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# The front comes home: returned soldiers and psychological trauma in Australia during and after the First World War

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# The front comes home: returned soldiers and psychological trauma in Australia during and after the First World War

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# *The Front Comes Home: Returned Soldiers and Psychological Trauma in Australia during and after the First World War*

Jen Roberts

*This article uses the closed patient medical files from two large Sydney psychiatric hospitals to discuss ways in which the return of soldiers suffering mental illness, both during and after the First World War, impacted on Australian society. It argues that despite the intention of a 'two tiered' system designed to separate war trauma cases from a civilian insane population, this was not always adhered to and the results were often ad hoc. It further looks at resistance to, or acceptance of, medical diagnoses and treatment as well as issues that plagued some returned men well into the interwar years—violence, alcoholism, shame, and self-harm. While service in the war was deemed the cause of mental illness for some ex-soldiers, in many cases it was impossible to state with certainty that the war was the only cause.*

**Keywords:** World War I, psychiatry, trauma, veterans

Private Horrie G. was brought back to Australia in June 1916. He had not had a good war. A thirty-year-old single engineer, Horrie had enlisted in July 1915, and first came to the attention of officers as a disciplinary problem on the voyage to Egypt.<sup>1</sup> Things did not improve when he arrived. After a long route march across the sand dunes in early 1916, Horrie had reported to the medical officer (MO), complaining of a sore right foot. The MO found that while this 'would cause some inconvenience in walking long distances', the injury would 'not incapacitate him for carrying moderate weights over short distances'.<sup>2</sup>

Three days later, on 17 February 1916, an officer ordered Horrie to carry a trestle table, which was to be used as a 'hurdle' in a mock trench exercise. Horrie refused, claiming he could hardly walk on account of his bad foot.<sup>3</sup> The officer repeated the command. Horrie

again refused. On 3 March, Horrie was charged with insubordination and 'wilful defiance of authority' and was court martialled in the field.<sup>4</sup> The sentence was harsh, particularly considering the relatively benign nature of the incident: Horrie was packed off home in disgrace to serve eighteen months with hard labour. Perhaps Horrie and the officer had not enjoyed a harmonious relationship prior to the incident. It is possible that Horrie had shown signs of mental disturbance during his time at camp in Egypt; the officer referred to him during the trial as 'an odd man'.<sup>5</sup> Regardless, Horrie's war was over before it began. And his troubles continued at home.

In April 1918, he was arrested by police in Sydney, after causing an unspecified disturbance. From the extant records, it does not appear that Horrie's case was afforded any particular consideration because he was a returned soldier. He was taken to the Callan Park Mental Hospital where the doctors noted Horrie 'is rambling and confused in speech' and that his conduct was 'erratic'.<sup>6</sup>

He had picked all the skin off his nose, and when asked why he had done this, Horrie explained he 'had been commanded to do so'.<sup>7</sup> Horrie was diagnosed with general paralysis of the insane, a euphemism for end-stage syphilis, which was not only a source of mental disturbance in its own right, but also grounds for shame and disgrace. By 1917, 144 in every 1000 Australian soldiers had contracted some form of venereal disease, compared to 134 for New Zealanders and 34 for the British Army, the disparity highlighting the simple fact that the British forces went home on leave to familial and social constraints whereas the Antipodean troops were far from home for years.<sup>8</sup> There is no mention in Horrie's military records of venereal disease, but this does not mean he had not contracted it prior to enlistment. In fact, this is the most likely explanation as the progression of the disease was clearly advanced in 1918, just three years after he joined up. It may serve to explain why Horrie's superior officer, at the court martial, thought him 'odd'.

It would seem that, in his delusions, Horrie fixated on the idea of obeying orders, something he had failed to do while he was actually in the army. Horrie's decline was swift and he died at Callan Park in May 1918.<sup>9</sup> Was Horrie's mental condition related in any way to his military service? Did he contract a fairly severe 'dose of the clap' while in Egypt, like many others, or had he entered the army already infected? Was his misconduct indicative of war-related stress, pre-existing condition or a larrikin personality? There is no way to know. But, faced with a multitude of mental illnesses among returned men,

these were questions, and judgments, that would plague the military, the government, and the medical profession well into the interwar years.

This article does not aim to retrace well-trodden ground and examine issues such as the logistics of demobilisation, the establishment of a repatriation system, or the cultural history of shell shock, as these matters have been well served in the existing literature.<sup>10</sup> Instead, it seeks to focus on the experiences of returned men who were institutionalised, either in the immediate aftermath of their return or some time later, suffering from different forms of psychological trauma. It will establish ways in which soldiers were to be treated for a variety of war neuroses under a 'two tiered' system that sought to distinguish military and civilian cases, and the many exceptions to this practice. It will also discuss resistance to, or acceptance of, admission and committal, the strain on family members unable to care for their sons themselves, violence and alcoholism, shame and self-harm and the reality of life within the walls of the asylum for damaged former soldiers. The majority of these men were working class, without the financial means and social prestige to have their conditions treated away from the gaze of the public asylum, inviting comparison with the case in Britain, as has been documented by Peter Barham.<sup>11</sup>

The majority of sources used in this study are the closed patient medical case files at both the Callan Park Mental Hospital and the Parramatta Psychiatric Centre in Sydney. Using patient medical files does raise a methodological issue. Historians examining mental illness have pinpointed a potential problem with using these sources: the evidentiary nature privileges the voices of those in power: police, doctors, magistrates. To paraphrase Stephen Garton, case papers are the psychiatric representations of patients and class, not the voices of patients themselves.<sup>12</sup> However, as Jill Matthews and Catharine Coleborne, as well as Garton himself have shown, by reading 'against the grain', it is possible to use case papers as 'complex cultural texts'<sup>13</sup> that illuminate not just the social history of mental illness among returned soldiers but also discussions of class and gender implicit within it.

In discussing the plight of returned men, however, historians need to be very careful not to laud all returned soldiers as 'secular saints'.<sup>14</sup> As Peter Stanley, and others, have shown, a minority of Australia's 'hero diggers' were rapists, murderers, boozers and brawlers. They had hardly been the embodiment of masculine virtue

before their enlistment.<sup>15</sup> Violence and other appalling behaviour should not always be explained, or excused, because the perpetrator was once a soldier in a bloody war. Some returned men were of fairly poor character to begin with.

Carolyn Holbrook's study of the surge and wane of Anzac mythology over the last hundred years has shown that trauma has been interwoven into the national narrative, particularly since the 1980s, where the war has become a 'morally complex event, upon which contemporary observers transpose and seek resolution of their own psychological and moral dilemmas'.<sup>16</sup> Bruce Scates has recently argued, the 'centenary of Anzac is the time to acknowledge the obscene cost of war to the entire community and 'comfortable, positive stories' can never do that'.<sup>17</sup> If this article attempts to respond to that challenge, it does so by providing *uncomfortable, negative* stories, which counters a prevailing one-dimensional valorisation of World War I and the soldiers who fought in it. It was an ugly war. And some of its effects, on those who survived it, and their families, were uglier still.

## Fantasies of Home

Not all military experiences, and returns, were as troubled as Horrie's, but many shared some elements; particularly trauma, ambivalence, disgrace, and mental debility. For soldiers returning to Australia, either during or after World War I, the process of 'coming home' could be either a largely positive realisation of the yearning for place that had occupied their thoughts for up to four years of conflict, or a discomfiting experience that served only to expose existing tensions, or a rift between the men who had been to war, and the friends and family who had not. For many, there were components of both. Many found themselves 'back in the community, a part of it and yet apart. There was a gap we couldn't forget and the others couldn't bridge'.<sup>18</sup>

Thoughts of 'home' had largely sustained men during the fiercest of battles and harshest conditions at the front. Soldiers admitted 'it will be tremendous relief to know that it's all over & we can go home & live in piece [*sic*]'.<sup>19</sup> One eulogised a 'land of sunshine warmth and happiness—a land of sweet scents and bright colours—home'.<sup>20</sup> It was inevitable that some of the fantasies fell short of reality. After the war, some viewed the process of return with trepidation. Watching the first contingent depart from England, for home, Cecil Hitchcock felt those returning were bound for 'the dead loneliness of civilian

life'.<sup>21</sup> For some soldiers, return prompted a restless discontentment, an escalation of emotional and behavioural problems and an estrangement from family and community life.

At the cessation of hostilities in November 1918, over 167 000 Australian men were in military service overseas.<sup>22</sup> Thousands more had already been invalided back to Australia during the war, suffering wounds, injuries, and illness. By 1920, the 264 000 troops who had embarked, but lived to tell the tale, were home.<sup>23</sup> It is almost certain that every one of these survivors was influenced, if not altered, by their wartime experiences. However, the majority of returns took place in the privacy of the domestic sphere,<sup>24</sup> and the ease or struggle with which each returned soldier resumed his place within his home and community is mostly lost to historians, except through the lenses of memoirs, family anecdote and lore, and the official documentation that accompanied any contact between the soldier, his family, and authorities: the army, doctors, hospitals, welfare agencies, the 'repat', police, political lobby groups, or government.

## The Soldiers' Hospitals

The number of soldiers being repatriated back to Australia, suffering from various war neuroses, both during and after the war, necessitated specialist psychiatric treatment facilities. 'War neuroses' was a blanket term for, not only shell shock, but other symptoms, ranging from a mild stammer or nervousness, to psychosomatic blindness or paralysis, to violent delusions, to complete catatonic collapse. Institutions that treated returned men so afflicted were different, and separate, from the repatriation hospitals, such as those at Sydney's Randwick and Concord, which provided rehabilitation facilities and long-term care for severely disabled veterans; or convalescent homes and hostels, such as Graythwaite, on Sydney's north shore, which were operated by the Red Cross.<sup>25</sup> In Sydney, the care of returned men suffering mental conditions was mainly coordinated, in a somewhat ad hoc fashion, between a trio of hospitals. The three were located in a geographic triangle in Sydney's inner western suburbs.

Callan Park had been established some half century before the war, as the state's pre-eminent mental asylum. Specifically for military patients, however, two other hospitals were created: Broughton Hall, or No.13 Australian Army Hospital, within the grounds of Callan Park, and the No.28 Australian Auxiliary Hospital in Leichhardt, just down the road. Both were staffed by military doctors and run by the army.

Broughton Hall, a twenty-four acre estate, had been donated to military authorities in 1915 by the prominent Langdon family, and served as a treatment facility for mentally damaged soldiers until 1920, when it was opened to civilians. No.28 was a temporary army psychiatric hospital. Unlike the practice in Europe and North America, there was no procedure in Australia to provide for 'voluntary admission' to public mental institutions prior to 1915. The inspector general of the insane, Dr Eric Sinclair, believed that psychologically damaged returned men could more easily be rehabilitated if they were spared the label of 'insane', and advocated that the stigma of certification would impede the chances of full recovery.<sup>26</sup> By maintaining both Broughton Hall and No.28 as 'military' hospitals, under the auspices of the army, returned men were able to receive treatment without the ignominy of being 'committed'. This move to voluntary admission for military patients was mirrored in general admission policy when in the same year, 1915, the first voluntary civilian patients were also admitted to the general mental hospitals.<sup>27</sup>

Eric Sinclair had a lot of support from other doctors, who believed that soldiers suffering from shell shock, and other related disorders, were more likely to recover if they were treated away from 'inveterate lunatics'.<sup>28</sup> In theory, the idea was to maintain a two-tiered system of mental hospitals, one that would treat military cases, and the other that would continue to focus on civilians.<sup>29</sup> It didn't always work like this in practice, despite evidence that, as Marina Larsson argues, the idea behind repatriation mental facilities that would give preference to returned men was 'to repay the nation's debt to its mentally afflicted heroes'.<sup>30</sup>

The facilities at Broughton Hall, and No.28, were generally designed for non-violent, non-delusional and passive patients. For example, there were nine wards open at Broughton Hall in January 1918. The ratio of patients to staff, over just one twenty-hour period, shown below, supports the argument that patients treated at Broughton Hall were generally less problematic than those at Callan Park, as the staff roster shows that while thirty-six attendants were on day-shift on 13 January, only nine were rostered for night-shift for all nine wards.

Returned soldiers who required more intensive supervision, sedation, restraint or other monitoring—for their own, and others' safety—were likely to be transferred to the secure wards at Callan Park. However, depending on admissions, and vacancies, some returned men were taken directly to Callan Park, bypassing the

<b>Ward</b>	<b>No. patients</b>	<b>Attendants</b>
1	77	3
2	72	6
3	81	3
4	64	5
5	66	6
6	39	4
7	105	4
8	18	1
9	36	4

*Table 1 - Broughton Hall staff roster – 13 January 1918<sup>31</sup>*

military centres altogether. There seemed to be no strict guidelines regarding the process of admission to the three facilities, despite the theoretical division between military and civilian cases, and the ‘two-tiered system’ was often honoured more in the breach than the observance.

For example, some returned men were treated at Broughton Hall, in particular, for a short time, before being transferred to Callan Park. Others were brought directly to Callan Park proper, under guard, from military camps at Holsworthy and Liverpool. Occasionally, returned men were sent to the Parramatta Psychiatric Centre, without ever having been seen by either of the two military hospitals close by. These groups of patients, however, tended to be categorised as either chronic, incurable cases, or were men who exhibited violence or unpredictable tendencies.

Returned men, therefore, were able to receive treatment in one of three ways: of their own (or their family’s) volition, as voluntary patients; by military order (a euphemistic way of certifying a soldier without actually using the term), and through the ordinary process of committal as insane. Despite the good intentions of keeping the returned men separated from a civilian ‘insane population’, however, the route to treatment could be circuitous and arbitrary. While many of the returned soldiers in the case studies in this article were first treated at Broughton Hall, or No.28, and then transferred to Callan Park, not one of them ever took the reverse journey.

## The Shock of the Shell

Sergeant Arthur B. arrived home in Australia in June 1919, having seen three years' active service with the 7<sup>th</sup> Field Artillery Brigade in France.<sup>32</sup> Arthur had obtained a position as a clerk in a local firm, but found himself increasingly sleepless, and would walk 'about during the night trying to induce sleep', complaining to his mother that he 'had not had sufficient sleep ... and suffered with noises'.<sup>33</sup> Not long after he started his new job, in October 1919, Arthur returned to his parents' home, retired to bed in the middle of the afternoon, and claimed he was incapable of walking to the local doctor's surgery. Dr Cooley, instead, was called out to examine him, and he diagnosed Arthur's behaviour as the result of an 'illness caused by the reaction to the war and nervous breakdown'. Arthur resisted the prescribed medication at first and, in his insomnia, 'constantly talked in a rambling manner, chiefly of war and imagined he was again working his gun'. He eventually consented to take sedatives on 30 October. Arthur 'slept from one o'clock in the morning until three the next afternoon' but on waking was 'very excited and active'.<sup>34</sup>

Arthur's father escorted him to the Reception House at Darlinghurst at ten o'clock that evening where he was held for observation before being admitted to Callan Park on 31 October.<sup>35</sup> Arthur confirmed to doctors that he had 'complained of noises in his head since his return from the war'. Arthur's only physical injury had been a superficial bullet wound to the hand, for which he was treated at a field dressing station before going 'straight back to his gun'. However, he assured the doctors that while he had been suffering from 'head noises' and 'loss of sleep' since his return, he would 'be alright when [he] settled down and had had time to forget the noise of the shells'. Despite his excitable mental state, Arthur was not violent or disruptive at the hospital and, during weekend leave, his father reported Arthur had been 'quite his self again' and that being at home had 'done him a great deal of good'.<sup>36</sup>

The intervention of parents is of interest here.<sup>37</sup> Mr B. corresponded with doctors after each of Arthur's short bouts of leave during 1920 to assure them 'he has been perfectly normal both in his speech and actions'; he 'was very pleased on arriving home, talking ... very calmly and joking in his usual manner'; 'he is looking forward to doing up the garden again very shortly'.<sup>38</sup> Mr B.'s language was clearly intended to convince the doctors of Arthur's improvement. Mr B. did not, however, assert that Arthur

had any right to preferential treatment as a returned soldier, as distinct from that afforded civilian patients, or mention the war specifically in his further communications. Arthur had by-passed both Broughton Hall, and No.28. There is no mention in his file of the desirability of a 'two-tiered system' of treatment. In fact, Arthur's father specifically thanked the doctors at Callan Park, for their 'great kindness and attention to my son'.<sup>39</sup>

## Violence

Sinclair D., married with three small children, had enlisted in September 1914, at the age of thirty-five, variously giving his occupation as a musician and a waiter. He gave trouble from the start. Initially attached to the 9<sup>th</sup> battalion, he was summarily discharged from the AIF just over a month later while still at the Holsworthy training camp after an unspecified incident.<sup>40</sup> In early 1916, he re-enlisted and embarked firstly to Egypt, where he went AWL and absent from defaulter's parade on a number of occasions,<sup>41</sup> before being sent to England in September 1916, where he was sentenced to ten days confined to barracks and had his pay docked for being AWL again.<sup>42</sup> He was eventually sent to France in October 1916, where his officers suspected him to be a malingerer. They certainly had grounds for their fears. Sinclair was admitted to hospital 'sick' on eight separate occasions between 29 October 1916 and 9 February 1917, which was followed by numerous disciplinary infractions during 1917. Sinclair was discharged and returned to Australia in early 1918, suffering from chronic rheumatism.<sup>43</sup> His history of ill-discipline is suggestive of behavioural issues that pre-date the war. While, technically, Sinclair was a returned soldier, a combination of ongoing illnesses and disobedience charges meant he had seen no action at the front.

On his return to Australia, Sinclair D.'s demeanour did not improve. A police report stated he carried 'a revolver which he flourished about saying he would shoot anyone' and that he was 'cruel to his wife and children and was not fit to be at large'.<sup>44</sup> His hostility toward his wife would seem to pre-date the war, as his initial 1914 attestation papers show that he listed, erased and then re-listed his wife as next of kin.<sup>45</sup> This resentment continued after the war when 'his manner was most aggressive. At times he said she was not his wife, at others that she was'.<sup>46</sup>

Sinclair was arrested for creating 'a disturbance in the street

and having used threatening language' and was committed to Callan Park in February 1919.<sup>47</sup> Doctors found he was suffering from 'delusions of persecution and hallucinations of hearing' and his wife reported she was 'greatly afraid of her husband'.<sup>48</sup> Sinclair continued to torment his wife and children from Callan Park. He wrote a letter to his eldest daughter 'telling her not to notice her mother as she was not fit to have children' and accused his wife of 'carrying on with other men'.<sup>49</sup> Mrs D. was so terrified of her husband that she petitioned the doctors not to forward his letters, stating 'she was quite upset at the mere sight of a letter from him ... [and] that the children also were scared of their father'.<sup>50</sup>

Sinclair was routinely sedated and was also restrained for a period in March 1919 after attendants found him attempting to secret a billiard cue in his bed in an 'excited and aggressive' state.<sup>51</sup> Viewed as a chronic case, with little prospect of recovery, Sinclair was permanently transferred to the Kenmore Hospital, near Goulburn, in December 1920.

## The Bottle

Many returned soldiers were well versed in the prescription of the self-administered form of sedation. Sinclair D., brandishing his revolver and threatening the neighbourhood, added to his notoriety by being known to police as 'the worst character in Leichhardt', and that when he drank he 'became abusive, aggressive and threatening'.<sup>52</sup> When he went on a binge, which was often, it was common for him to fixate on religion, particularly 'heathen deities, bat's claws etc' and police had arrested him on one occasion, in a stupor, 'naked, praying in a public place'.<sup>53</sup>

Excessive alcohol consumption, of course, made all other mental conditions worse. Robert M., a 29 year old farmer, had returned from the war with 'profound melancholy' but it was not until he drank 'five bottles of whisky in six days' that his sister had him committed to Callan Park in early 1920. Doctors reported Robert 'does not speak and is not able to account for his mental condition',<sup>54</sup> a state that did not improve. Robert was considered 'dull and incoherent' and he led a 'vegetable existence' until his death, after collapsing playing cricket at the hospital, in 1935.<sup>55</sup> It is interesting to note that neither Sinclair nor Robert were triaged through the military hospitals, but, rather, sent straight to Callan Park, as they would have been if they had been civilian patients.

This may be evidence of the ad hoc nature of the allocations to the various hospitals, of the fact that the military hospitals were overcrowded, or even the fact that their alcohol abuse required more intensive care than could be provided at Broughton Hall, or No.28.

Heavy drinking among returned men was of such concern that the government instituted an inquiry into the matter in early 1918, where testimony was received that the ‘unstable nervous condition of many returned soldiers made them more susceptible than civilians to the effects of alcohol’. This was compounded by the habit of many ex-soldiers to drink straight spirits.<sup>56</sup> Many men had grown used to the pungent taste of strong spirit in the trenches with the passing around of Service Rum—Dilute (SDR) rations.<sup>57</sup> One wife, on petitioning for a divorce, explained that on her husband’s return from the front in 1919,

Almost immediately I noticed that he was drinking more than he did prior to going to the war ... he was under the influence of drink three and four days in every week and as time went on his habits became worse. He would come home at all hours of the night, abuse me[,] threaten me with a revolver which on more than one occasion was loaded, and he nearly shot me.<sup>58</sup>

The propensity of disturbed returned soldiers to use weapons to menace those they felt threatened or persecuted by is probably not surprising. They were familiar with firearms and many had brought back weapons, as souvenirs, from the war. The additional volatile factor—alcohol—was readily, and relatively cheaply, available. And Australian men, in particular, had a long history of using alcohol to bond, to dull pain, to increase confidence and to just plain forget.<sup>59</sup>

## Memories and Shame

Whether or not they abused alcohol, there was plenty for men to want to forget. As early as 1916, a prominent doctor explained, ‘When you consider ‘the hell of fire’ which they had endured, you can imagine the state of their nerves’.<sup>60</sup> In the case studies from Callan Park considered here, however, many returned men succumbed to mental illness, not so much through the ongoing memory of front-line trauma but from the less obvious experiences of shame.

Leo H. was arrested at Victoria Barracks after creating a

disturbance when he barged through the Stores, demanding a 'uniform to wear standing in front of a picture show so that he might be admired'.<sup>61</sup> Dr Price found him 'noisy, restless, irresponsible and foolish' while Leo told Dr Gibbes he 'went back to the AIF to get his clothes'.<sup>62</sup> It was only after some time in the hospital that twenty-year old Leo confessed as to what had prompted his behaviour. He had 'enlisted in the AIF but was too late to get away to the Front'. That Leo attempted to acquire a uniform that he was not entitled to wear, in order to portray himself as something he wasn't, is evidence of the powerful culture established during the war years of the virtues of the gallant volunteer, versus the shame of the shirker.<sup>63</sup> This was not uncommon. For example, Bob K. had been admitted to the Parramatta Psychiatric Centre because of morbid 'thoughts of war' in August 1919. He explained to the doctors he 'wants to go to the war to have a go at the Germans' and when it was explained 'that it was too late to do that', Bob replied 'he did not know the war was over'.<sup>64</sup> Perhaps Bob had attempted to enlist and had been rejected, or perhaps, now that peace had been declared, he regretted his decision not to 'do his bit'. It may also be evidence that the shirker was still being shunned, even in 1919.

Ronald R. had been treated at Broughton Hall on his return from the war in 1916, then spent a week at Callan Park in November 1919 and a further ten months there during a third admission in 1920. He had a 'distressed appearance', 'does not answer questions' and is 'very miserable and depressed'.<sup>65</sup> Ronald's spine had been injured at Gallipoli and he informed the doctors he would periodically 'take fits' and that 'he did not know what he was doing for a few days after a fit'.<sup>66</sup> In response to questions about his conduct and experiences during the war, Ronald would only respond 'I did not do it'.<sup>67</sup> What *it* was that Ronald had *not* done he never explained, but it may be possible that Ronald was ashamed of some (real or perceived) action or inaction performed as a soldier.

Ronald was discharged after a relatively short time in 1920, which may indicate the newer techniques and treatments being trialled among the more progressive members of the psychiatric fraternity—hypnosis, suggestion, persuasion, occupational therapy, and psychoanalysis<sup>68</sup>—were finding success among that body of men whose actual or imagined experiences of war were causing them psychological breakdown. For others however, their 'experiences' were driving them to suicide.

## All Too Hard

War suicides generated significant comment in the press. Bruce Scates has recently related the story of Gunner Frank Wilkinson who was awarded the Military Medal at Passchendaele. Ten years after his return, having failed on his soldier settler block, Frank Wilkinson ‘battered his wife to death with a hammer, smashed the skull of his daughter to pieces and then slit his own throat’. The papers labelled him a ‘victim of shattered nerves’,<sup>69</sup> however, like, Sinclair D., there is an undercurrent of domestic violence that was not highlighted in the reports of Frank’s crime: the emphasis was on his suicide.<sup>70</sup>

Archie H. was not an Australian, nor was he a soldier. A native of England, he had held the rank of Lieutenant in the Royal Naval Air Service from 1914, making him a sailor and a pilot. Archie had sustained critical injuries toward the end of 1916, after falling from a naval aeroplane and had undergone several complicated surgeries. That he survived them, and was able to function, is remarkable in itself, yet England, apparently, was too cold. He had immigrated to Australia in 1917 on the advice of his doctors, who recommended a warmer climate.<sup>71</sup> On arrival in Australia he sought work as a station hand and ‘appeared normal mentally’.<sup>72</sup>

Archie reported that on 24 June 1919 he had ‘felt something give way in his head’.<sup>73</sup> He began hallucinating and developed grossly delusional thoughts, and was admitted as a military patient to the No.28 Australian Auxiliary Hospital, in Leichhardt, in July 1919. Two months later, he was certified as insane and committed to Callan Park itself. The staff at the military hospital could not provide the care that Archie’s acute symptoms now required.

The committal report stated that Archie was ‘in a state of extreme mental confusion ... [with] marked auditory and visual hallucinations’. As a result, he was ‘extremely impulsive and suicidal [and] requires constant supervision’.<sup>74</sup> The doctors showed a great deal of sympathy for Archie’s condition. They were in no doubt it was directly related to his head injury sustained after falling from the plane. There was also a certain glamour attached to Archie. Airmen, and indeed, the flying machines themselves, were seen as thrilling and prestigious.<sup>75</sup> He was a victim of war, and, when not in the grip of his terrifying delusions, he was ‘a very gentlemanly man’.<sup>76</sup> Archie was the atypical patient: he was not working class and he was not Australian, which may serve as evidence that the medical staff’s concern was not simply predicated on his condition, but also on the fact that he was British and middle class. Peter Barham’s British

study of war neurosis patients revealed a prevailing view of the class divide among medical professionals in the immediate postwar years, who distinguished between ‘hysterical’ working class soldiers and ‘generalised anxiety’ among officers.<sup>77</sup> Barham endorses Allan Young’s argument that ‘the polarity derives less of real differences in symptoms than from the contrasting valuations of officers and former soldiers’<sup>78</sup>. It is likely that Archie is an example of that phenomenon in Australia.

Archie’s sister Daisy, his only living relative, still residing in England, arrived in Australia toward the end of 1920, determined that she would take Archie home to Bristol with her and care for him there. Dr Coutie persuaded Daisy that under no circumstances could she be allowed to travel with Archie without trained supervision. He feared that while Archie ‘may not give any trouble, considering his past history, I would not care to take the responsibility of saying he could travel without escort’.<sup>79</sup> It was a legitimate concern: and a prescient one. However, in a neat coincidence, a ‘trained male mental nurse’ from Callan Park, a Mr Cox, was travelling to England to visit his elderly mother, and volunteered to be one of the two supervisors for Archie on the voyage. The other was employed privately by Daisy. Both men were paid from her own purse.<sup>80</sup> Daisy eventually persuaded Dr Coutie that between herself, and the two attendants, Archie would be well supervised, and Dr Coutie then recommended that Archie and Daisy take the ship, along with the two attendants, explaining that Archie was ‘well enough to travel and may improve on the voyage’.<sup>81</sup> It would prove a fatal error of judgement.

A last minute hiccup appeared when the medical officer for P&O initially refused Archie’s passage. Dr Coutie explained to Daisy that ‘I can quite understand [the objection] ... because if anything happened, it would give him considerable worry and possibly the Company might blame him for accepting the passenger’.<sup>82</sup> The departure of Daisy’s party was further delayed for a few weeks. Archie was unwell and was refusing his food, and had to be tube-fed.<sup>83</sup> Daisy, however, refused to be deterred. Eventually, all the plans came together and the party of four cast off from the Woolloomooloo dock on 20 April 1921. Initially, Archie appeared to enjoy the experience, but after four days, he became ‘very restless, noisy and troublesome’ and refused food.<sup>84</sup> Mr Cox tried to distract Archie with ‘five hours per day exercise on board’, but just out of Durban, he ‘became very quarrelsome and struck [a passenger] in the face’ and shortly after, asked a steward on the ship to ‘cut his throat as he did not want to live

or see England again'.<sup>85</sup> Mr Cox foiled a further suicide attempt after Archie tried to strangle himself with a necktie and, he reported, 'just saved him in time'.<sup>86</sup> On 30 June, Archie was morbidly depressed and spent the day mumbling incoherently to himself. At 6.30pm, Archie ate some soup and an apple tart for dinner and asked Mr Cox if he could go to his cabin. One of the ship's stewards accompanied him, as Mr Cox was still finishing his meal. But Archie had other plans. At the foot of the stairs, Archie turned, ran out on to the deck and threw himself overboard.<sup>87</sup>

The alarm was immediately raised, and for a few minutes, shouts could be heard from the water. A life buoy with emergency lighting and a life boat were lowered, and the 'engines put at slow and then reversed to "full astern"', but after nearly two hours, the search was called off. Archie, the damaged, 'gentlemanly' sailor, now had no grave but the sea.

The consequences of Archie's suicide were considerable. The Callan Park Attendant, Mr Cox, was 'very much cut up' by Archie's death and doctors at Callan Park were assured by the captain of the ship that Archie had had 'the best of attention from the attendants' and that Mr Cox, in particular, had taken a 'very keen interest in his [Archie's] welfare'.<sup>88</sup> The general manager of P&O was desperately sorry, but assured Daisy 'every effort was made to save him'.<sup>89</sup> And Daisy herself? She was distraught. She blamed Cox, she blamed the steward, but ultimately, she blamed herself. She wrote to Dr Coutie:

It really is too dreadful to think such a thing could have happened ... Of course Cox realised he did wrong in allowing [Archie] to leave the table with such a young steward but it is no use saying anything as it is too late. I took the great risk in having him brought to England so I cannot blame anyone.<sup>90</sup>

On 5 September 1921, Dr Coutie sent all the documentation to Eric Sinclair, the Master of Lunacy, for his records. Dr Coutie's cover letter stated, 'It is an unfortunate ending!'<sup>91</sup>

As Larsson rightly asserts, because of the stigma relating to suicide, the Repatriation Department did not keep statistics on self-harm—either attempted or successful—among returned men.<sup>92</sup> Although attempted suicide was the cause of admission for some returned men, the incidence of suicide in the psychiatric files among returned men examined here is low, apart from the obvious case of Archie H. This should not be construed as meaning that the desire for suicide among returned men was necessarily low, or that attempts

were not made while they were either under treatment or after discharge. It simply may reflect a few realities of life in the asylum: opportunities were few as all patients were constantly monitored and observed; dangerous items such as knives, needles, and razors were subject to search and confiscation, and many agitated and delusional returned soldier patients were heavily sedated or even restrained during their time in the hospital. All of these factors would have made it difficult for a potential suicide to both formulate a plan to take their own life, and then subsequently act upon it. Records were not kept on patients after discharge, so there is no way of knowing how many returned soldiers may have ultimately ended their lives after leaving treatment.

## Conclusion

The disabled veterans returning blind, limbless, or disfigured—the men Patsy Adam Smith recalled of the 1920s, called ‘Hoppy’, ‘Wingy’, ‘Shifty’, and ‘Stumpy’<sup>93</sup>—were the visible living casualties of World War I. They were, mostly, accorded a measure of respect and reverence for their sacrifice and were more likely to gain a sympathetic ear from the Repatriation Department in terms of a pension<sup>94</sup> than the thousands of ‘wounded souls’ who suffered ‘hidden wounds’.<sup>95</sup> Coming into an era when the development of compassionate theories of shell shock and associated psychological damage among progressive practitioners was dismissed by A.G. Butler, official war historian, as “‘Bulsh’ of the most unpleasant kind’ and ‘appalling muck’,<sup>96</sup> soldiers often struggled with silent, and sometimes insurmountable, psychiatric conditions that were not always obviously directly caused by war service.

The process of ‘return’ was often fraught, either reigniting old hurts, or failing to live up to the romantic prospect the men had clung to in the trenches. The strain on parents who could only view from the sidelines as their sons fought their demons was clear, as was the impact of domestic violence and alcoholism on families. Shame of real or imagined activities, failures, and labels was the latent cause of breakdown in many men. Instances of suicide and acts of self-harm were over-represented in the ex-military population generally,<sup>97</sup> however this was not necessarily reflected among hospital patients, for whom—with the notable exception of Archie H.—the capacity and opportunity to affect such an end were limited; those suspected of being potential suicides were closely monitored within the institution.

The war also brought a different sense of ‘class’ to the doctors, if not the patients themselves. Broughton Hall was established in 1915 to treat returned men suffering mental illness, and initially they were seen as being separate from the patients in Callan Park proper. They were ‘military patients’. Yet it is clear that this differentiation did not last long and some were transferred from the military to the civilian sphere without much comment, in fact, it suggests that once men were transferred to Callan Park, they were treated as civilian rather than military patients. The social stigma surrounding the spectre of insanity was a result of several interlocking and complex elements: eugenics, shock, shame, rejection, fear, and particularly heredity or predisposition. Many soldiers and their families rejected the label of ‘insanity’, and any implication that it may have run ‘in the family’, in its entirety. They were eager to embrace any alternative explanation that removed a defective or shameful stain on the family name. Even though in many cases the precise cause was not always easily attributable to war service, most men and their families found comfort when the war itself provided the explanation and *that* was what was important, not the site of treatment.

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#### ***Note on References***

Due to the special conditions of access to the closed files imposed on the author, all soldiers’ and their families’ names have been changed to protect their identity, and sources from AIF personnel files at the Australian National Archive are referred to by their unique barcode rather than the soldier’s surname, in order to retain confidentiality in as much as it is possible.

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- 2 Witness Statement, Captain A.T. Dunlop, NAA, B2455, Barcode 4025054.
- 3 Accused Sworn Statement, NAA, B2455, Barcode 4025054.
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- 6 Western Sydney Records Office, Series Number: 4984, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-116.12484.
- 7 Dr Bowker, Admission files, 14/9396 – Callan Park Mental Hospital, No.1918-116.12484.
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- 16 Carolyn Holbrook, *Anzac: The Unauthorised Biography* (New South Publishing: Sydney, 2014), 159.
- 17 Bruce Scates, "The Forgotten Stories", *The Sunday Age*, 11 November 2012, 19.
- 18 Harry 'Blue' Dadswell, cited in Patsy Adam Smith, *The Anzacs* (Melbourne: Penguin Books, 1991), 462.
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- 20 Diary dated 12 November 1915, L/C G Mitchell, cited in *ibid.*
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- 22 Garton, *The Cost of War*, 2.
- 23 Kate Blackmore, *The Dark Pocket of Time: War, Medicine and the Australian State, 1914–1935* (Adelaide: Lythrum Press, 2008), 1.
- 24 See particularly Larsson, *Shattered Anzacs*.
- 25 See Melanie Oppenheimer, "Fated to a Life of Suffering", in Crotty and Larsson, 18–38.
- 26 Stephen Garton, *Medicine and Madness: A Social History of Insanity in New South Wales 1880–1940* (Sydney: University of New South Wales Press, 1988), 75.
- 27 Garton, *Medicine and Madness*, 75.
- 28 Larsson, *Shattered Anzacs*, 155.
- 29 *Ibid.*
- 30 *Ibid.*
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- 78 Allan Young, *The Harmony of Illusions*, cited in *ibid.*
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- 80 Memo dated 15 January 1921, Admission files, 14/9416 - Callan Park Mental Hospital, No.1919-409.13255.
- 81 *Ibid.*
- 82 Letter dated 12 January 1921, from Dr Coutie to Daisy H., Admission files, 14/9416 - Callan Park Mental Hospital, No.1919-409.13255.

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