

Wilfully and With Intent: Self-Inflicted Wounds and the Negotiation of Power in the Trenches

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When Canadian soldiers went to war in 1914, they could not have anticipated the horrors that awaited them on the battlefields of France and Belgium. Many coped through drink, song, and friendship; others were unable to take the constant strain. In the panic of battle, some men turned and ran, deserting their units at the front. Others never returned from the hospital or from leave. Many tried to “stick it out”, breaking down with shell shock or neurasthenia. A less studied group both in Canada and the international literature are those who chose to intentionally injure themselves to escape life at the front. This paper uses official military records, medical files, hospital records, and personal letters and diaries from Canadian and British archives to examine self-inflicted wounds in the Canadian Expeditionary Force. It argues that self-mutilation was an aspect of the larger struggle for power in the trenches between officers and men—an act of defiance that posed a direct challenge to the exclusivity of military authority. It argues that while the number of Canadian soldiers who maimed themselves was small, they posed a significant problem for those who purported to hold a monopoly on power at the front.

À leur départ à la guerre en 1914, les soldats canadiens n'auraient pas pu imaginer les horreurs auxquelles ils allaient être confrontés sur les champs de bataille de France et de Belgique. Nombre d'entre eux ont tenu le coup en buvant, en chantant, en nouant des liens d'amitié; d'autres n'ont pas pu supporter la tension constante. Dans le feu de l'action, certains hommes se sont enfuis, abandonnant leur unité au front. Certains ne sont jamais revenus de l'hôpital ou de congé. Plusieurs ont essayé de tenir le coup, mais ont succombé à la névrose des tranchées ou à la neurasthénie. Un autre groupe, peu fréquemment étudié tant

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au Canada que dans l'historiographie internationale, est celui des soldats qui ont choisi de se blesser intentionnellement afin d'échapper au front. Le présent article s'appuie sur des archives militaires officielles, des dossiers médicaux, des dossiers d'hôpitaux, diverses lettres personnelles et des journaux intimes provenant de fonds canadiens et britanniques en vue d'étudier la question des blessures volontaires dans le Corps expéditionnaire canadien. Il fait valoir que l'automutilation s'avère un aspect de la lutte de pouvoir dans les tranchées entre officiers et soldats, et un acte de bravade qui constituait un défi direct à l'autorité militaire. Si le nombre de soldats canadiens qui se sont blessés eux-mêmes est peu élevé, leur existence représente tout de même un problème de taille aux yeux des hommes qui prétendent détenir le monopole du pouvoir au front.

ON AUGUST 15, 1915, Private J. P. Y. of the 3rd Battalion was alone in a section of trench in the Ypres salient. Private Y. was a 20-year-old labourer from Darwin, England, who had immigrated to Canada to settle in southern Ontario.¹ A member of the Royal Garrison Artillery before coming to the Dominion, he had eagerly gone to war, joining up on April 12, 1915.² When he arrived overseas that summer, the fighting was like nothing he imagined. As he huddled in the reserve trenches, shells dropped all around. Working parties were sent up to the front lines at night, and some men never returned. Late on the night of August 14, the battalion received word that it was to move out the next evening and take over the front lines.³ It was expected to be a “hot” tour in the trenches. Private Y. had had enough. At about 7:30 that morning, Corporal Bruno Joseph was resting in the next bay. He heard a single rifle shot and, hurrying around the traverse, found the young soldier with a flesh wound to his hand.⁴ Private Y. told Joseph that he had been trying to clean his rifle and that he had shot himself accidentally.⁵ Joseph was sceptical; the Ross rifle was a relatively long weapon and it would have been difficult to place one hand over the muzzle and the other on the trigger and fire by accident.⁶ When Private Y. was taken to the battalion medical officer to have his wounds bandaged, he was accused of wounding himself with the intent to escape duty at the front.

When Canadian soldiers went to war in 1914, they had no way of anticipating the horrors that awaited them on the battlefields of France and Belgium.⁷ Shellfire,

1 Library and Archives Canada [hereafter LAC], RG 150, Accession 1992-93/166, Box 10630, File 22, Personnel File.

2 *Ibid.*

3 LAC, RG 9, Series III-D-3, Vol. 4914, File 356, Part I, War Diary [hereafter WD], 3rd Battalion, August 10-15, 1915.

4 LAC, RG 9, Series III-C-3, Vol. 4041, Folder 17, File 9, Field Message No. B437, Commanding Officer, 3rd Battalion to DAG Base, Rouen, August 23, 1915.

5 *Ibid.*

6 *Ibid.*

7 On expectations and knowledge about war, see Jeff Keshen, *Propaganda and Censorship during Canada's Great War* (Edmonton: University of Alberta Press, 1996). The official history of Canada in the Great War is still the best overview of military operations during the conflict. See G. W. L. Nicholson, *Canadian Expeditionary Force, 1914-1919* (Ottawa: Queen's Printer, 1962). The best general history are the two volumes by Tim Cook, *At the Sharp End: Canadians Fighting the Great War, 1914-1916* (Toronto: Viking, 2007) and *Shock Troops: Canadians Fighting the Great War, 1917-1918* (Toronto: Viking, 2008).

snipers, bombs, gas, disease, and machine guns all inflicted severe casualties. The survivors inhabited a muddy, subterranean world along with decaying corpses, rats, and lice, always living in perpetual fear that they would lose their friends or be maimed or killed themselves.⁸ Men coped with the trauma of the trenches in different ways. As Tim Cook has argued, they sang, told stories, drank to excess, gambled, and even made trench art from spent shell casings.⁹ In doing so they regained control over some aspects of their lives and reasserted their humanity. In turn, the army tolerated men singing about their officers, making up stories, and griping to each other because such activities provided a relatively harmless avenue for the release of tension, actually contributing to morale.¹⁰

Many were unable to take the constant strain. In the panic of battle, some turned and ran, deserting their units at the front. Others never returned from the hospital or from leave. Many tried to “stick it out” in the trenches, breaking down with shell shock or neurasthenia when they could cope no longer.¹¹ A smaller and less studied group chose intentionally to injure themselves rather than endure the stress of battle any longer. As the Australian official historian wrote, “from fear, many men, not depraved or psychopathic, fled into disease, into wounds, even into death itself.”¹²

Although the number of Canadian soldiers who resorted to self-injury was small, the act represented a remarkable and somewhat unanswerable challenge to military authority. In the view of senior commanders in the British Expeditionary Force, in which the Canadians formed one corps, the conflict was a war of attrition, which meant that men could not be allowed to choose their terms of participation.

- 8 On the social history of the Canadian soldier in the trenches, see Desmond Morton, *When Your Number's Up: The Canadian Soldier in the First World War* (Toronto: Vintage Canada, 1994). On the way Canadians interpreted the meaning of the experience, see Jonathan F. Vance, *Death So Noble: Memory, Meaning and the First World War* (Vancouver: University of British Columbia Press, 1997). For a study of the nature of fear in combat, see Joanna Bourke, *Fear: A Cultural History* (London: Virago Press, 2005), pp. 197-222.
- 9 Tim Cook, “Anti-heroes of the Canadian Expeditionary Force,” *Journal of the Canadian Historical Association*, vol. 19, no. 2 (2008), pp. 171-193.
- 10 *Ibid.*, pp. 188-189.
- 11 The literature on the psychological effect of combat on First World War soldiers is voluminous. For a historiographical overview, see Tracey Loughran, “Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and its Histories,” *Journal of the History of Medicine and the Allied Sciences*, vol. 67, no. 1 (January 2012), pp. 94-119. For a narrative introduction, see Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge: Harvard University Press, 2000), pp. 21-168; a more analytical approach is taken in Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (New York: Psychology Press, 2005). The standard monograph in the field is Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (New York: Palgrave, 2002). For the Canadian experience, see Thomas E. Brown, “Shell Shock in the Canadian Expeditionary Forces, 1914-1918: Canadian Psychiatry in the Great War” in Charles Roland, ed., *Health, Disease, and Medicine: Essays in Canadian History* (Toronto: Clarke Irwin, 1983), pp. 308-332; Terry Copp and Bill McAndrew, *Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army, 1939-1945* (Montreal and Kingston: McGill-Queen's University Press, 1990), pp. 11-27; Mark Humphries with Kellen Kurchinski, “Rest, Relax, and Get Well: Re-Conceptualising Great War Shell Shock Treatment,” *War & Society* [Australia], vol. 27, no. 2 (2008), pp. 89-110; Mark Humphries, “War's Long Shadow: Masculinity, Medicine and the Gendered Politics of Trauma, 1914-1939,” *Canadian Historical Review*, vol. 91, no. 3 (September 2010), pp. 503-531; Terry Copp and Mark Humphries, *Combat Stress in the 20th Century: The Commonwealth Experience* (Kingston: Canadian Defence Academy, 2011).
- 12 A. G. Butler, *Official History of the Australian Army Medical Services, 1914-1918: Volume III – Special Problems and Services* (Canberra: Australian War Memorial, 1943), p. 92.

Formal breaches of discipline that appeared cowardly or fearful, they argued, had to be treated harshly to maintain cohesion. Old sweats might eventually wear out and be sent to hospital by a concerned medical officer, but in general men could not be allowed simply to walk away without doing their duty. Those who did had to be punished. More than 1,000 British soldiers were tried for mutiny, 7,155 for desertion, 6,270 for quitting their posts, and 35,787 for being absent without leave—more were never caught or were punished within their own units.¹³ Acts of perceived cowardice were punishable by death, and 361 British soldiers were shot at dawn, 75 per cent of whom were convicted of desertion.¹⁴ In the Canadian Corps, 25 soldiers were executed during the war, 23 of whom either deserted or showed “cowardice” in the face of the enemy.¹⁵ Historians Tim Cook, Chris Madsen, Theresa Iacobelli, and Andrew Godefroy have argued that the threat of physical punishment was used to keep men fighting and dying at the front, but was unevenly applied and often failed to take the mental state of the accused into account.¹⁶

In emphasizing the army’s capacity to enforce its will on soldiers unilaterally, some scholars have come to view British and Canadian infantry men as passive victims with little capacity to push back against institutionalized power. In many ways, this view is the logical extension of the idea that the infantry were “lions led by donkeys” who would rather see them die in front of a firing squad than admit that men might panic and run under fire.¹⁷ It is a view enshrined in our public memory of the war, encapsulated by the *Shot at Dawn* campaign of the early 2000s—which resulted in a posthumous pardon for all British soldiers executed for cowardice—and the Canadian campaign that resulted in the inclusion of the names of executed Canadians in the Books of Remembrance on Parliament Hill in

13 War Office, *Statistics of the Military Effort of the British Empire during the Great War* (London: HMSO, 1922), p. 666; on mutiny and desertion, see Julian Putkowski, *British Army Mutineers, 1914-1922* (London: Francis Boutle, 1998).

14 On executions in the British Army, see Anthony Babington, *For the Sake of Example: Capital Courts-Martial, 1914-1920* (London: Penguin, 2002); Gerald Oram, *Worthless Men: Race, Eugenics and the Death Penalty in the British Army during the First World War* (London: Francis Boutle Publishers, 1999); Christopher Pugsley, *On the Fringe of Hell: New Zealanders and Military Discipline in the First World War* (London: Hodder and Stoughton, 1991).

15 Andrew Godefroy, *For Freedom and Honour? The Story of 25 Canadians Executed during the Great War* (Toronto: CEF Books, 1998).

16 Cook, *Shock Troops*, pp. 251-254; Chris Madsen, *Another Kind of Justice: Canadian Military Law from Confederation to Somalia* (Vancouver: University of British Columbia Press, 1999), pp. 30-55; Teresa Iacobelli, “Arbitrary Justice? A Comparative Analysis of Canadian Death Sentence Passed and Commuted during the First World War,” *Canadian Military History*, vol. 16, no. 1 (2007), pp. 23-36, and “No Example is Needed: Discipline and Authority in the Canadian Expeditionary Force during the First World War” (PhD dissertation, University of Western Ontario, 2012); Godefroy, *For Freedom and Honour*. See also Craig L. Mantle, ed., *The Unwilling and the Reluctant: Theoretical Perspectives on Disobedience in the Military* (Kingston: Canadian Defence Academy Press, 2006).

17 The emphasis on soldier as victim is pervasive in social histories of the lived experiences of First World War soldiers. See Ian F. W. Beckett, *A Nation in Arms: A Social Study of the British Army in the First World War* (Manchester: Manchester University Press, 1985); Richard Holmes, *Tommy: The British Soldier on the Western Front, 1914-1918* (London: Harper Collins, 2004); John Keegan, *The Face of Battle* (New York: Penguin, 1976); Eric Leed, *No Man’s Land: Combat and Identity in World War I* (Cambridge: Cambridge University Press, 1979); Dennis Winter, *Death’s Men: Soldiers of the Great War* (New York: Penguin, 1979).

2001.¹⁸ As Leonard V. Smith argues in *Between Mutiny and Obedience*, however, while discipline could be harsh, soldiers could still challenge and resist military authority through acts of collective and individual protest. In his case study of the French Fifth Division, he shows that such acts revealed limitations on the army's ability to exercise power unilaterally, allowing average soldiers to negotiate and redefine the terms under which they would and would not fight.¹⁹ In this analysis, soldiers were not passive victims, but actors with agency who were able to push back against authority and manipulate the system to their own advantage.

One powerful way that soldiers could challenge military authority was to inflict injury on themselves. Joanna Bourke argues that, in a war of attrition, what made the male body a valuable commodity to senior officers was its wholeness.²⁰ While the state claimed authority over these bodies through conscription and social coercion, men were able to resist control by wounding themselves in such a way that they diminished their capacity to serve and thus decreased their value to the military.²¹ Ashley Ekins shows that, in the case of the ANZACs (members of the Australian and New Zealand Army Corps), self-harm allowed soldiers to escape the front, albeit through a complex struggle involving doctors, patients, and military officers.²² Self-mutilation was thus one aspect of the larger struggle for power in the trenches between officers and men—an act of defiance that posed a direct challenge to the military's exclusive control over the male body.²³

Although the number of soldiers in the Canadian Expeditionary Force (CEF) who maimed themselves was always small, these Canadian soldiers posed a significant problem for those who purported to hold a monopoly on power at the front. In cases of desertion, the act itself constituted evidence of the crime, but it was often difficult to prove that a wound had been intentionally self-inflicted rather than accidental—such as the inhalation of gas when a soldier was equipped with a working gas mask.²⁴ Were such injuries accidents? Wounds of war? Or were they self-inflicted? Soldiers used this ambiguity to their advantage, escaping punishment for an act that was similar in its effect to fleeing the field. In response, the military was forced to accept a practical limitation on its power to punish

18 Ben Fenton, "Pardoned: The 306 Soldiers Shot at Dawn for 'Cowardice,'" *Telegraph* [London], August 16, 2006, <http://www.telegraph.co.uk/news/1526437/Pardoned-the-306-soldiers-shot-at-dawn-for-cowardice.html> (accessed May 23, 2013); Veterans Affairs, "Names of Executed Soldiers to be Placed into Canada's Book of Remembrance," December 11, 2001, <http://www.veterans.gc.ca/eng/department/press/viewrelease/150> (accessed May 23, 2013).

19 Leonard V. Smith, *Between Mutiny and Obedience: The Case of the French Fifth Infantry Division during World War I* (Princeton: Princeton University Press, 1994). On the British army, see G. D. Sheffield, *Leadership in the Trenches: Officer Man Relations, Morale and Discipline in the British Army in the Era of the First World War* (New York: St. Martin's Press, 2000).

20 Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain, and the Great War* (Chicago: University of Chicago Press, 1996), p. 81.

21 *Ibid.*, pp. 76-123, especially 81-84.

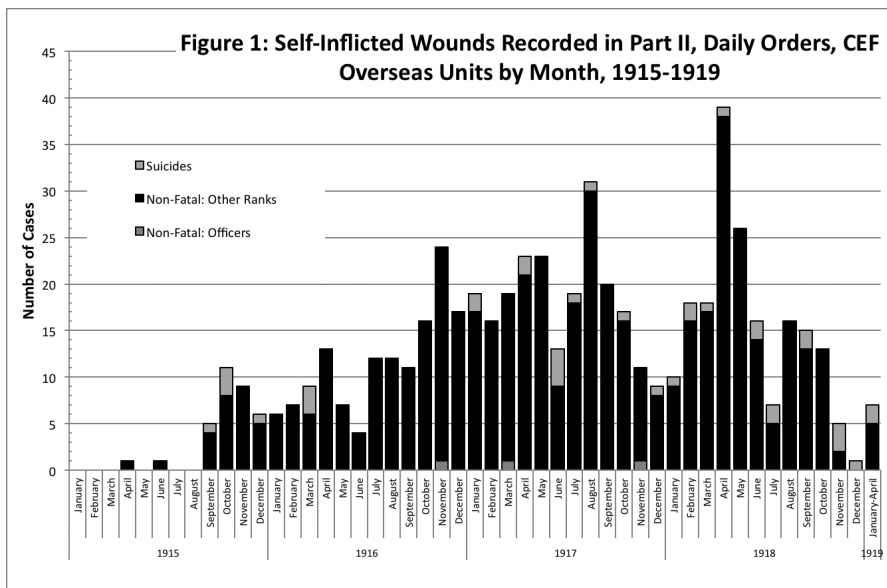
22 Ashley Ekins, "'Chewing Cordite': Self-Inflicted Wounds among Soldiers of the Great War" in Ashley Ekins and Slizabeth Stewart, eds., *War Wounds: Medicine and the Trauma of Conflict* (Wollombi, Australia: Exisle Publishing, 2011), p. 40.

23 Helen McCartney, *Citizen Soldiers: The Liverpool Territorials in the First World War* (Cambridge: Cambridge University Press, 2005), pp. 171ff.

24 Tim Cook, *No Place to Run: The Canadian Corps and Gas Warfare in the First World War* (Vancouver: University of British Columbia Press, 1997), pp. 161-162, 232.

offenders, relying more heavily on social coercion to discourage the practice—a tactic that was never wholly successful. In inflicting wounds on themselves, soldiers were able to choose when and how they left the trenches.

Any wound inflicted by a soldier's own hand, whether intentional or due to accident, carelessness, or negligence, was officially considered a self-inflicted wound and thus was subject to military discipline. In total, 729 cases of self-inflicted wounds were reported in the CEF between 1914 and 1919. Of these, 582 were overseas cases among troops in England, France, and Belgium, while the remaining 147 occurred among soldiers stationed in Canada or outside Western Europe. As indicated by Figure 1, the overseas cases included four officers, and the remaining 578 came from the other ranks. In comparison, the British Army reported a total of 3,882 cases, but this figure is only based on the number of total convictions for self-injury under the *Army Act* (1907). In both the CEF and the BEF, then, officially recognized cases of self-maiming constituted only a tiny fraction of total battlefield injuries.²⁵



Source: Edwin Pye, Unpublished Draft Chapter VII, *Official History of the Canadian Forces in the Great War: Volume II*, Directorate of History and Heritage (DHH), Edwin Pye Fonds, Series 3, Box 10, Folder 57a, page 11 and 82.

Yet despite the small number of casualties reported on official returns, the mythology of the Great War is replete with stories of the ingenious methods used by soldiers to disguise self-inflicted wounds as accidents or legitimate battle injuries.

25 Sir Andrew Macphail, *Official History of the Canadian Forces in the Great War: Medical Services* (Ottawa: Department of National Defence, 1925); Directorate of History and Heritage [hereafter DHH], Edwin Pye Fonds, Series 3, Box 10, Folder 57a, Edwin Pye, Unpublished Draft Chapter VII, *Official History of the Canadian Forces in the Great War: Volume II*, pp. 11 and 82; War Office, *Statistics of the Military Effort*, p. 666.

“I was told of a ... case,” wrote one Canadian soldier, “of a man who, before enlisting, had been a Sergeant in the NWMP. When back from the front, he made a hole in the ground, drew out the safety pin from a Mills bomb, put it in the hole, put his foot over it, and thereby lost a leg. Another man I knew took to tying a wet piece of cloth round his neck at night until severe catarrh sent him to hospital.”²⁶ Dr. John Collie, the author of a medico-legal text titled *Malingering and Feigned Sickness*, similarly claimed that one group of soldiers was known to have used the jaw bones of a dead dog to inflict plausible bite marks on themselves.²⁷ Sir Andrew Macphail, the official Canadian medical historian, wrote of a man who “would fasten his rifle in a fixed position, discharge it, and observe where the bullet struck. He would then place the least serviceable part of his body in the line of fire and discharge the rifle again.” Some historians have taken the authenticity of these stories at face value, suggesting that official figures for self-inflicted wounds must be significantly under-estimated.²⁸ While this may indeed be the case, we should also be cautious. Like most trench myths, self-inflicted stories were typically told from a second or third hand perspective (“I heard this from a soldier who once knew another soldier...”) and the protagonist was almost always cast as an anti-hero who used ingenuity to outwit an unimaginative and prickly senior officer. As Tim Cook has observed, the anti-hero became an important motif in soldiers’ culture because stories of triumph by cowards, malingerers, or shirkers were subversive, emphasizing the ability of the average man to resist military authority and discipline despite the odds.²⁹ In the case of trench myths, the literal truth of the story was secondary to the discursive power of the narrative.

In evaluating the veracity of the notion that many self-inflicted wounds escaped detection by virtue of intrigue and trickery, we must consider how they would then actually have been recorded. After all, no matter how ingeniously a wound was inflicted, it would only “work” if it necessitated medical attention. This means that “hidden” cases would have been classified as either legitimate battlefield wounds or accidental injuries.

There were 141,630 wounds recorded as due to enemy action in the Canadian Expeditionary Force.³⁰ Of these, injuries to the upper extremities (arms and hands) accounted for 36 per cent, while those to the legs and feet comprised 31 per cent.³¹ Wounds to the extremities, then, were clearly the most common form of battlefield injury. While these are also the most likely sites for a self-inflicted wound, given the complicated logistics of firing a lengthy service rifle into one’s own body without causing death or life-threatening injury, it is unlikely that a significant

26 E. W. Russell as quoted in William D. Mathieson, *My Grandfather’s War: Canadians Remember the First World War, 1914-1918* (Toronto: Macmillan Canada, 1981), p. 128.

27 John Collie, *Malingering and Feigned Sickness*, 2nd ed. (London: Edward Arnold, 1917), p. 355.

28 On the difficulties of estimating figures for the ANZACs, see Ekins, “Chewing Cordite,” pp. 47-48; on the British, see Bourke, *Dismembering the Male*, pp. 85-86.

29 Cook, “Anti-Heroes of the Canadian Expeditionary Force,” pp. 174-175. On the mythology of the Great War, see James Hayward, *Myths and Legends of the First World War* (Gloucestershire: The History Press, 2002), pp. 98-129.

30 For casualties, see Macphail, *Official History: Medical Services*, p. 396; for accidents, see LAC, RG 24, Vol. 1844, File GAQ-11-11e, “Group A21, Pensions and National Health Investigation,” undated.

31 Macphail, *Official History: Medical Services*, p. 396.

number of cases would have avoided detection. A rifle discharged at point blank range (as would be the case in a self-inflicted wound) leaves powder burns and lesions on the skin and clothes, and these would have been clearly visible to doctors at aid posts, field ambulances, and hospitals. While it is possible that men could have used some form of buffer to prevent powder burns and scoring, given the privations of frontline life, it is unlikely that many had the opportunity to conceal self-inflicted injuries except through the most extraordinary and unusual means. The most likely source of a self-inflicted “battlefield” wound would have been a hand or foot intentionally placed above the parapet to draw enemy fire.³² By their very nature, such wounds would have been impossible to distinguish from the “real thing.” Any attempt to suggest how many men might have tried to acquire a wound in this way would be pure speculation and would go far beyond the available evidence.

Self-inflicted wounds concealed through trickery would have been more likely to go undetected if they were classified as firearms accidents. Injuries due to mistakes, carelessness, and negligence were common in a dangerous environment where all were armed and nervous and where high-test rum was issued in liberal doses.³³ Grenades exploded unexpectedly, men fell on bayonets, and rifles were discharged accidentally in crowded trenches.³⁴ As indicated by Figure 2, just over 20,000 accidental injuries were sustained by Canadian soldiers, of which 2,976 were due to a misuse of firearms or other weapons.³⁵ Figure 3 shows that not only did the number of accidental injuries increase during periods of intense combat (as indicated by the shaded bars), but so too did the incidence of accidental wounds per 100,000 soldiers spike before, during, and immediately after intense periods of fighting. This trend is to be expected. Intense fighting brought a greater risk of accidental injuries as men carried grenades forward, fired thousands of shells, or fixed bayonets in the trenches. However, it is possible that the figures may also have hidden a few (or even many) self-inflicted wounds. Again, though, while we can assume that at least a few of these accidents represented a successfully concealed self-inflicted wound, we cannot begin to evaluate their frequency.

Although historians have been tempted to revise self-inflicted figures upwards, it is also useful to consider the possibility of inflation—even in the small official numbers that we do have.³⁶ Some men undoubtedly were wrongly accused of inflicting a wound that they had acquired accidentally, though at the same time soldiers could be charged with inflicting a wound on themselves even if their intent was not to escape combat, as undue negligence and dereliction of duty were also grounds for an accidental wound to be officially classified as self-inflicted. While official numbers provide an indication of the incidence of self-inflicted

32 Bourke, *Dismembering the Male*, pp. 83-84.

33 Tim Cook, “‘More a Medicine than a Beverage’: ‘Demon Rum’ and the Canadian Trench Soldier of the First World War,” *Canadian Military History*, vol. 9, no. 1 (2000), pp. 6-22.

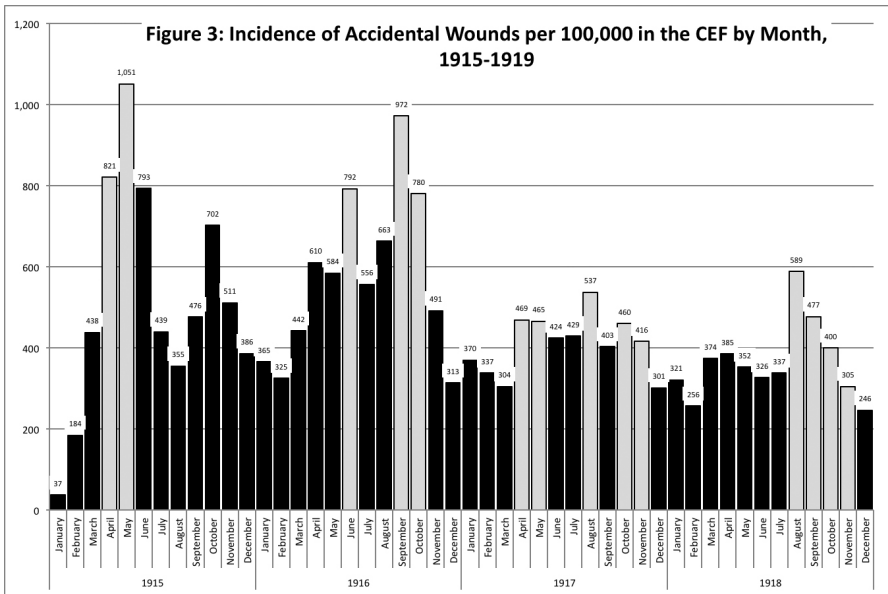
34 See the voluminous reports of accidents, some of which are quite bizarre, in LAC, RG 9, Series III-B-1, Vol.1186-1188, File A-40-5, Parts 1-16.

35 Macphail, *Official History: Medical Services*, p. 396; for accidents, see LAC, RG 24, Vol. 1844, File GAQ-11-11e, “Group A21, Pensions and National Health Investigation,” undated.

36 Ekins, “Chewing Cordite,” pp. 47-48; Bourke, *Dismembering the Male*, pp. 85-86.



Source: Accidents: "Group A21, Pensions and National Health Investigation," undated, RG 24, Volume 1844, File GAQ-11-11e, LAC.



Source: Accidents: "Group A21, Pensions and National Health Investigation," undated, RG 24, Volume 1844, File GAQ-11-11e, LAC; estimates of the Canadian Corps' strength by month as adapted from the table in Government of Canada, *Report of the Ministry of Overseas Military Forces of Canada, 1918* (London: Ministry, Overseas Military Forces of Canada, 1919), 57.

wounds, it is impossible to go beyond those figures with any degree of accuracy. In this sense, the ambiguous nature of casualty reporting becomes most significant. Even if we were to take the most liberal view and assume that every firearms accident was indeed an intentional wound, then use that known figure to impose a maximum on any estimate of self-inflicted rates, we would only be talking about around 3,500 cases or about 2 per cent of all wounds and injuries. This would still be a militarily insignificant number.³⁷ While we must conclude that few soldiers intentionally maimed themselves, our uncertainty is itself indicative of the nature of the historical context of the problem. Indeed, the ambiguity inherent in casualty reporting and the possibility of deception both animated the minds of soldiers yearning to escape the front and perpetuated the suspicions of the officers who were tasked with keeping them there.

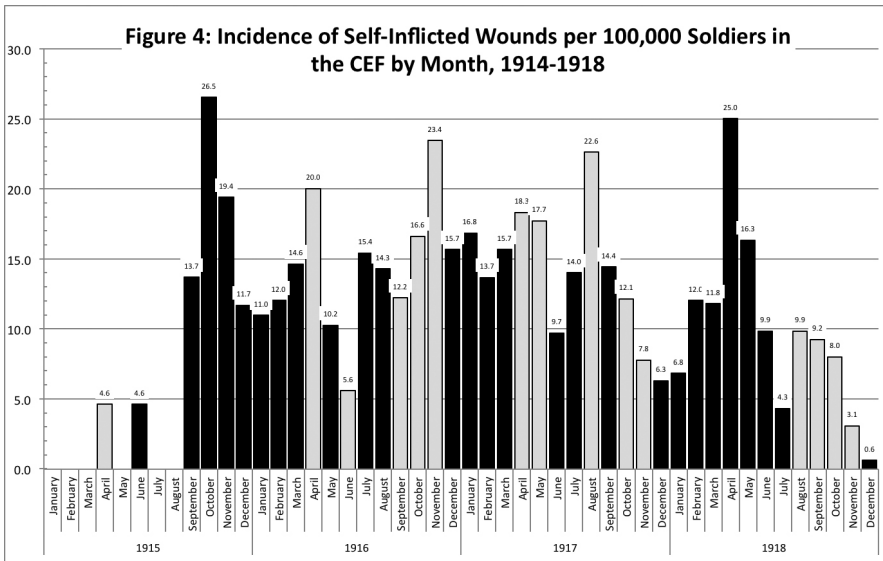
For the purposes of this study, then, we will focus on the cases that were officially classified as self-inflicted wounds. A detailed examination of the records of those accused of injuring themselves reveals that they were, in all respects, typical soldiers. There is no list of all 582 official cases, but in 1917 the Canadian Corps compiled a roll of all those investigated for self-maiming (as distinct from accidental injuries) between 1914 and the beginning of 1917.³⁸ This list contains 225 names, and, although it excludes the last two years of war, it does comprise 40 per cent of the total. As such, it provides the only opportunity to compare the demographics of self-inflicted wound cases with those of other members of CEF. An examination of the attestation papers for the sample reveals few significant differences. It shows that the average age at enlistment was 25 (median: 23), with the youngest being 17 and the oldest 45. In comparison, the average age of a CEF recruit was 26.3. Although the age of self-inflicted cases was slightly younger than the CEF average, this is likely due to the sample being skewed to the earlier war years, as the distribution of ages and distance from the mean in both groups was similar, with about 30 per cent of soldiers being over the average age.³⁹ Most of those in the sample were born in Canada (58 per cent); with 38 per cent born in England or the Empire, 3 per cent in the United States, and 4 per cent in countries outside the British Empire. In comparison, 51.4 per cent of all CEF soldiers were born in Canada, 38.3 per cent in England or the Empire, 5.7 per cent in the United States, and 4.5 per cent in other countries.⁴⁰ The majority of the 225 were English (73 per cent) while only 12 per cent were French; 3 per cent were Eastern European, and 1 per cent Italian. As Chart 1 illustrates, most came from blue-collar occupations (69 per cent) with a minority (16 per cent) reporting professional or clerical occupations, providing an indication of the class background of the group. This picture is roughly equivalent to the demographics of the CEF as a whole, in

37 By way of comparison, trench foot caused 4,987 casualties in the Canadian Expeditionary Force. See Macphail, *Official History: Medical Services*, p. 270.

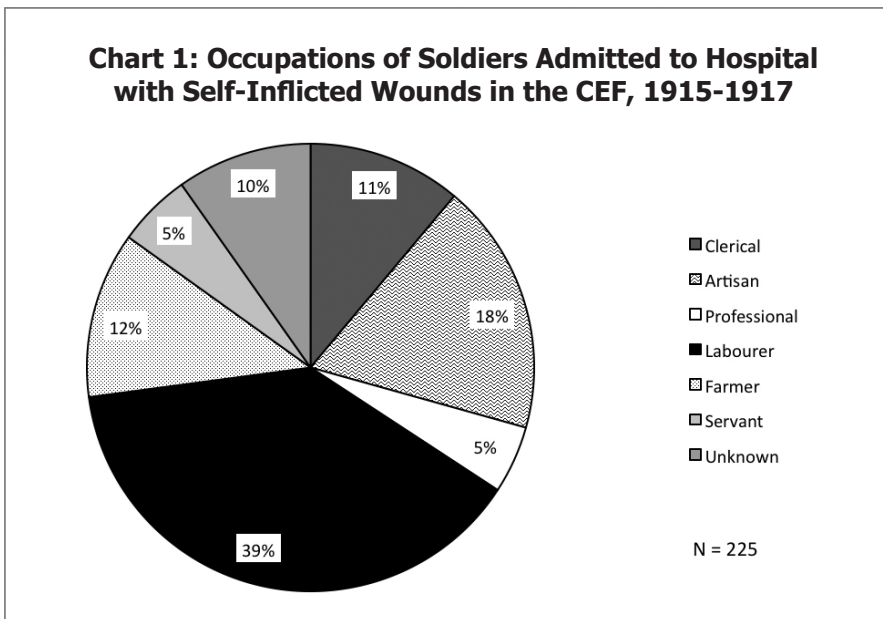
38 The lists are found in LAC, RG 9, Series III-B-1, Vol. 1187, File A-40-5, Part 8. The attestation papers are taken from the digitized records found in RG 150 and available at <http://www.collectionscanada.gc.ca/databases/cef/001042-100.01-e.php> (accessed May 23, 2013).

39 Morton, *When Your Number's Up*, pp. 277-279.

40 C. A. Sharpe, "Enlistment in the Canadian Expeditionary Force, 1914-1918: A Regional Analysis," *Journal of Canadian Studies*, vol. 18, no. 4 (1983/1984), p. 23.



Source: Edwin Pye, Unpublished Draft Chapter VII, Official History of the Canadian Forces in the Great War: Volume II, Directorate of History and Heritage (DHH), Edwin Pye Fonds, Series 3, Box 10, Folder 57a, page 11 and 82; estimates of the Canadian Corps' strength by month as adapted from the table in Government of Canada, *Report of the Ministry of Overseas Military Forces of Canada, 1918* (London: Ministry, Overseas Military Forces of Canada, 1919), 57.



Source: RG 9, Series III-B-1, Volume 1187, File A-40-5, Part 8, LAC and the attestation papers in RG 150 available at <http://www.collectionscanada.gc.ca/databases/cef/001042-100.01-e.php>, accessed 23 May 2013.

which clerical jobs accounted for 14 per cent of occupations, the skilled trades 17 per cent, professions 8 per cent, unskilled or semi-skilled labour 35 per cent, farmers 20 per cent, domestic service 5 per cent, and unknown/other 2 per cent.⁴¹ From the self-inflicted wound (SIW) sample, 16 per cent were married, compared with about 21 per cent of the CEF as a whole; around 40 per cent had previously served in either a professional military force or in the Canadian militia.⁴² Those accused of self-maiming during the first two years of the war were thus typical Canadian soldiers.

Soldiers appear to have decided to injure themselves after long stretches in the trenches rather than in the heat of battle. As noted in Figure 4, the highest incidences occurred in October 1915 and April 1918, both in the middle of long stretches of inactivity, while some of the lowest rates came during the heaviest fighting at Passchendaele in the fall of 1917 and during the Hundred Days in 1918. While this correlation might appear counter-intuitive at first, long deployments in cold, muddy trenches with little action often did more to sap morale than offensive action.⁴³ As a gunner serving with 1st Canadian Division wrote to a friend back home in the spring of 1916, the constant shelling even in times of supposed quiet “got on our nerves. We couldn’t work off our pent up feelings by charging the enemy! We couldn’t even see him! All we could do was to smoke, play cards when not actually firing.”⁴⁴ For many, sitting in a trench for months on end offered the opportunity to think about death and injury—some became fixated on it. For Lieutenant G. R. Fornertt of Hamilton, Ontario, it was the strain of knowing that an unseen enemy could strike him dead at any moment that terrorized his mind. “I don’t mind admitting,” he told the Empire Club of Toronto in early 1916, “that the first time we went over that flat country I was jolly well afraid. I wanted to squat down behind something. I wanted to go home—anywhere where those haphazard bullets weren’t.”⁴⁵ These stretches of trench duty, constant tension, and a steady stream of casualties pushed some to the breaking point. “The hardest thing, I think, on a soldier in the First War was his tours in the trenches,” recalled Private W. W. Lynd of the 46th Battalion. “You know, you were living under very poor conditions, of course, mud and corruption and one thing and another and lots of times there was absolutely nothing doing, you were just sitting there or lying there.”⁴⁶ The monotony of dull food and long days spent in mud-soaked uniforms combined with sleep deprivation to increase a soldier’s latent anxiety levels. Joanna Bourke has argued that this imposed form of passivity also challenged masculine notions of courage, depriving men of the outlets necessary to vent pent-

41 Compiled from Table A4 in Desmond Morton, *Fight or Pay: Soldiers’ Families in the Great War* (Vancouver: University of British Columbia Press, 2004), p. 245.

42 Compiled from table A3 in Morton, *Fight or Pay*, p. 244.

43 Sheffield, *Leadership in the Trenches*, pp. 180-181.

44 Canadian Letters and Images Project [hereafter CLIP], J. Dave McEwen to W. F. Kerr, June 18, 1915, <http://www.canadianletters.ca> (accessed May 24, 2013).

45 Lieutenant G. R. Fornertt, “With Canada at the Front: An Address by Lieut. G. R. Fornertt before the Empire Club of Canada, Toronto,” January 13, 1916, Empire Club of Canada, <http://speeches.empireclub.org/60485/data> (accessed May 24, 2013).

46 LAC, RG 41, Vol. 14, File 46th Battalion, Interview Transcript, W. W. Lynd, 46th Battalion, Tape 1, p. 11.

up feelings of aggression in socially and culturally acceptable ways.⁴⁷ “When you start moving the fear leaves you,” recalled M. C. McGowan of the 1st Battalion:

It is most peculiar, peculiar thing, don’t ever say that nobody is frightened, because there is not a darn one that is not frightened, but when they start moving, the fear seems to leave them ... anything like that where you didn’t know what you were going against, you had not movement, that was the tough part of it. Lying in the trench while he is shelling and you can’t do a darn thing but lie there and take it ... movement, or exercise and you think that you are doing something, that it is the mental attitude that you get.⁴⁸

While Bourke argues that the fear impulse and the anxieties generated by immobility were given expression through the symptoms of mental illness, soldiers may similarly have chosen to injure themselves to escape the labyrinth.

Indeed, men appear to have been more likely to injure themselves the longer they spent in the trenches—it was not, in other words, a primary response to combat. The sample of 225 soldiers accused of self-inflicted wounds reveals that the average men spent 384 days (median 374) in the Canadian Expeditionary Force before being accused of wounding themselves. The shortest period was 64 days and the longest just over 2.5 years. Self-injury may then have been one potential outcome of the wearing out process that soldiers commonly described among those who spent too long in the trenches. In letters, diaries, and oral histories, soldiers frequently described the terrible conditions brought on by shellfire, gas, and mud, suggesting the squalor and terror of life at the front slowly sapped a soldier’s will to carry on until he eventually broke down. As Private Howard Curtis, a 23-year-old printer from Peterborough, Ontario, explained to his mother in early 1915, “We are out of the trenches again after a long session—ten days under heavy shell fire all the time, day and night. Our casualties were heavy, mostly wounded. It is nerve shattering to be under shell fire. No matter how strong a man’s nerves are they are affected. I have seen many a poor fellow break under the strain. I’m sticking it fairly well myself, but I’m not as steady as I was a few months ago.”⁴⁹ Most soldiers who wounded themselves would have endured many barrages like the one described by Curtis before resorting to self-maiming.

While a self-inflicted wound may have been born of desperation, it is interesting to note that the type of injuries sustained by those accused of self-harm do not indicate that they were spontaneous or reckless acts, but were instead the result of a calculated effort to escape the front with minimal bodily harm and long-term dysfunction. The medical records of Canadian field ambulances indicate that those wounds identified as self-inflicted were typically found on the hands and feet. Each field ambulance (there were three assigned to each Canadian division, one

47 Joanna Bourke, “Effeminacy, Ethnicity and the End of Trauma: The Sufferings of ‘Shell-shocked’ Men in Great Britain and Ireland, 1914-39,” *Journal of Contemporary History* vol. 35, no. 1 (2000), pp. 58-59.

48 LAC, RG 41, Vol. 7, File 1st Battalion, Interview Transcript, M. C. McGowan, 1st Battalion, Tape 1, pp. 9-10.

49 CLIP, Howard Curtis to Mother, June 2, 1915; LAC, RG 150, Accession 1992-93/166, Box 2243, File 39, Attestation Paper, William Howard Curtis, September 21, 1914.

per brigade) kept an admission and discharge book in which the details of every soldier admitted from the front were recorded. As required by official regulations, each soldier who was suspected of having a self-inflicted wound was indicated with “SI(W)” or another similar notation in the margin of the ledger books. An examination of all 38 admission and discharge books for No. 1 Field Ambulance, running from the beginning of the war to the end and containing tens of thousands of entries, reveals a total of 29 cases that were identified in hospital or admitted as self-inflicted wounds. Of these, 17 (59 per cent) were wounds of the foot, six were to the hands (21 per cent), one to the wrist (3.4 per cent), and three to other sites (10 per cent). About 70 per cent of all the injuries to the hands or feet were inflicted on the left appendage.⁵⁰ Most wounds were thus caused in such a way that they would do little real damage to nerves or bone. The superficiality of these wounds was often taken as evidence of self-infliction. For example, Private P. B. of the 5th Battalion was accused of wounding himself by firing his gun into his right calf muscle. The medical board that examined him found that “there is a certain amount of muscle destruction but no injury to nerves or bone. The deep vessels are uninjured. The [other] parts have healed.”⁵¹ Likewise, Private E. H. of the 48th Battalion had been in France for only a month when he placed the muzzle of his rifle between his second and third fingers and pulled the trigger. While the flash from the muzzle did more damage than he had probably intended, his doctors noted that the bullet passed “between [the] carpal bone of [the] 2nd and 3rd fingers, passing outwards and emerged at base of metacarpal bone outer side of second finger.”⁵² In deciding to use a wound to escape the misery of the front, soldiers usually took great care to ensure that, while their injury would necessitate treatment, it would not be permanently debilitating.

Self-inflicted wounds can be seen as intentionally acquired versions of the proverbial “Blighty.”⁵³ A Blighty was a wound not serious enough to impair permanent health or bodily function, but of sufficient severity to require evacuation from the front to England.⁵⁴ It was common for soldiers to talk about getting a “nice Blighty” to allow them to escape from the trenches—albeit one acquired in combat. For example, Sidney Hampson, an Englishman who enlisted in Saskatchewan early in 1915, wrote to his family the next winter: “Glad to say that I am still kicking, but [I] would like to get a nice little Blighty, one good enough to get me back to old Canada.”⁵⁵ Indeed, in the aftermath of the shock of an injury, it was often the first thing on a soldier’s mind.⁵⁶ Private Gus Siverts was with the 2nd Canadian Mounted Rifles at Mount Sorrel in early June 1916, moving

50 Compiled from LAC, RG 150, Vol. 511-512, No. 1 Canadian Field Ambulance, Admission and Discharge Books 1-34.

51 LAC, RG 9, Series III-B-1, Vol. 1187, File A-40-5, Part 6, Proceedings of a Medical Board, October 7, 1918.

52 LAC, RG 150, Accession 1992-93/166, Box 4206, File 14, Medical Case Sheet, Private E. H.

53 Ekins, “Chewing Cordite,” p. 47.

54 On oral culture, see Tim Cook, “Black-Hearted Traitors, Crucified Martyrs, and the Leaning Virgin: The Role of Rumor and the Great War Canadian Soldier” in Jennifer Keene and Michael Neiberg, eds., *Finding Common Ground: New Directions in First World War Studies* (New York: Brill, 2010), pp. 19-42.

55 CLIP, Sidney Thomas Hampson to Brother and Sister, February 21, 1916.

56 CLIP, Ernest Taylor to his Sister, December 30, 1915.

up from the supports to the front line when he was caught in a shell barrage. "Next thing I knew it was all silent around me," he recalled. "Where there had been the sound of German barrage ... now it was relatively quiet. I thought this is a funny thing. I kept spitting out of the corner of my mouth as it kept filling up with salty fluid, and I put my hand up, saturated with blood and I felt all over my head, was covered with bandages. I said, by God I'm hit, I've got a Blighty, I'm going to get the hell out of here. And I did."⁵⁷ The Blighty only acquired its privileged status because it was so comparatively rare and elusive, however. As W. V. B. Riddell of the 2nd Battalion recalled, after months of hoping in vain for a superficial injury, some men eventually decided to inflict wounds on themselves to escape from the front. "When you are really thoroughly fed up with the whole thing there, you would say I wish I could get a Blighty," he told CBC interviewer R. Hambleton in 1964.

Cushy Blighty meaning a nice easy wound that would shoot you back to Blighty.... There were a few [SIWs]. Such a thing as a SIW but they were very few. Self-Inflicted Wounds.... We had a few of them but a very few, and not in the early days. Because it was more towards the end of the show when people were really fed up. And for any reasons, in some cases it is family trouble at home, and sometimes to get out of it one way or another. It is, of course, it is akin to suicide but not exactly the same thing.⁵⁸

It is difficult to determine what soldiers thought of self-maiming by fellow combatants. On the one hand, the prevalence of the mythical self-inflicted wound in soldier's stories suggests that the symbolism of self-injury possessed significant narrative power. On the other hand, few soldiers mentioned the act in letters, diaries, or oral histories.⁵⁹ Those who did, though, were often sympathetic and do not seem to have viewed the act as a serious crime. For example, Frank Maheux, a veteran of the Boer War and lumberman from the Ottawa valley, wrote home frequently during the war to his wife Angelique.⁶⁰ In a letter dated May 7, 1916, he related a story of mass self-injury from his own 21st Battalion in an off-hand way. "I forgot to tell you that about 7 or 8 fellows here (we called them cold feet)," he wrote, "they shot themselves in the legs so they will go away from the war. They shoot themselves right above the toes, you see they get a couple months in the Hospital [*sic*]."⁶¹ The act of collective disobedience does not seem to have bothered Maheux, who was more concerned about the financial consequences for the soldiers rather than the source of their injuries. "[T]he worst after they are well," he continued, "they loose [*sic*] 2 months pay, that about 64.00 and then they are paraded before the battalion as disgraced and they are sent back again.

57 LAC, RG 41, Vol. 17, Interview Transcript, Gus Siverts, February 2, 1964, Tape 1, p. 3.

58 LAC, RG 41, Vol. 7, Interview Transcript, W. V. B. Riddell, 2nd Battalion, Tape 1, p. 6.

59 I have examined dozens of manuscript groups held at Library and Archives Canada and in various regional repositories; while there are a number of references to self-inflicted wounds in personal papers, few are first hand and shed little light on what soldiers thought about the individuals who committed such acts.

60 On Maheux, see Desmond Morton, "A Canadian Soldier in the Great War: The Experiences of Frank Maheux," *Canadian Military History*, vol. 1, no. 1 (1992), pp. 79-89.

61 LAC, MG 30, E297, Frank Maheux Papers, Frank Maheux to Angelique, May 7, 1916.

One fellow shot himself about 4 months ago they sent him back here and the poor beggar, the first night he was in the trenches he was killed, so you see it didn't pay him much."⁶² For Maheux, self-injury does not appear to have been particularly problematic—except that it only provided a temporary and uncertain relief from life at the front. In part this may have been because Maheux was beginning to suffer from shell shock and would seek admission to hospital only a few days after sending the letter. More broadly, though, soldiers typically understood that, given the hardships of frontline service, men would be expected to break down, whether that manifested as shell shock or even self-injury. As a soldier of the 1st Battalion recalled in an interview conducted in 1964, “Now we didn't know anything about shell shock, we had no idea of breaking down under it and when we did see anybody who was in that stage, we thought he was yellow. We knew—we had no understanding—no such thing as shell shock as far as we were concerned. We weren't told anything about, what you don't know. I was quite a kid, I was only 18.”⁶³ Compassion usually followed dominant notions of masculinity, which required a man to “do his bit” before a breakdown could be considered a legitimate response to combat.⁶⁴ These were the anti-heroes who had earned their trip to Blighty through a long period of suffering in the trenches and an ingenious trick that allowed them to escape. Those who broke down without sufficient cause—whether they resorted to self-injury or developed the symptoms of shell shock—were all too often regarded as cowards by officers and those charged with controlling deviance in the ranks.⁶⁵

Although soldiers and doctors saw self-inflicted wounds and shell shock as similar phenomena stemming from the same basic inability to stand fire, we must avoid any temptation to do so ourselves. While self-harm often indicates psychological suffering, it is only symptomatic of mental illness when it is maladaptive or harmful, as it almost always is in civilian life. A soldier who intentionally injured himself superficially in the foot to avoid death at the front was, however, in a very pragmatic sense, acting rationally. In such cases, it is difficult to construe self-injury as maladaptive or harmful, as the planning required to carry out the act and the often superficial nature of the injuries indicate a conscious attempt to inflict temporary harm to preserve one's long-term physical safety and mental health. What made the act so transgressive was that soldiers who were injuring themselves were doing so to escape duty at the front, which, at the time, was the essence of cowardice. In choosing to place both shell shock and self-inflicted wounds in the same category of mental illness, soldiers and doctors were parrying a potential challenge to dominant gender norms. If such acts were indeed the symptoms of mental illness, then they were, by definition, illegitimate, as they stemmed from a basic abnormality or irrationality. It was easier to accept

62 *Ibid.*

63 LAC, RG 41, Vol. 7, File 1st Battalion, Interview Transcript, M. C. McGowan, 1st Battalion, Tape 1, pp. 9-10.

64 LAC, RG 41, Vol. 17, File 2nd CMR, Interview Transcript, M. E. Parsons, 2nd CMR, Tape 1, pp. 3-4. See also Humphries, “War's Long Shadow,” pp. 503-531.

65 LAC, RG 41, Vol. 13, File 42nd Battalion, Interview Transcript, Dr. Montgomery, November 17, 1963, Tape 2, p. 8; see also Macphail, *Official History: Medical Services*, p. 278

that some men were deviant or aberrant than it was to allow for the possibility that otherwise normal soldiers might consciously choose to transgress prescribed gender roles by avoiding a death *Dulce et Decorum est*.⁶⁶

Cowardice is not a monolithic concept; it is a socially constructed category of illegitimate behaviour that exists in a specific historical and cultural context. Although all humans experience physiological and emotional changes in frightful situations, our culture suggests that some responses to those sensations are acceptable while others are not. When we feel physically threatened, our bodies release adrenaline and other hormones that make our hearts race, blood vessels dilate, muscles tighten, mouths dry, and bladders relax; our hearing becomes more selective, peripheral vision disappears, reflexes heighten, and our bodies begin to shake physically under the strain.⁶⁷ While the physiology of fear is biological, the way we interpret these sensations and choose to respond is framed by our culture. Our social training determines which behaviours are legitimate, or courageous, and which are illegitimate, or cowardly.⁶⁸ In the Edwardian imagination, it was natural and expected that men and women would respond to fear in different ways.⁶⁹ Whereas women were thought to be ruled by their bodies, men were trained to exert control over their baser instincts. To give into a churning stomach, shaking knees, and hyperventilation was to abandon one's duty as a man to remain in control; so-called "real men" carried on in the face of adversity. To flee—to act cowardly—in battle was understood to be an essentially feminine response in which a soldier was overtaken by the baser fear instincts, ultimately losing control.⁷⁰

To have courage, in the Edwardian imagination, was not to be fearless, but to struggle against and overcome fear—to persevere against the pull of one's baser biological instinct to flee. In this context, what we would today call fight or flight was presented as a stark choice. Lord Moran, who served as a medical officer in the Great War, wrote that courage "is not a chance gift of nature like an aptitude for games. It is a cold choice between two alternatives, the fixed resolve not to quit; an act of renunciation which must be made not once but many times by the power of the will."⁷¹ Courage, in Moran's view and one typical of his era, was a fragile thing, something always under tension and threatening to break under the strain of repeated testing. Conversely, cowardly acts were seen as threatening

66 See Humphries, "War's Long Shadow," pp. 503-531. The Latin phrase refers to a poem of the same title by Wilfred Owen, written in 1917. For the text of the poem, see the First World War Poetry Archive, <http://www.oucs.ox.ac.uk/ww1lit/collections/item/3303> (accessed November 12, 2013).

67 The fight or flight response was first described by Walter B. Cannon in *The Wisdom of the Body* (New York: W. W. Norton and Company, 1932).

68 Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: The Free Press, 1992), p. ix.

69 Mark Moss, *Manliness and Militarism: Educating Young Boys in Ontario for War* (Oxford: Oxford University Press, 2001) pp. 15-20, 110ff; Mike O'Brien, "Manhood and the Militia Myth: Masculinity, Class and Militarism in Ontario, 1902-1914," *Labour/Le Travail*, vol. 42 (fall 1998), pp. 119-120; Mark S. Micale, *Hysterical Men: The Hidden History of the Male Nervous Illness* (Cambridge: Harvard University Press, 2008), pp. 280-282.

70 Humphries, "War's Long Shadow," pp. 518-521.

71 Lord Moran, *The Anatomy of Courage* (London: Constable, 1945), pp. 67-68.

because, in a group setting, they reminded men that they did not have to fight, but could make other choices.

Men who malingered, feigned illness, broke down psychologically, or hurt themselves were simply lumped together in the official imagination, as they all threatened to undermine discipline and morale by engaging in a conscious attempt to subvert authority. While medical personnel accepted that men's nerves could legitimately fail over time, self-inflicted wounds were understood to be an illegitimate expression of fear. "The cowards and nervous ... are to be pitied," wrote Major George Stewart Strathy, a physician from Barrie, Ontario, and a Regimental Medical Officer on the Western Front, "but must not be shown much sympathy. They report sick the day the battalion is to go into the line or the day of an attack. They malingere and exaggerate. If they are not excused on sick parade, they often desert or shoot themselves. I have had about seven cases of self-inflicted wounds in the battalion, and nearly all of these men reported sick for several days before with very trivial excuse. None of them were of high mentality, except perhaps one...."⁷²

Unlike shell shock cases, which were treated as a medical problem stemming from a flawed personality, character, or bad breeding, those identified as having injured themselves remained medical cases only for as long as their injuries required treatment. Because self-inflicted wounds posed a direct challenge to the forms of masculinity that motivated other men to remain at the front, accused soldiers were quickly passed to the judicial branch of the army for discipline and punishment. Army officers took a less nuanced approach than doctors: any act of perceived cowardice, regardless of the context, was a breach of discipline that had to be quashed. "Failure to control [one's] nerves amounts to cowardice, pure and simple," wrote Major-General H. N. Sargent, the Deputy Adjutant General for the Reserve Army during the Battle of the Somme. "This fact must be recognized by all Commanding Officers and Medical Officers ... any officers who fail in their duty, from incapacity to control their nerves, unless accompanied by a physical disability, are invariably to be brought to trial for cowardice."⁷³

Self-inflicted wounds were particularly troubling to those in authority because the act represented such a clear challenge to dominant masculine norms, and thus to military discipline and control. While self-inflicted cases were stigmatized by the association with cowardice, this treatment would only prove to be a deterrent if the intentional nature of the wound was detected. Unlike shell shock, which involved a public shaming ritual of sorts during the initial period of breakdown and evacuation from the front, it was feared that soldiers might successfully avoid stigmatization if they could pass off their injuries as battlefield wounds or accidents. The possibility of deception and the creation of an avenue for cowards to escape the front unpunished again animated the minds of soldiers and the fears of the higher command, revealing the inherently unstable and threatened nature of

72 LAC, RG 9, Series III, Vol. 3752, File 3-2-11, "Malingering or Scrimshanking, and Self-Inflicted Wounds, 1918."

73 LAC, RG 9, Series III-C-3, Vol. 4137, Folder 2, File 10, Major General H. N. Sargent, A/688/60, September 7, 1916.

the masculine ideal. As Private Riddell recalled, unless the army could prove that a wound was self-inflicted, “you can’t do anything about it.”⁷⁴

From an administrative and legal perspective, the British Army was ill-prepared to deal with self-inflicted injuries when it went to war in 1914. Self-injury in war was not a new phenomenon and had been reported since at least the American Civil War.⁷⁵ Self-maiming was covered under the King’s Regulations, but the real problem, from the army’s view, was that these had been developed for use in the peace-time army.⁷⁶ Under paragraph 674, each case would be evaluated within the soldier’s unit by a court of enquiry, which would ultimately determine whether a subsequent court martial proceeding was necessary.⁷⁷ The proscribed process for differentiating accidents from intentional cases was subjective and often hinged on witness testimony. For example, on the morning of November 1, 1916, the 43rd battalion had just returned from a tour in the trenches. Arriving at camp in Bray, the men were told to check and clean their rifles. Private Andrew A., a 22-year-old typesetter from Winnipeg, was cleaning his weapon in his hut.⁷⁸ To keep the bore clean, he placed the muzzle of his Lee-Enfield on his left foot and ejected the clip—but he apparently forgot to check whether there was a round in the chamber. As he polished the butt of his weapon, he accidentally pressed the trigger, blowing off the big toe on his left foot. Such an injury would have been suspicious were it not for the testimony of four witnesses, all of whom swore that they were engaged in cleaning their weapons and that Private A. had merely been careless.⁷⁹ When a soldier injured himself alone or an examination revealed powder burns to the skin or clothes, though, the wound was almost always regarded with suspicion. Even when an unobserved injury was plausibly accidental, the circumstances of hurting oneself when alone were often sufficient to cast doubt on the soldier. For example, N. J. M. of the 28th Battalion was cleaning his rifle alone in a trench on April 27, 1918 when he shot himself in the left leg. The bullet shattered his tibia and dislocated his knee. Although his doctor felt that the wound could not have been intentional given the severity of the injury, he nevertheless recommended an investigation because there had been no witness to verify the man’s story.⁸⁰ In wartime, however, it proved impossible to investigate every such case as required by the King’s Regulations.

At first, senior officers in the British army were reluctant to accept that professional soldiers would choose to wound themselves in combat, so no modifications were made to the regulations. Nevertheless, suspicious wounds began to appear during the heavy fighting of the late summer and early fall of

74 LAC, RG 41, Vol. 7, Interview Transcript, W. V. B. Riddell, 2nd Battalion, Tape 1, p. 6.

75 Keegan, *The Face of Battle*, p. 270. On earlier wounds, see Earl J. Hess, *The Union Soldier in Battle: Enduring the Ordeal of Combat* (Lawrence: University of Kansas Press, 1997), pp. 87-90; Eric T. Dean, *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge: Harvard University Press, 1997), pp. 76-77.

76 War Office, *King’s Regulations and Orders for the Army, 1912* (London: HMSO, 1914), paragraph 674.

77 DHH, Edwin Pye Fonds, Series 3, Box 10, Folder 57a, DAG, 3rd Echelon, No. 2602, March 3, 1915.

78 LAC, RG 150, Accession 1992-93/166, Box 141, File 29, Personnel File, Andrew A., Attestation Paper.

79 LAC, RG 150, Accession 1992-93/166, Box 141, File 29, Personnel File, Andrew A., Report on Accidental of Self-Inflicted Wound, November 8, 1916.

80 LAC, RG 9, Series III-B-1, Vol. 1186, File A-40-5, Vol. 2, Army Form W. 3428.

1914. As the front stabilized and the British Army gradually adapted to the new conditions of static warfare, the need for a new, more flexible policy became clear. On November 1, 1914, the Adjutant General of the BEF, C. F. N. Macready, issued instructions that, when a man suffering from a possible self-inflicted wound was evacuated from the front, he was to be treated in a similar way to the other wounded except that a note was to be sent to the Adjutant General's office so that the offender could be tracked and possibly brought to trial at some future date—or at least prevented from later seeking a pension. Macready understood that the process described in the King's Regulations was too elaborate for the front, where time and witnesses were both in short supply. Instead, he suggested that it would be best if such casualties could be dealt with, whenever possible, on an informal basis in the collection and evacuation zones, that is within the soldier's own unit or the field ambulances stationed immediately behind the line. He ordered:

As regards disciplinary action, the following procedure is proposed ... all cases of maiming which have not been sent down from the front, should, on recovery, be disposed of summarily by an award of F[ield] P[unishment]. If a Court Martial is demanded, the sentence of the Court, should, if necessary, be at once commuted to F[ield] P[unishment] ... on the other hand, the view may be taken that these sort of men are of no value at the front and should be awarded the maximum punishment the law permits (two years imprisonment with Hard Labour).⁸¹

Given the relatively small number of cases, Macready was prepared to allow units to issue summary punishments to avoid a more elaborate court martial—or, if the situation warranted, to pursue a full trial to set an example.⁸² The act of public shaming within the unit itself, it was felt, would be enough to discourage future acts. Such a “rough and ready” system, he said, would maintain efficiency and discipline at the front while ensuring that frontline commanders were not needlessly burdened with inflexible regulations.⁸³

In effect, though, Macready's instructions meant that the task of detecting, caring for, and administering self-inflicted cases fell to the frontline unit known as the field ambulance, rather than hospitals further to the rear. Field ambulances were not actually motorized vehicles but were frontline, tented field hospitals. Each was assigned to an infantry brigade (three to a division), and in mobile warfare they would follow the infantry units, evacuating the wounded to base hospitals in the rear. Behind the newly static front, however, the role of the field ambulance began to change from that envisioned when Macready's instructions had first been issued. As units remained stationary, they became semi-permanent hospitals, at least for several months at a time, often taking over civilian buildings; when a field ambulance did move on, another typically moved in to take its place. Frontline units began to evacuate all cases of injury, wounds, and sickness to

81 LAC, RG 9, Series III-B-1, Vol. 1181, File A-6-5, Vol. 1, Macready to General Officer Commanding, II Corps, November 1, 1914.

82 LAC, RG 9, Series III-B-1, Vol. 1181, File A-6-5, Vol. 1, Macready to DAG Base, March 1, 1915.

83 *Ibid.*; LAC, RG 9, Series III-B-1, Vol. 1181, File A-6-5, Vol. 1, Macready to General Officer Commanding, II Corps, November 1, 1914.

the designated field ambulance where patients would be triaged, diagnosed, and assigned treatment—either there or at base hospitals on the coast.⁸⁴ As the new role of the field ambulance evolved, in early December 1914, the Deputy Director of Medical Services (DDMS) for III Corps ordered that each division would designate one field ambulance to handle self-inflicted wound cases—which were to be separated and treated apart from the other wounded—and to conduct any necessary courts of enquiry or courts martial.⁸⁵ This order officially gave responsibility for detecting self-inflicted wounds to a specific field ambulance within each division, rather than to the soldier's actual unit or his commanding officer.⁸⁶

The 1st Canadian Division arrived on the front lines soon after this change in regulations in the middle of February 1915 and was assigned to Second Army, stationed in the Ypres Salient. Like other British units, the Canadians formed a standing court of inquiry under Lieutenant Colonel T. B. Welch of the 1st Battalion with a representative from the ADMS and divisional headquarters.⁸⁷ Any self-inflicted cases were to be investigated when detected at the field ambulance, when the court would be called upon to conduct an enquiry. Self-inflicted wound cases appear to have been negligible during the period, and only two soldiers were found guilty of the offence between March and August 1915.⁸⁸ Throughout the summer, however, the number of cases in the BEF as a whole began to grow. Second Army's commander suspected that busy field ambulance personnel were routinely designating cases of intentional self-inflicted wounds as “wounded” or “injured” in action to avoid the need for lengthy courts of enquiry.⁸⁹ In Second Army, a total of 101 self-inflicted wounds were reported in August alone, mostly injuries to the hands and feet. Three were from 1st Canadian Division.⁹⁰

Concerned that the rise in numbers signalled a looming morale crisis and a general breakdown in discipline among the colonial and replacement troops, on August 13, General Herbert Plumer, Second Army's commander, issued new orders that would gradually change how the BEF as a whole dealt with self-inflicted wounds for the remainder of the war. On August 14, his Deputy Adjutant General, F. Wintour, issued a comprehensive memorandum that required that in all suspected cases the man was to be arrested by the commanding officer of the battalion before being evacuated for treatment to the field ambulance. As a subsequent instruction noted, from that point on, “when a man wound[ed] himself,

84 Mark Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford: Oxford University Press, 2010), pp. 97-109.

85 LAC, RG 9, Series III-B-1, Vol. 1181, File A-6-5, Vol. 1, III Corps Routine Orders, December 8, 1914.

86 Ekins, “Chewing Cordite,” pp. 42-46; Bourke, *Dismembering the Male*, pp. 89-94.

87 LAC, RG 9, Series III-D-3, Vol. 5024, File 814, Part 1, WD, ADMS, 1st Canadian Division, March 19, 1915; DHH, Edwin Pye Fonds, Series 3, Box 10, Folder 57a, “Standing Court of Inquiry,” 1st Canadian Division, RO No. 196, March 20, 1915.

88 See LAC, RG 9, Series III-B-1, Vol. 1181, File A-6-5, Vol. 1, Assistant Adjutant General to 3rd Echelon, GHQ, March 5, 1915.

89 The National Archives of the United Kingdom [hereafter TNA], WO 95/44, DG 27/2, Memorandum to Directors of Medical Services, BEF, June 22, 1915.

90 DHH, Edwin Pye Fonds, Series 3, Box 10, Folder 57a, Second Army, “Summary of Self-Inflicted Injuries Reported During August, 1915.”

the onus of charging him rest[ed] with his CO and not with the medical officers of the field ambulances.⁹¹ Once the soldier was placed under arrest, his statement was to be taken and sent to the field ambulance when he went for treatment; a copy was also to be dispatched to the DAG in London for future reference. All such soldiers were to be tried within 40 hours (if medically fit) at the field ambulance, which would ensure that witnesses would be available to secure a conviction—it had been found in the past that, if trials were delayed, the required witnesses often died, were wounded, or were transferred.⁹²

In effect, this devolved responsibility for detecting self-inflicted wounds onto the battalion doctor, known as a Regimental Medical Officer (RMO), who would then write up a report and inform the unit's commanding officer. It was felt that the original spirit of the regulations and the November amendments were meant to allow for flexibility at the battalion level, not to offload responsibility to overworked medical units at the rear. Who better to determine the seriousness of an infraction, and to situate it in its proper context, than a man's own doctor? In the military, this was the RMO. "The regimental medical officer may be likened to the general practitioner or family physician," writes official medical historian Andrew Macphail. "In many cases he remained for years with his battalion, refusing change and even promotion.... In time he became the friend of every man, knew their names and faces, and the ultimate history of their lives. He knew the hardy soldier who suffered in silence as well as the man who made the most of his ailment. He had his office or aid post to which all might come, formally upon sick parade or privately as occasion required...."⁹³ It was the RMO who mediated a soldier's access to care, triaging cases and determining whether an evacuation to the field ambulance was necessary. Now he also became a judge. In the absence of a regimental court of enquiry, the RMO, upon evaluating a wound and determining the subsequent place of treatment, would also decide whether it was treated as self-inflicted or accidental.⁹⁴ The field ambulance would act as a second line of defence. If a suspicious case arrived in hospital without a charge sheet, the soldier was to be immediately placed under arrest and his commanding officer contacted for an explanation.⁹⁵

The treatment of self-inflicted cases was further centralized through the establishment of a special self-inflicted wounds hospital at Boeschepe, a few kilometres behind the front line, which would accept all cases for Second Army as a whole.⁹⁶ Soldiers who required more than 48 hours' treatment were to be immediately transferred to Boeschepe and, once fit to stand trial, hauled before a court martial conducted by a special board assembled by the army every

91 LAC, RG 9, Series III-C-4, Vol. 4293, Folder 1, File 11, Lieutenant-Colonel P. E. Thacker, AA&QMG, 2nd Canadian Division to all Battalion Commanders, November 9, 1915.

92 LAC, RG 9, Series III-C-5, Vol. 4404, File CR 5-B-3, Major-General F. Wintour, DA and QMG, Second Army, August 14, 1915.

93 Macphail, *Official History: Medical Services*, p. 130.

94 Marjorie Barron Norris, ed., *Medicine and Duty: The World War I Memoir of Captain Harold W. McGill, Medical Officer, 31st Battalion, CEF* (Calgary: University of Calgary Press, 2007), pp. 101-102.

95 LAC, RG 9, Series III-C-5, Vol. 4404, File CR 5-B-3, Major-General F. Wintour, DA and QMG, Second Army, August 14, 1915.

96 TNA, WO 95/285, WD, DMS, Second Army, August 13, 1915.

Monday and Thursday.⁹⁷ These soldiers could be segregated from the so-called “honourably” wounded and were often treated poorly as a result. When the 4th Canadian Field Ambulance took over responsibility for the hospital in April 1916, they found “every wound in the place ... suppurating, perhaps not to be wondered at, but the whole place, wards dressing tables etc. were un-surgical and un-businesslike.”⁹⁸ While conditions may have served to emphasize the improper nature of the soldier’s conduct, centralization and isolation, as well as the multiple lines of defence that the army had developed to guard against such a comparatively small problem, demonstrate the degree of suspicion and fear at the level of the high command. Morale was seemingly understood to be a fragile thing.

In part, this fear stemmed from the realization that the army was having little success prosecuting offenders. The move to centralize the treatment, court martial, and punishment of those with self-inflicted wounds served to hide a gaping loophole in the King’s Regulations that left the army impotent when it came to using physical punishment to deter acts of self-maiming. Soldiers charged with a self-inflicted wound were supposed to be tried under section 18(2) of the *Army Act* (1907), which stipulated that any soldier who “wilfully maims or injures himself or any other soldier, whether at the instance of such other soldier or not, with intent thereby to render himself or such other soldier unfit for service, or causes himself to be maimed or injured by any person, with intent thereby to render himself unfit for service” was guilty of the offence known as “disgraceful conduct.”⁹⁹ Even so, convictions were difficult to secure because “evidence [had] to be given of the intent” or the wilfulness of the act proven.¹⁰⁰ In essence, a witness had to be able to testify that he had seen a soldier injure himself in such a way that his intent was clear, unmistakable, and unambiguous. For example, if a man saw a soldier place a round in the chamber, close the bolt, place the gun against his foot, and pull the trigger, the act was obviously deliberate. Simply observing a soldier shoot himself in the foot did not constitute evidence of intent, however, as the accused might claim that he had not realized his weapon was loaded. Furthermore, although the absence of witnesses to a self-injurious act could lead to a charge, there would be no conviction unless malicious intent could be demonstrated.

Second Army thus specified that soldiers were no longer to be charged under section 18(2) but would instead be charged under section 40, “neglect to the prejudice of good order and military discipline.”¹⁰¹ Section 40 was a catch-all category that allowed a soldier to be tried for any action that undermined military efficiency or the discipline of a unit. Under such a charge, a court could convict even if it only had evidence of the act.¹⁰² In other words, in cases of an intentional self-

97 LAC, RG 9, Series III-C-5, Vol. 4404, File CR 5-B-3, Major-General F. Wintour, DA and QMG, Second Army, August 14, 1915. See also TNA, WO 95/285, WD, DMS, Second Army, August 13, 1915; DHH, Edwin Pye Fonds, Series 3, Box 10, Folder 57a, DMS, Second Army to DDMS, Canadian Corps, November 8, 1915; LAC, RG 9, Series III-D-3, Vol. 5025, File 816, WD, ADMS, 2nd Canadian Division, April 4, 1916.

98 LAC, RG 9, Series III-D-3, Vol. 5025, File 816, WD, ADMS, 2nd Canadian Division, April 4, 1916.

99 War Office, *Manual of Military Law, 1907* (London: HMSO, 1914), pp. 284-285.

100 *Ibid.*, p. 285, note.

101 *Ibid.*, pp. 298-299.

102 *Ibid.*, p. 299, note.

inflicted wound, under section 40 it would be unnecessary to prove the soldier's intent, only that the act had taken place, because the negligence inherent in self-injury was sufficient evidence to convict. As Wintour explained, "as regards the evidence necessary to support a conviction for 'Neglect to the prejudice of good order and military discipline,' one witness who was present at the time, or who saw the accused immediately after the occurrence is usually sufficient."¹⁰³ This change was made out of fear that self-maiming would become more appealing if soldiers at the front learned that there were few consequences to their actions.

The case of Sapper W. F. H. of the 2nd Field Company, Canadian Engineers, a 36-year-old railway brake operator from Montreal, illustrates the difficulties of securing a conviction under 18(2).¹⁰⁴ Just after 9:00 on the night of January 9, 1916, a single rifle shot rang out in the company's lines. It would have been a strange sound, as the engineers were stationed well behind the front at Romarin. Corporal E. G. Stevens was in the unit's recreation hut when he heard the report from the rifle. Before he could react, Sapper J. C. Bullock burst through the door, reeking of booze and out of breath. He told the orderly corporal that he had accidentally shot another soldier, Sapper H., in the leg while cleaning his rifle. The NCO jumped up and made for the dugout.¹⁰⁵

Sappers Spencer and McKenzie were already waiting when the pair arrived at the hut. They told Stevens that, after hearing the shot from the next bay in the trench, they found Sapper H. lying on his bed and had dressed his wound as best they could. Strangely, they had not seen Bullock; nor did Sapper H. tell them he had been shot by a comrade.¹⁰⁶ After reading the corporal's report the next morning, Lieutenant Lynn became suspicious and decided to make a thorough investigation. Examining the tiny hut himself, he thought it impossible that it had been an accident. "From the angle of descent of the bullet," he wrote, "it would be impossible for a man to hold and fire a rifle owing to the two bunks on opposite side of the hut, being too close to that on which Sapper H. sat when wounded."¹⁰⁷ The only way that Sapper H. could have been wounded in the leg, Lynn concluded, was if he had propped the stock of his rifle against the door with the muzzle pressed against his leg and then pulled the trigger himself.¹⁰⁸

When confronted with this evidence, Sapper Bullock broke down and confessed that he had lied to protect his friend. He told the unit's second in command, Major Irving, that he had been drinking and was returning from the latrine at about 9:00 when

103 LAC, RG 9, Series III-C-5, Vol. 4404, File CR 5-B-3, Major-General F. Wintour, DA and QMG, Second Army, August 14, 1915.

104 LAC, RG 9, Series III, Vol. 4400, File "Self-Inflicted Wounds," Offence Report; RG 150, Accession 1992-93/166, Box 4416, File 15, Attestation Paper, September 23, 1914.

105 LAC, RG 9, Series III, Vol. 4400, File "Self-Inflicted Wounds," Witness Statement of Cpl. E.G. Stevens, January 9, 1916.

106 LAC, RG 9, Series III, Vol. 4400, File "Self-Inflicted Wounds," Witness Statement of Spr. F. C. Spencer, January 9, 1916.

107 LAC, RG 9, Series III, Vol. 4400, File "Self-Inflicted Wounds," Witness Statement of Lt. E. F. Lynn, January 9, 1916.

108 *Ibid.*

just as I was about to open the door of the bivouac, I heard a shot and upon entering I saw a rifle fall to the ground and Sapper [H.] sitting on his bed. I asked [H.] what had happened and he said "I hit myself in the leg." I examined the wound and saw some white fibrous stuff under his trousers. I said "I will go and tell the Orderly Corporal." Just as I was leaving the hut, [H.] called me back and said, "Tell them you did it yourself Jack, that you were cleaning your rifle and did it accidentally."¹⁰⁹

Bullock told Irving that he lied because he was drunk and not in his right mind.¹¹⁰ The investigation concluded, Major Irving ordered Sapper H. arrested at the Casualty Clearing Station where he had been evacuated for treatment.¹¹¹

Major Irving then followed standard procedures as laid out in the King's Regulations, writing out a charge under section 18(2) of the Act.¹¹² To Irving, it appeared to be a cut and dried case. Lynn had drawn a detailed diagram of the hut which proved to a certainty the impossibility of Sapper H.'s story: a Lee Enfield was 44 inches long, and Bullock could not have held it against the other man's leg and been in the hut at the same time.¹¹³ At trial, the sapper stuck to his original story, maintaining that Bullock had accidentally shot him in the thigh.¹¹⁴ Despite the physical evidence and the testimony offered by Bullock and three other witnesses, Sapper H. was nevertheless acquitted.¹¹⁵ No one could prove that he had fired the gun with intent to injure himself, only that he had fired the gun and hurt himself. Under the Act, a soldier could not be convicted of a lesser charge just because there was insufficient evidence to support a more substantial accusation; when Sapper H. was acquitted, he was sent to England for further treatment and then seems to have returned to Canada.

The decision to abandon Section 18(2) and seek convictions under Section 40 was more than a mere administrative slight-of-hand. A circular issued in June 1916 reiterated that "charges will only be framed under section 18, Army Act, when the wounding can be proved by direct evidence to have been done wilfully and with intent. This will not often be possible. An alternative charge under section 40, Army Act, should always be added."¹¹⁶ This change evidences a tacit recognition on the part of senior British officers that military power was not absolute and encompassed a negotiation between senior and junior ranks.

While conviction rates may have risen as a result of this change, the severity of the penalties awarded for the offence—and thus the deterrent—also diminished. While the maximum punishment of two years' imprisonment with hard labour was the same for both, in practice the sentences handed out under section 40 were

109 LAC, RG 9, Series III, Vol. 4400, File "Self-Inflicted Wounds," Witness Statement of Sapper Bullock, January 9, 1916.

110 LAC, RG 9, Series III-D-3, File 652, Part 1, WD, 2nd Field Company, Canadian Engineers, January 9, 1916.

111 LAC, RG 9, Series III, Vol. 4400, File "Self-Inflicted Wounds," Arrest order, January 9, 1916.

112 LAC, RG 9, Series III-C-5, Vol. 4364, Folder 2, File 15, T. C. Irving to OC Divisional Engineers, January 9, 1916.

113 *Ibid.*

114 LAC, RG 9, Series III, Vol. 4400, File "Self-Inflicted Wounds," Statement of Spr Hodgson.

115 LAC, RG 9, Series III, Vol. 4400, File "Self-Inflicted Wounds," Second Army No. A/M 430, January 14, 1916, and CM 361 (Decision of the FCMG), January 20, 1916 ; see also Series III-D-3, File 652, WD, 2nd Field Company, Canadian Engineers, January 17, 1916.

116 LAC, RG 9, Series III-D-3, File 652, Part I, First Army NO C/469, June 13, 1916.

almost always more lenient. Whereas section 18(2) referred to a specific attempt to evade duty, section 40 was a more general charge which did not assume intent and thus warranted less severe punishment. For example, eight Canadian soldiers were tried and convicted under section 40 for self-inflicted wounds in the fall of 1915. All seven were sentenced to Field Punishment No. 1 for between seven and 90 days. This consisted of being tied to a gun wheel or post for up to two hours per day and imprisoned for the remainder of the time. In comparison, the only Canadian soldier convicted under section 18(2) during that period, 26-year-old Private William A. of the 14th battalion, a labourer from Langley, British Columbia, was sentenced to the full two years' imprisonment with hard labour.¹¹⁷ During the remainder of the war, only 49 Canadian soldiers would be convicted under section 18(2) while 2,489 would be sentenced under section 40—how many of these were sentenced for self-inflicted wounds is unclear.¹¹⁸ The decision to alter the provisions under which self-inflicted wounds were tried might have increased the number of convictions, but it also reduced the severity of the punishments inflicted on Canadian soldiers. Field Punishment No. 1 was certainly a harsh form of corporal punishment, but its severity must be evaluated against hard labour, a shell barrage at the front, or death—which were the potential alternatives.

Despite these changes, though, the evidence suggests that acquittals remained common—even under the more lax requirements of section 40. One of the first Canadians sent to Boeschepe was Private Frank B., a 25-year-old general labourer born in Hamstead, England. Private B. was in the 4th Canadian Infantry Battalion in the trenches at Ploegsteert, an active sector of the line. For a few weeks previous to the incident in question, engineers had started digging a mine under the German trenches, and, when it was blown, the men of the 4th Battalion were to assault the enemy's position.¹¹⁹ Two days before the raid, Private B. was accused of shooting himself in the left foot and was sent to No. 1 Field Ambulance for treatment.¹²⁰ There his wound was identified as self-inflicted, and the next day he was evacuated to the special hospital. At Boeschepe he was tried under section 40 of the *Army Act* and found not guilty because he said he had been cleaning his rifle at the time.¹²¹ He soon recovered and was able to rejoin his unit by the third week of September.¹²² While section 40 only required that a soldier's conduct prejudice good order and discipline in his unit, courts martial appear to have been

117 DHH, Edwin Pye Fonds, Series 3, Box 10, Folder 57a, "Courts Martial – Self-Inflicted Wounds – Sentences."

118 LAC, RG 150, Court Martial Records, Canadian Expeditionary Force, Reels T-8651-T-8696. These figures are compiled from Finding Aid 150-5, which lists each offence and is available at <http://www.collectionscanada.gc.ca/databases/courts-martial/001006-100.01-e.php>.

119 LAC, RG 9, Militia and Defence, Series III-D-3, Vol. 4915, File 359, WD, 4th Battalion, August 27-31, 1915.

120 LAC, RG 150, Box 511, No. 1 Field Ambulance, Admission and Discharge Book 3.

121 LAC, RG 150, Accession 1992-93/166, Box 410, File 50, Casualty Form, Active Service, entry for September 2, 1915; DHH, Edwin Pye Fonds, Series 3, Box 10, Folder 57a, Second Army, "Summary of Self-Inflicted Injuries Reported During August, 1915."

122 LAC, RG 150, Accession 1992-93/166, Box 410, File 50, Casualty Form, Active Service, entry for September 2, 1915.

reluctant to convict soldiers who made reasonable claims to have hurt themselves accidentally rather than through carelessness, negligence, or wilful intent.

An examination of the admission and discharge books for Field Ambulance No. 1 for the entire war suggests that Private B.'s case was typical. In total, 29 soldiers were noted as having self-inflicted wounds. Once so identified, under official regulations all 29 should have been forwarded to the Adjutant General's office for court martial. In total, though, only nine convictions among the 29 were recorded in Canadian court martial records—about 31 per cent. Whether the remaining 69 per cent were acquitted or were never brought to trial is unknown, but the fact remains that a soldier stood a strong chance of avoiding conviction even with an identifiably self-inflicted wound.¹²³

This pattern appears to have been the case in the Canadian Corps as a whole, at least for the known cases identified between 1914 and early 1917. When the CEF court martial records are searched for each of the 225 soldiers identified as self-inflicted cases on the rolls compiled at Canadian Corps headquarters, only 65 (29 per cent) had a related conviction. Of these, 61 (94 per cent) were convicted under section 40.¹²⁴ The statistics suggest that soldiers who were caught injuring themselves or were suspected of doing so had better than a 70 per cent chance of avoiding any form of punishment. Even if convicted under section 40, men like Private W. E. O. of the 16th Canadian Battalion, who was accused of shooting himself in the left foot in April 1917, were likely to be sentenced to a few weeks' Field Punishment No. 1. In Private O.'s case the punishment was for 42 days, but in serving his term he managed to avoid the aftermath of Vimy Ridge.¹²⁵ As Helen McCartney argues in her study of the Liverpool Territorials in the Great War, the use of section 40 to prosecute self-inflicted cases has hidden the importance of the problem from historians who have instead concentrated on cases charged under 18(2).¹²⁶ McCartney speculates that given the large numbers of convictions for section 40 offences in the Liverpool Territorials, "it is probable ... that, contrary to the official indices, self-inflicted wounding posed a significant threat to the operations of the British army during the Great War."¹²⁷ While this is probably overstating the case, it is undeniable that those in authority saw it as a serious issue regardless of the small number of convictions. Little else can explain why so many resources were devoted to the problem.

Little changed after late 1916 in the army's handling of cases involving self-inflicted wounds. Second Army's approach was eventually standardized and adopted by the remaining British armies on the Western Front.¹²⁸ New instructions, issued in 1916, reminded unit commanders that all cases of self-inflicted wounds

123 Compiled from LAC, RG 150, Vol. 511-512, No. 1 Canadian Field Ambulance, Admission and Discharge Books 1-34.

124 LAC, RG 150, Reels T-8651-T-8696, Court Martial Records, Canadian Expeditionary Force.

125 LAC, RG 9, Series III-B-1, Vol. 1186, File A-40-5, Part 4, DAAG, First Army to Commanding Officer of Special Hospital Busnes, May 14, 1917.

126 For example, see Niall Ferguson, *The Pity of War* (London: Allen Lane, 1998), p. 367.

127 McCartney, *Citizen Soldiers*, p. 174.

128 LAC, RG 9, Series III-C-3, Vol. 4400, Folder 15, File 21, Attachment to Circular Memorandum No. 8, April 5, 1916. The handwritten notes on the back of the form are interesting in that they describe one commanding officer's understanding of his responsibility vis-à-vis self-inflicted wound cases.

were to be tried by court martial, and, although standardized forms for reporting suspected cases—AFW 3428—were issued, there were no further attempts to centralize responsibility for investigating or treating them.¹²⁹ Instead, unit commanders and field ambulance personnel continued to provide first and second lines of defence respectively.¹³⁰ For the duration of the war, a special hospital in each army area accepted patients suspected of self-maiming. There they were treated, tried, and then sent for punishment before being returned to their units.

The difficulties encountered in effectively controlling and managing self-maiming reflected a fundamental disconnect between official definitions of legitimate battlefield behaviour at the senior levels of command and the views of those who actually fought and died in the trenches. Senior officers necessarily had different concerns and priorities than men at the front. When it came to differentiating between so-called acts of bravery and acts of cowardice, senior officers had the luxury of interpreting their subordinates' actions in binary terms. Those in the trenches had to integrate self-maiming into a complex world composed of often unclear choices, rendering them more forgiving. Of the 225 cases of self-inflicted wounds that were examined in detail, 13 soldiers (6 per cent) were promoted after returning to their units. Four soldiers were actually promoted several times, all the way from private to sergeant. Two, G. S. B. and A. M. G., were made officers and given the rank of lieutenant—A. M. G. began the war as a private. Remarkably, a further nine soldiers (4 per cent) voluntarily re-enlisted in the army after being discharged as medically unfit following a self-inflicted wound—perhaps speaking to the possibility that some men were wrongfully convicted. Private Percival M., a railway brakeman from Cobourg, Ontario, first joined the army in the summer of 1915 when he was 27. Private M. had spent four years in the Algonquin Rifles, a militia unit, before the war and then 16 months in France with the 60th Battalion. On March 30, 1916, he was accused of intentionally shooting himself in the hand, severing his thumb entirely. After a few months in hospital, he was discharged and sent back to Canada. Soon after arriving home he tried to join the 71st Battery, Canadian Field Artillery, but was turned down due to his injury. On May 2, 1917, he was accepted into the Canadian Forestry Corps despite admitting that he had been discharged from the 60th Battalion due to the loss of his thumb through a self-inflicted injury.¹³¹ Clearly then, soldiers who committed an act understood in one context to be “cowardly” were capable of redeeming themselves in the eyes of their superiors and their comrades. Such perceptions reflected the inherent ambiguity of the self-inflicted wound. In some cases a wound might denote carelessness or negligence and in others cowardice. The intrinsically personal nature of the act and the common dangers of the trenches obscured a soldier's intentions and created a space where the frightened and fed-up could maim themselves to escape the horror and claim

129 LAC, RG 9, Series III-C-3, Vol. 4121, Folder 1, File 13, F. H. Dansey, AAG First Army, to all Divisional Commanders, July 20, 1916.

130 LAC, RG 9, Series III-C-10, Vol. 4542, Folder 5, File 1, AADMS, 1st Canadian Division to DAAG, 1st Canadian Division, July 9, 1917. This document reiterates instructions contained in First Army Circular 981/22 of July 4, 1917, but a copy of this document has not been found in the Canadian or British records.

131 LAC, RG 150, Accession 1992-93/166, Box 6206, File 18, Attestation Paper.

that they had done so by accident or neglect. While such wounds often aroused suspicion, conviction and punishment were relatively rare. The very existence of this ambiguous space and the reality that men were willing to occupy it posed a direct challenge not only to military authority, but also to dominant notions of a binary definition of masculine courage.

While senior military officers were determined to assert their authority over the bodies of frontline soldiers who wounded themselves, they found it impossible to do so unilaterally. In moderating military discipline and pursuing charges under section 40 rather than section 18(2), the army engaged in a process of negotiation with soldiers at the front. Soldiers could choose to shoot themselves and pass off their injuries as accidents, while army officials reluctantly agreed to use moderate forms of punishment for the minority of soldiers who were actually convicted of the crime. This decision reflected the difficult realization that it was often impossible or too time-consuming to distinguish intentional wounds from accidents on the battlefield. It proved neither desirable nor possible to punish all suspected self-inflicted cases, and so, for the sake of efficiency, the army accepted that some of the soldiers who intentionally wounded themselves might ultimately avoid punishment. It also raises important questions about soldiers' agency. Far from being hapless victims, the men of the British and Canadian armies were not forced to remain at the front solely by the threat of military discipline alone—at least when it came to self-inflicted wounds. We are left to conclude that the vast majority chose to fight and die despite unpalatable but plausible alternative courses of action.

Section II:
Beyond Colony and Nation

