

British Military Executions in The Great War.

Part 2

Cowardice, Desertion or Shell-Shock?

The offences of Cowardice and Desertion are clearly defined in the Army Act and Manual of Military law (MML).

Section 4 of the Army Act states,

‘Every person subject to Military Law...misbehaves or induces others to misbehave before the enemy in such manner as to show cowardice, shall on conviction by court martial be liable to suffer death, or such less penalty.’

For preparing a charge of cowardice the MML provides useful characterisations such as, ‘abandoning’, ‘shamefully casting away’, ‘treacherously through cowardice’, ‘assisting the enemy’ and ‘misbehaving before the enemy’.

Desertion and absence were distinguished in the Manual of Military Law with the crucial distinction being ‘intention’.

MML, Part 1, Chapter III, para 13,

‘The criterion between desertion and absence without leave is intention. The offence of desertion implies an intention on the part of the offender either not to return to his Majesty’s service at all, or to escape some particularly important service.’

The MML also provided guidance in preparing a charge of desertion by stating that distance was no impediment to the charge, meaning a soldier could be a mile away from his unit or 100 miles away, it was the intention that was paramount to the offence.

No doubt both charges served the purposes of Army discipline well during the pre-war days of service in the far-flung corners of the Empire, but with the large-scale industrialised nature of modern warfare, with its catastrophic effects on the human body and mind, another element emerged that caused men to absent themselves from their units, or fail in their duties and responsibilities, Shell-Shock.

Psychological trauma in war was not a new phenomenon, but a condition recognised for centuries. During the Thirty Year’s War (1618-48) Spanish doctors described it as ‘estar roto’, meaning to be broken and in a state of despair. There were many cases of mental breakdown reported in Napoleon’s Grande Armee during its retreat from Moscow in 1812.

A common term that was used across the centuries and in many armies in describing psychological breakdown was ‘Nostalgia’, a longing for home. In the Union Army during the Civil War almost 10,000 men were diagnosed with ‘nostalgia’.

British soldiers suffering breakdown during the Boer War were simply diagnosed as insane and sent home.

At the outbreak of war in 1914 none of the belligerents were prepared for the large numbers of psychological cases they would encounter, but as early as December 1914 *The Lancet* highlighted the first cases.

The British Army had difficulty classifying Shell-Shock; to the High Command it was an invisible wound, but by the end of 1915 two categories of Shell-Shock had been introduced.

‘Shell-Shock – Wounded’, to be applied if a man’s condition was due to an enemy shell. In this case he was regarded as wounded in action and entitled to a wound stripe.

‘Shell-Shock – Sick’, applied to a man who had broken down without a shell being the direct cause. These men were treated as other ‘sick’ and not entitled to a wound stripe.

For many regimental medical officers, classifying and treating psychological trauma was difficult, with most having no understanding of the condition. However, pioneering work in psychological trauma was being undertaken by some civilian and military doctors. Maghull Hospital, built in 1912 for epileptics, admitted over 4,000 men during the war, where they were treated using new Freudian methods of psychoanalysis, the ‘talking cure’. This encouraged ordinary soldiers to talk about their experiences, fears and anxieties in groups. It was at Maghull that Dr. William Rivers, famous for his treatment of Sassoon and Owen at Craiglockhart in Scotland, pioneered his techniques.

However, back on the Western Front, many senior military commanders did not understand or appreciate the condition. The opinion of Lt-Col. Jervis of 5th Lancers and MGC was a common representation which he regarded it as a loss of nerve and stated,

“Emotional shell-shock was a disgrace to the Regiment.”

Pte James Anderson. Age 30. Executed for Cowardice, 12th September 1916.

James Anderson enlisted in the 12th Kings (Liverpool) Regiment in 1914. He took part in the Battle of Loos in 1915. In January 1916 he had been buried in a dugout and had suffered a mental breakdown. He was treated at No10 Hospital and returned to his unit after a number of weeks’ treatment. On 24th July 1916 he was transferred to the 8th Loyal North Lancs serving near Beaumont Hamel. On 8th August he was detailed to join a working party taking rations to the front. Anderson set off with the party, but never reached his destination and returned to the rear, passing the officer in charge of the party who asked where he was going, to which Anderson replied,

“I am going out. I can stick it no longer. My nerves are gone.”

He was later found asleep in his dugout when the ration party returned. Anderson was examined by the medical officer who could find nothing wrong with him or any signs of a nervous breakdown and stated at the court martial that if he was suffering from Shell-Shock he noted no evidence of it.

Anderson called on two officers from his previous regiment as character witnesses, but one had been killed and the other wounded. In mitigation he stated that two of his brothers had been killed in France and another wounded in Gallipoli. As he had only joined 8th Loyals on 24th July and the incident took place 15 days later no one from the regiment could give an opinion on his character in mitigation. Brig-Gen Onslow, commanding 7th Brigade wrote,

‘The C.O. has no personal knowledge of this man, but he is of the opinion that the man was so frightened of shell fire that he deliberately preferred to take his chance of the consequences rather than remain under it. I am of the opinion that the man is not worth keeping, his character and action is well-known throughout the battalion and, therefore, for the sake of example the extreme penalty should be inflicted.’

James Anderson is buried in Fienvillers British Cemetery, south-west of Doullens.

Pte Arthur Wild. Aged 24. Executed for Desertion, 5th September 1916.

Pte Wild was serving with the 18th West Yorks (2nd Bradford Pals) just south of the village of Serre on 30th June 1916. At 11.45 am the battalion paraded and all the men were issued with extra ammunition. Wild was detailed to join the ration party and to parade at 6pm, but he failed to attend and was found to be missing.

The following day the 18th West Yorks took part in the opening of the Battle of the Somme. The battalion sustained over 400 casualties. Later, on that fateful day of the 1st of July, private Wild and another soldier he was with, private Crimmins, handed himself in to the Military police, he had no rifle or equipment. He was arrested and charged with desertion.

At his court martial Wild stated he and Crimmins had left their camp and had gone to an estaminet. They had become drunk and fallen asleep in a field. Asked why he had not returned to camp after waking he replied he was frightened of the consequences of his absence and also thought he would not be able to stand the noise of the guns. He claimed to be suffering from Shell-Shock after a Minenwerfer mortar shell exploded near to him when working in a sap. His claim was substantiated by a sergeant and a second lieutenant, who also stated that during shelling at Euston dump he had been so badly affected by it that he had sent him back to camp. Although found guilty of desertion and sentenced to death, there was a strong recommendation to mercy on account of,

‘The nervous condition of the accused due to the explosion of a trench mortar projectile in the near vicinity of the sap...in the early days of June 1916.’

However, Lt-Col Carter, C.O. of the battalion wrote,

‘This man has always been of a lazy disposition, and one who needs driving the whole time to get the full amount of work out of him. The case of shell shock which is mentioned in the evidence was nothing serious as I happened to be in the front line trench myself at the time. In my opinion Wild, I think, deserted deliberately, with the sole object of avoiding further active service.’

Arthur Wild is buried in Vieille-Chapelle New Military Cemetery, Lacouture.

The two cases illustrate the difficulty in convincing medical officers or presiding officers in a court martial of the presence of Shell-Shock. Clearly both men had been subjected to close shell explosions and had been treated for them, but for neither of them had the effects of their trauma been considered as significant factors in their subsequent actions. However, there also has to be some understanding of the difficulty for senior officers in making judgements in cases like this when thousands of men were being subjected to the most horrific and barbaric acts of brutality on a daily

basis, but carried on. We will never know the true state of mind of Anderson and Wild, or indeed the state of mind of any of their comrades who suffered alongside them.

By the end of the War almost 24,000 officers and men had been treated for nervous or mental diseases. In 1920, under the chairmanship of Lord Southborough, a committee was established to look into the effects of Shell-Shock and in particular its relation to capital sentences for cowardice. The Shell-Shock committee, as it became known, sat for two years and took evidence from over 59 witnesses and produced its report in 1922. The witnesses, comprising senior officers and medical officers, without exception all thought the term Shell-Shock was a highly emotive and misleading term that should be dropped from medical terminology; *war neurosis* was recognised as a more accurate expression. Although there were many opposing opinions between war neurosis and cowardice the unanimous final report concluded four main issues. Firstly, the term Shell-Shock was a gross inaccuracy. Secondly, the war had produced no new nervous disorders; all those that had occurred were recognised in civilian practice. Thirdly, the medical examination of recruits early in the war was inadequate. Finally, morale and discipline were important in reducing the level of battle shock.

The committee identified four key issues that contributed to the development of war neurosis. Firstly, some men were given responsibilities for which they were totally unsuited. Secondly, inaction under fire increased a soldier's sense of helplessness. Thirdly, exhaustion, fatigue and sleeplessness lowered a soldier's resistance. Finally, men suffering from other diseases were more likely to develop the condition.

Whatever the causes, the tragedy is that so many men were permanently affected by their experiences which haunted them forever.

A soldier of the 8th Leicesters said,

'No soldier who ever served in the trenches could be called a coward'

In 1919 Colonel Lambert Ward, DSO, speaking in a parliamentary debate said of the executed men,

'These men, many of them, volunteered in the early days of the war to serve their country. They tried and they failed.'



Jeff Clare