In March 1921, 1,182,000 First World War veterans in Britain and Ireland were receiving a disability pension paid for by the Ministry of Pensions. Diagnostic categories, the severity of disablement and pension sum ranged on an individual basis, but each pensioner had a commonality: their disability was deemed attributable to or aggravated by their previous war service. The hitherto unprecedented scale of pension infrastructure was the result of the intense and lethal reality of the First World War involving mass citizen armies experiencing static trench warfare, poisonous gasses, advanced heavy artillery and machine-gun fire. The innovative technological and industrial conduct of the Great War gave rise to physical injuries such as facial disfigurement, limb loss, paraplegia and blindness. Notable advances in military medical treatment, including developments in orthopaedics and the implementation of superior evacuation and medical systems at the Front, increased the likelihood of wounded servicemen surviving injury. Albeit their survival ensued with their bodies transformed: ‘The science and technology of the First World War simultaneously destroyed and re-created the male body.’

In addition to physical injuries, the British Army and the Ministry of Pensions also had to contend with a rise in psychoneurotic casualties. Observing the Russo-Japanese War, 1904–05, A. G. Kay, a Lieutenant-Colonel of the Royal Army Medical Corps, predicted an increase in the number of ‘mental diseases’ in any future conflict involving Britain, writing:

‘The conditions of modern warfare calling large numbers of men into action, the tremendous endurance, physical and mental, required, and the widely destructive effect of modern artillery fire will undoubtedly make their influence felt in a future war, and we shall have to deal with a larger percentage of mental disease than hitherto.’

Kay’s thesis disrupts previous arguments that military psychiatry was an unknown phenomenon before 1914. Verifying Kay’s prophecy, British Army personnel officially recognised over 80,000 cases of psychoneuroses during the First World War. During the early stages of the conflict, an assortment of pre-existing diagnoses utilised in civilian medicine, including hysteria and neurasthenia, were applied by British Army medical officials. These established diagnoses described diverse and subjective neurological, physiological and psychological reactions to warfare. Charles Myers formally recognised the description ‘shell-shock’ in a *Lancet* article in February 1915. Myers had been working with a
medical unit of the British Army in France, and he admitted that he did not invent the term indicating it had already arisen in popular usage amongst frontline British soldiers. Myers quickly realised the diagnosis was an ‘ill-chosen’ and ‘harmful’ description. A serviceman often suffered from mental symptoms due to the deleterious impact of warfare which wore down a man’s nerves and resilience rather than being induced by the explosion or shock of a shell. Active war service was not always necessary for breakdowns to occur, and there were numerous examples of psychoneurotic casualties who had never been exposed to frontline service. Subsequently, towards the end of 1915, the Army Council ordered medical staff to diagnose servicemen as ‘Shell-Shock Wounded’, where the ailment was a result of enemy action, or ‘Shell-Shock Sick’ where no such event like a shell explosion was traceable. After much contention and confusion, the label ‘Not Yet Diagnosed Mental’ became the primary diagnosis in mid-1917. Nevertheless, uncertainty remained. Military and medical officials, patients, politicians and the general public each had their own cognate definition of shell-shock. The term permeated but was never clearly defined nor understood as an exclusive medical, psychiatric or emotional disorder, a military administrative category or a cultural metaphor. Four years after the Armistice, the War Office remained unable to define a clear and widely-held definition of shell-shock. As a result, neurasthenia became the primary pensionable category. Like shell-shock, this diagnosis was incredibly broad including a variety of neuropsychiatric symptoms.

Irishmen fought in the same uniform as their British comrades and experienced the same conditions and psychoneurotic afflictions both during the conflict as soldiers and in its aftermath as veterans. By 1921, an estimated 65,000 ex-servicemen were receiving a pension for the condition in the UK with around 12,420 pensioners residing in Ireland. An additional category was the insane Great War veterans under treatment in the district asylum designated as ‘Service Patients.’ Like neurasthenic pensioners who returned to civil society, Great War veterans diagnosed with lunacy remained a charge on the Ministry of Pensions. In 1921, there were an estimated 6,300 institutionalised Service Patients in the UK with approximately 500 under treatment in Irish asylums. With the formation of Northern Ireland and the Irish Free State in the early 1920s, mentally ill pensioners in Ireland continued to remain under the remit of the department charged with their after-care, namely the Ministry of Pensions. Their daily lives were shaped by distinct separate socio-economic and political conditions and by legislation enacted by the Parliament of Northern Ireland and the Dáil Éireann (Irish Parliament) respectively. Both Irish and British-based sources are required to reconstruct the lives of mentally ill Irish Great War veterans. Distinct socio-political and economic contrasts between Ireland and Britain are ever apparent.
in this study of post-war mentally ill communities in Ireland. Ireland’s unique context impacted upon the functioning of the Ministry of Pensions, its rehabilitation of neurasthenic and insane Great War veterans permeating into the daily lives of individuals. There was never a singular experience of war-induced disability across the United Kingdom. British and Irish veterans were former comrades, received the same pensionable diagnoses and remained under the remit of the Ministry of Pensions; they were, however, subjected to varying levels of care and rehabilitative support on their return home.

**Historiography**

While this study addresses mentally ill ex-servicemen with a range of psychiatric or neurological diagnoses, it remains intimately associated with shell-shock. Shell-shock remains a culturally and historically evocative symbol of the First World War with afflicted serviceman a regular feature in memoirs, novels and poems. For example, Robert Graves’ and Siegfried Sassoon’s acclaimed post-war memoirs narrate their personal experiences of shell-shock. Pat Barker’s successful *Regeneration* trilogy further buttressed shell-shock as an essential British cultural reference point in its memory of the First World War. Attention in these works, however, is exclusive to the officer class with the working-class private’s torment comparatively concealed. While veterans of conflicts have been described as ‘neglected figures in histories of war and peace’, the historical disregard of British Army veterans of the First World War has been manifested for those who had mental illnesses and who were members of the non-officer class. Wendy Holden argues the post-Armistice treatment and experiences of traumatised Tommies are ‘unquantifiable’ and ‘incalculable’. Irish historians of the First World War accept a similarly overarching notion for its entire Great War veteran population. Tom Johnstone, for example, concludes ‘most Irish ex-soldiers retired into historical oblivion’ following their discharge. This book disputes these narratives with an analysis of over ten thousand mentally ill servicemen who returned to Ireland.

An interest in combat syndromes during the First World War began in the 1970s with Paul Fussell’s *The Great War and Modern Memory*, John Keegan’s *The Face of Battle* and Eric Leed’s *No Man’s Land*. These works analyse personal understandings of combat, with the Great War being a prevalent case study in their works. A small collection of publications also situates shell-shock within broader research into the medical history of combat neurosis. Despite the significance of shell-shock as a cultural symbol of Britain’s involvement in the First World War, Peter Leese offered the first in-depth and exclusive analysis of the British Tommy’s experience of shell-shock in 2002 to reveal the traumatic
While the importance of Leese’s work is undeniable, the underappreciation of the post-war lives of mentally ill veterans remains within the historiography. Only a small number of academics have subsequently engaged with a post-war analysis. Peter Barham’s work largely focuses on the post-war experiences of institutionalised English Great War veterans. Fiona Reid’s broad study, *Broken Men: Shell-Shock, Treatment and Recovery in Britain, 1914–30*, examines shell-shock at the Front, shell-shocked veterans in post-war society, the treatment of institutionalised and insane Great War veterans, and leading veteran charity, Ex-Services Welfare Society (ESWS).

Most recently, Tracey Loughran offered an academic study of the condition in *Shell-Shock and Medical Culture in First World War Britain*. Loughran assesses shell-shock’s construction in the diagnostic nomenclature and within the medical culture in Britain. The book is thus unable to provide much information on the post-war experiences of mentally ill British Army veterans and omits engagement with Ireland. The mentally ill Great War veteran in Ireland similarly remains absent in transnational studies of psychological trauma and combat neurosis in the aftermath of the First World War. Barham is the only academic to explain his active omission of Ireland and Irish men by stating that the separate volumes of Irish archival material require a study of their own. Joanna Bourke remains the sole historian to pay exclusive attention to the Irish Great War participants’ experience of shell-shock. The limited engagement with Ireland’s experience of war-related mental disability echoes British-centric studies into physically disabled First World War veterans.

In addition to perceived methodological shortcomings, the politicisation of the memory of the conflict in Ireland has influenced the absence of a post-war analysis of disabled Great War veterans. With the initial blessing of both the nationalist and unionist political mainstream, Irish servicemen were supported by the majority of the Irish public during the earlier stages of the conflict. The Easter Rising of 1916 shifted nationalist Ireland’s backing of the war. After the execution of thirteen Easter rebels, widespread support arose for republicanism at the expense of Home Rule and the Irish Parliamentary Party. The results of the 1918 General Election demonstrates the dramatic change in the political context. Despite not winning one seat during the 1910 General Election, Sinn Féin, espousing national self-determination for Ireland, won 73 out of 105 Westminster seats. The following years saw the establishment of the First Dáil in 1919 and the Anglo-Irish War, 1919–21, resulting in the creation of the Irish Free State and Northern Ireland by 1922.

Following the formation of these respective states, two opposing national narratives emerged. Both emphasised identity and inclusion at the expense of the other. In the predominantly Protestant and unionist Northern Ireland,
participation in the First World War was heralded as having helped to maintain the Union. The opposite was true among nationalists in the Irish Free State. As D. G. Boyce notes: ‘The war was soon perceived as the wrong war, fought in the wrong place, and against the wrong foe – a view which became political orthodoxy.’ Boyce thus described nationalists as having ‘applied a sort of field dressing, in the shape of national amnesia, to the Great War experience.’ 34 The Free State Government proved subsequently unwilling to patronise and observe Armistice Day ceremonies officially; its neutrality during the Second World War justified a scaling down of commemorative events. This detachment persisted after the cessation of the second global conflict.35 While Northern Ireland did not have a national equivalent to the Cenotaph, sixty-two public war memorials were erected by 1939.36 The Troubles in Northern Ireland further solidified the contestation of memory in Ireland. The Irish Republican Army (IRA) bombing of a Remembrance Day ceremony at Enniskillen Memorial, killing twelve people on 8 November 1987, highlights this intensification. As the peace process progressed, culminating in the signing of the Good Friday Agreement in 1998, the resulting quest for reconciliation between unionists and nationalists allowed the Great War to become a key point of reference to remember a period of shared experience.37 The evolution of the memory of the First World War is essential when considering the silencing of the shell-shocked Irish veteran within the historiography. Traumatised populations are better able to have their experiences acknowledged publicly if their accounts are politically resonant and compatible with contemporary society.38

The subsequent increase in research regarding Ireland’s involvement in the First World War has allowed notions of a ‘historical revolution’ to be declared.39 It is, nevertheless, necessary to delve beyond actions in battle. There has been a surge in analyses of the relationship between medicine and the conflict in Ireland. This exploration has included research into Irish doctors, Irish nurses, maternal and infant health and medical networks during the First World War.40 More extensive studies of Ireland during the revolutionary period reference British ex-servicemen. In particular, a debate rages as to whether republicans targeted ex-servicemen because of their prior service in the British Army.41 Jane Leonard, for instance, contends that Irish Great War veterans became a marginalised and discriminated community who were spat on, physically intimidated, denied employment and targeted for reprisal by the IRA.42 In 2015, Paul Taylor’s Heroes or Traitors? Experiences of Southern Irish Soldiers Returning from the Great War, 1919–39 finally considered Irish Great War veterans throughout the inter-war period. Taylor provides valuable insight into approximately 100,000 Great War veterans who returned to Southern Ireland later embodied as the Irish Free State.43 This study adds to these works by offering an all-Ireland methodology
and a case study of those who suffered from mental health problems following their service in the British Armed Forces. This book also regularly draws upon the vast English language literature of war trauma, mental illness, treatment and pensions across numerous combatant nations of the First World War. It also considers the treatment of disabled veterans of prior colonial conflicts such as the South-African War, 1899–1902, and the Irish revolutionary conflicts, 1919–23. This framework helps to foreground the simultaneous progressiveness and conservatism in the treatment of mentally ill Irish Great War veterans.

Methodology

As a disability history, *Shell-shocked British Army Veterans in Ireland, 1918–39* considers, contextualises and comprehends the lived experiences of disabled people in a past society. This approach poses a significant methodological challenge. Physically disabled Great War veterans left negligible personal records documenting their experiences. This problem was manifested for those mentally ill as a result of war service. Mental breakdown carried an additional stigma in the legacy of Victorian masculinity, and the associated shame would have silenced some ashamed to articulate their suffering with others unable to due to illness. Periodic mental breakdowns frequently occurred during the inter-war years but went unrecorded. One popular self-help book by a neurasthenic Great War pensioner published in 1933 stressed the importance for mentally-wounded servicemen to restrain from talking to anyone about their symptoms: “To talk of troubles in a voluble, despairing way, merely piles on the agony and “plays-up” the emotions … never display a wound, except to a physician.”

The dearth of relevant historical source material further obscures Irish veterans. Their numbers were much smaller than their British counterparts. Approximately 4,280,000 enlisted in the British Army during the First World War in England, Wales and Scotland. This number equated to around 23 percent of the male population, while just 134,202 men from Ireland enlisted. This figure constitutes only over 6 percent of the male population. These recruitments statistics impacted upon subsequent veteran communities including mentally and physically disabled communities. Second, Irish veterans in predominately nationalist areas may have been reluctant to exhibit their troubles due to the additional stigma often accompanying prior service in the British Army. This case study of Ireland utilises a range of British and Irish sources to overcome these limitations. This monograph benefits from the Ministry of Pensions’ archival collection currently held in the National Archives of England and Wales in London. The department established a system of national, regional and local administrative centres across the United Kingdom. In conjunction with private agencies, charities
INTRODUCTION

and employers, it administered pensions and provided medical care to the
disabled pensioner. Ulster and South Ireland, with their headquarters situated
in Belfast and Dublin respectively, constituted two of the eleven administrative
regions defined by the Ministry of Pensions. Assisted by local committees, the
Ministry’s infrastructure continued to operate as an autonomous British gov-
ernmental body in Ireland throughout the inter-war period. The Ministry of
Pensions’ archival records provides a wealth of qualitative and quantitative data
dedicated to the disabled pensioner in Ireland including those in receipt of a
disability pension for neurasthenia and lunacy.  

There has been opposition to using institutional sources as they have an
inherent source-bias being written from the viewpoint of the non-disabled
official interacting with the disabled person. As a result, they have been claimed
to be ‘inevitably one-sided in their account of the disabled people, presenting
them as depersonalised objects of institutional care.’ While recognising the
Ministry’s files only reveal contact between Irish pensioners and the state, they
still have immense historical value. The department’s annual reports consistently
portray an image of progress and professionalism to an external audience. The
department’s internal administrative material, by contrast, offers a more authentic
insight into the treatment and experience of disabled pensioners residing in
Ireland. Its archival records include financial data, minutes of conferences,
information regarding in-patient and out-patient care, internal correspondence
regarding bureaucracy, correspondence between local, regional and national
staff and detailed observational reports produced by pensions staff working in
Ireland.

The Ministry of Pensions’ archive also contains pension files of individuals
who were assisted by the department. Only a minority of these individual files
dedicated to mentally ill veterans have survived. This monograph benefits
from the surviving medical and pension records of P. J. O’Ryan particularly.
While his being a middle-class ex-officer and university educated adds to an
over-reliance on the most affluent shell-shocked servicemen in existing works,
O’Ryan lived in various areas of Ireland during the inter-war period and his
files thus provide personal insight into the lived experience of mentally ill First
World War veterans who returned to Ireland. O’Ryan’s pension records include
a host of relevant information including regular medical reports provided by
Ministry of Pensions officials, personal correspondence, transcribed attestations
of O’Ryan’s understanding and descriptions of his mental illness, and information
on his employability, domestic arrangement and conduct in civilian society.
This life-course analysis echoes the work of Wendy Jane Gagen who has previously
assessed the archive of an individual pensioner to provide a personal and intimate
account of war-induced disablement. Of course, each pensioner’s life and
understanding of mental illness would have been a subjective and individual experience. Individual case files, nevertheless, often verify the observations and descriptions in the Ministry of Pensions’ administrative records. Collaborating the records of men like O’Ryan with those of the wider population of mentally disabled pensioners in Ireland helps to portray successful and unsuccessful attempts of rehabilitation, the propensity to relapse in times of financial and personal adversity, the importance of domestic caregiving, the stigma often associated with mental illness and the veteran’s resulting exclusion from society. The unpublished memoirs of J. B. Arnold, a northern-Irish lawyer before the war, who enlisted in the Northumberland Fusiliers and served on the Western Front before being discharged from the army on account of a shrapnel wound to his thigh, further aids this study. In addition to detailing his experience of disability, Arnold became a Ministry of Pensions official in Ireland. As a Deputy Director in the Ministry’s Dublin office and assisting on regional administrative issues, Arnold had a lofty position within the department supervising pension committees in Leinster, Munster and Connaught with numerous Ministry employees under his jurisdiction. Arnold’s account thus provides unique information on the Ministry’s establishment, remit and function during the initial post-war years in Ireland.55

The institutional records of Leopardstown Hospital in Dublin provide rare insight into the medical experience of mentally ill veterans who returned to civil society. This stately home, donated to the Ministry of Pensions by a wealthy philanthropist, acted as a treatment and rehabilitation centre for mentally ill pensioners throughout the inter-war period.56 This study also utilises Parliamentary and Dáil debates alongside Irish national and regional newspaper accounts, as well as the War Pensions Gazette, a monthly journal for War Pensions Local Committees. These sources provide a contemporary discussion of the mentally ill pensioner, the disabled veteran and broader ex-service community in Ireland. Shell-shocked British Army Veterans in Ireland, 1918–39 also coaxes out the mentally disabled pensioner’s experience via an analysis of the records of the most prominent charitable bodies assisting British ex-servicemen, namely the British Legion, the Southern Irish Loyalist Association and the Ex-Services Welfare Society. This study integrates the records of the Ministry of Pensions, including its policymakers, welfare officials, medical practitioners and pensioners, alongside charity records and patient casebook records. In doing so, I seek to promote how assimilating social, political and policy histories can enrich our understanding of the past and, in this instance, the post-war lives of mentally ill Great War veterans in Ireland.57

This project does not restrict itself to neurasthenic pensioners. Previous estimates suggest that roughly 100,000 servicemen were demobilised back to
Ireland between the Armistice and May 1920. By 1926, 34,500 disabled veterans in Ireland were in receipt of a pension from the Ministry of Pensions. In addition to considering the broader population of 100,000 Great War veterans, it adheres to the methodology of Julie Anderson who argues that mentally and physically disabled ex-servicemen are better understood together rather than as separate entities. Both Irish physically and mentally disabled veterans witnessed the bureaucracy of the Ministry of Pensions, widespread unemployment, a lack of treatment facilities, inflated waiting-list figures, poverty and stigma. A pensioner could also receive two separate pensions for a physical and a psychoneurotic condition. O’Ryan, for example, received a pension for both neurasthenia and a gunshot wound to his left leg. This study thus compares how both disabilities impacted on O’Ryan’s civilian life and how the state attempted to rehabilitate and compensate him for both disabilities. In addition to mentally and physically disabled ex-servicemen in Ireland sharing experiences, a consideration of the entire ex-service population also helps to foreground differences in their rehabilitation depending on their disability. As will be demonstrated, veterans suffering from mental illness often faced additional barriers to rehabilitation, recovery and reintegration.

*Shell-shocked British Army Veterans in Ireland, 1918–39* also assesses the treatment of mentally ill Irish Great War veterans who received institutional treatment. Following the precedent set by previous disability scholarship, this study uses the descriptions ‘ex-serviceman’ and ‘veteran’ from the moment it is clear a serviceman was not returning to active duty. An analysis of the Richmond War Hospital (RWH) in Dublin falls within this definition. Although under the authority of the War Office, and with patients still officially remaining members of the British Army, the facility was, for all intents and purposes, a discharge centre. Once admitted, there was a negligible opportunity for patients to resume service. With these soldier-patients receiving ‘observational’ treatment for up to nine months, their residency offered medical staff the opportunity to assess whether the mentally ill patient was insane and suitable for admission into a district asylum. With their lunacy deemed attributable to their previous war service, they were labelled as ‘Service Patients’ and treated akin to private patients with the Ministry of Pensions paying associated expenses.

Research into soldier-patients receiving treatment in the Richmond War Hospital and Service Patients under care in a district asylum is possible by utilising institutional admission and discharge registers and patient casebook files. The casebook records of Belfast, Richmond and Cork asylums are assessed as these three institutions hosted the largest populations of Service Patients in Ireland. These medical sources are read ‘from below’ with the patient recognised alongside the doctor. Admission and discharge registers allow for quantitative
analysis of patient populations including diagnoses, length of residences and recovery rates. This study extrapolates a fuller picture of patient life via an analysis of psychiatric casebook records including information regarding a patient’s war service, explanations for admission, regular updates on their state and conduct and, at times, transcriptions of the patient’s testimony. This information helps to provide patient biographies and a voice to the previously marginalised.\textsuperscript{63} This methodology is not without its challenges. Transcriptions were possibly paraphrased, and thus omit the patient’s tone and fail to highlight the prompt that a patient was responding to. The process of transcribing clinical records rests on the doctor’s perspective. David Armstrong acknowledges a patient’s view was likely to be bypassed, and any historical analysis can only assess ‘what is heard, not what is said.’\textsuperscript{64} The larger Irish asylums, accommodating over 2,000 patients, would also have had difficulty in keeping accurate, in-depth and up-to-date records. Thus, descriptions such as ‘No change’ and ‘Continues in the same mental and physical condition’ to depict the state of long-term patients are commonplace. Ultimately, individual case notes only afford glimpses of a patient’s experience of treatment.\textsuperscript{65} Nevertheless, these institutional records still possess great historical value by providing insight unattainable in medical publications.

The annual reports of the Irish Lunacy/Mental Health Inspectorate further reveal the remit and functioning of the Service Patient scheme in Irish asylums. These records include vast quantitative and qualitative detail on the administration, patient and staff populations, and the state of mental institutions across Ireland during the inter-war period. Regional newspapers provide information regarding the meetings of various asylum committees which discussed the treatment and health of Service Patients. The Ministry of Pensions’ archive holds detailed correspondence and reports regarding the Service Patient scheme and its remit and function in Ireland. Ministry inspection reports of the Belfast District Lunatic Asylum are also assessed. These detailed records include information regarding the accommodation delivered to Service Patients, their mental condition and conduct, their feedback regarding treatment, and how they spent their private allowances. These accounts do not feature in the annual reports of any other Irish asylum nor do they seemingly appear within the annual reports of British asylums. Their consideration in this study thus provides a unique insight into the Service Patient scheme and its impact on the everyday lives of insane Great War veterans.

This work also follows Jay Winter’s recent advocation for the benefits of researching combat neurosis by incorporating the greater medical understanding of the subject in the aftermath of the Second World War and subsequent conflicts.\textsuperscript{66} The official categorisation of PTSD in 1980 led to an upsurge in
trauma within the clinical literature and medical humanities which, when applied retrospectively, can allow us to better understand the treatment and experiences of mentally ill Irish veterans of the First World War. Adopting this methodology to analyse mentally ill ex-servicemen in Ireland validates Barham’s thesis that ‘the historiography of the “silent working-class soldier” has obscured much of what were actually very noisy encounters’.67 This revaluation applies equally to those who returned to civil society and those who received institutional treatment. This study does not profess to tell the complete story of these men’s lives. In many ways, the everyday reality of mental impairment remains a hidden history with men and their families continuing to struggle in the private domestic sphere. This study instead demonstrates that it has been a mistake to assume the mentally ill Irish Great War veteran remains silent and untraceable.

Approach

Previous estimates suggest mental disorders equated to around 25,000 discharges of Irish troops during the First World War. Chapter 1 establishes Irishmen fighting in the same uniform as their British comrades also experienced psychoneurotic afflictions. How such instances amongst Irish troops were perceived, however, was unique. This chapter determines that the British Military establishment believed the Irish Tommy was susceptible to war neuroses. This observation was a continuation of long-held anti-Irish perceptions amongst Britons assuming the Irish were immature, emotionally volatile and susceptible to mental illness. The opening chapter explains how this prejudice was politically motivated, being induced by a ‘pro-Union psychiatry’ which helped to legitimise British rule in Ireland. This chapter sets the groundwork for the proceeding four chapters as this stereotype continued to permeate in the treatment of mentally ill ex-servicemen in Ireland throughout the inter-war period. Simultaneous to the continuation of such anti-Irish prejudices, this chapter also recognises the establishment of the Ministry of Pensions and its subsequent early rehabilitative attempts on behalf of neurasthenic pensioners in Britain and Ireland from 1917 until 1921. Exclusive in-patient and out-patient treatment was offered in Ministry hospitals throughout the United Kingdom. These facilities provided pensioners with psychological treatment. This infrastructure was far more progressive and innovative than is often assumed.

Chapter 2 demonstrates that infrastructure in South Ireland, the term applied by the Ministry of Pensions to the area of Ireland outside of the province of Ulster, however, was compromised. The region witnessed far higher waiting lists for neurasthenic pensioners awaiting in-patient and out-patient treatment in the United Kingdom. Ministry officials in London unfairly attributed the
subsequent inflated waiting list figures to a longstanding racist assumption that the Irish were predisposed to mental illness. Any qualitative and quantitative evidence differentiating Ireland from the broader UK context must be contextualised within larger societal and administrative frameworks. Rather than an Irish biological disposition to mental illness, the ongoing Anglo-Irish War, 1919–21, better explains the high waiting list figures amongst neurasthenic pensioners in the region. The guerrilla conflict and republican political assistance caused much disruption in the rehabilitation of disabled Great War veterans. A study of the Ministry of Pensions’ archival collection in London demonstrates pension officials operated in fear of IRA reprisals which had a detrimental impact on their functioning in Ireland. Correspondence from mentally ill pensioners also reveals that they too lived in fear of republican retribution during this hostile period. This unsuitable homecoming extended to Ulster where shell-shocked Catholic pensioners were subjected to sectarian and violent discrimination and abuse.

The second chapter examines the psychological impact this traumatising homecoming would have had on returning Great War veterans. The opportunity to work and provide for oneself was a fundamental component in the Ministry’s rehabilitation of disabled pensioners. However, in addition to the stigma regarding mental illness, further discrimination attached itself to British ex-servicemen in increasingly nationalist areas where the British state was now viewed by many as an oppressive and occupying power. The lack of societal appreciation, training and treatment facilities increased the likelihood of unemployment amongst Irish Great War veterans. This reception, in turn, aggravated psycho-neurotic symptoms and increased the likelihood of veterans turning to the Ministry for relief or applying to the department for medical treatment. Ultimately, the revolutionary period ensured that Ireland was the least suitable area in the United Kingdom for a mentally ill veteran to return.

Chapter 3 examines the subsequent experience of the mentally ill Great War veteran in the newly established Irish Free State and Northern Ireland between 1922 and 1939. The year of the outbreak of the Second World War, 1939, is an obvious cut-off point as the ensuing second global conflict lacked the shared involvement of its predecessor; southern Irish neutrality contrasted sharply with Northern Ireland enlistment. This section addresses an omission in the historiography with few shell-shock studies extending beyond the initial post-war years. In addition to marking the significant diplomatic change in Anglo-Irish relations and political structure, 1922 also witnessed the publication of the War Office Report into Shell-Shock. Emphasising longstanding theories of predisposition and hereditary degeneration in the causation of shell-shock, the report helped to close the shell-shock debate throughout the UK. In the aftermath of
this account, fewer researchers assessed war-induced neuroses or the plight of the mentally ill veteran in the UK. This restriction coincided with the infamous ‘Geddes’ Axe’ enforcing a host of tax increases and economic cutbacks in the UK public sector. The austere management of public economies included the Ministry of Pensions’ domestic policy; from 1922 onwards, there was a dramatic restriction in pension outlay and a reduction in exclusive Ministry-run medical facilities including the provision of progressive and innovative psychotherapeutic treatment. There was a resulting widespread assumption amongst medical and pensions officials that the neurasthenic pensioner was incurable. Mentally ill veterans were largely ‘pensioned off’ with little state intervention in their recovery. Crucially, unlike the revolutionary period, where the treatment of neurasthenic pensioners was much different in Ireland and Britain, their subsequent experience of Ministry policy and infrastructure was more of a shared one from 1922 onwards. Nonetheless, the broader Irish and British understanding of disability and rehabilitation were not identical.

As in Britain, the government of Northern Ireland provided employment and training assistance, and its society undertook philanthropic efforts to accommodate disabled ex-servicemen in both the public and the private sector. As the economy regressed from the 1920s onwards, opportunities for the disabled ex-serviceman decreased as the able-bodied and non-ex-service population competed for limited resources. In the Irish Free State, while hostility and discrimination was reduced, there remained an absence of societal and governmental concern for the Great War veteran. Returning veterans were unable to benefit from voluntary and governmental employment schemes enforced in Britain and Northern Ireland. Instead, preferential treatment was reserved for another ex-service population: veterans of the Free State National Army who helped defeat the anti-Treaty IRA in the Irish Civil War. Crucially, however, the Ministry of Pensions’ financial outlay in the Free State to assist disabled ex-servicemen far exceeded relative ratios available in England, Wales, Scotland and Northern Ireland. These nuances and contradictions emphasise the multifaceted and complex treatment of disabled Irish Great War veterans.

The book’s perspective then shifts to the treatment of institutionalised mentally ill ex-servicemen. Chapter 4 focuses on the Richmond War Hospital between 1918 and 1919. The hospital was a thirty-two-bed observational hospital in an adjunct building on the grounds of the Richmond District Lunatic Asylum. While officially remaining soldiers of the British Army during their residency, there was little expectation of redeployment. Instead, the military hospital primarily functioned as a discharge centre able to decipher whether a psychoneurotic serviceman was suitable for discharge into civil society or admission into a district asylum. The hospital was part of the British War Office’s War
Hospital network established during the First World War throughout the UK. The facility was innovative in the context of contemporary mental health treatment. Patients remained under ‘observation’ for up to nine months in an exclusive military facility with a better standard of care than otherwise on offer in district asylums. War Hospitals were also established to cater for physical injuries, and all soldier-patients wore ‘Hospital Blues’ regardless of their ailment. For the first time in the history of the British Army, mental illness was deemed treatable in its early stages and on an equal footing to physical ailments. Despite the scope, complexity and novelty of the War Hospital scheme, the function of these facilities has escaped scholarly attention. Utilising contemporary medical publications and War Office reports, this work situates the Richmond War Hospital alongside the other twenty-three war hospitals established on asylum grounds. Utilising the casebooks of soldier-patients, alongside the hospital’s admission and discharge register, the daily running of the hospital mostly resembled the traditional Irish district lunatic asylum. The soldier-patients’ military status would, nevertheless, prove crucial. The years 1916 to 1918 were witness to a reduction in financial investment and staff as well as increased overcrowding resulting in a reduced standard of care and a subsequent increase in mortalities. Soldier-patients at the Richmond War Hospital were spared this fate due to their segregation from pauper lunatics and their amalgamation with physically wounded veterans.

Chapter 5 offers an all-Ireland analysis of the treatment of insane Great War veterans designated as ‘Service Patients’ in the public asylum. With their insanity deemed attributable to war service, Service Patients were identified as private patients with the added luxuries of private clothing, pocket money and segregated burial financed by the Ministry of Pensions to prevent their association with pauper lunacy. This chapter argues that being legally recognised as insane as a result of war service was mostly inconsequential. The contrasting conditions apparent in individual asylums were the most influential force in dictating a patient’s daily life rather than their legal status. There were, nevertheless, notable differences in the remit and function of rehabilitative policy between Ireland and Britain. In 1923, the Ministry of Pensions extended attributability to all insane Great War veterans in Britain irrespective of whether the Great War veteran’s insanity was caused by war service. While the extension of the scheme was a result of public and political pressure in Britain, the lack of similar outrage and lobbying on behalf of the British ex-serviceman in Ireland negated its implementation. A study of the Service Patient programme in Ireland provides crucial insight into how lobbying, public relations and financial concerns helped to shape the Ministry of Pensions’ policy and the daily lives of disabled ex-servicemen.
Ultimately, there was not a collective understanding of disability amongst British Army veterans of the First World War. To better comprehend the post-war experiences of these forgotten men of Irish and British history, this study considers how mental illness and disability were culturally, politically and socially designed. It seeks to understand how Irish and British societies understood mental illness amongst their service populations, and how British medico-pensions officials comprehended and interacted with mentally disabled veterans in Ireland in comparison to the equivalent ex-service community in Britain. An objective bureaucracy did not always shape policy. Instead, shell-shock and post-war mental disability was a ‘bio-psycho, social and cultural experience’ which was ‘significantly underpinned by the political concerns.’

The stereotype that the Irish were predisposed to mental illness continued to permeate in the treatment of ex-servicemen in Ireland throughout the inter-war period. This narrative impacted upon the treatment of neurasthenic pensioners in civil society and the insane veteran in the post-war asylum. An analysis of this lingering narrative foregrounds the crucial variable of ethnicity and race which has remained overlooked in previous studies into shell-shock and post-war disability. This consideration echoes a recent trend within the social history of psychiatry considering the relationship between psychiatric discourse and imperial governance. While Shell-shocked British Army Veterans in Ireland, 1918–39 contributes to a wealth of material attentive to the colonial asylum, the book’s corresponding focus on neurasthenic pensioners in Irish society provides overdue attention to how colonial psychological narratives also featured amongst British officials in rehabilitative contexts and outside of asylum walls.

Connecting the histories of the Ministry of Pensions, charities, individual pensioners and mental health facilities, this study delivers a new perspective on disability history with an analysis of a previously unaccounted for community. This book reclaims the disabled Irish Great War veterans and gives them a voice often denied in their own lives. In addition to recovering these forgotten men of Irish and British history, this work situates itself within the broader historio-graphical debate centred on whether the First World War was a watershed moment in UK society. Influential works by the likes of Paul Fussell have argued that the Great War ushered in modernity, presenting a clear break between the pre-and post-war eras. Subsequent research has disputed this theory, emphasising the continuities evident before and after the war. An Irish case study of post-war disability and mental illness contributes to this debate.

The truth was too complicated for either explanation. This Irish case study attests to the disparate treatment and reception of mentally ill veterans. For the first time, the state properly recognised mentally ill ex-servicemen alongside their physically disabled former comrades. Opportunities for medical treatment
surpassed comparative treatment provided to mentally ill civilians, British Army veterans of prior conflicts and Irish veterans of the revolutionary conflicts. These progressive reforms co-existed with widespread stigma and prejudices and with longstanding assumptions of degeneration and, most relevant to this case study, the supposed Irish predisposition to mental instability. These assumptions continued to feature in societal, medical and rehabilitative discourse throughout the inter-war period. These inconsistencies are neither random nor unexplainable. Instead, one should interpret them as a concept. The First World War significantly altered British society but so too was there a continuation of Victorian and Edwardian narratives which proved hard to alter. Shell-shocked British Army Veterans in Ireland, 1918–39 emphasises evidence of simultaneous change and continuity in Irish and British society and rehabilitative culture in the aftermath of the First World War.  

Notes

11 Myers, Shell-Shock in France, 27.
12 Edgar Jones, Ian Palmer and Simon Wessely, ‘War pensions (1900–1945): changing models of psychological understanding’, *British Journal of Psychiatry*, 180 (2002), 376; Irish approximations were calculated using Bourke’s estimation that around 36 percent of ex-servicemen receiving disability pensions in the early 1930s were listed as suffering from a psychiatric ailment; Joanna Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (London: Reaktion, 1996), 109. In 1926, 34,500 disabled veterans in Ireland were in receipt of a pension from the Ministry of Pensions; NA, PIN 15/3640, Ministry of Pensions Minute Sheet, 26 February 1926.


23 In a review of Leese’s work, Roger Cooter prophesised: ‘The final section of the sufferers’ post-war experiences still retains a freshness, though an emergent literature on veterans and state pensions may soon overtake it’; Roger Cooter, ‘Review’, *Journal of Modern History*, 76 (2004), 955–6.

24 Reviewing the literature, Jason Crouthamel highlights the need for further analysis of war-induced mental illness writing: ‘One of the areas that begs more research is the experience of traumatized men after 1918, in particular their struggle to restore themselves in work and family life’; Jason Crouthamel, ‘Review of Broken Men – Shell Shock, Treatment and Recovery in Britain, 1914–1930’, (review no. 997) www.history.ac.uk/reviews/review/997 [accessed 20 September 2014].
28 Jason Crouthamel and Peter Leese (eds), *Psychological Trauma and the Legacies of the First World War* (Cham: Palgrave Macmillan, 2017).
34 D. G. Boyce, “‘That party politics should divide our tents’: Nationalism, Unionism and the First World War”, in Adrian Gregory and Senia Paseta (eds), *Ireland and the Great War: ‘A War To Unite Us All’?* (Manchester: Manchester University Press, 2002), 201.
35 Myers, *The Great War and Memory in Irish Culture*, 74, 206.
36 For an insightful study into these memorials, see Catherine Switzer, *Unionists and Great War Commemoration in the North of Ireland, 1914–1939* (Dublin: Irish Academic Press, 2007).


51 The ‘PIN 26’ series is organised by pension type and then by alphabet. With every fiftieth file kept for archival purposes, 22,756 individual files regarding pension awards have survived which represents just 2 percent of the pensions awarded as a result of disablement. Extracting a relevant Irish case study was difficult and time-consuming. Over 60 percent of the surviving material relates to pensions awarded in the London region, and there is no search function to locate pensioners who returned to Ireland; Ian Beckett, *The First World War: The Essential Guide to Sources in the UK National Archives* (Surrey: Public Record Office, 2002), 159.

52 O’Ryan’s census entries in 1911 note his previous residence in the affluent area of Castleknock, Dublin with surviving descendants of O’Ryan supporting notions of
his relative affluence; Interview with Ann O’Ryan and John O’Ryan, 23 February 2019.

53 As David Gerber has previously asserted: 'By shifting the perspective toward the experience of disability may we understand the nature of the veteran’s own agency in attempting to shape his relations to the state around his own conception of his needs and aspirations'; David Gerber, 'Disabled veterans, the state, and the experience of disability in Western societies, 1914–1950', *Journal of Social History*, 36:4 (2003), 901.


55 Brotherton Library, Leeds University, LIDDLE/WW1/GS/0047, J. B. Arnold’s Typescript Recollections.

56 There has been a lack of research into these facilities. In 1917, Grafton Elliot Smith and Thomas Pear wrote that research into their operatives was ‘urgently needed.’ Its absence remains over a century later; Grafton Elliot Smith and Thomas Pear, *Shell-Shock and Its Lessons* (Manchester: Manchester University Press, 1917), 117.


58 Taylor, *Heroes or Traitors?*, 11.

59 NA, PIN 15/3640, Ministry of Pensions Minute Sheet, 26 February 1926.


66 Jay Winter, *War Beyond Words: Languages of Remembrance from the Great War to the Present* (Cambridge: Cambridge University, 2017), 181, 192.


68 For example, Marina Larsson, in her study of mentally ill Australian veterans, describes the 1930s as ‘a postscript’ in the historiography of shell-shock; Marina Larsson, *Shattered Anzacs: Living with the Scars of War* (Sydney: UNSW, 2009), 208.

69 As John Hopkins noted: ‘Despite its scope and complexity, the Asylum War Hospitals Scheme as such, has almost entirely escaped scholarly attention’; John Hopkins, ‘Problems, Politics and Personalities in the Treatment of Mental and Nervous

70 Durnin, The Irish Medical Profession and the First World War, 94–5.

71 Ana Carden-Coyne, The Politics of Wounds: Military Patients and Medical Power in the First World War (Oxford: Oxford University Press, 2014), 5; this thesis is agreed upon in Tracey Loughran’s assessment of shell-shock: ‘Diagnostic categories were not only pragmatic modes of organizing knowledge, but also alive with social, political, and cultural dimensions relevant outside the medical world’; Loughran, Shell-Shock and Medical Culture in First World War Britain, 77.

72 This stands in contrast to studies of gender and class. For example, see Joan Busfield, ‘Class and gender in twentieth-century British psychiatry: shell-shock and psychopathic disorder’, in J. Andrews and A. Digby (eds), Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry (Amsterdam: Rodopi, 2004), 295–322.

73 This historiography is extensive. For a generalist study, see S. Malone and M. Vaughan (eds), Psychiatry and Empire (Basingstoke: Palgrave Macmillan, 2007).

74 A succinct overview of this literature is provided in Alison Fell and Jessica Meyer, ‘Introduction: untold legacies of the First World War in Britain’, War and Society, 34:2 (2015), 85–6.


77 My case study of Ireland bolsters the so-called ‘half-way house’ theses offered by Mathew Thomson and Tracey Loughran in their studies of shell-shock and its impact on medical culture in Britain; Loughran, Shell-Shock and Medical Culture in First World War Britain, 214; Mathew Thomson, Psychological Subjects: Identity, Culture and Health in Twentieth Century Britain (Oxford: Oxford University Press, 2006), 185.