **For Officer in Charge Records.**

Figure 9: British War Medal/Victory Medal Roll: The National Archives (UK) War Office and Air Ministry: Service Medal and Award Rolls, First World War, 1917-1926, WO 329.

January, 1916 were awarded one or the other, and thus fulfil all the criteria for being considered a voluntary enlistment. The 1914, and 1914-1915 lists provide a date of

disembarkation in a given theatre, as well as in some cases a man's discharge details. The rolls for the British War Medal and the Allied Victory Medal (figure 9) contain later information (they were compiled after the others, which were issued while the war was still in progress) and therefore can provide details of further units served in, as well as sometimes discharge information.

By utilising all of these sources it has been possible to broaden the picture beyond for individual cases beyond that which is available in the MH 106 volumes specifically recording self-inflicted wounds to create a more complete dataset.

#### 4. Analysing the Dataset

The most obvious question is how big a problem was the issue of self-inflicted wounds treated by the Fourth Army during the Battle of the Somme. For the purposes of this statistic, the following details were available in the war diary of the Assistant Director Medical Services, Fourth Army.<sup>70</sup>

Month	Cases Reporting Wounded*
July	297,384
August	121,387
September	230,114
October	135,922
November	19,524**

\*As with the dataset, these figures include men who later died of wounds, or were returned to duty, as well as those who were evacuated.

\*\*This number does not include cases returned to duty or died under medical care. The figures for the whole month are 13,044 and 643 respectively, but it is not possible to separate them into cases occurring before and after 18th November, which I have used as a cut off date.<sup>71</sup>

The table indicates that as far as contemporary records show, the Fourth Army suffered a total of 804,331 cases of all types of wounded in the period 1st July - 18th November 1916. In the same date range, the dataset gives us 656 suspected cases. This is a total of 0.08%, before one takes into consideration those men who might later have been found innocent of self-mutilation. It is with confidence that we can say that as far as potential cases being singled out by the authorities was concerned, the issue of self-inflicted wounds was extremely limited during the Somme campaign in 1916. It is impossible, however, to gauge the number of cases that went undetected.

There is a wealth of further information to be gleaned from the four admissions books belonging to the 39 CCS and covering the duration of the Battle of the Somme. It can shed valuable light on not only who was accused of self-mutilation during these key

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<sup>70</sup> The National Archives (UK) World War I and army of occupation war diaries, 1914-1919, WO 95/447: July 447/4 p.66, August 447/6 p.104, September 447/7 p.111 October 447/7 p.153, November 447/8 pp.52-70.

<sup>71</sup> World War I and Army of Occupation War Diaries, 1914-1919, WO 95/447/8

months of 1916, but how they were potentially identified, what they were accused of doing to themselves, what it cost mainly the Fourth Army in terms of manpower and what immediately became of them. In many cases, using the list of men as a starting point, the dataset can also reveal more information about their longer term fate. Initially, we can learn much about when a man might be likely to offend in terms of causing a self-inflicted wound, or when the authorities were likely to accuse him. Broadly speaking, if we are looking at when during the entire offensive injuries took place, we can look at cases by month. (Table 1)

May	37
June	74
July	117
August	201
September	158
October	148
November	38

Table 1 - Monthly 39th CCS admissions for suspected cases of self-inflicted wounds.

If we take May as a control of sorts, because although the Fourth Army was in the latter stages of assembling on the battlefield, the offensive had not yet begun, we can see a sharp rise in cases in the weeks before the offensive on the Somme was launched. A total of 37 cases were referred as self-inflicted wounds for the whole of May. In June, this was only slightly increased until the last week of the month, where cases jumped by 38 in the last seven days of June. When one analyses what was happening on the Fourth Army front it is hardly surprising why men rapidly began to break down. Hundreds of guns fired increasingly for days. Each 18 pounder alone was allocated 200 shells per day. In the words of one gunner who took part: "The whole countryside was just one mass of flame, smoke and earth thrown up sky high. About 5,000 shells per diem are pitching on a front of about 500 yards. Whilst observing I could not resist feeling sorry for the wretched atoms of humanity crouching behind their ruined parapets."<sup>72</sup>

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<sup>72</sup> Peter Hart, *The Somme*. (London, Weidenfeld & Nicholson, 2008) p.93

That said, there are plenty of mitigating factors that need to be considered when looking at these numbers. The number of suspected cases peaks in August. This is interesting, as August represents arguably the most difficult period of the offensive for an ordinary soldier to understand, with the least direction and some of the worst weather.<sup>73</sup> (See map on page 36) Contextualising this rise against the nature of the fighting, there was no organised, large-scale offensive, merely a lot of meaningless, ill-thought out attacks, often in shoddy conditions. It is entirely possible that this was a factor in the rising number of cases of supposed self-inflicted wounds in Fourth Army at this time, as Rawlinson's men were asked to repeatedly engage the enemy in small-scale, attritional attacks. There is also a point to be made about whether or not it was easier to accomplish an act of self mutilation in August. During July, men were fighting battles that had been planned for months, to the last degree, in huge formations. By August, they were being thrown piecemeal into action at various flashpoint on the battlefield with far less oversight and attention to detail, in much smaller groups. The Fourth Army's hierarchy was operating on a far more ad hoc basis.

Unfortunately, the decline in possible cases in the Fourth Army between September and November is a reflection of the bulk of responsibility in carrying out offensives moving away from Rawlinson's Fourth Army and being assumed by General Sir Hubert Gough's Reserve Army, for which no corresponding records survive. The decline in numbers does not represent a decline in cases throughout the Battle of the Somme, because it is explained by the fact that frustratingly, we have almost all of the data for the initial stages of the campaign, but the ratio of what is available to us by way of an overall picture of the offensive lessens the longer it goes on owing to the transfer of attentions further north towards the River Ancre. By the end of the battle, various corps had been put into action 46 times. On 18 occasions, these corps did not belong to the Fourth Army, for whom self-inflicted wounds data is available, which means that we are effectively looking at a 61% sample of all of the troops engaged in the Battle of the Somme. Breaking this down further - for July to mid-September our sample represents 77% of the troops engaged, after that, the Fourth Army's contribution is reduced to 29% of troops engaged in the Battle of the Somme.

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<sup>73</sup> See: Captain Wilfred Miles: *Official History of the Great War: Military Operations: France and Belgium 1916*. (London, Macmillan & Co. Ltd., 1938)

In July, all of the significant initial phase of the battle from 1st to 4th July, were fought by Rawlinson's men. The only exception was one corps from Allenby's Third Army carrying out a failed subsidiary attack at Gommecourt. Likewise, during the other major offensive in July, the Battle of Bazentin Ridge (14th-17th July) saw three corps from Rawlinson's Fourth Army engaged. Conversely, Gough's Reserve Army contributed one corps. The costly and gruesome fighting at High Wood and Delville Wood was fought entirely by the Fourth Army. By way of an example, some 121 officers and a little over 3,000 volunteers representing South Africa had marched into Delville Wood in the middle of July. It was still untaken when they departed again a few days later, and the South African Brigade could muster no more than 750 men.<sup>74</sup> As we move into August, the only exception in terms of weighting towards Rawlinson's Army was at Pozieres, where his men contributed one corps, whilst Gough contributed three after the arrival of an ANZAC corps. In mid-September, the focus began to shift more consistently north as more and more men from Reserve Army, for which no corresponding admissions book for their self-inflicted wounds "hospital" survives. By the end of the battle, the Fourth Army had been confined to probing forward at Le Transloy and the surrounding area, whilst most of the impetus for further advances has moved north with Gough.<sup>75</sup>

### **IDENTIFYING POTENTIAL OFFENDERS**

Moving on from when wounds occurred, to how the authorities tried to identify cases. Of 790 cases delivered to the designated CCS, an overwhelming 94% were pulled from somewhere along the lines of medical evacuation. (Table 2) That is to say, they delivered themselves for treatment as any other wounded man might, and were singled out as suspicious. It is clear that medical officers were alive to the possibility of self-inflicted wounds.

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<sup>74</sup> Alexandra Churchill: *Somme: 141 Days, 141 Lives*. (Stroud, The History Press, 2016) p.41

<sup>75</sup> See: Captain Wilfred Miles: *Official History of the Great War: Military Operations: France and Belgium 1916*. (London, Macmillan & Co. Ltd., 1938)

CCS	163
Ambulance Train	18
Corps Dressing Station	129
Field Ambulance	377
Hospital	37
Walking Wounded Post	7
Dressing Station	7

Table 2: Locations from which 39th CCS cases were admitted from the chain of evacuation.

Only 4% of the dataset comprises cases that were identified outside the ordinary chain of medical evacuation. (Table 3) Almost all of those cases outside said chain (84%) were in some form of rest area when they were first suspected of a self-inflicted wound.

Base Depot	2
General Rest Camp	2
Divisional Rest Stop	1
Corps Rest Station	21

Table 3: Locations from which 39th CCS cases were admitted from outside the chain of evacuation.

A tiny percentage of cases, 0.6%, came directly from somewhere in the command structure. (Table 4) One man was actually serving at Corps HQ when he was injured, but the other four were not. This indicates that perhaps suspicion led them to be delivered immediately to the authorities, which would place military discipline as the primary concern in a small number of instances as opposed to the need for medical attention. More information would be needed to assess this, as they could have been minor wounds and this might have been a justifiable course of action.

Corps HQ	2
Corps Command Post	2
Divisional Command Post	1

Table 4 Locations from which 39th CCS cases were admitted specifically from the command structure.



## **STATISTICS ON POTENTIAL OFFENDERS**

When it comes to the question of who the offenders were, age is a significant question. Were these accused men all young and inexperienced? There are ways to ascertain if the dataset is skewed in terms of the age of potential offenders. (Table 5) 40% of the dataset was aged 21 and under, whilst only 17% were aged 30 or over. Superficially, it might look as if a younger man was more likely to be accused of causing a self-inflicted wound. Only eight cases under the age of 18 appear on the list, but by far the most populated categories are 18-19 year olds (120 cases) 20-21 year olds (187) 22-23 years old (120) and 24-25 year olds (99). However, it is important to remember that there are far more men aged 25 and under in the army than those who have passed that age. The average age of the 790 cases assessed is 24 years and five months. This was compared to the average age of men in the army generally, and proved to be almost identical.<sup>76</sup> This suggests that there is no age bias that differs from any existing demographics in the army when it comes to men accused of having maimed themselves. They are no younger, and no older. Finally, in at least one case, the man accused of having caused a self-inflicted wound was found to be underage and was therefore treated with more leniency than his peers. 14742 Private "Harry" Percy Cutting was deemed to have negligently wounded himself whilst cleaning his rifle at The Craters on the Carnoy-Montauban Road. He was tried by FGCM but despite being found guilty, after his father alerted the authorities to his having enlisted at the age of 16, was still awarded a pension with a 20% disability allowance after a bullet was fired through his left big toe. It would also be prudent to point out, however, that in addition to his age, his unit (the 10th Rifle Brigade) were unable to furnish witnesses as to what had happened because the men had moved away having been wounded themselves. When his age was revealed, it was mandated that he too should be transferred to Class W Army Reserve until he reached the age of 18.<sup>77</sup>

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<sup>76</sup> Statistics of the Military Effort of the British Empire During the Great War. 1914-1918. (London, HMSO, 1922) p.31

<sup>77</sup> The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, 14742 Private "Harry" Percy Cutting

**AGE OF CASES**

< 18	8
18-19	120
20-21	187
22-23	120
24-25	99
26-27	67
28-29	45
30-34	74
35-39	36
> 40	24

Table 5 Breakdown of cases admitted to 39th CCS by age

Having examined whether or not age was a determine factor in identifying suspected offenders, it was also possible to assess the cases based on how each man had joined the army. The four admissions books in question provide details of how long a man has served in the army. Using this information, which was verified where possible by information gleaned from medal rolls for the British War/Victory Medals, 1914-15 Stars and the Silver War Badge, it is possible to assign the men on the list to one of three categories. If a man enlisted in the army prior to October 1915, it is broadly acceptable to say that he did so of his own volition. This includes pre-war regulars, men who flooded to enlist in the peak months of August and September 1914, and those who were under only limited pressure to serve, especially if they had families.

The rest of the cases fall into the other two categories. The period of October - December 1915, I have referred to as the Derby Period. (See page 36) Lastly, despite the fact that the Military Service Act was only passed at the beginning of 1916, conscripted men did serve during the Battle of the Somme that summer. Broadly speaking, these men were forced to serve, but it must be noted that anyone coming of age after these dates and wanting to serve will be absorbed into these numbers, because they might have enlisted earlier, but could not. One example that proves the presence of conscripts early in the battle is Walter Vurley. When conscription came, he enlisted in the Lincolnshire Regiment at the beginning of 1916. He arrived on the

western Front in July and was posted to the 7th Battalion. On 9th August Walter was digging a new trench on the outskirts of Longueval. By the end of the day, one of a deadly combination of shell and bullets had claimed his life, illustrating just how quickly valuable manpower was being exhausted.<sup>78</sup>

Analysis of the list reveals that the average age of the men deemed to have enlisted of their own volition who were accused of causing a self-inflicted wound is once again 24 years and five months. The fact that this mirrors the general make-up of the army might be expected, but applying the same analysis to those who either enlisted during the Derby period or were conscripted, the results are almost the same. The average age of these men is 24 years and seven months. It would be therefore reasonable to surmise that in no way was age a mitigating factor amongst those accused of having committed an act of self-mutilation in order to evade active service. Neither was whether or not he was a voluntary enlistee or a conscript; either independently or in conjunction with age. Whether or not a man enlists voluntarily, or under the Military Service Act against his will does not, in terms of this dataset, have any impact on the age profile of the men listed.

Still using the column which provides details of a man's total length of service, I further analysed how long the 790 cases had been serving in the army. (Table 6) 13% (101 cases) are identifiable as pre-war regulars. That would appear to be a low number of potential offenders amongst career soldiers. This, however, is a problematic analysis primarily because of the rate of expansion of the army on the Western Front. On paper, the initial size of the British Expeditionary Force earmarked for France in August 1914 was 60,000, 100% of whom were either regular soldiers or reservists, or pre-war territorials.<sup>79</sup> By 1916, this number was more like two million when factoring in wartime enlistments and foreign mobilisation of territorial units.<sup>80</sup> Therefore it would be extremely troubling to take the 13% statistic as one which indicated that a pre-war soldier of any kind was less likely to be accused of having caused a self-inflicted wound.

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<sup>78</sup> Alexandra Churchill: *Somme: 141 Days, 141 Lives*. (Stroud, The History Press, 2016) p.76-7

<sup>79</sup> <https://www.longlongtrail.co.uk/army/some-british-army-statistics-of-the-great-war/>, accessed 6th June 2022

<sup>80</sup> *Ibid*

At the other end of the scale, the fact that only five cases have served less than three months is also deceiving. This merely represents a case of extremely rare speed at which a man in 1916 could join the army, train, find himself deployed and have time to cause a self-inflicted wound and be detected. Alexander Watson gives a figure in 1916 of at least 12 weeks initial training.<sup>81</sup> The sheer range of service is interesting. The longest-serving man accused is a 19-year veteran, whilst the shortest somehow managed to find himself at the front after one month.

### **SERVICE**

1-3 Months	5
4-6 Months	46
7-12 Months	161
13-18 Months	210
19-24 Months	245
3-5 Years	46
6-10 Years	34
> 10 Years	21

Table 6: Breakdown of cases admitted to 39th CCS by length of service.

Perhaps more interestingly, the dataset also tells us exactly how long each man had been on the Western Front when he was accused of self-mutilation. This is useful, because it allows us to make a distinction between how long a man had been in uniform, and how long he had actually been present in a theatre of war. (Table 7)

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<sup>81</sup> Alexander Watson: *Enduring the Great War: Combat, Morale and Collapse in the British and German Armies 1914-1918* (Cambridge, CUP, 2009) p.85

< 1 Month	19
1-3 Months	206
4-6 Months	148
7-12 Months	230
13-18 Months	135
19-24 Months	33
> 2 Years	9

Table 7: Breakdown of cases admitted to 39th CCS by length of service, specifically at the front.

Once again, the range is wide. The longest serving man had been at the front since the onset of the war in August 1914, whilst the man with the least experience had been at the front for just four days. Few men were accused of causing a self-inflicted wound in their first month abroad (2%) a total of 26% had been at the front for between one and three months, whilst 19% had been serving in France/Belgium for between three and six months. A further 29% had been serving with the BEF for between seven and twelve months. That means that a total of 76% of the dataset who were accused of self-mutilating had been serving at the front for a year or less.

A total of 17% had been serving at the front for between 13 and 18 months. Only 4% had been serving at the front for between 19 months and two years, and a mere 1% had been at the front since the beginning of the war. The analysis to be drawn from this is telling. Few men were accused of causing a self-inflicted wound in their first month at the front, though it was not unheard of. If a man survived the first year at the front without committing an act of self-mutilation, then the odds of him doing so drop dramatically. Almost all of the men accused of the offence had been at the front for between one and eleven months. This means that unless he had participated in the Battle of Loos at the end of 1915, the Somme, that is to say the campaign that caused him to do so, constituted his first experience of participating in a full-scale offensive. Those who had already participated in an offensive on the Western Front appear to have been far less likely to be accused of inflicting a self-inflicted wound during the Battle of the Somme.

## **INJURIES**

The next obvious question is what did these men stand accused of having done to their own bodies? Clear patterns emerged as to injuries men accused of having caused self-inflicted wounds were presenting with in the chain of evacuation. (Table 8) The dataset provides a unique opportunity to analyse the nature of self-inflicted wounds. The array of injuries is diverse:

Unknown	1
Chest	8
Arm	67
Neck	13
Foot	210
Head	11
Shoulder	6
Internal	1
Hand	364
Leg	63
Abdomen	2
Multiple injuries	39

Table 8: Breakdown of cases admitted to 39th CCS by location of injury.

It is clear here that the greatest suspicion fell on those who had isolated wounds to their hands and feet, as these constitute 73% of the cases that appear on the dataset. This raises interesting questions about the difference between suspicion and actual cases of self-inflicted wounds. A further 16% of injuries in the dataset were still located on the arms and legs. This leaves a mere 11% of cases occurring elsewhere on the body. Unsurprisingly, the means to cause these supposed self-inflicted wounds tie in with the means available, with 83% of them being caused by a firearm. (Table 9)

Firearms	656
Explosives	73
Unknown/Unspecified	21
Blade	18
Tools	8
Poison	1
Miscellaneous	7
No Mechanical Cause	5

Table 9: Breakdown of cases admitted to 39th CCS by cause of injury.

### **INSTRUMENTS USED**

In terms of the exact object used to cause the supposed self-inflicted wound, by far the most cases concern a weapon or item designed to kill the enemy. It is utterly unsurprising that in 81% cases a service rifle was used. A further 2.3% used the bayonet attached to said rifle. 8.2% of cases featured explosives. These were readily available, especially during an offensive, so we might have expected more of these incidents. However, it is important to remember the soldier's fear of mutilation, above even death. By way of an example, one soldier is quoted as saying: "I didn't mind dying , but the fear of mutilation played havoc with our minds. I had seen much of it and wanted to die whole."<sup>82</sup> A bomb injury is far harder to predict in terms of injury than firing a rifle bullet into a hand or foot. 2.3% cases featured a revolver, much less readily available but present in all units somewhere. (Table 10)

Rifle	639
Bayonet	18
Bomb	42
Cartridge	1
Detonator	21
Fuse	1
Revolver	17

Table 10: Case breakdown by equipment causing suspected self-inflicted wound.

<sup>82</sup> Author Unknown: History Today. Volume 52, Issues 1-6, 2002 p.85. Accessed via Google Scholar, 7th June 2022.

There is merit in analysing the most common injuries, as they constitute by some margin the wound of choice to supposedly inflict on oneself so far as the Fourth Army on the Somme in 1916 is concerned. The favoured method of self-mutilation was to injure a hand, and the dataset reveals that firearms were still the overwhelming first choice when it came to causing these wounds.

Bayonet	3
Bomb	11
Cartridge	1
Detonator	14
Rifle	313
Incised/Laceration Unknown	8
Knife	1
Revolver	9
Shrapnel	3

Table 11: Breakdown of cases admitted to 39th CCS with uncommon causes.

Moving on to the uncommon types of injuries, there are ten cases, one of which was admitted twice, which are attributed to either "shell" or "shrapnel." These present a number of issues in terms of assessing whether or not they could be self-inflicted wounds on the basis of this evidence.

In the case of the suspicious wounds where the cause is simply listed as a "shell." Two of the cases list injuries consistent with an explosion. 17-year-old 2191, Bugler John Johnson, of the 20th Durham Light Infantry, had injuries to his eye, thumb, arm and second finger, all on his left side; whilst 36416, Corporal Thomas Keay had injuries to his right leg and shoulder. We might suggest desperation amongst men who weren't thinking logically under extremely stressful circumstances against the argument that most soldiers balked at the concept of unpredictable mutilation. However, it would be almost impossible to gauge the trajectory and impact of a shell with the accuracy required to maim oneself. The accusations insinuate that these two men would have had to run into the path of an exploding shell, which is tantamount to a suicide attempt and any success on their part would indicate that they were extremely lucky. There were innumerable, far more efficient ways to cause a self-



inflicted wound. Keay was a veteran soldier of more than twelve years, though he was later discharged in 1917 owing to "sickness."<sup>83</sup> Despite his injuries, Johnson was fit to complete his service and was demobilised after the war. Two more men have "shell" as the cause of their wounds; one with a wrist injury and another with a damaged leg. What else could you do with a shell? They're heavy, you could drop it, or roll it on yourself if it was big enough, but you would have to gain access to one. One man, Lieutenant Black, was serving with an infantry battalion, whilst the other, 40473 Pioneer Alfred White was serving at a headquarters. Neither would have found it easy to obtain an unexploded shell and drop it on themselves.<sup>84</sup> From this, we learn that there are ambiguities to the information recorded in MH 106 that we may not now be able to properly analyse.

In terms of the five injuries listed with "shrapnel" as a cause, we are faced with much the same problem, in that there are far less unpredictable, far more certain ways to guarantee just enough of a wound to get out of service than standing near an exploding shell on purpose. One man, 13718 Private James Earsman had injuries consistent with an explosion. Two can be discarded. 15563 Private Harold Stapleton, who had shrapnel in his side, also had a gunshot wound to his foot, always highly suspicious and more likely to be the reason for the accusation of a self-inflicted wound. In the case of 24103 Private John Millard, the admittance book records that this was eventually deemed to be an accidental wound. That leaves limited ways to inflict an injury on yourself using a piece of shrapnel. You could ingest it, or you could attack yourself with it. Neither of the remaining two cases are consistent with the former - 6091 Private William Flanary had a wound to his face, whilst 12741 Private J. Whittle had a wound to his right hand. In the case of these shell/shrapnel wounds, they raise interesting questions about how quick to accuse the authorities were in some cases of suspected self-inflicted wounds, and how realistic these accusations were.<sup>85</sup> I would argue that in some of the cases present in MH 106, men had clearly

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<sup>83</sup> The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, 36416 Keay, Thomas & 2191 Johnson, John

<sup>84</sup> Ibid, 40473 Pioneer Alfred White and War Office: Officers' Services, First World War, Long Number Papers, 1914-1920 WO 339/55204 (William Black)

<sup>85</sup> Ibid, 13718 Private James Earsman, 15563 Private Harold Stapleton, 24103 Private John Millard, 6091 Private William Flanary & 12741 Private J. Whittle

been erroneously accused of having caused self-inflicted wounds; possibly because of pre-existing assumptions about individual men, or because officers were under pressure to recognise and punish offenders causing self-inflicted wounds.

A tiny percentage of cases (0.8%) exists for men who were suffering from an injury directly attributable to a tool commonly found on the battlefield. (Table 12) Five were members of infantry battalions, none of them pioneer battalions, and therefore would have been issued with a rifle. The last, 761 Gunner W. H. Bailey was a five year veteran in the Royal Garrison Artillery, suffering an axe wound to his left thumb.<sup>86</sup>

Axe	2
Pick	3
Entrenching Tool	1

Table 12: Cases suspected of being self-inflicted wounds caused by tools.

A small number of cases (3.3%) detail far more commonplace injuries or specific that they were caused by a more benign object than many available in a large-scale offensive. One of the most interesting cases in the dataset is that of 1592 Private Charles Hewitt, aged 23, serving with the 166th Machine Gun Company. According to the dataset, the cause of his suspected self-inflicted wound was that he drank creosote.<sup>87</sup> Hewitt would have had access to firearms and ammunition, but chose a different type of self-harm than the violent ones that form almost the entire dataset. I would suggest that the lack of a logical method of causing a self-inflicted wound, and the use of something like a poison which offers far less control than a bullet wound to the foot he had the means to cause, speaks to diminished capacity in terms of mental health, which is not referenced at all in the available source material, either to mitigate it or categorise it in the eyes of the authorities.

There are a small number of burns on the list. Two of the men in question were serving in the rear areas, as a Driver with a motor machine-gun unit in the 2nd Indian Cavalry Division and as a Driver in the ASC respectively. Therefore they were likely unarmed. The third was serving in the Post Office Rifles. For me, all three of the burns cases are problematic in terms of their being self-inflicted, because of where they occur on the body. MT/156093 Driver Clarence Ashton suffered burns to his eyes,

<sup>86</sup> Ibid, 761 Gunner W. H. Bailey

<sup>87</sup> Ibid, 1592 Private Charles Hewitt

47451 Private Thomas Kirkpatrick suffered burns to his face and 2645 Sergeant Arthur Gurney suffered burns to his face, nose and hands. In the case of the first two, could two men in the rear reach such a level of desperation that they would set fire to their faces? In the case of Gurney, whilst his more widespread injuries might point to a more general injury than targeting his face exclusively, the same applies. The fact that all three returned to duty, however, does imply that these injuries were light.<sup>88</sup>

Some of the injuries on this list, though superficially more banal than a man shooting himself with a rifle, are particularly distressing, especially when placing the units they served in into their proper context on the battlefield. (Table 13) The two glass injuries, one of which, 15367 Private John Palmer, presented with injuries to his wrist, were suffered by men preparing to go into action imminently at Flers-Courcelette, for both men, this was likely their first offensive action according to the details of their time spent with the BEF at that point. Perhaps even more distressing are the three men who suffered injuries at the hands of a razor. 20357 Private Joseph Wapling was serving with a trench mortar battery in 19th (Western Division). His injury predates the beginning of the offensive and he was deemed as a "mental" case and not fit for court martial. He had been discharged from the army sick by November. 4469 Private Louis Bonafaux cut his wrists on the day before the launch of the Battle of Flers Courcelette. A conscript, he had only been at the front a matter of weeks and this would have been his first experience of battle. The last case, that of 9742 Private William Kelly, was another incidence of a man attempting to cut his own throat, and like Wapling, he was discharged from the army sick having survived.<sup>89</sup>

These cases provide a sad reminder that if a man was determined to cause himself harm, he would find the means and the opportunity. If the cases of self-inflicted wounds being caused by shell fire and shrapnel are to be accepted as correct accusations, this would certainly support this argument. Of the fourteen cases where a wound was caused by an unspecified sharp object, causing variously a laceration, or an incised wound, a further seven are examples of men attempting to cut their own

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<sup>88</sup> The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, MT/156093 Driver Clarence Ashton & 47451 Private Thomas Kirkpatrick

<sup>89</sup> Ibid, 15367 Private John Palmer, 20357 Private Joseph Wapling, 4469 Private Louis Bonafaux & 9742 Private William Kelly

throats, but all of whom survived. Half of these injuries were suffered by men serving in units, in which they would likely not have been issued with their own firearm, such as the artillery.

Burns	3
Scald	1
Poison	1
Glass	2
Knife	2
Razor	3
Unspecified Sharp Object	14

Table 13: Suspected self-inflicted wounds cases admitted to 39th CCS without any weapon or tool used.

We can also attempt to ascertain just what lasting damage a man might be prepared to live with by the nature of his injuries. From a total of 363 known suspected injuries to hands, 66% damaged the hand itself. That said, fingers are more fragile, and 32% of the total cases were men accused of having been prepared to maim at least one finger to get out of serving. (Table 14)

Hand	239
Fingers	117
Both	7

Table 14: Breakdown of wounds to the hands admitted to 39th CCS.

There is, however, evidence in the dataset that in all of these cases, the men accused had preferred to inflict an injury on their non dominant hand. 67% of injuries occurred exclusively to the left hand. When one takes into account that 90% of people are estimated to be right-handed, this is significant.<sup>90</sup> This suggests that although men are perhaps willing to maim themselves, they are trying to limit the long-term impact of their injury. (Table 15)

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<sup>90</sup> Sarah Scharoun & Pamela Bryden: Hand preference, performance abilities and hand selection in children. In *Frontiers in Psychology* 5, p.82 (2014)

Left	243
Right	110
Both	8
Unknown	2

Table 15: Breakdown of which hand was wounded in cases admitted to 39th CCS.

## **OUTCOME**

The immediate outcome of being accused of inflicting a wound upon oneself on the Somme was segregation. Men were kept apart from their comrades, and there was stigma attached. This is evident by the lengths to which the authorities went to have them transferred away and treated as “ordinary” if their suspicions proved unfounded. These are evident in the correspondence preserved in surviving service files, whereupon transfers are effected swiftly and decisively if a man transpires to be innocent. They were acknowledging that these men did not deserve to be singled out and marked.<sup>91</sup>

There are a number of ultimate outcomes in respect the allegations made against these men. What happened to these individuals? Medically, in terms of those treated at the 39 CCS throughout the Battle of the Somme, these apparent self-inflicted wounds account for a total of 23,212 lost days of service incurred by the army in the midst of the most significant offensive Britain had ever fought. Only 179, went straight back to duty so for the others, so for 77% of the dataset, the number of lost days in terms of manpower would continue to rise and those records are gone, so this represents the minimum figure incurred by the Fourth Army in this period. One man died almost immediately as a result of his wounds, but 205 were moved to another CCS and 372 progressed on up the chain of evacuation towards further treatment and eventual convalescence, indicating that they could not be treated at Allonville and required more established care. The immediate fate of 31 is unknown.

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<sup>91</sup>The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920

We also need to consider military outcomes with respect to these individuals: what became of them as professional soldiers? Did they continue to augment the manpower available to Fourth Army in terms of trying to progress with the offensive on the Somme? This is crucial as we are discussing men who fall outside of demonstrated standards of discipline and behaviour. They represent a minority that must be considered to have a proper understanding of the Fourth Army at work on the Somme and to what extent it was hampered by this loss of strength.

A number of men that form the dataset went on to win gallantry medals before the end of the war. Aside from 761 Staff Sergeant Thomas Wood, who was awarded the Meritorious Service Medal, all were given the Military Medal, which had been instituted for NCOs and men in the rank and file in March 1916 at the behest of King George V.<sup>92</sup>

In all, 115,589 military medals were issued during the First World War. Chris Baker gives a figure of 8,689,467 serving in the British forces in total. This indicates that 1.3% of those who served earned a military medal. 14 men on the dataset were awarded a Military Medal during the conflict, or 1.8% on the list.<sup>93</sup> Taking the dataset as a cross-section of the army then, the figures would therefore suggest that the men accused here of causing self-inflicted wounds were more likely to be awarded a gallantry medal than generally. The same is true of men being awarded the Military Medal twice. Two men, 20959 Private Joseph Clark and 12209 Private Joseph Scully were awarded the Military Medal and Bar. This is a figure of 0.25%. This double award was issued a total of 5796 times during the war, an overall percentage of 0.03%.<sup>94</sup>

Perhaps more important are considerations in respect of the Silver War Badge. 187 men on the dataset were discharged specifically as unfit to continue service. 175 men on the list received Silver War Badges. I would argue that this is overwhelming evidence that the British Army did not, as a rule, single out men who had caused self-inflicted wounds for extended punishment beyond the scope of a court martial

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<sup>92</sup> Ibid, 761 Staff Sergeant Thomas Wood. For details on the foundation of the Military Medal, see: Churchill, *In the Eye of the Storm*

<sup>93</sup> <https://www.longlongtrail.co.uk/army/some-british-army-statistics-of-the-great-war/>, accessed 6th June 2022.

<sup>94</sup> The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, 20959 Private Joseph Clark and 12209 Private Joseph Scully

hearing and subsequent result. Bearing in mind that this badge was issued to be worn in public as an emblem of one's service and protect the bearer from the negative attention attracted by not being in uniform; had the authorities been minded to highlight self-inflicted wounds socially, stigma would easily have been achieved by denying these men a Silver War Badge.

### **TRANSFERS**

Everyone else on the list remained in the army in the aftermath of having been accused of causing a self-inflicted wound. It is important to try and ascertain whether or not they remained outliers in terms of discipline or behaviour. 121 (15% of the dataset) did not continue to serve in fighting battalions for the duration of the war. It is important to consider whether or not the accusation of having caused a self-inflicted wound, or the physical consequences of these wounds impacted the decision to move them away from front line service.

By far the largest contingent, a total of 85 men (11%) found their way into the Labour Corps at a later date. It would be easy to postulate that this is because they had demonstrated that were not effective fighting men, but this does not take into account wider trends in the British Army at the time in funnelling vast amounts of men into non-combatant roles; especially in terms of impaired men whose wounds were not suspicious.

Lack of unskilled labour at the front had been an issue throughout the war. In 1916, however, the British Army began moving towards a centralised system for the dispersal of men away from the fighting line.

During the First World War men were categorised as follows:

- A Able to march, see to shoot, hear well and stand active service conditions.
- B Free from serious organic diseases, able to stand service on lines of communication in France, or in garrisons in the tropics.
- C Free from serious organic diseases, able to stand service in garrisons at home
- D Unfit but could be fit within 6 months.<sup>95</sup>

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<sup>95</sup> Jay Winter: *The Great War and the British People* (London, Palgrave Macmillan, 2003) p.50-51

The army also began to make distinct the line between men who carried out unskilled labour and those who went into battle. It acknowledged that a man would not be in optimum fighting condition if he had been engaged in hard labour in the rear areas prior to battle. Men were now allocated to one job or the other.

The Labour Directorate was brought under one administrative body in 1917, and the Labour Corps was created by Army Order 85 on 21st February.<sup>96</sup> The number of white, British troops engaged in unskilled labour rose from 82,000 men to 150,000 that year alone, with men being organised into a vast array of labour companies.<sup>97</sup> Some of this growth was carried out by transferring low category men into labour units.

Men like those on the list who had suffered a wound already and were thus classified as low category were singled out in March 1917 as potential recruits for labour and not fighting when the directorate appealed to the War Office for their service.<sup>98</sup> This adequately explains why, aside from having demonstrated their unsuitability for a combat role by having been suspected of causing a self-inflicted wounds, such a significant proportion of men on the list later served in the Labour Corps.

Seven men who might have been suitable for the Labour Corps were routed to the Royal Defence Corps instead. Once again this was a form of service open to lower category men. The corps was introduced by a Royal Warrant of 17th March 1916 “to carry out duties connected with the local defence of the United Kingdom, including those hitherto performed by the Supernumerary Territorial Force Companies, as well as those allotted to the Observer Companies now in process of formation.<sup>99</sup>” As opposed to serving in front line units, these men were either allocated to Protection Companies or Observer Companies at home. By April 1918 around 27,000 men were

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<sup>96</sup> Ivor Lee & John Starling: *No Labour, No Battle: Military Labour During the First World War*. (Stroud, The History Press, 2014) p.112

<sup>97</sup> *Ibid* p.102. It is also important to note the routing of non-white, imperial troops into labour roles that augmented this number even further, such as men from South Africa, Fiji and Egypt.

<sup>98</sup> *Ibid*, p.121

<sup>99</sup> Army Council Instruction (ACI) 841: 19th April 1916.



serving in the Royal Defence Corps. Of these, more than half of them as guards in prisoner of war camps.<sup>100</sup>

Eight men on the data set moved to serve in the Royal Engineers, and though it is impossible to speculate about whether or not the wound treated at the 39 CCS was a factor in a transfer away from a fighting battalion, it can be argued that they constituted skilled labour being funnelled into a more suitable role than service on the front lines. Of the six for whom it was possible to identify an exact role, they were all serving away from the front lines, as in away from Field Companies. Two went to serve with Inland Water Transport units. Three more specifically went to work on railway construction and maintenance including Robert Daintith, who was identifiable on the 1911 census as an electric crane driver. The only one who might have been sent anywhere near the front lines was potentially a peacetime artist, David Bomberg, who was allocated to a Field Survey Company.<sup>101</sup>

It should be said that a "skill" useful enough to dictate a man's direction of service and in high demand could just be the ability to drive a motor vehicle. This can be seen with some cases of men who appear on the dataset and later transferred to serve in the Royal Flying Corps, and after it merged with the Royal Naval Air Service in April 1918, the Royal Air Force. In the subsequent service files that survive in the National Archives (UK) as AIR 79, Air Ministry: Personnel and predecessors: Airmen's Records, 1916-1939. Of the twelve, two list their civilian occupation as drivers and another as a joiner, which might have identified them as skilled workers. There is a chance that previous wounds might have been a consideration when men transferred to the RAF and its predecessors, but once again it would be a mistake to ignore the fact that like the army, this branch of the services was rapidly expanding too and in want of manpower. The official history of the war in the air records that "...by the middle of 1917 the depletion of British man-power had reached a point when it had become difficult to find the labour for the existing programme of aircraft expansion." In fact, the July Programme was looking to double the size of the air services. A new

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<sup>100</sup> <https://www.longlongtrail.co.uk/army/regiments-and-corps/the-royal-defence-corps-of-1916-1918/> accessed 6th June 2022.

<sup>101</sup> The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, 15300 Private Robert Daintith & 3008 Private David Bomberg

manpower committee in September 1917 mandated that the aim of 200 squadrons and an airship programme due for completion by the end of 1918 was now secondary only to shipbuilding in terms of the nation's manpower priorities. Despite this, calculations submitted by Major-General Salmond in November still claimed a deficiency of 68,000 men and almost 18,000 women if the air services were to meet their targets. Therefore it stands to reason that some men on the dataset was sent to the RFC/RNAS and then the RAF.<sup>102</sup> Of the dozen men transferring to the air services to serve as ground crew and support troops, three are farm labourers and one is a railway clerk, indicating that not all of the expansion was reliant on skilled workers.

Nine men also transferred to either the Army Service Corps or the Royal Army Medical Corps. These eleven men (1%) can be identified as having moved into non-combatant roles outside of those requiring rapid expansion such as the Labour Corps and not meeting the sort of advanced age threshold that might have made them suitable for a unit like the Royal Defence Corps. Using the dataset, it is not possible to identify any particular reason for these transfers apart from two, who appear to have suffered particularly severe wounds and were perhaps rated as less than Category A in terms of their fitness as a result. Low category men were not deemed capable of hard labour, which reveals to us something about the way in which the Army Service Corps, for example, was perceived in the latter part of the war. Men needed to be capable of this. Henry Swift (who incidentally was later found not guilty of having caused his wounds himself) suffered bomb wounds his ankle, leg, finger, face and arm and James Cooper suffered bomb wounds to his scrotum, penis and left leg.<sup>103</sup>

In summary, when assessing the men and the units concerned, there would appear to be little scope to claim that the 121 men who later transferred away from front line service were removed from it on account of having been accused of causing a self-inflicted wound. Rather, the 121 men who left fighting battalions appear to represent a cross-section of the varying needs and evolution of the armed services in wartime.

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<sup>102</sup> H. A. Jones & Sir Walter Raleigh: *The War in the Air: Being the Story Played in the Great War by the Royal Air Force*, Vol.VI. (London, Edward Arnold, 1922) pp.69-75

<sup>103</sup> The National Archives (UK) War Office: *Soldiers' Documents, First World War 'Burnt Documents'*, 1914-1920, 3796 Henry Swift & 31319 James Cooper

They ended up pursuing a variety of skilled and unskilled options for service in line with what might have been reduced fitness having suffered those and other wounds.

### **LEAVING THE ARMY**

We know that 179 of the men (23% of the dataset) immediately returned to duty following their self-inflicted wound. Whilst it is impossible to document exactly how many men on the list left the army as a result of the wound they were accused of causing using this dataset, by further analysing documents such as medal rolls, surviving service records and pension files, it has been possible to document how 497 of the men on the list eventually exited military service.

Only 189 men (38% of the identified cases) are known to have completed the war in uniform. That is to say, they were not released until after the Armistice, with the exception of one, who had completed his term of service. Baker gives a figure of 2,272,998 British servicemen wounded during the war, of whom 82% then went on to complete their service<sup>104</sup>. Broadly speaking, the men accused of having caused a self-inflicted wound in this dataset were far less likely to see out the war in uniform than seen in the overall figures. 62% of the identified cases did not complete the war. Of these, 187 men, (38%) were discharged specifically because they were no longer fit to serve. We cannot make the claim that all of them were rendered so by their "self-inflicted" wound, as opposed to a later wound, but this far exceeds the figure of 18% given by Baker for wounded men overall serving with the British Army.

83 men (11% of the total dataset) were killed in action or died of wounds before the end of the conflict. This is a casualty rate in line with the norm. Baker gives a figure of 704,803 men from the British Isles dying as a result of the war, from a total serving at some time of 5,704,416.<sup>105</sup> (12%) The men listed in the 39 CCS's records as having been accused of causing a self-inflicted wound were no less likely to lose their life as a result of the war than any other serviceman.

The remaining men on the list ended their military service for a variety of reasons, as revealed by their medal rolls, Silver War Badge records, surviving WO 363 records and

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<sup>104</sup> <https://www.longlongtrail.co.uk/army/some-british-army-statistics-of-the-great-war/>, accessed 6th June 2022.

<sup>105</sup> Ibid

other supplementary documents such as RAF service files for men who transferred. 24 of them were discharged for an unspecified reason, and it is sensible to surmise that some of these men might too have been unfit to serve. Only one further man is stipulated as having been discharged for a non-medical reason. Four men deserted, and six died away from the front at home, or in the case of one man, at sea. That leaves nine men still serving in the army when the medal rolls were compiled, and three more who, respectively, were transferred home, sent home underage, and in the case of two officers, asked to resign as a result of inefficiency as a means to remove them when they could not be dismissed on the basis of a suspicious wound. Once again, the results are broad and indicative of the army as a whole, as opposed to providing evidence that one type of man was more likely to offend than another.

(Table 16)

Deserted/Absent	4
Demobilised/Disembodied	179
Killed in Action or Died of Wounds	83
Otherwise Died (At Home or At Sea)	6
Unspecified Discharged	24
Non-Medical Discharge	1
Discharged No Longer Fit to Serve	187
Still Serving After Demobilisations	9
Transferred Home	1
Resigned (Over Adverse Report - Officer)	1
Sent Home Underage	1
Termination of Engagement	1

Table 16: Breakdown of how the men admitted to 39th CCS left the army.

## 5. Further Source Material on Cases Referred to in MH 106

It has been possible, despite the destruction of records during the Blitz, to take the details of men appearing in MH 106 and then to locate and analyse the service and/or pension records of 68 men in the ranks who appear in the dataset, or some 8.8% of those who were not officers. This has proved a useful exercise in further analysing men I have been able to identify using the dataset as accused of causing self-inflicted wounds, and to augment the study of this period on the Somme with respect to this kind of injury. This chapter seeks to ask, if we continue investigating, what further information can be gleaned in order to understand the accusations of, and response to self-inflicted wounds?

### Processes

In more general terms, the 68 files forming the sample provided some interesting information as to the bureaucratic process adhered to and the paperwork involved in dealing with cases of self-inflicted wounds in the Fourth Army during the Battle of the Somme.

According to a memo on the file of 15721 Rifleman Harry Cutting, a note entitled Fourth Army Circular Memorandum No.8 was circulated on 5th April 1916 indicating that in the case of suspected self inflicted wounds, Fourth Army Form SIW1 was to be completed and forwarded to the Deputy Assistant Adjutant General at the Fourth Army HQ.<sup>106</sup>

Numerous files suggested that the first course of action was an internal court of enquiry held by the unit commander. If it was deemed advisable to escalate the case, it was then that it was suggested that the man be tried by court martial. For this to happen, the case had to be passed up through brigade and divisional command to the Fourth Army HQ.

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<sup>106</sup> The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, 15721 Private Harry Cutting

### **Priorities**

The priority appears always to have been adequate medical treatment, which would make sense, because you would want as many fit soldiers as you could muster in the middle of a large offensive. In the case of 52581 Pioneer James Bolton, the medical authorities were instructed that he was to stand trial as soon as his condition allowed, not before. This period was waited out at the 39 CCS. If a man was suspected of a self inflicted wound then he was transferred to the 39 CCS from wherever he was being treated. The case of Bolton indicates that an escort was expected for these transfers. If he needed further treatment at a base hospital, or warranted evacuation home, then they were instructed to immediately notify the Fourth Army HQ.

In terms of pay, the Canadian (and therefore more expansive, undamaged) service file belonging to 210579 Private Henry Mace indicates that for the duration of his punishment, his pay was stopped. As a married man, this indicates a knock on effect too in terms of his wife's separation allowance on account of his being found guilty of a self inflicted wound.<sup>107</sup>

### **Punishment**

In terms of punishment, the files also revealed that only after the army commander, in this case General Sir Henry Rawlinson, had reviewed the case was a man committed to the base for a transfer to prison. All cases that resulted in a trial passed across his desk. In terms of the legal connotations of the process, the Fourth Army HQ, its commander, Rawlinson and his subordinate generals were, on the basis of the sample available, far from arbitrary in their response to suspected self inflicted wounds. Their priority appears to have been to get men back to duty as soon as possible. In the case of the man who was charged with a failure to commit suicide, not negligently wounding himself, his punishment was 42 days Field Punishment No.1 commuted from an original sentence of one year's hard labour.

So far as the fifteen men who were found guilty of negligently wounding themselves for whom paperwork survives, their sentences were as follows:

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<sup>107</sup> For further material on separation allowances and economic effects of them in varying circumstances, see: Andrea Hetherington: *British Widows of the First World War: The Forgotten Legion* (Barnsley, Pen and Sword, 2018)

- Sentence suspended in its entirety.
- Forfeit of 28 days pay, original sentence confirmed.
- 3 months FP No.1, was back with his unit 7 weeks later.
- 1 year hard labour commuted to 3 months FP No.1.
- 1 year hard labour commuted to 60 days FP No.1.
- 60 days FP No.1, original sentence confirmed.
- 6 months hard labour, commuted to 35 days FP No.1.
- 35 days FP No.1, original sentence confirmed.
- 42 days FP No.1, original sentence confirmed.
- 28 days detention, sentence remitted after four days.
- 56 days FP No.1, original sentence confirmed.
- 6 months hard labour, commuted to 3 months FP No.1.
- 21 days FP No.1, original sentence confirmed.
- 84 days FP No.1, original sentence confirmed.
- 42 days FP No.1, original sentence confirmed.

Using the sample, we can therefore surmise that it would have been exceptional for a man to receive more than Field Punishment No.1 for inflicting a wound upon himself.

Bourke records that this punishment entailed:

“lashing a man to a gun-wheel by his wrists and ankles for an hour at a time in the morning and in the evening. The soldier could not be subjected to this punishment for more than three out of any four consecutive days, nor for more than twenty-one days in all. The War Office decreed that the discipline must not cause physical injury or leave any permanent mark.” It was designed to humiliate, and senior officers are documented as stating that it worked in terms of dissuading further offences. Haig himself defended it: “soldiers had to recognise that they were not 'free agents'. Further, 'the surest way to undermine discipline[was] to impose a series of small penalties which [were] not of sufficient significance to the offender.” He warned that the consequences of abolishing Field Punishment No.1 would be to undermine the moral fibre of a large percentage of men who required “the daily fear of adequate punishment” to keep them as effective units of production.”<sup>108</sup>

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<sup>108</sup> Bourke, *Dismembering the Male*, p.99. See also: *The First World War soldier and his contemporary image in Britain*. Helen McCartney in *International Affairs*. Vol. 90, No. 2, *The Great War* (March 2014), p. 299-315

Whilst on the scale of military punishments it appears a let off in comparison with imprisonment, or execution, it is worth noting that Field Punishment No.1 was regarded by soldiers as derogatory and arbitrary. Whilst the authorities balked at any sort of punishment that might remove an effective soldier from the Fourth Army, humiliation was evidently the method of choice for ensuring continuing obedience not only from the original offender but from those who saw this punishment in action .It provoked a visceral action, one man stating that it "turned our minds against the British Army, as we had not enlisted for our own benefit, we were all civilians, who had never entertained the idea of being soldiers before the war started, and to see men strapped to the wheels for an hour was nothing more or less than cruelty, and to be on view of all passer by's [sic] was not pleasant."<sup>109</sup> The results of this analysis therefore support Bourke's assertion that the military hierarchy saw this particular form of punishment as a means to warning men off certain patterns of behaviour despite the controversial nature of it outside of the army.

### **Treatment**

Though there is no evidence in this study to suggest that men accused were treated any different medically to other men, it is very rare to find any information about the nature of the medical treatment that men received in respect of their self-inflicted wounds. One scant example is the case of 2320 Private Archibald Mangan. He had received a wound to his left arm in 1914 that later turned septic. Following a further injury to his left wrist on the Somme, for which he was accused of having mutilated himself, his hand was amputated in 1917. In assessing his medical care, his hospital admissions sheet reveals that he received an artificial limb at Roehampton, and so he arguably received the very best care available to a man with his injury. In terms of 156093 Driver Clarence Ashton, when he suffered his wound, before it had been ruled an accident, his eye injury saw him in front of an ophthalmic specialist within hours, which would indicate that men suspected of having caused self-inflicted wounds were in no way penalised in terms of the quality of their treatment on this basis.<sup>110</sup>

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<sup>109</sup> Ibid p.100

<sup>110</sup> The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, 2320 Private Archibald Mangan & 156093 Driver Clarence Ashton



Other than that, in terms of gaining a picture of the medical impact of the wounds detailed in the dataset, there are merely piecemeal references on forms such as B.179a, which comprised medical reports on a soldier being discharged to certain classes of the reserve. In the case of 160980, Private John Cox, we can ascertain that his GSW to the left hand resulted in the loss of a finger, and that as of March 1920, the stump was still tender and that he still had a diminished grip in his hand. However, he claimed that he was ambidextrous which reduced the impact of his wound. This was classified as less than 20% disability for the purposes of his pension.<sup>111</sup> In the case of 22662 Private John Lawson, we can expand on the record in the dataset that details an injury to the right hand. Thanks to a statement as to his disability which had to be filled out if he wanted to claim one. As at August 1919, his index finger was useless and impaired the use of his second finger.<sup>112</sup>

### **Attributing self-inflicted wounds to mental health issues**

Perhaps the most interesting finding is the revelation that in very few instances does it appear that the army authorities tied the actions of a man apparently causing a self inflicted wound to his mental state. In the case of 13962 Private Joseph Welsby, he is recorded as suffering from shell shock twice in the five months before he sustained the wound that was found to be self inflicted on the Somme in August 1916. We might assume that in this case, shell shock would have been considered in investigating his wound. In fact, the reverse is true. According to the investigation, he reported to a medical officer in Casement Trench on the Somme claiming to be suffering from shell shock a third time. When the officer deemed that this was not the case, he "went out and shot himself in the finger presumably to escape being sent back to the trenches." Whilst it is impossible to retrospectively diagnose this soldier, it is worth recording that in September 1915 he had been involved in an incident that saw several men buried by a shell blast. Himself, Welsby suffered shell wounds to his cheek and his hand.<sup>113</sup>

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<sup>111</sup> For a breakdown of pension categorisations see Bourke, *Dismembering the Male*, p.66

<sup>112</sup> The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, Ibid 160980, Private John Cox & 22662 Private John Lawson

<sup>113</sup> Ibid, 13962 Private Joseph Welsby

Of the 68 files in the sample, only one bears any evidence that the man was classified as suffering from a “nervous breakdown: and that he was mentally incapacitated and unable to serve;” and this is the case of 68068 Private Lancelot Rabbitt. In another case, the father of 19958 Private William Pears had written to the War Office prior to the offensive on the Somme, at the end of 1915. He requested that they not send his son back into the firing line “he as [sic] been out once and has been wounded and when he was on pass he semed [sic] to have dread of going out again [sic] and you will [se] by his certificate that he is not yet 17 years.” No part of this letter was heeded, either the reference to his mental state or his age, as Pears was found guilty of having caused a self inflicted wound on the Somme a few months later at the age of 17.<sup>114</sup>

The absence of shell shock in these files is conspicuous. According to Bourke, “in the crisis year of 1916, neurasthenia accounted for 40% of casualties in combat zones... If we exclude men sent home with wounds, neurasthenia was responsible for one-third of all discharges from the army.”<sup>115</sup> Therefore the idea of all of these cases are divorced from some sort of psychological debility becomes impossible. There would appear to be a distinct inability, or unwillingness on the part of the authorities to entertain the idea that men accused of self-inflicted wounds were suffering from any sort of non-physical impairment either when they were injured or immediately following.

### **Further Service**

Of the sample files, two revealed a further alternative to a transfer to a non combatant unit such as the Labour Corps or the Royal Defence Corps after having been accused of causing a self-inflicted wound. That is the Army Reserve that put men into munitions work at home. 21192 Private William Baird was sent to work at the foundry of G&J Weir Ltd., an engineering company in Glasgow.<sup>116</sup> He is classified as being Class W Army Reserve, and in effect seconded to the firm under the instruction of his local army area

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<sup>114</sup> Ibid, 68068 Private Lancelot Rabbitt & 19958 Private William Pears

<sup>115</sup> Bourke, *Dismembering the Male*, p.108

<sup>116</sup> Ibid, 21192 Private William Baird

command.<sup>117</sup> In his case it becomes apparent that his presence there was monitored by the firm and that the stipulations are taken seriously, because surviving correspondence reveals the company alerting the War Office about his absence from work. They were sketchy on the details of his military service, indicating that they did not receive a full record of it, but reported details such as his home address and that so far as they knew, he had gone to Ireland.

### **Consequences - Pensions**

Whilst there is almost no room for leniency with respect to pensions and men who had been found guilty of maiming themselves, I did find one exception. 142206 Sapper Reginald Beaumont of the Royal Engineers was 19 years old when he was admitted with a facial wound to the 39 CCS. His file reveals that he had been tampering with an unexploded bomb when the injury occurred. Whilst he was arguably negligent in doing so, he still received his pension and with a 20% disability allowance after he lost his eye. There is nuance to his story that might explain this. He was a skilled telephone operator. Having enlisted under the Derby Scheme, he was sent to the front a mere three months later to work in this field with the Royal Engineers. Though an explanation is not forthcoming, the fact that his training would have been minimal and his injury severe might suggest that the army accepted some liability for his negligence and could explain the authorities making an exception in his case.<sup>118</sup>

### **Ratios of accused to guilty**

Perhaps most importantly, of 34 cases in which it was possible to see the outcome of the accusation of having caused a self-inflicted wound, 47% were found guilty of having done so. In one case 52581 Pioneer James Bolton was charged with having failed to commit suicide. In every other case, a lesser charge of "negligently" causing the wound, as opposed to "wilfully" doing so was pursued. This is most likely owing to

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<sup>117</sup> "Class W Reserve and its Territorial Force equivalent Class W(T) was introduced in June 1916 by Army Order 203/16 under Section 12 of the recent Military Service Act. This new class of reserve was "for all those soldiers whose services are deemed to be more valuable to the country in civil rather than military employment" .<https://www.longlongtrail.co.uk/soldiers/a-soldiers-life-1914-1918/enlisting-into-the-army/british-army-reserves-and-reservists/>, accessed 6th June 2022.

<sup>118</sup> Ibid, 142206 Sapper Reginald Beaumont

the difficulties inherent in trying to prove what was going through the soldier in question's mind when he carried out this act. It is far more straight forward to prove that he did cause a self-inflicted wound than to prove he wanted to. It is useful to us in terms seeing how the army addressed the issue of identifying individual intent whilst maintaining military discipline. Guidelines for categorising suspicious wounds appear in numerous files as part of initial reports made by unit commanders (See figure 10)

Opinion of O.C. Unit as to whether the wound was caused  
 (a) Wilfully;  
 (b) Negligently;  
 (c) Accidentally, i.e. no blame attaching to the man;  
 and remarks if any.

Negligently <sup>(a)</sup>(C.C.S.)

27.6.16.

(Sd)C.M.ABERCROMBIE, Lt.Col.  
 Commanding 16th Lan. Fus.

Figure 10: Extract taken from The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, 15721 Private Harry Cutting.

### **Attempting to identify potential offenders**

One of the first questions I sought to address was whether or not there was any evidence to suggest that the men accused of having caused self-inflicted wounds were of an 'inferior quality'. Arguably, the answer is no. I used two details in the service files, namely their recorded heights and the space left to analyse "physical development." Combining these two statistics would at the very least reveal if the men in question were statically more likely to be regarded at least superficially as sub-par soldiers. The average height of a British soldier in the First World War was 5'6".<sup>119</sup> Whilst none of the sample of 68 were over 5'9", in terms of whether they were under average height, of average height, or above average height, they were reasonably evenly spread out. (Tables 17 and 18)

<sup>119</sup> Roy E. Bailey, Timothy J. Hatton & Kris Inwood: Health, height, and the household at the turn of the twentieth century. In: The Economic History Review, March 2015. Viewed at [https://onlinelibrary.wiley.com/doi/full/10.1111/ehr.12099?saml\\_referrer](https://onlinelibrary.wiley.com/doi/full/10.1111/ehr.12099?saml_referrer), accessed 7/6/2022.

Under 5'0"	2
5'1-5'2	6
5'3 - 5'4	22
5'5-5'6	10
5'7-5'8	19

Table 17: Heights of men admitted to 39th CCS where available.

- Average or Above Average Height
- Below Average Height

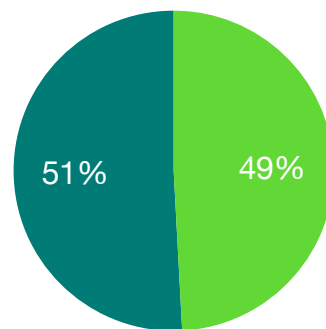


Table 18: Assessment of heights of men admitted to 39th CCS.

In terms of physical development, no man was rated less than "fair." However, only two were rated as "very good." 23 were rated as "proportionate," or "good." We have to exercise caution, though, because there are ostensibly ulterior motives for rating men as physically superior than how they actually appeared. For this reason this sampling cannot be wholly relied on. The army needed men, and if those presenting themselves for medical assessment were not fit, examiners may be likely to overlook this fact.<sup>120</sup> One example of this is revealed in the case of 21436 Private Thomas Lynch. According to his file, he originally enlisted in May 1915, and by August an application had been made under Army Form 204 to discharge him "as not likely to become an efficient soldier." The application was rejected, but it was recorded that the 36 year old had suffered from deformities in his feet since childhood, and had

<sup>120</sup> Winter: The Great War and the British People p.50-51

“always been a bad walker.” Despite this, his medical history sheet, taken on his enlistment, records his physical development as “good.”<sup>121</sup>

Any assessment as to whether or not the men accused of inflicting injury on themselves were inferior to other soldiers is therefore inconclusive. Whilst it is evident that none of the 68 men sampled were especially impressive specimens, there is no evidence statistically to suggest that they were consistently more puny and undersized than the next man in the ranks.

Another point of interest was the idea that men were more likely to cause themselves a self-inflicted wound if their training had been shorter in duration than the next man. Using the sample of 68 service files it is clear that this is not the case. (Table 19) I was able to ascertain figures for 56 men. Of those, 50% had more than 10 months training before they were sent to the front. 79% had a minimum of 7 months in uniform before they joined the BEF. A mere 21% had six months training or less, and of the 6% that had three months training or less before being sent on active service, this can be explained by them being specialists and going into non-combatant roles. For instance one was a telephonist who went into the engineers, and another was a chauffeur who went to be a driver in the Army Service Corps.<sup>122</sup>

Not applicable (pre-war soldiers or territorials)	8
More than 10 months	20
7-10 months	16
4-6 months	9
3 months or less	3

Table 19: Total experience of armed service of men admitted to 39th CCS where available.

Using available sources, is it evident that the authorities would have been able to anticipate that these men might carry out the military offence of maiming themselves? Did the sample represent men with particularly bad disciplinary records? The answer is

<sup>121</sup> The National Archives (UK) War Office: Soldiers' Documents, First World War 'Burnt Documents', 1914-1920, 21436 Private Thomas Lynch

<sup>122</sup> Ibid, MT/156093 Driver Clarence Ashton & 3008 Private David Bomberg

no. (Table 21) 26 of the 68 men in question (38%) had no trace of any disciplinary transgression in their surviving records. Of those remaining, apart from one or two isolated charges of desertion, the rest of them had amassed no more than an array of petty transgressions such as being impertinent to NCOs. Of the 164 offences accumulated by the 42 men in question, 86 (51%) are the result of nothing more than shoddy timekeeping. Having performed a similar analysis in 2015 on some 200 men who initially enlisted in the Footballer's Battalion in 1915 (17th Middlesex Regiment) I found the 42 men's disciplinary records to be no worse than those in that random sample.<sup>123</sup>

Absent	57
Overstaying Leave	21
Using Improper Language	9
Being Dirty on Parade	7
Failing to Obey An Order	6
Drunkenness	6
Desertion	5
Having a Dirty Rifle on Parade	4
Late for Parade	4
Lying to an NCO	3
Fighting	2
Damaging the Property of Comrades	2
Leaving Work Without Permission	2
Wilfully Disobeying Censorship Regulations	1
Abandoning Parade	1
In Town at a Prohibited Time	1
Breaking out of Camp	1
Laziness in the Ranks	1
Neglecting Sentry Duty	1
Wilfully Damaging Government Property	1

<sup>123</sup> See: Alexandra Churchill: *Over Land and Sea, Chelsea F.C. in the Great War* (Stroud, The History Press, 2015)

Losing by Neglect His Iron Rations	1
Inattention on Parade	1
Late for Divine Service	1

Table 20: Breakdown of disciplinary infractions by men admitted to 39th CCS where available.

### **Economic Impacts**

In terms of supplementary analysis that can add further understanding to the findings in MH 106, the next question was whether or not self-inflicted wounds had an economic impact on Britain. First it should be said that the sample is a small one, so it is difficult to draw any firm conclusions. However, it is important to point out that in almost every case, where a man was put through a court martial and found guilty of having caused a self-inflicted wound, he was denied a pension full stop, let alone one that carried any disability allowance. 11 men (16%) did not survive the war, and thus made no disability claim in respect of the injury detailed in the dataset. A further 10% of the sample made a disability claim to receive additional money in respect of a different injury that had nothing to do with the one in the dataset from the Battle of the Somme.

9 of the 68 men sampled (13%) either did not claim to be disabled, or had their claims of disability rejected. That left 19 men who claimed a disability based on the injury detailed in the dataset based on MH 106. Although this figure represents 30% of the sample, not one of the men in those 19 had been found guilty of having caused his wound intentionally. (Table 20)

No Disability Claimed (includes rejected claims)	9
No Claim to Pension (Guilty of SIW)	5
Disability Claimed	19
Disability Claimed for another injury	7
N/A (Did not survive the war)	11

Table 21: Analysis of pension claims of men admitted to 39th CCS where available.



## Officers

Finally, it is important to make a distinction between the men in the dataset who held commissions and those who did not. This is intrinsic to questions of class and social structure, in analysing both instances of men accused as well as responses to supposed self-inflicted wounds in the Fourth Army during the Battle of the Somme.

Official statistics from November 1916 give totals in the BEF of 66,476 British Officers and 1,617,320 men serving in the ranks, a total of 1,683,796. Officers therefore represent 3.95% of the total men engaged in the BEF.<sup>124</sup> Of the 789 entries in the dataset, 1.27% were officers at the time. On a very superficial level this might indicate that an officer was less likely to maim himself. However there are other factors that would have to be considered, such as the possibility of an increased likelihood of covering up a self-inflicted wound if an officer was concerned.

In the case of six of the seven officers for whom a file was available, I ran a check on the battalion war diary (national archives, WO 95 series). Ostensibly, we can expect officers to be named within these diaries in terms of their comings and goings, so I wanted to check if they could be relied upon to record possible instances of self-inflicted wounds amongst those holding commissions. Below are the results:

2nd Lieutenant Edgar Moss, Royal Field Artillery: On the date in question it says 'nothing to note.'<sup>125</sup>

2nd Lieutenant William Black, 7th Cameron Highlanders: No reference to either his wound or his leaving the unit.<sup>126</sup>

Lieutenant Harry Mansergh, 9th King's (Liverpool) Regiment: Only a reference to him rejoining from hospital.<sup>127</sup>

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<sup>124</sup> Statistics of the Military Effort of the British Empire During the Great War p.31 See also Winter: The Great War and the British People, p.87

<sup>125</sup> The National Archives (UK) War Office: First World War and Army of Occupation War Diaries, 1914-1919, WO 95/2413/8

<sup>126</sup> Ibid, WO 95 1941/1

<sup>127</sup> Ibid, WO 95 2927/2

Lieutenant John Murphy, 6th Royal Berkshire Regiment: On a casualty list, he is listed as accidentally wounded in an appendix. That's the only mention of his name. No reference to his departure from the unit at the turn of the year.<sup>128</sup>

2nd Lieutenant Edwin Hutt, 1st Gloucestershire Regiment: Battalion war diary merely records him as being wounded on 21st August.<sup>129</sup>

Lieutenant Arnold Stephenson, 12th King's (Liverpool) Regiment: No mention of his accident or his departure in the war diary.<sup>130</sup>

It is an extremely small sample, but arguably we cannot rely on potential cases of self-inflicted wounds to have been recorded by the adjutant in the war diary at the time. However, for the purposes of the study, analysing the seven officer files has augmented the understanding of the treatment of self-inflicted wounds in officers and how it compared to men in the ranks greatly, because other sources are available. The fact that officer service and pension files were not destroyed in the same unfortunate manner as those of other ranks, it is possible to apply further analysis to their cases and analyse the difference in looking at officers and men serving in the ranks who appear in the dataset. Seven of the nine officer service files were located in either the WO 339 series at the National Archives (UK) War Office: Officers' Services, First World War or the WO 374 series: War Office: Officers' Services, First World War, personal files.

We can say with certainty that four of the eight officers faced some kind of enquiry as to their wound, which tells us that suspicious wounds amongst officers on the Somme in 1916 were not ignored. However, none of the eight officers were clearly sanctioned for their supposed self-inflicted wounds. 63% of them were excused and the wounds in question were recorded as accidental. They range in terms of plausibility. Lieutenant Gerald Pinsent was fiddling with a German artillery fuse when it maimed both of his hands, but as he was an expert in fuses, and had recently submitted a design for one himself to the War Office, it was decided that he had been acting in the interests of

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<sup>128</sup> Ibid, WO 95 2037

<sup>129</sup> Ibid WO 95 1278/3

<sup>130</sup> Ibid WO 95 2126/2

the service when he was injured.<sup>131</sup> Like Pinsent, 2nd Lt. William Black of the Cameron Highlanders was playing with explosives when he was wounded, in his case the cap of a German shell case. He was holding a bayonet in place while a friend knocked the end of it to prise the thing apart. Once again, in what would probably have been referred to as negligently wounding himself if he served in the ranks, the officer in question saw this treated as “a case of disobedience of orders.”<sup>132</sup> This is an instance of an officer being given the benefit of a doubt above and beyond that of a man in the ranks, and speaks to how quickly men were suspected of lowering themselves to carrying out a self-inflicted wound with respect to their rank. 2nd Lt. Edgar Moss claimed that he had obtained his gunshot wound to the knee when he was trying to clean his rifle in a dugout. Serving with a divisional ammunition column, he claimed that he kept it loaded permanently in case he needed to put wounded horses out of their misery in an emergency. In the sample cases of other ranks, they were almost all charged with negligently wounding themselves and punished. Moss, however, was accused of wounding himself, but the word negligence was not used once, merely “neglect” in properly caring for his firearm.<sup>133</sup> Finally, in the case of Lt. Arnold Stephenson, his suspicious wound is referred to as accidental in his file, but there is no surviving reference to any investigation and its outcome.<sup>134</sup> What is interesting about his case, is the apparent lack of investigation coincides with his being notably older than the other officers accused, and a veteran of the Second Boer War. Perhaps his experience and his previous records buys an officer a certain benefit of the doubt we would not see in the ranks.

So far as punishments are concerned, the sample suggests that they were cursory and unofficial in their nature. Nothing is recorded for Stephenson, Pinsent was deemed to be doing his duty. In the case of both 2nd Lt. William Black and 2nd Lt. Edgar Moss, General Sir Henry Rawlinson shows no inclination to pass out arbitrary punishment. In the end Black received a reprimand for carelessness from the lowest

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<sup>131</sup> The National Archives (UK) War Office: Officers' Services, First World War, Long Number Papers, 1914-1939, WO339 18591 (Gerald Pinsent)

<sup>132</sup> Ibid, WO339 55204 (William Black)

<sup>133</sup> Ibid, WO339 35996 (Edgar Moss)

<sup>134</sup> Ibid, WO339 50945 (Arnold Stephenson)

ranked general involved, a Brigadier, as opposed to the Army Commander, and Rawlinson ordered that both men had their leave stopped for an ambiguous period of time. One of the men faced no sanctions, but this can be accounted for because a very short period of time lapsed between his minor suspicious wounds, and his fatal wounding at the hands of a shell. Lt. Harry Mansergh suffered for weeks at a hospital in Le Touquet before finally dying of exhaustion after both of his legs were amputated, and it would appear that nobody investigated the incident. If anybody saw fit to make enquiries about the initial hand wound, the details have been weeded from the file since.<sup>135</sup>

In the case of the two remaining officers, what is interesting to note is that as opposed to proving and punishing them for their suspicious wounds during the Battle of the Somme, the authorities' priority instead was to remove these men from a position where they had responsibility for others. In the case of both Lt. John Francis Murphy and 2nd Lt, Edwin "Sydney" Hutt, they were asked to resign their commissions and both cases warrant further examination.

Lt. Murphy was accused of having injured himself with a revolver. On 19th July, he was about to be sent into the remains of Delville Wood when he suffered a gunshot wound in the arm from his revolver, "by accident." A Lieutenant Hudson immediately told the medical officer that Lt. Murphy had wounded himself "purposely." He was arrested immediately, but continued to serve under open arrest after his release from hospital on 7th September, until the main witness against him was available to testify having been wounded. No notes survive as to his trial, but he was acquitted. It is clear, however, that his commanding officer, who had not been with the unit in July, believed the wrong verdict had been reached. According to Lt. Murphy, the day after the court martial, he stated: "I do not wish to express any opinion regarding the matter Murphy, but you in your heart know the true facts of the case." These words were spoken in such a manner as would caused one to think that the person who used them believed me guilty of the charge which had been proffered against me."

Immediately following his acquittal, the battalion commander submitted a complaint that Lt. Murphy was not fit to command on account of "nervousness." It was alleged that on the occasion that he was first sent into the firing line (as a replacement) on the

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<sup>135</sup> Ibid, WO339 35565 (Harry Mansergh)

evening of 1st July 1916, he wavered. Two weeks later, when he was about to go into action for the first time, Lt. Murphy removed himself and approached a medical officer and suggested that he thought he might have a venereal disease. No trace of one was found and he was sent back to his unit immediately. Though the charge was not proven, the battalion commander clearly did not want Murphy serving under him, and clearly believed him to be guilty.

Lt. Murphy was asked to resign his commission, a humiliating prospect, for this would be published in the London Gazette. He said: "I emphatically deny that I showed any sign of nervousness, on either of these two occasions," and appealed the decision twice to no avail. Though he was sent to a Fourth Army CCS, Murphy was in fact in General Sir Hubert Gough's Reserve/Fifth Army and it was Gough, not Rawlinson that recommended he be deprived of his commission and sent to serve in the ranks. In both of these cases, the matter was sent as far up the chain of command as Sir Douglas Haig. In this instance, his office remarked that Lt. Murphy was "unfit to hold a commission."<sup>136</sup>

Likewise, 2nd Lt. Edwin Hutt was asked to resign his commission following the accusation of a self-inflicted wound and likewise he appealed. In his case too, the authorities focus was on removing him from the command structure. In 2nd Lt. Hutt's case, he was accused of maiming himself when he trod on a bayonet that was allegedly sticking out of the ground in a trench. It was admitted by his commanding officer that this was a plausible accident. Unlike Lt. Murphy, he was denied a court of enquiry because the army only sought his resignation on the question of his inefficiency, and did not pursue a charge based on his wound. Sir Douglas Haig did not deem that disciplinary action was necessary, but his office stipulated that 2nd Lt. Hutt's services should be dispensed with.

Following his wound, 2nd Lt. Hutt's battalion commander submitted a report in which he alleged that "on two occasions at Contalmaison on the night of 14th July, "I found him sitting in a hole in the side of a trench when he should have been superintending the work of his men, who were being shelled. On another occasion during the present operations the same thing happened." He also alleged that 2nd Lt. Hutt was drunk when they attacked the German second line on one occasion. He said that he didn't

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<sup>136</sup> Ibid, WO339 32841 (John Murphy)

turn him in, because though he was clearly under the influence, and he didn't find out until afterwards that he had apparently consumed an entire bottle of whisky that afternoon. "Afterwards I spoke to him severely and from this time he drank less."

In his defence, 2nd Lt. Hutt claimed that he only had one interview, with his divisional commander, and when it took place he had no idea what the charges against him were. He said that subsequently, when he did, that "several" allegations were false and that he had been "harshly treated."

Though neither of these men were wanted as junior officers, it is worth noting that a letter from December 1916 in 2nd Lt. Hutt's file indicates that despite resigning a commission, either of these men were technically still eligible for service under the Military Service Act.<sup>137</sup>

In terms of the officers collectively, I did assess their ages. In terms of the authorities being more concerned with the removal of Lt. John Murphy, as opposed to punishing him, I think it is worth noting that he had only turned 19 in May 1916. His young age was even referred to when he applied for his commission and an official noted that yes, he was very young, but he was very keen.<sup>138</sup> Four more of these officers were 25 or under. These men were young and not necessarily sensible. An example of this survives in the officer file of Lt. "Sidney" Cattell of the 1/6th Royal Warwickshire Regiment.<sup>139</sup> He was serving in the ranks when he was accused of a self-inflicted wound and appeared in MH 106/808. It was not pursued, and he was later commissioned. Then, in September 1918 he was accused again. The investigation revealed that the then 23 year old had decided to show off at Lake Garda, and had decided to leap from the "spring cleaning" diving board into four feet of water, whereupon he hit the bottom and landed face first on a rock. It was ruled as accident, but serves to illustrate that men in their early-mid twenties cannot necessarily be relied upon for their sound decision making. It could be argued that in neglecting to mete out punishment, the army was taking this into consideration along with the fact that ordinarily, these men would not be holding commissions. It could be a case of the

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<sup>137</sup> Ibid, WO339 54501 (Edwin Hutt)

<sup>138</sup> Ibid, WO339 32841 (John Murphy)

<sup>139</sup> Ibid, WO339 84042 (Sidney Cattell)

army accepting that such a massive expansion in its numbers resulted in a certain dilution of quality amongst the officers and a diminishing standard of discipline. However, considering the cases of 2nd Lt. Hutt and Lt. Murphy, there appears to have been a limit to this. In the case of the two older officers, the army council was more than satisfied that when 28 year old Lt. Gerald Pinsent was maimed examining a German fuse, he was legitimately carrying out his duty. In the case of 36-year-old Boer War veteran Lt. Arnold Stephenson, they were not at all inclined to pursue him over his revolver wound.<sup>140</sup>

One of the main advantages of the officers files is that there is the possibility that with regards to the medical treatment pertaining to the wounds in question, documents may have survived that circumvent the unfortunate pulping of individuals' records in the 1970s. This was evident in two of the files in question. It was possible to trace 2nd Lt. Edgar Moss's recovery having shot himself in the kneecap whilst apparently trying to fix a jammed revolver in his dugout. This occurred in July 1916. In January 1917, 2nd Lt. Moss was still suffering from a stiff joint and a pain down the outside of his leg. In March, a medical document reveals that he still could not flex his knee beyond a right angle, or walk far without pain. He was only fit for light duty in July. By 1918, 2nd Lt. Moss was working at a base depot in Harfleur, but in considerable pain. "The knee still swells after being on it all day and there is a good deal of grating in the joint. There is little or not improvement since last board." He was eventually forced to relinquish his command on the grounds of ill health in the summer of 1918.<sup>141</sup>

In the case of Lt. Gerald Pinsent, who was serving as a private secretary to the Prime Minister when he obtained his commission in 1914, the presence of his officer file allows us to follow the impact of his wounds all the way through to the 1970s. The detonation of the German fuse that he was examining had permanent effects, resulting in the amputation of his left thumb through the distal inter-phalangeal joint, index finger through second phalanx allowing flexion and extension, and the middle finger through proximal inter-phalangeal joint. On his right hand little finger, the terminal phalangeal bone was removed leaving the nail. In plain English, he had lost

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<sup>140</sup> Ibid, WO339 18591 (Gerald Pinsent) & Ibid, WO339 50945 (Arnold Stephenson)

<sup>141</sup> Ibid, WO339 35996 (Edgar Moss)

several fingers on his left hand and could not grip anything properly, and on his right hand he had lost the top of his little finger. The accident occurred on 20th October 1916. He was only fit for light duties in February 1917, and he was not considered fit for general service again until 9th October. It was only in February 1918 that he went back out to France to serve with a sound ranging unit. Though the wounds were healed by September 1919, Lt. Pinsent was still carrying a disability of 40% in 1976 when he died thanks to wounds in both hands incurred on the Somme in 1916. <sup>142</sup>

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<sup>142</sup> Ibid, WO339 18591 (Gerald Pinsent)



## **6. Conclusion**

The study of MH 106 has been productive not only in terms of analysing it as an independent source, as a snapshot relating to self-inflicted wounds; but also in producing data that allows us to further investigate men identified as having been suspected of causing such wounds. As a result, I have now produced an in depth assessment of almost 800 men accused of having self-inflicted wounds and been able to expound on who they were, exactly how they accomplished such suspicious wounds, and how they were both regarded and officially treated as a result.

For a topic so difficult to analyse in terms of available data, this is extraordinarily beneficial in respect both of self-inflicted wounds, and in a wider appreciation of the Battle of the Somme, which was Britain's first major role in prosecuting the war on the Western Front leading a large-scale offensive. As well as the military importance of the battle, the Somme offensive of June-November 1916 is also a unique in terms of personnel, because it acts as a bridge between voluntary and compulsory service. The latter are only just present. This challenges, perhaps, the assumption that conscripts would be the main offenders when it comes to trying to evade service. This dissertation also contributes to the wider discussion on morale in the British army by examining it at a key juncture in the chronology of the First World War, and towards investigating the concept of psychological resilience. It also builds upon the general discussion on malingering in a broader context begun by Joanna Bourke, and applies it exclusively to soldiers in order to develop, and or challenge the trends identified in *Dismembering the Male* and provide nuance to her arguments.

In so far as a general appreciation of self-inflicted wounds, this study has shown that primarily, in 1916, the issue of remained a legal one, and was not identified, for example, as a medical problem caused by a lapse in mental health. (See page 57) This is partly owing to pre-existing ideas about mental health in Britain prior to 1914, (see introduction) as much as is about the progression of the war, but it means that stigma remained. There is no concept of diminished responsibility in 1916. Therefore the men in the dataset accused of having caused a self-inflicted wound were suspected of breaching the army code, not being incapacitated, and to that end they were singled out and separated from their peers. However, as we see in chapter 4, if they were deemed to have been wrongly accused, the study shows that they were swiftly

removed from this environment and returned to their rightful place in the military/medical hierarchy to remove this stigma.

Which leads us to the question of a silence surrounding the subject of self-inflicted wounds in popular narratives of the war. Simply put, to do yourself harm in western society is not regarded as a normal pattern of behaviour. Therefore once again, there was a stigma attached to self-inflicted wounds. There is a distinct lack in the source material consulted, of evidence showing that the authorities acknowledged a link between self-inflicted wounds and mental health. The appraisal of these wounds is still, at this juncture in the war, viewed as almost an entirely a legal or disciplinary issue and not one of diminished mental capacity. This is in line with the discussion on pre-war attitudes to mental health included in the introduction.

To carry out this act implies weakness. The study has shown that those who witnessed it see it as an act of protection not to talk about their peers having carried out the act of causing a self-inflicted wound. Narratives that have emerged since 1918 have also made it tasteless to discuss the negative side of the behaviour of those who participated in the war. Not only does the act impinge on ideas of masculinity, such as bravery and a dedication to duty, but there is military expedience in keeping occurrences as quiet as possible.

The study has also made it possible to build upon the framework put forward by Bourke to categorise cases of malingering and self-inflicted wounds. In *Dismembering the Male*, she was talking about a broader spectrum of injuries, including those, for instance, in an industrial setting, and not exclusively about soldiers. Shifting the lens to the men employed in carrying out the offensive on the Somme, it is clear that categorising wounds by what men hoped to gain is not suitable in this instance. In a solely military context it is far more useful to categorise cases based on the level of harm a man was willing to do to himself in order to evade service.

Specifically regarding the dataset and supporting source material, simply by identifying the casualty clearing station designated to receive suspected cases of self-inflicted wounds in the Fourth Army, it has enabled us to develop an understanding of how men were administered and treated. This is incredibly important when it comes to understanding morale during a large-scale offensive, but also in terms of how this issue was regarded and dealt with by the military authorities.

Broadly speaking, the number of cases present in the admissions book shows how minute in numbers the cases of self-inflicted wounds were, but we have to accept that these are not comprehensive. These do not represent every definitive case of self-inflicted wounds in this period, merely those who were accused of causing them. The study of MH 106 and further source material has made it clear that by no means was every man accused found guilty. This is incredibly important because it has introduced a distinction between being simply accused of having caused a self-inflicted wound, and being charged and punished with the crime of having done so. It has also begun to highlight the relatively low percentage of initial cases being pursued.

It might be supposed that a man would become more susceptible to attempting to cause a self-inflicted wound the longer he was present on the battlefield. This is not the case. In actual fact, the dataset suggests that the longer a man was there, the less likely he was to attempt a self-inflicted wound. When put into context with the relevant dates in 1916, this is significant because the dates under review, placed in the wider context of the war, allow us to judge that the main offenders were men who had hitherto no experience of fighting in a large-scale offensive, not men who had become gradually worn down by their presence at the front. The majority of the cases in MH 106 had been at the front less than nine months, which means that the men who had previously served in a large-scale offensive, the most recent of which prior to the Somme was Loos in September - October 1915, were less likely to try and cause themselves a self-inflicted wound than men who had never served before. However, it should be acknowledged that these men were proportionately fewer by July 1916 owing to the expansion of the army.

In terms of identifying potential offenders, the study, though small regarding a selection of officers, suggests that the benefit of the doubt was more likely to be employed if a man held a commission. This confirms historiographic assumptions about the role of class.

It is clear from the study that men were not primarily accused in situ, where they were wounded, but in the chain of evacuation. This poses some interesting points regarding just which wounds the army considered suspicious. The dataset also shows that the

authorities were looking out for certain wounds. 73% of the men accused of having caused a self-inflicted wound in the Fourth Army during the Battle of the Somme had wounds to their hands or feet. A further 16% had wounds to the arms and legs. In other words a mere 11% of the men accused had injuries to any part of their bodies besides their extremities. It raises the difficult question of whether or not self-inflicted wounds were overwhelmingly carried out to these parts of the body, or whether a man was simply far more likely to be accused of having caused one if he had a certain type of wound to a certain part of his anatomy. This would make for an important distinction in order to better understand the difference between self-inflicted wounds and suspected self-inflicted wounds. Unfortunately, without another source coming to light that allows for such a comparison, we are left to speculate.

When it comes to assessing who the potential offenders are, the study has shown that there is no type. Every conceivable unit is represented: both combatants and non-combatants. A range of ages, concurrent with trends across the army in terms of how old its soldiers were, is present.

As for the methods employed, those who were accused were mostly wounded by firearms, which is to be expected as almost all of them had their own rifle to hand. However, the study shows that a determined man would use pretty much anything as an offensive weapon, be it a shard of glass or a bottle of creosote if he wanted to do himself damage badly enough. It would be interesting to look further into the lasting effects of the wounds detailed in MH 106, however any further research would involve minutely combing broader documents to find mentions of the men represented in the dataset, such as pension records, and that was behind the scope of this study.

Looking at the cases for those whose service files survived, it is clear that trying to predict which men might be more likely to cause himself a self-inflicted wound is a wasted endeavour. Based on the files available, physically a smaller, weaker man was no more likely to offend than someone regarded as a better specimen on enlistment. Neither is there a trend in cases amongst men who had particularly bad disciplinary records. A few did, but in the main the men represented in the close study of the burnt records once again represent a broad swathe of humanity in terms of background, physical markers and behaviour. Trying to assess matters of military

morale from such stark official documents is a difficult endeavour, however; not just in terms of this dissertation. It is also evident in theses by scholars such as Bourke and Alexander Watson.

Was it possible to identify when cases of self-inflicted wounds were more likely to occur? Interestingly, in some cases yes. In the week that the terrifying preliminary bombardment began at the end of June, there was a large spike in cases of suspected self-inflicted wounds at the 39 CCS. But at other points, the results of this analysis were surprising. Although we have to allow time for cases to trickle through the chain of evacuation, broadly speaking the spikes in cases do not occur while significant engagements are in progress, for instance on 1st July, during the fighting at Bazentin Ridge in mid-July or at Flers-Courcelette in mid-September. Surprisingly the highest number of cases occurs in August. This could be because the situation had calmed somewhat in terms of large-scale fighting and the authorities were in a better position to take the time to identify cases, but it is interesting to note that this month represents a scrappy period in the offensive. Men were repeatedly thrown into battle in disorganised, attritional attacks that gained little. Held up against periods during the fighting on the Somme when high command might have appeared to have a better grip on proceedings to the men in the rank and file, it is interesting to note that the spike in cases could well represent a more intense desperation in terms of those expected to prosecute the offensive. This provides a direct link between the self-inflicted wounds discussed in this thesis and the question of military morale.

Perhaps the most interesting findings were in terms of the response of the authorities to those suspected of carrying out self-inflicted wounds. These responses, from the Fourth Army's commander, General Sir Henry Rawlinson, down to individual battalion commanders, were far less arbitrary than might be expected. With it being regarded as a primarily disciplinary issue, we might expect to see arbitrary responses to men deliberately making themselves unfit to serve.

Any successfully prosecuted case would ultimately cross Rawlinson's desk, and overwhelmingly, his attitude would appear to have been at all times, focused on getting men back into the line and contributing to the offensive as quickly as possible. Neither is there any evidence of the authorities strongly punishing any man suspected, or proved to have caused a self-inflicted wound. Given historical discussions about

other disciplinary responses during the war, such as men shot at dawn, it is significant that we can now say that the military authorities' attitude to the men identified in the dataset was not arbitrary.

They were overwhelmingly issued with the Silver War Badge if their wound rendered them unfit for further service, the very invention of which was to afford a man a way of identifying himself as having meaningfully contributed to the war effort in the face of any public responses to his no longer wearing a uniform. Men who caused themselves self inflicted wounds on the Somme were not denied this. Neither were they denied their duo of medals issued at the end of the conflict. The study shows that in the very few cases where they did not, there was another factor preventing their issue, such as not declaring a criminal background on enlistment or later desertion.

One thing that still appears to be lacking is linking the cases in the dataset to any sort of mental incapacity. In 1916 we still have yet to see the sort of bounds in diagnosis and treatment of war neurosis that would start to come the following year, and this means that except in one or two cases in the study, no reference is made to any kind of diminished capacity on the part of an offender. However, a large number of transfers reflect not only a pragmatic acknowledgement on the part of the authorities that some of these men were not suitable for front line service, but also a surge in the requirements for military labour in the latter years of the war and trends as to how men were routed to it. 15% of the dataset end up in a non-combatant role. It also reflects better processes for streamlining those with particular skill sets such as driving, or operating heavy machinery into suitable roles that were present across the army.

In terms of where this research might lead, It would be interesting to compare to a later offensive from the same admissions books and see if the arrival of a larger percentage of conscripts made a significant impact as to the numbers of those accused, how they were dealt with or what men would resort to in order to evade participation in an offensive. It would be of added interest to contextualise numbers given that more and more, this would not be a man's first experience of battle. Interrogation of the Courts Martial records would be a long and complicated endeavour, but one that might shed much further light on the 780 men included in my dataset and how they were dealt with. Additionally, the same can be said of pension

cards, which might inform us a great deal in terms of the economic cost of these wounds to the country in the medium to long term.

## Appendix A - Dataset Sample

MH 106	Index	Division	Unit	Unit Detail	#	Rank	Surname	Forenames
809 - 39 CCS ORs SIWs	751	8	Durham Light Infantry (21)		514	Private	Taylor	William
809 - 39 CCS ORs SIWs	734	8	Leinster (2)		8288	Lance Corporal	Taylor	James William
809 - 39 CCS ORs SIWs	735	8	MGC 25th		17860	Private	Taylor	Owen Gilbert
809 - 39 CCS ORs SIWs	707	15	Cameron Highlanders (6)		11053	Private	Thompson	J
809 - 39 CCS ORs SIWs	743	50	Northumberland Fusiliers (6)		8139	Private	Tranberg	Albert
809 - 39 CCS ORs SIWs	698	12	Royal West Kents (6)	C Company	6058	Private	Waldors	James
809 - 39 CCS ORs SIWs	682	23	RFA 102nd Brigade	C Battery	88599	FQMS	Watson	John
809 - 39 CCS ORs SIWs	667	XIV Corps	RGA 47th Siege Battery		1553	Gunner	West	E J
809 - 39 CCS ORs SIWs	755	29	Middlesex (16)		20046	Private	Weston	F
809 - 39 CCS ORs SIWs	708	29	Middlesex (16)		20046	Private	Weston	Francis John
809 - 39 CCS ORs SIWs	714	4	Royal Warwickshire (1)		3473	Private	Whateley	George
809 - 39 CCS ORs SIWs	797	50	Yorkshire (4)		3838	Private	Whitfield	Wilfred Robinson
809 - 39 CCS ORs SIWs	687	29	Hampshire (2)		9674	Private	Whiting	Edward James
809 - 39 CCS ORs SIWs	670	III Corps	RGA 39th Siege Battery		761	Staff Sgt	Wood	Thomas W MSM
809 - 39 CCS ORs SIWs	715	15	Highland Light Infantry (10/11)		12688	Private	Wright	Richard
851 - 39 CCS CAN & NZD SIWs	301	2 In Cav	Royal Canadian Dragoons		14446	Private	Bryan	William
851 - 39 CCS CAN & NZD SIWs	645	3 Can	Canadian Infantry (58)		210579	Private	Mace	Henry
851 - 39 CCS CAN & NZD SIWs	729	29	Newfoundland (1)		2729	Private	Nicholas/Nichols	William
851 - 39 CCS CAN & NZD SIWs	688	29	Newfoundland (1)		2231	Private	Small	Frank
857 - 39 CCS - Officers SIWs	781	15	Cameron Highlanders (7)		N/A	2nd Lieutenant	Black	William
857 - 39 CCS - Officers SIWs	752	48	Royal Warwickshire (1/6)		N/A	Lieutenant	Cattell	W "Sidney"
857 - 39 CCS - Officers SIWs	391	1	Gloucester (1)		N/A	2nd Lieutenant	Hutt	Edwin "Sydney"
857 - 39 CCS - Officers SIWs	313	55	King's (9)		N/A	Lieutenant	Mansergh	Harry Read
857 - 39 CCS - Officers SIWs	2	33	RFA DAC		N/A	2nd Lieutenant	Moss	Eric



Age	Service	BEF	Wound	Cause	Admitted	Days	Outcome	Outcome Type
19	0.9	0.5	GSW Foot (L)	Rifle	1916.10.28	20	To 5 CCS	Lateral
19	2.6	1.6	GSW Hand (L)	Rifle	1916.10.24	24	To 5 CCS	Lateral
22	4.6	1.6	GSW Hand (L)	Rifle	1916.10.24	24	To 5 CCS	Lateral
19	2.1	0.3	Detonator Wound Leg (L)	Detonator	1916.10.18	25	To Duty	Back to Duty
20	1.8	0.4	GSW 2nd Finger (R)	Rifle	1916.10.26	22	To 5 CCS	Lateral
27	1.6	6	GSW Hand (R)	Rifle	1916.10.16	17	To 37 CCS	Lateral
40	1.8	1.1	Concussion Scalp Wounds	Concussion	1916.10.13	35	To 5 CCS	Lateral
26	2.0	0.11	Incised Wnd Hand (L)	Unknown Sharp Object	1916.10.10	24	To 11 AT	Progressive
25	0.6	0.1	Bomb Wnd Hands and Face	Bomb	1916.10.30	17	To 5 CCS	Lateral
25	6.0	0.1	Bomb Wnd Hands and Face	Bomb	1916.10.18	1	To NZSH	Progressive
25	2.0	1.1	GSW Hand (L)	Rifle	1916.10.19	28	To 5 CCS	Lateral
20	1.6	0.9	Bomb Wnd Forearm (L)	Bomb	1916.11.08	8	To 5 CCS	Lateral
20	2.0	1.0	GSW Hand (L)	Rifle	1916.10.14	30	To Duty	Back to Duty
32	2.0	1.6	Laceration Wnd 1st Finger (L)	Unknown Sharp Object	1916.10.11	32	To Duty	Back to Duty
20	2.2	1.5	GSW 2nd Finger (L)	Rifle	1916.10.19	28	To 5 CCS	Lateral
46	2.10	1.6	GSW Ankle (L)	Rifle	1916.08.11	44	To 26 AT	Progressive
34	1.1	0.06	GSW Foot (L)	Rifle	1916.10.06	41	To 5 CCS	Lateral
20	0.6	0.04	GSW Foot (L)	Rifle	1916.10.22	10	To 29 AT	Progressive
20	0.7	0.02	Bomb Wnd Foot (R)	Bomb	1916.10.14	18	To 29 AT	Progressive
23	2.2	1.5	Shell Wnd Wrist (R)	Shell	1916.11.03	6	To Duty	Back to Duty
20	1.3	0.4	Revolver Wound Forearm (L)	Revolver	1916.10.29	12	To Duty	Back to Duty
23	1.11		Bayonet Wnd Foot (R)	Bayonet	1916.08.22	14	To Duty	Back to Duty
24	5.0	1.0	GSW Thumb & Fingers (R)	Rifle	1916.08.13	23	To Duty	Back to Duty
23	1.9		GSW Knee (L)	Rifle	1916.07.29	6	To 20 AT	Progressive

Came From	Came From	SWB	Entry	Entry Type	Exit	Exit Reason	Pension?	WO363?
XIV Corps MDS	Corps Dressing Station	Y		Conscripted		Discharged No Longer Physically Fit		
XIV Corps MDS	Corps Dressing Station			Enlisted				
Spec Hosp Busnes	Hospital			Enlisted	1919.07.15	Demobilised		
1/3 Nithbn FA	Field Ambulance			<i>Enlisted</i>				
II MDS	Corps Dressing Station			Enlisted		Demobilised		
37 CCS	Casualty Clearing Station	N	1915.05.30	Enlisted	1917.04.12	Died in Theatre		Yes DOWNLOAD
	Unknown	N		Enlisted	1918.05.07	Discharged Disabled		
38 FA	Field Ambulance			<i>Enlisted</i>				
NZSH	Hospital			<b>Conscripted</b>				
36 CCS	Casualty Clearing Station			<b>Enlisted</b>	<b>1916.08.15</b>			
XIV Corps MDS	Corps Dressing Station	N		Enlisted	1918.07.11	Died in Theatre - Wounds		
II MDS	Corps Dressing Station	Y	1915.05.07	Enlisted	1917.12.21	Discharged No Longer Physically Fit		
38 FA	Field Ambulance	Y	1914.08.17	Enlisted	1919.07.18	Discharged Wounds		
36 CCS	Casualty Clearing Station	N		Enlisted	1919.03.16	Demobilised		
1/3 Nithbn FA	Field Ambulance	N		Enlisted	1916.12.30	Died in Theatre		
18 GH	Hospital		1914.09.24	Enlisted	1916.10.13	Discharged No Longer Physically Fit	No	Yes CDN DOWNLOAD
2 FA	Field Ambulance		1915.08.30	Enlisted	1917.08.08	Discharged No Longer Physically Fit	No	Yes CDN DOWNLOAD
XIV Corps MDS	Corps Dressing Station			Enlisted			No	No
38 FA	Field Ambulance			Enlisted			No	No
II MDS	Corps Dressing Station	N	1914.09.09	Enlisted			No	WO339/55204
II MDS	Corps Dressing Station	N	1914.11.03	Enlisted			No	WO 339/84042
21 CCS	Casualty Clearing Station	N	1914.09.16	Enlisted			No	WO 339/54501
21 CCS	Casualty Clearing Station	N	1912.04.01	Enlisted	1916.11.12	Died in Theatre - Wounds	No	WO 339/35565
57 FA	Field Ambulance	Peckham	1914.09.04	Enlisted				

	Notes
	Also 213991 LC
	Arrived 24.4.1915 Star. Also 64536
	Arrived 13.8.1914 Star Also 9776 RBR
	Also 3493 and 267559
	Arrived 25.8.1915 Star
	Arrived Balkans 13.7.1915. Also 143087 MGC
	Also 20117
	Later R/40778 ASC
	Arrived 30.7.1915 Star
	Arrived 12.5.1915 Star
	At front 3.10.1916 to 29.9.1917 Medal Roll
	At front 3.10.1916 to 15.4.1917 Medal Roll
	Commissioned 1.2.1916. Embark July 1915 as an OR with same battalion
	Down in War Diary WO95/2755 as "slight shell shock" on 22nd August. Commissioned in December 1916 AFTER SIW
	Promoted from the ranks 1262 Arrived 24.2.1915. TA from 1912
	Is either Eric Moss WO339/35996 or Edgar Sydney Moss WO339/98835. No reference in War Diary WO95/2413

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