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Rudyard Kipling and Shell Shock: 
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OVER THE LAST CENTURY shell shock has become one of the defining images of the Great War, a symbol of the mental and physical destruction brought about by the conflict, one used by many writers as a way of discussing and making sense of the war. This article will look at Rudyard Kipling’s artistic response to the trauma of shell shock, focusing on four linked stories, “In the Interests of the Brethren” and “A Madonna of the Trenches” in Debits and Credits (1926) and “Fairy Kist” and “The Tender Achilles” in Limits and Renewals (1932) in which he explores the psychological impact of the war on men on the Western Front and the nature of shell shock and its treatment.

While these stories have been discussed before, previous analysis tends to focus on the use of Masonic ritual and support as an aid to healing.1 This discussion considers the stories within the context of contemporary military, medical and social attitudes to and understanding of shell shock to explore how Kipling, through his character Dr. Keede, engaged with a complex, developing discourse and how in these stories we see him developing his own ideas of the nature of individual and national shell shock—how these can be addressed (never cured) and how postwar personal and national healing can be undertaken.

A brief overview of shell shock and the official, medical and social responses to it provides a useful context. One of the unforeseen consequences of the industrial-scale warfare of the Western Front campaigns of the Great War was the rise of a new and disturbing disorder amongst the troops of all combatant nations, a form of war neurasthenia commonly referred to as “shell shock.” Soldiers exhibited a range of anxiety disorders—tics, convulsions, nightmares, confusion, fatigue, obsessive thoughts, and inexplicable aches—as well as functional disorders such
as mutism, paralysis, and hysterical deafness or blindness. It is estimated that 80,000 British soldiers were treated for shell shock or war neurosis during the war and up to 200,000 veterans received pensions for war-related nervous disorders. This was a new challenge for medical officers both at the front line and in British-based hospitals.

The Royal Army Medical Corps (RAMC) was not seen as a priority by military commanders in terms of training or investment and traditional military medicine emphasised “surgery and sanitation” rather than psychiatric care, the development of which was haphazard within the RAMC. Regular army Regimental Medical Officers (RMOs) at the front tended to respond to their lowly position within the military hierarchy by keeping their heads down and simply patching soldiers up and returning them to active service. The duration and extent of the Great War meant that the regular RAMC was unable to cope. Many frontline RMOs were former civilian doctors, encouraged to volunteer by the BMA (British Medical Association), often with minimal military training, little prepared for the conditions they faced and unschooled in traditional military ways of thinking. These men, healers in civilian life, were faced with the cruel dilemma that any effective intervention would simply result in the treated man being returned to the front line and possible death or relapse. As a consequence many civilian doctors also demonstrated a different, more imaginative response to the medical needs of soldiers exhibiting the effects of shell shock.

The term “shell shock” was first used medically in a 1915 article in the British Medical Journal then in a few weeks later in a detailed article in the Lancet by C. S. Myers, in civilian life a teacher of experimental psychology at Cambridge who had received a commission into the RAMC. There then followed much experimentation and detective work to understand the causes and develop a potential cure. When faced with large numbers of men reporting shell shock many of the practically minded regular RMOs (and other eminent physicians such as Sir Frederick Mott, the biochemist and neuropathologist) would look for organic, physical causes for the disorder: for example, the physical disruption of organs from being too close to the detonation of a shell, or simply take the view that insanity was the result of “degeneracy” or inherent feeblemindedness within the family; they were less interested in possible psychological solutions than in the strategic needs of the army.

Initial treatment at the front was in one of a series of Not Yet Diagnosed (Nervous) (NYDN) stations attached to military hospitals close
behind the front line, allowing for speedy return to active service. These worked on the principle of weeding out malingerers and providing a period of rest and recuperation which would allow soldiers to return to the front. More serious cases were returned to Britain where psychiatric exploration was undertaken at a number of dedicated centres, including a specialist ward for psychological casualties at the National Hospital for the Paralysed and Epileptic, at Queen Square, London, the Red Cross Military Hospital at Maghull which developed a School of Integral Psychology, and Craiglockhart War Hospital for Officers near Edinburgh. Here the condition could be studied and men treated within a context of rest, occupation and military discipline.

Initial treatments varied. There were many patent medicines and cures available privately: physical defence was provided by the Dayfield Body Shield, “the best all round protection for the man at the front,” while others developed patent medicines such as “Sanaphos,” a milk-based remedy for “war strain,” “prepared by special process under Royal Letters Patent and under strict scientific control—the ideal reconstructive,” or memory courses: “Any reader who has a relative recovering from wounds or shell shock or nerve trouble cannot do anything more useful for him than to enrol him for a course of Pelman mind and memory training.” While some of these may have had a basis in medical research, as with any widespread and unsettling medical condition, the unscrupulous were always looking to make money. Some hospital treatments were as basic as whirlpool baths and bed rest away from the front, while at the other extreme Dr. Lewis Yealland at Queen Square expanded the use of faradism (the application of electrical current to various parts of the body) linked to the use of suggestion to get the patient to face his “weakness” and return to the front. This method had some success, but a number of case reports record several hours of shocks and suggestion before a “cure” was effected. At the same institution Myers was experimenting with the hypothesis that the physical manifestations of shell shock were the expressions of repressed trauma and that in order to overcome these the patient had to gain “volitional control” over the memories of the traumatic event. This meant talking therapies, getting the patient to recall and relive their traumatic event. Similarly, at the Red Cross Hospital at Maghull, W. H. Rivers was also forging a patient-focused psychoanalytic approach (in opposition to Yealland’s more brutal faradism). While using some Freudian analytical techniques he abandoned some of Freud’s concepts of repressed childhood trauma, considering,
like Myers, that shell shock was a result of traumas caused, not by the emotional battlefield of adolescence but the physical battlefield of the Western Front.17

The impact of shell shock was felt not only by the sufferers, but also by their families in Britain, already stressed by worries about their relatives and friends engaged in the war overseas, while themselves being prey to methods of warfare new to Europe—Zeppelin raids and aerial bombardment at home. Social reactions to shell shock victims varied from sympathy or anger at the war to confusion and shame over what was misunderstood as “insanity” arising from within the family. Many voluntary organisations, including the Church Army’s Guild of Friends of the Disabled and Shell Shocked, were formed to act as friends and supports to returning soldiers.18

After the war, such was the extent of shell shock amongst former combatants (and the large number of claims for disability pensions as a result) that the War Office set up a Committee of Enquiry into Shell Shock under the chairmanship of Lord Southborough, which ran from September 1920 until June 1922. The committee was made up of medical men, civil servants from the War Office and Ministry of Pensions and two neuropathologists; it took evidence from fifty-nine witnesses, those directly connected with shell shock including military commanders, medical officers, psychologists and sufferers offering a cross-section of opinions. The Report of the Committee demonstrates many of the official, reactionary attitudes towards shell shock and the welfare of soldiers and seems driven by two needs—to ensure military discipline and effectiveness and to reduce the pension burden caused by so many men being affected. The report suggests that one significant factor behind shell shock was the fact that so many men who were psychologically unfit or from “questionable” families were accepted for service. The report’s discussion of treatments is very general, emphasising a mixed range of therapies, its main focus being prevention. Shell shock could be reduced by better screening of recruits, improved training and man management with more regular rotations away from the frontline supported by the better maintenance of morale. The question of malingerering or using shell shock as an excuse to avoid service was a key factor in the committee’s deliberations. While recognising that shell shock was no respecter of rank or social class, the report fails to define cowardice, but makes it clear that shell shock should not be seen as a “soft option”—reinforcing the official view that shell shock was a matter of “character.”19
Kipling’s reaction to the Great War is complex and contradictory. From an early advocate of the war his position shifted as the war dragged on. The personal tragedy of the loss of his son, John, brought home the reality of the war, the impact of war stress and the loss of loved ones on the civilians at home, which found form in the anti-German anger of “Mary Postgate” (A Diversity of Creatures, 1917), and later there is a growing sense of tragedy and loss and desire for healing in his work. For him shell shock came to represent the psychological shock he personally and the nation as a whole felt for the loss of family and friends in the war.

J. M. S. Tompkins has identified this leitmotif of healing as the dominant theme in Kipling’s final short-story collections, Debits and Credits (1926) and Limits and Renewals (1932), books which deal with situations of trials and limitations of renewal. Kipling had been using the theme of healing throughout his career, but it was the Great War that allows him to bring out fully “the frailty of man’s body and brain, his liability to manifold injury, his capacity for suffering and his fortitude in it.” Four of Kipling’s later stories focus on shell shock and the intervention of a Dr. Keede: “In the Interests of the Brethren” and “A Madonna of the Trenches” (Debits and Credits) and “Fairy Kist” and “The Tender Achilles” (Limits and Renewals). In these Kipling uses Freemasonry with its concepts of brotherhood and support as the starting point to explore the psychological impact of war experiences on men returning from the Western Front. The stories demonstrate both Kipling’s humanity and his engagement with many of the debates and investigations discussed above—military and medical attitudes and priorities when dealing with shell shock, questions of how shell shock should be treated and how society viewed and reacted to the shell-shocked.

Use of a recurring character gives continuity to the stories and allows Kipling to look at a number of facets of shell shock and its treatment that would not be credible in a single narrative. “In the Interests of the Brethren” relates how the narrator meets Burges and Keede in the Faith and Works 5837 Lodge, where, contrary to official Masonic policy, meetings are attended by any soldiers on leave or those convalescent from wounds who can pass a test that demonstrates their Masonic credentials. This scenario allows Kipling to explore the nature of voluntary community support and the role of ritual in the healing process. In “Fairy Kist” Keede and another Mason, Lemming, come across
a man stooping over a dead girl in the road. Keede finds a trowel by the body which belongs to Wollin, a shell-shocked gardener who lives some distance away. They visit Wollin who becomes frightened that he may have committed the crime and disappears. The dead girl’s lover is suspected but cleared when it was proved the girl was accidentally killed by a truck. Keede and Lemming visit Wollin again and find him hiding in the cellar, threatening suicide. He had been shell-shocked in the war and is troubled by nightmares. Voices tell him to plant roots from his garden around the countryside. It was on such a trip that he found the body. Keede unravels his story and when Wollin understands the source of his nightmares and voices, he finds some peace. “A Madonna of the Trenches” is ostensibly a ghost story telling how Keede helps Clem Strangwick, a young shell-shocked ex-soldier whom he had known in the trenches, and draws out his story. Clem tells of the horrors he saw in the trenches, but also of the apparition of the ghost of his recently deceased aunt seen by him and Sergeant Godsoe an old family friend, who later commits suicide. The story hinges on Keede’s drawing out this story, rather than the general horrors of war from Clem, to give the cause of his outbursts. In “The Tender Achilles” Keede recounts his involvement in getting Wilkett, a bacteriologist suffering from a nervous breakdown and an injured foot after wartime service in France, to face the trauma he suffered while working at a field hospital and thus restore his self-confidence and allow him to go back to work at St. Peggotty’s Hospital. Within these stories Kipling offers a range of perspectives on shell shock and its treatments. Central to these tales is the character and actions of Dr. Keede; it is through him that Kipling develops many of his own ideas on the nature and care of their trauma. Dr. Keede MRCP, “physician, surgeon, accoucheur,” trained at St. Peggotty’s Hospital and is a London GP and Freemason whom we first meet in “In the Interests of the Brethren.” Like many young doctors he volunteered for the war, serving as a Medical Officer for a South London Battalion during the last two years of the Great War. For Kipling he represents the best sort of doctor to help shell-shocked former soldiers; it is useful to analyse Keede and his actions within the context of the report of the War Office’s Committee of Enquiry into Shell Shock. Nora Crook describes Keede as the “compassionate, irritatingly hearty, somewhat Philistine Robert Keede who is able to offer effective help because he has control over his imagination (Keede’s cheery clubman manner is, of course, a cover up for a far greater self-identification than he admits to).” She also suggests that he has had wartime demons to
As well as sharing initials it becomes clear that he and Kipling share many of the same views, thus giving Kipling a mouthpiece to engage with the discussions and debates around the issues of shell shock, its treatment, and the lives of ex-soldiers in postwar society, to humanise the statistics of committee reports and to suggest how he would propose to heal the trauma.

The fact that Keede is a generalist GP reflects his integrity, independence of thought and the fact that he “considers each patient a human being” rather than looking on “every case as a surgical—’that is to say, a carpenter’s’—job.” He is skilled at what he does and obviously has the respect of medical specialists such as Sir Thomas Horringe and the Head of St. Peggotty’s, Sir James Belton, despite his status as a GP with its (friendly) rivalry with surgery and research, which makes him something of an outsider at the hospital. Unlike some medical men—Wilkett, for example—he does not claim superior knowledge: “I don’t pose as an expert because I had to take chances in the war.” Above all he has curiosity and imagination—the key skill Kipling applauded in a doctor. These traits also reflect those looked for by Dr. Wilson in his evidence to the Committee of Enquiry: “I would rather have an experienced man about 35 years of age, a man of the world rather than a young medical officer with some bee in his bonnet” who “should get to know the soldier and live with him.... He should not be a peace-time psychologist—this would be a great disadvantage.”

Keede’s service and experiences as an RMO help to give him status with the ex-soldiers he meets. In “Fairy Kist,” Wollin “mentioned that he’d been in the war and that gave me my chance to talk” and when he meets Clem Strangwick again in “A Madonna of the Trenches” he “plunged at once into Somme memories.” He uses such conversations to differentiate between those with genuine symptoms and those shamming or malingering (he recognises that Clem wasn’t “shamming”) and start to draw the sufferers out about their experiences. Here Kipling is distinguishing Keede’s attitudes from those of many regular military men, including those who gave evidence to the Committee, such as Major Pritchard-Taylor who claimed “as true ‘shell shock’ cases cannot be distinguished from the others in the turmoil of battle they are all best suspected as malingerers,” privileging a more enlightened view of the best type of RMO described by another serving officer to the committee: “the best Medical Officer for a regiment is the man who has had sufficient all round experience and can read the situation aright.”
Like Myers, Keede recognised that the war is the source of the trauma; he focuses on the soldiers’ experiences rather than other inherited or personal traumas. Unlike Yealland, Keede will use memory rather than electricity to help patients understand the cause of the trauma. He does not believe in the long-term use of medication to treat shell shock; when necessary he uses drugs on Clem on the frontline, but this was short term. Wollin in “Fairy Kist” treated by another, less imaginative doctor had been “doped for pain and pinched nerves till the wonder was he’d ever pull straight again.” Rather than medication to mask the symptoms he takes a psychological route, looking for the answer by analysing the man’s wartime experience to identify and explore the cause of the trauma. For example in “The Tender Achilles” he ignores the physical symptoms of Wilkett’s ankle, preferring to work on the mental reasons for his withdrawal. He wants the soldiers to face their demons, as he says to Clem: “But suppose we face the bogey instead of giving him best every time.” In “Fairy Kist” Keede refers to “the Sherlock Holmes business,” a twinned reference to his detective work to find the cause of Ellen Marsh’s death but equally to his use of controlled imagination and empathy to resolve Wollin’s trauma—to get to the root of the trauma he must act as a detective, interpreting and piecing together the evidence.

In order to gain their confidence and enable them to face their demons Keede develops a personal relationship with his patients, but by his position as a doctor and force of personality he maintains control of the conversation as we see when he challenges Clem: “Don’t think. Tell me what happened,’ Keede ordered.” Knowing that the truth is buried, he does not want Clem’s subjective thoughts on the cause; he wants objective facts to understand the trauma for himself and thus help Clem come to terms with it. This echoes the work being done by Myers and Rivers in the hospitals, as well as the Committee’s report: “The physician must have confidence in his method and his knowledge, also he must have experience ... he must mould his treatment to suit each individual case and he must be prepared to mete out praise or reprimand.... The doctor must get the full confidence of the patient.” This insistence on facing the trauma, the “bogey,” rather than relying on medication reflects Kipling’s own attitudes to treatment and the doctor/patient relationship as we see in other stories, such as “In the Same Boat” (A Diversity of Creatures, 1917). Although he recognised the importance of analysis and facing daemons, Kipling remained scap-
tical of certain aspects of early psychiatry, as he wrote to Sir Andrew MacPhail in February 1921:

I was hoping that in a little while, you would get together your memories and experiences of the war. The years go by and we begin to recover ourselves and rearrange what remains of our minds.... One of the latest games is, as you know better than I, psycho-analysis, and the interpretation of dreams as throwing light on character and how to cure shell shock. Kipling distinguishes between Freudian analysis and Jungian dream analysis and the kind of analytic, evidence-based talking therapy that Keede uses to encourage his patients to face their shocking memories.

Even when the memories have been faced Keede knows that there is no cure, no magic answer, to shell shock and that the sufferer’s gaining of insight and understanding will be a long process. As well as talking therapy for shell-shocked ex-servicemen Keede recognises the importance of occupation as part of their healing project. In “In the Interests of the Brethren” he discusses how “I cured a shell shocker this spring by giving him the jewels to look after. He pretty well polished the numbers off ’em—but it kept him from fighting Huns in his sleep.” Such occupational therapy linked to analysis reflects what was considered good practice, as the Report of the Committee of Enquiry says: “During the process ... it was generally found that it was of the utmost importance that the patient should be kept occupied consistently and not allowed to slip back into unprofitable habits by neglect or lack of mental diversion.” Kipling carefully distinguishes Keede’s kind of practical occupation from the well-meant, but ineffective “lecture on the Orientation of King Solomon’s temple, which an earnest Brother thought would be a nice interlude between Labour and the high tea we called our Banquet,” the kind of thing that many voluntary help organisations might provide.

Keede is a rationalist; he is open to the concept of apparitions (as we see from his response to Clem’s assertion that he and Sergeant Godsoe saw the deceased Bella Armine in the trench), but is sceptical of the benefits of such supernatural interference (again reflecting some of Kipling’s attitudes to the supernatural). We see this when he warns the men of his battalion not to believe in the propagandist hallucinations of the “Angels of Mons.” He is sceptical, too, about the postwar role of organised religion, especially in helping shell-shocked men, as we see from his angry response to the clergyman in “In the Interests of the Brethren”: “Oh Lord! Can’t we give religion a rest for a bit?” the Doctor muttered. ‘It hasn’t done so—I beg your pardon all round.’
views can be read as a riposte to those who interpreted the call in the *Report of the Committee of Enquiry* for improved army morale as an opportunity for the greater involvement of the army chaplain service. In a letter to the *Times* the former soldier and spy Francis Younghusband wrote:

> Religion, I therefore suggest is the remedy for ‘emotional disturbance.’ … The remedy for ‘emotional disturbance’ would thus lie with the Church as well as, and more than, with the soldiers and doctors … a more valuable member of a regiment even than the doctor will be the chaplain with his religion abreast of the times and presented in such a way as to renew and refresh men.47

This is not an attitude that the humanist man of science Keede could agree with, nor one which shows a great depth of understanding of the complex causes and misery of shell shock.

Yet he is also a very spiritual character; he has faith and uses the language of faith. Speaking of Wollin he says: “A General Practitioner can’t much believe in the remission of sins, can he? But if that’s possible, I know how a redeemed soul looks.”48 He has a greater belief in the power of the brotherhood of Masonry to help and support (as he says, “Masonry’s the only creed”), yet both he and Burges are critical of the central organisation, wondering if the “Grand Lodge may have thrown away its chance in the war almost as much as the Church has.”49 We see from the way that the narrator of “In the Interests of the Brethren” has his offer of money rejected that for the Faith and Works Lodge 5837 helping the shell-shocked is not seen as charity; this is more of a humanitarian duty to help those suffering. In the same way that Keede focuses on his patients and keeps his independence within the medical profession by being a GP, he focuses on the needs of his fellow Masons and keeps his Masonic independence by helping his fellow man through the illicit activity of the Faith and Works 5837.

Kipling’s engagement with issues around shell shock goes beyond Dr. Keede and his methods of helping ex-servicemen. Kipling is aware that although, as the *Report of the Committee* makes clear, shell shock did not respect rank, the treatment of returning soldiers varied according to class. Officers, normally from the middle or upper classes could afford private hospitals and sanitaria away from a society, where there was sympathy for the shell-shocked, but little widespread understanding of the causes—and the likelihood that neighbours would think that insanity was part of the family history. Wilkett’s mother in “The Tender Achilles” exemplifies this. She “kidnaps” her son, taking him away
because “she was afraid neighbours might think he was insane and there hadn’t been any insanity in her family and she didn’t want the tradespeople to talk.”51 Like many returning shell-shocked officers he eventually ends up in lodgings on the “English Riviera.” An advertisement in the Times promoted the “Spa Treatments at Torquay,” stating “it is a special source of satisfaction to know that 2,000 to 3,000 soldiers have been treated at the medical baths for rheumatism or shell shock or for wounds received in battle.”52 Much has been written about the Officers’ Hospital at Craiglockhart where Owen and Sassoon were treated, less about the fates of the noncommissioned ranks (described to the Committee of Enquiry by Lieutenant General Sir John Goodwin as “the backbone of the British Army which Kipling talks about”53). We see these men in the Keede stories, men who, if they were like Clem or the others might have the support of a lodge like the Faith and Works 5837 but for the majority, without this community support, there were fewer opportunities, little support, little chance of employment and a parsimonious state attitude to pensions.

This lack of opportunity and support led to a popularist connection of shell shock with crime, particularly violent crime. Newspaper reports linking the two were common. The Times of 23 June 1917 reported an incident of a girl attacked on a train by a Canadian soldier: “in mitigation counsel said that the prisoner had been suffering from shell shock and was discharged from the army after serving nearly two years” and on 15 July 1918 on the discharged soldier who stole overcoats and suits by means of forged dockets who “suffered from shell shock, had been gassed and had partially lost his sight.”54 Other papers dealt more sensationaly with such stories. That men suffering from shell shock could act out of character or to believe that they might do so added to their stress. This is why in “Fairy Kist” Wollin is frightened when Keede and Lemming come across him. He has done nothing wrong, but because of the nature of his symptoms he has no recollection, so he bolts. When they turn up at his house he is more frightened and retreats into his cellar, reminiscent of a trench dugout, “a cellar and a candle, a file of gardening papers and a loaded revolver for company.” He fears no jury would have believed his explanation of his movements; when asked why, he says:

“Look at it from the prosecution’s point of view,” he said. “Here’s a middle-aged man with a medical record that ‘ud account for any loss of controls—and that would mean Broadmoor—fifty or sixty miles from his home in a rainstorm, on the top of a fifteen foot cutting, at night. He leaves behind him, with the girl’s body, the very sort of weapon that might have caused
her death. I read about the trowel in the papers. Can’t you see how the thing ’ud be handled?” he said.55

It is not fear of death that scares Wollin, but fear of the asylum. We not only see Kipling’s exploration of the complexity of the questions and issues around shell shock, but his human empathy and skill in bringing these issues to life before the public in a way which can create a wider understanding more effectively than any number of official reports of committees.

Kipling is honest in his descriptions in the stories; from the visceral horrors of thawing bodies in “A Madonna of the Trenches” and his sensitive handling of Burges’s sense of loss over his son to his descriptions of the shell-shocked, he pulls no punches. Kipling creates clear, unemotional representations of many of the classic symptoms of shell shock—we experience Clem’s monomania, Wollin’s fear of the asylum and incapability of understanding his own actions, Wilkett’s psychosomatic tubercular foot; but we also witness the Welsh soldier who “jerked and mouthed, and at last mumbled something unintelligible, even to his friend” and the sleeping man who, when woken by the clergyman, “woke in one vivid streak as the Clergyman stepped back, and grabbed for the rifle that was not there.”56 These descriptions demonstrate great psychological insight into human suffering and suggest Kipling had a far greater understanding of the nature of shell shock and its impact on the lives of men returning from France than we see in many other contemporary (noncombatant) writers, resulting in more realistic, sympathetic descriptions and evoking a more emotional response from his readers. Kipling is no propagandist in these stories. There is no judgment in his writing; the men he describes are not “sensitive” poets, or cowards or weaklings or men unfit before the war. They are ordinary men driven mad by the stresses and strains of circumstances—“More than a man could bear.”57 While not a refutation of the war, they are a stark rejection by Kipling of the War Office Committee’s view that shell shock was a matter of “character” and “a disgrace to man and unit.”58

§ § §

Shell shock was a tragic and unexpected new horror thrown up by the Great War. Other writers used it as a metaphor for aspects of the war.58 However, in these stories Kipling’s interest is different; he wants to explore the nature of trauma and the ways in which it can be alleviated. The level of accuracy and detail in the four Dr. Keede stories demonstrates Kipling’s keen interest in the subject—he has a specific
bond with the army (his “Tommy”) and a lasting interest in the welfare of soldiers together with a very personal interest in psychological trauma. Although they share the same initials Keede is not Kipling. He is more what Kipling would want to be in that situation—a trained expert, knowledgeable, humane, imaginative and respected within his profession. Kipling does, however, use Keede and the stories to critique establishment responses to shell shock: the link made with cowardice, the attempts to foster morale through religion and the tendency to drug sufferers rather than deal with the issues, because it is cheaper to do so. We see a sophisticated and critical engagement with the medical arguments as to the nature and treatment of shell shock, and an understanding of the importance of analysis (though not Freudian or Jungian) to unlock memories. From Kipling’s own personal experiences of childhood loss and abandonment he believed that it was vital for the patient to face his demons and understand the causes before there was any chance of coming to terms with trauma. In these stories Kipling invites the reader to explore the nature of psychological trauma on a number of levels. He looks at personal shell shock following the war. We experience, through a mix of psychological insight, documentary accuracy and artistic power, the trauma felt by Clem and Wollin and others. Kipling provides realistic engagements with the fear and isolation felt by shell-shocked ex-soldiers and the social stigma that was felt by some. But there is also a national shell shock—the trauma that Kipling felt over the loss of his son John and which was felt by families across the country (and the world). Kipling invites us to think about how this national trauma, if it could not be cured, could at least start to come to terms with as the country faced the postwar period. We can see in Keede the kind of doctor Kipling thought the nation needed—intelligent, imaginative, empathetic, working with the patient amid a supportive network. Kipling is often remembered as the jingoistic poet of the Empire, the supporter of the Great War; he deserves to be reevaluated and the complexity of his engagement with the war fully recognised—the way in which it was fought, the treatment of the ordinary soldiers who survived, and the ways in which we remember those who died. Through Kipling’s stories, as much as through histories and reports, we can come to a better understanding of the complexities and tragedy of the Great War.
Notes


15. “Trauma,” as a psychological term, was introduced in the 1890s in the work of William James and Sigmund Freud, used to describe the source of adult hysteria. Characteristic symptoms of shell shock were almost identical with those arising from the kinds of railway and childhood trauma investigated by early psychoanalysts, a fact which influenced the manner of treatment of shell shock patients—analysis and “talking cures” encouraging the patient to reconstruct the traumatic event. In the wake of the Vietnam War several research papers expanded the circumstances where an event could be so traumatic that responses similar to shell shock could be produced. These included rape (investigated by Burgess and Holmstrom in 1974) and kidnapping (investigated by Terr in 1979). In 1980 The American Psychological Association unified such reactions to trauma into a single syndrome: Post Traumatic Stress Disorder (PTSD). PTSD combines both stress and trauma, one a neurological term, the other psychological, reflecting an uneasy clinical compromise which echoes the debates over treatment seen during the Great War. For more detail see Jacques Dayan and Bertrand Olliac, “From Hysteria and Shell Shock to Post Traumatic Stress Disorder: Comments on Psychoanalytic and Neuropsychological Approaches,” Journal of Physiology–Paris, 104.6 (2010), 296–302.


17. Leese, Shell Shock, 83. In his Beyond the Pleasure Principle (1920), Freud noted the similarities between civilian survivors of railway disasters and shell-shocked soldiers.

18. The Times, 1 March 1920, 11.


24. Nora Crook, *Kipling’s Myths of Love and Death* (London: Macmillan, 1989), 157. Although it is likely that in general terms the war will have psychologically left its mark on Keede there is no textual evidence to support Crook’s analysis.


26. Kipling knew a number of eminent surgeons and would have used them as research for his stories. Sir James Belton is a portrait of Sir John Bland-Sutton a consulting surgeon at the Middlesex Hospital and close friend of Kipling’s.


28. Dr. Wilson, MD, MRCP, Physician at St Mary’s Hospital; Major Adie, RAMC Report of the War Office Committee of Enquiry into Shell Shock, 122.


31. Ibid.


33. Dr. Dunn, a RMO who had served in the ranks during the South African War, Report of the War Office Committee of Enquiry into Shell Shock, 122.


38. It is interesting to compare Keede as the medical detective trying to understand the causes of shell shock with Lord Peter Wimsey, Dorothy L. Sayer’s detective who takes to “sleuthing” as a form of cure following his shell shock in order to understand the new postwar world. See Ariela Freedman, “Dorothy Sayers and the Case of the Shell Shocked Detective,” *Partial Answers: Journal of Literature and the History of Ideas*, 8.2 (2010), 365–87.


42. Rudyard Kipling, “In the Interests of the Brethren,” in *Debits and Credits*, 71.


44. Kipling, “A Madonna of the Trenches,” 240. For example, the *Times* reports of Miss Lena Ashwell’s “Concerts at the Front,” where patients were taught old English folk dances, that “in one shell shock camp [sic] the folk dances are the only form of exercise permitted.” “Folk Dances for Shell Shock,” *The Times*, 26 November 1918, 3.


46. Kipling, “In the Interests of the Brethren,” 77.
47. Francis Younghusband, “Shell Shock’ and Moral Control,” *The Times*, 9 September 1922, 9. Francis Younghusband (1863–1942) was an army officer, spy and explorer. He led the British invasion of Tibet in 1903–1904, which resulted in the deaths of many Tibetan Lamas. In his later years he became heavily involved in fringe Christian religions.


56. Kipling, “In the Interests of the Brethren,” 72, 78.


59. For example, Virginia Woolf in *Mrs Dalloway* (1925) uses the suicide of Septimus Smith as a way to critique the care given to soldiers and to discuss the complicity of the middle classes in the war and its aftermath or Rebecca West in *The Return of the Soldier* (1918) uses Chris Baldry’s shell shock and amnesia as a way of discussing gender relationships.