

Fromelles: The Aftermath of Battle

COLLOQUE INTERNATIONAL

LES BATAILLES DE 1916

Fromelles was Australia's first and most bloody engagement on the Western Front. Fought over two days in 1916, it involved a frontal assault by Australian and British troops on the German lines and ended in a colossal loss of life for no strategic or tactical gain.¹ If the Great War can be considered, as military historians have often argued, a 'learning curve', Fromelles was at its nadir.²

Recent interest in Fromelles has been fuelled by the discovery, recovery and (in many cases) identification of Australian troops killed in the battle. Efforts to recover the 'missing' were resumed in 2007 after an emotionally charged campaign by descendants and their supporters. Australia's decision to initiate a physical search for men killed almost a century ago set a new commemorative precedent, as did the mass use of DNA testing. From relative obscurity, Fromelles now looms almost as large in popular memory of the Great War as Australia's comparably disastrous war on Gallipoli. And yet many urgent questions call out to be answered.

Fromelles is a case of missing men *and* missing history. In contrast to the outpourings of journalists³, there are few reputable studies of the battle and these mostly take the form of detailed operational histories.⁴ Few consider the plight of survivors, the ordeal of prisoners or the contest over subsequent remembrance. Scholarship on Fromelles reflects the way military, social and cultural history have too often travelled in isolation in Australia. There is a need to combine these seemingly divergent genres, ask bold new questions about Australia's first engagement on the Western front and use that one horrific battle as a lens through which to view the Great War – and its aftermath -in its entirety.

There are at least four chapters to this 'missing history' of Fromelles. The first centres on the story of the POW, a shadowy and elusive figure Jay Winter once dubbed the unknown soldier of the Great War. Of the

¹ I gratefully acknowledge research assistance by Alice McConnell and comments by Rae Frances. P. Pedersen, *Fromelles*, (Barnsley: Leo Cooper, 2014). This paper is a pilot study of a larger international project (involving Annette Becker, Ana Carden Coyne, Lucy Noakes, Layla Renshaw, Fabien Théofilakis and myself) examining Fromelles. An extended version was presented to the *Colloque International les Batailles de 1916*, at the Sorbonne in July 2016. I thank all participants for their input and Alexandre Lafon and Elisa Marcobelli, the able organisers of this important event.

² R. Prior and T. Wilson, *The First World War* (London: Cassell, 1999).

³ R.S. Corfield, *Don't Forget me, Cobber: The Battle of Fromelles* (Carlton: Melbourne University Press, 2009); P. Lindsay, *Fromelles: Australia's Darkest Day* (Prahran: Hardie Grant Books, 2008); T. Lycett and S. Playle, *Fromelles: The Final Chapters* (Melbourne: Penguin Group, 2016); P. FitzSimons, *The Battles of Fromelles and Pozières: In the Trenches of Hell* (North Sydney: Random House, 2015).

⁴ Notably by Pedersen, *Fromelles*; P. Cobb, *Fromelles 1916* (New York: The History Press, 2011); P. Barton, *The Lost Legions of Fromelles* (Crows Nest: Allen and Unwin, 2014); R. Lee, *The Battle of Fromelles: 1916* (Newport: Big Sky Publishing, 2010).

5000 casualties at Fromelles, some 470 men were taken prisoner. This was the first time large numbers of men were captured by the ‘German’ army and a cohort not matched until the debacle at Bullecourt a year later. What of their war? How did this sizable group, endure several years of captivity? What does their experience tell us both about conditions in the camps and the ordeal suffered by their families? And how did imprisonment affect their post-war lives? Captivity, Heather Jones has argued, was a ‘fundamental wartime experience, deeply interwoven within both the front-line and home front experience’.⁵ It is an experience largely neglected by Australian historians.

The second chapter would chart the contours of loss and bereavement and examine connections (real and imagined) between home and the battlefield. Bereavement, like imprisonment, entailed a sense of loss for family and friends thousands of miles distant.⁶ Thousands of men were posted as ‘missing’ after the battle: through the Red Cross Wounded and Missing Bureau and through persistent and often desperate correspondence with their comrades, loved ones struggled to determine their fate and somehow reconstruct the face of battle. The close study of these sources delves into a mystery that haunted a generation – what became of the ‘missing’? And it allows us, (as French scholars have argued persuasively elsewhere) to ‘glimpse grief at the most intimate level’.⁷

Thirdly, we might consider how Fromelles has come to be remembered. To some extent that memory is driven from above. Government agencies funded forensic studies, built cemeteries and museums and staged lavish ceremonials to mark the recovery of the dead. Australian, British, French and German authorities *appear* to have acted in concert. A war that once divided Europe and the world, engenders co-operation and consensus. Or does it? Behind the orchestrated performance of commemoration lies a more complex and difficult story, as Commonwealth, European and Australian authorities negotiated new and exacting commemorative protocols. And amidst all this ‘commemorative diplomacy’ (as Graves has called it)⁸, descendants and a wider community of self appointed ‘memory agents’⁹ pressed their own claims on the ownership of the dead. What drives these personal investments in a battle fought and lost a century ago? How does the use of DVA testing link descendants to a past they have not themselves experienced? What new testimony will oral history and the study of social media recover about the real and virtual communities

⁵ For an overview of the plight of Prisoners of war see Heather Jones, ‘Prisoners of War’, in Winter, (ed) *The Cambridge History of the First World War*, vol. 2, pp. 266-292.

⁶ See, for example, Bruce Scates, *Return to Gallipoli: Walking the battlefields of the Great War*, (Cambridge: Cambridge University Press, 2006); also J. Damousi, *The Labour of Loss*, Cambridge: Cambridge University Press, 199), Bart Ziino, *A Distant Grief: Australians, War Graves and the Great War*, (Perth, UWA Press, 2007).

⁷ S. Audoin-Rouzeau and A. Becker, *Understanding the Great War* (London: Profile Books, 2002): 178.

⁸ M. Graves, ‘Memorial diplomacy in Franco-Australian Relations’, in Shanti Suartojo and Wellings, Ben (eds) *Nation, Memory and Great War Commemoration*, (Oxford: Peter Lang 2014), pp.169-188.

⁹ J. Winter and A. Prost, *The Great War Debates and Controversies*, Cambridge: Cambridge University Press, 2004), p. 173.

centred around Fromelles and the ‘memory boom’ itself?¹⁰

The final chapter in the missing history of Fromelles is the most ambitious of all. It requires a sea change in our understanding of this event, a radical reconceptualization of the meaning of that particular battle and the Great War more generally. The ‘Fallen’ have long been central to the way Fromelles is studied and remembered. What of the survivors, the often-fraught process of repatriation, that legion of deeply damaged men who eventually returned to Australia? Repatriation records now make it possible to chart the battles that followed the war, against illness, injury, psychological as much as physical trauma and the often-difficult task of adjusting to a new life as a civilian. Fromelles offers us the opportunity to see how the war was brought home to Australia. It extends our historical horizon, shifting the focus beyond 1914-18 into the post war period and charting the life course of the survivor. It is this last missing chapter in the history of Fromelles that is the focus of this article.

Survival

In Europe, demobilisation has been the subject of considerable historical scholarship – any number of scholars have examined veterans' struggles for pension entitlements, charted the impact of disability on soldier's post war lives and examined the role of the medical profession in diagnosing and treating both physical and psychological injury.¹¹ With a few exemplary exceptions¹², this field remains largely under-researched in Australia. But that is about to change.

In 2012 a panel of historians advising the Anzac Centenary Board in Canberra offered their first (and only unanimous) recommendation to government. The most appropriate way to mark the Centenary of the Great War would be to digitise repatriation files. Spanning some 12 kilometres of shelving space, this is one of the largest sets of medical records relevant to world war veterans anywhere in the war. And they signal a sea change in the way that war is remembered in Australia. Repatriation files offer compelling ‘veteran-centred’ insights into the long-term impacts of war, and can be used to create a more complex and nuanced understanding of the way war impacted on individuals and families. Ambitious longitudinal studies of veterans’ health and treatment track changing and contested medical / psychological understandings and treatment of illness / disability across the 20th century and evaluate the ways medical repatriation is shaped by

¹⁰ J. Winter, ‘The Memory Boom in Contemporary Historical Studies’, *Raritan*, vol.21, no.1, 2001, pp.52-66

¹¹ For but two recent examples see Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*, (Oxford: Oxford University Press, 2014); Tracey Loughran, *Shell shock and British Medical Culture in the First World War*, (Cambridge: Cambridge University Press 2016) also below.

¹² For the first tentative exploration of these files see Stephen Garton, *The Cost of War: Australians Return* (Melbourne: Oxford University Press, 1994). To date the most substantial study of the inter-war period is by Marina Larsson but her work makes little use of these files, *Shattered Anzacs: Living with the scars of war*, (Sydney: New South Publishing 2009). Alistair Thomson’s careful reading of three repatriation cases is cited below.

and shaping of wider medical developments. In the short term they enable a better understanding of the 'afterlife' of Fromelles.

Veterans wounded at Fromelles could apply for a range of medical benefits and for invalid pensions. Many did so, and their complaints range a gamut of physical and physiological injury. Men whose bodies were full of fine metal fibres complained of 'hot stinging pains',¹³ limbs gave way as muscles aged and deteriorated¹⁴, rheumatism, abdominal pain¹⁵, heart trouble¹⁶ and hernias¹⁷ were common. Harold Lamont complained of 'swollen testicles – sometimes as large as bullocks'.¹⁸ All these men were obliged to prove their illness or injury was a result of war service, more problematic (as Lamont's case suggest) in some claims than others. In the most severe cases the aftermath of battle was all too evident years after repatriation to Australia. William Barry's right leg was shattered by shellfire and the Germans amputated the limb. By 1918, the stump had completely healed but Barry still complained of nerve pains. It was as if his 'big toe was being pulled off with red-hot pincers', he told a medical officer. Barry regularly attended Repat clinics, chaffing from his artificial leg requiring constant refitting. As late as 1948, he described 'nerve storms' in his phantom limb; the pain, he told the doctors was simply 'awful.'¹⁹ Rowley Lording was barely 17 when he went over the top at Fromelles but the injuries he sustained in the first two hours of fighting lasted a lifetime. In the space of 15 years, Lording underwent no fewer than 50 surgical procedures, several ribs were removed and shards of shrapnel prized from his body. In constant pain, he acquired what one repatriation doctor called 'a craving for Morphia'.²⁰ 'Restless nervy and depressed', Lording could not sleep but walked endlessly about the Ward. He complained of headaches, was pallid in appearance, and wept uncontrollably.²¹ Lording died in a mental asylum 28 years after he was evacuated from the battlefield. Others would succumb to their wounds years after returning to Australia. Sent into the fray at Fromelles, Pt Henry Hodson's skull was struck by a shell fragment. He never recovered, and doctors were obliged to insert a celluloid plate over the fracture. In 1926, 'he went quite off his head,' the 'pressure' on his brain unbearable. Hodson died a week later, a cerebral ulcer 'accepted as due to war service'.²²

¹³ Form C.A.1, 19 April 1961. WAIT, Edison, NAA: B73, M56881, H56881.

¹⁴ KEANEY, John, NAA: B73, M60497.

¹⁵ WHITE, Stephen George, NAA: B73, H85661, M85661.

¹⁶ COLE, Oliver Stanley, NAA: B73, H56633, M56633.

¹⁷ SHEILS, Robert Barrett, NAA: B73, R62028, M62028, H62028.

¹⁸ Letter by C.Boxall, (employer), 24 August 1927. LAMONT, Frederick Harold, NAA: B73, M53982.

¹⁹ Medical History, 10 February 1918; Hospital Report, 14 January 1946; WC Barry to Repatriation Commissioner, 6 September 1948. BARRY, William Charles, NAA: B73, M26216, H26216.

²⁰ Medical Officers Report, 5 September 1932. LORDING, Rowland Edward, NAA: PP645/1, M34291.

²¹ Medical Officer's Report, 9 April 1933. LORDING, Rowland Edward, NAA: PP645/1, M34291.

²² Medical Certificate, 21 July 1926; Medical History, 21 July 1926. HODSON, Henry Hetlstone Victor, NAA: B73, R42036.

War service also included periods of incarceration.²³ As noted above over 400 Australians (William Barry included) were taken prisoner at Fromelles.²⁴ Most claimed the privations, forced labour, physical abuse and/or solitary confinement affected their post war life considerably. Well into the Second World War, Tom Harding complained of the effects of the first. In 1942, he reported, ‘pallid’, ‘sickly’ and with a worrying cough, to a repatriation clinic in Melbourne. Harding had had ‘thick expectorations’ for several days on end and doctors noted that his mucous was ‘tough and stringy’. A smoker most of his life, indifferent in health and with no record of ‘lung trouble’ on his discharge, doctors disagreed if their patient’s hacking cough was attributable to war service. But Harding himself was adamant: ‘I was sent to Erkrath... and put to work in a factory’, he explained to the Medical Board, ‘the work consisted of grinding the minerals that we used in making casting moulds ... There as always clouds of very fine dust in the factory as the grinders were perpetually in motion’. Twelve hour shifts each day, ‘strenuous conditions’ and very little food meant most of the men there were in ‘poor condition’. In time, Harding succumbed to TB – and despite his lament of ‘dust, dust, dust’ -was denied a pension.²⁵ Ernst Ridley’s suffering in German hands proved easier to substantiate. At Ingoldstodl Prison Camp a sentry stuck Ridley in the right ear with his rifle (or so he claimed). He received no medical attention, and ‘suffered with pain and discharge from the same ear’ long after his return to Australia. ‘Dangerously ill’, and stricken with giddiness and vomiting, Ridley underwent emergency surgery, a long period of convalescence and Electric Ionisation treatment. As late as 1930, his doctors were prepared to attribute any ‘mastoid trouble’ to war service.²⁶

At first glance, the assistance these men could claim seems generous. Medical treatment was offered free of charge for ‘legitimate’ cases. Pension payments were generally higher than those paid in Britain and (unlike the case in the UK) no time limit was set on applications. At £4/2/6 per week the *full* disability allowance fell just short of a ‘living wage’ and additional allowances for dependents enabled some men to ‘assume the responsibility of matrimony’. In the immediate wake of the war at least repatriation authorities professed their bias in favour of the claimant. Faced with the difficult decision of whether an illness was war related or not medical boards were urged to err in favour of the applicant. ‘[W]here reasonable doubt exists’, a Report in 1923 declared, ‘unless it is clear the bias of probability is against the applicant, the benefit of the doubt shall be given him’.²⁷

²³ For an overview of the plight of Prisoners of war see Heather Jones, ‘Prisoners of War’, in Winter, (ed) *The Cambridge History of the First World War*, vol. 2, pp. 266-292.

²⁴ See Barry’s account of his incarceration; WC Barry, *Memoirs*, PROO814, AWM. Prisoner experience is also recorded in their own accounts of capture and imprisonment, see for example, statements from Barry’s Battalion, the 29th, AWM 30 B16:1. For a recent study of prisoner correspondence and the physical and emotional links to the home front, see the account of Mary Chomley’s work with the Red Cross, “‘The Angel of the Prison Camps’”, Scates, Wheatley and James, *History of the First World War*, pp 178-83 and Chomley’s private papers, AWM 1DRL/0615.

²⁵ Summary of Clinical Notes, March 1942; Extract from Claimant, 2 August 1939. HARDING, Thomas Walter, NAA: B73, M56677, H56677.

²⁶ Medical Certificate, 16 May 1930. RIDLEY, Ernest Robert, NAA: B73, R58895.

²⁷ Repatriation Commission, *Annual Report* (1926-27): 5; (1932-3): 6.

In reality, the scope of the scheme was far more limited. Rates of payment were undermined by the higher cost of living in Australia and however ‘considered’ pension boards might profess to be, applicants were still required to prove their case to (often) sceptical authorities. With ‘the onus’ of proof on the veteran, officials scoured statements for inconsistency, contradiction and anything that might ‘discredit’ testimony.²⁸ Always adversarial, pension boards became more punitive as time progressed. Arguably, sympathy for returned men diminished over time and in the austere economic climate of the late 1920s and early 30s there was simply less money at the state’s disposal. The figures are telling. As early as 1930, the Repatriation Commission acknowledged that age, ill health and ‘economic necessity ... compelled many soldiers who had never previously applied for aid to approach the [government] for assistance’. That same year, over a thousand claims were rejected, and over 6,000 pensions cancelled or discontinued. There were provisions for appeal, of course. But the Department reserved the right to disregard any claim deemed ‘frivolous’.²⁹

Few pensions were awarded at the ‘full’ rate and none granted in perpetuity. Disabled men had their entitlements reassessed every few months, and their assistance often reduced accordingly. And managing on a pension was never easy. Harry Castle’s case was typical of many Fromelles veterans. One of the few to be gassed at Fromelles, Gunner Castle was sent home permanently unfit for service and took up poultry farming out at Liverpool. Land Department officials hoped the block would offer income and independence. It didn’t. ‘[M]y health became so bad’, Castle told the repatriation board, ‘I had to consult Dr Pirie of Liverpool he told me if I did not cease carrying buckets I should be found dead beside them. I then had to dispose of my flock and seek employment. I then learnt how difficult it was for an unfit man to compete in the labour market’.³⁰

Dependent on a pension and irregular earnings, ‘troubled with shortness of breath and fainting turns’, men like Harry Castle were relegated to the ranks of the ‘working poor’.³¹ The only money he could pay off the property was obtained by pawning his wife’s jewellery. By 1927 there was nothing left to pledge or sell. Harry Castle reached the conclusion of many sick, returned servicemen the world over: ‘I have apparently no value’.³²

Diagnosing the cause of an injury or illness, and deeming what percentage of the same might be ‘war related’

²⁸ CARRETT, Frank Harold, NAA: C138, R49843.

²⁹ A. Thomson, *Anzac Memories* (Oxford: Oxford University Press, 1994): 285; I thank Jay Winter for his observations on repatriation policies in Europe; Repatriation Commission, *Annual Report* (1930-1): 2; Repatriation Commission, *Annual Report* (1931-2): 2. BURFIELD, Albert Edward, NAA: C6814, R10896.

³⁰ CASTLE, Harry, NAA: C138, R2356 (Part 2).

³¹ H. Castle, Loans File, Soldier Settlement Scheme, State Records NSW, 12/7160-6310.

³² CASTLE, Harry, NAA: C138, R2356 (Part 2).

taxed repatriation authorities. By far the most problematic of cases involved what was commonly called 'mental cases'. 'Nervy' men were a haunting presence in post war Australia. Officially, 4984 members of the First AIF were discharged from the service because of war-related psychological trauma but the real incidence of 'war neurosis' was much higher. AG Butler, author of Australia's authoritative medical history of the First World War, thought mental troubles accounted for as much as 80 per cent of the war's medical aftermath.³³ Much of this went by the name of 'shell shock', though psychiatrists debated the origin, cause, treatment and diagnosis of so deceptively simple a condition.³⁴ Afflicted soldiers suffered from poor concentration, insomnia, nightmares, hallucinations, irritability, moodiness, and anxiety. Often their symptoms had a 'startling physicality': trembling arms, paralysed hands, stumbling gaits, muteness, palpitations and speech disorders mirrored – some thought – the grotesque injuries and stiffened corpses encountered daily on the battlefield.³⁵ And such disorders did not disappear on the signing of the Armistice. The number of men seeking treatment from the Department of Repatriation for psychological cases rose steadily throughout the 1920s and 30s; many of these date from Australia's first major 'bleeding' on the Western Front, Fromelles.³⁶

In time, psychiatrists developed a 'formidable classificatory nomenclature' to address mental illness.³⁷ But diagnostic labels were neither fixed nor static and often 'the subjective experience of the sufferer became part of the diagnosis'.³⁸ Only the most advanced practitioners approached modern understandings of Post Traumatic Stress Disorder; most were suspicious of complex theories and apt to seek physiological and organic explanations for war neurosis.³⁹ In all these instances, psychological impairment, like the physical injuries noted above ranged across a spectrum of disability. Neurosis could be a minor (and curable) psychological ailment, or it could also lead to psychosis and insanity.

Neurasthenia also faced an exacting regimen of investigation. The onus of proof was still on the applicant; shell-shocked soldiers (not normally the most articulate of men) had to demonstrate their psychological impairment was both genuine and due to war service. Even more so than physical ailments examined earlier, psychological injury went unreported or imperfectly diagnosed in military records and much of that

³³ A.G. Butler, *Official History of the Australian Army Medical Services 1914-1918* (Canberra: Australian War Memorial, 1938): 942.

³⁴ J. Winter, "Shell Shock and the Cultural History of the Great War," *Journal of Contemporary History* 35, no. 1, (2000): 7-11; The vast literature on this field is usefully surveyed by Mark Macale and Paul Lerner, (eds.) *Traumatic Pasts: History, Psychiatry and Trauma in the Modern Age, 1870-1930* (Cambridge: Cambridge University Press, 2001).

³⁵ P. Lesse, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (London: Palgrave MacMillan 2002): 39.

³⁶ R. Lindstrom, "The Australian Experience of Psychological Casualties in War 1915-1939," PhD Thesis, Victoria University of Technology, 1997, 4.

³⁷ Lesse, *Shell Shock*, 17.

³⁸ C. Coleborne, "'His Brain was Wrong, his Mind Astray': Families and the Language of Insanity in New South Wales, Queensland and New Zealand, 1880s-1910" *Journal of Family History* 31, no. 1, (January 2006), 47.

³⁹ G. L. Mosse, "Shell Shock as a Social Disease," *Journal of Contemporary History* 35, no. 1 (2000) 87; For the earlier work of Pierre Janet and Sigmund Freud see Bessel A. Van der Kolk, Lars Weisaeth and Onno van der Hart, "Soldiers and Psychiatrists: History of Trauma in Psychiatry," in *War and Trauma* (Brussels: Hannibal 2013), 47-66.

documentary evidence was never returned to Australia. To these considerable hurdles, was added yet another: the stigma long associated with mental illness and the belief it revealed some inherent failing of character – what one doctor examining a Fromelles veteran dubbed ‘emotionalism’.⁴⁰

In 1922, the Repatriation Department’s *Annual Report* conveniently bundled ‘nervy men’ into two distinct categories, a stark bifurcation of ‘deserving’ and ‘undeserving’ cases. In the first group there were those whose war neurosis was ‘purely’ the result of ‘long continued battlefield service’. Often ‘the very best of our soldiers’, these men deserved practical support. Their intelligence, ‘determination’, ‘courage’ and (most important of all) ‘desire to get better’ ensured they would overcome the ‘strain of re-adapting to civilian life’, regain ‘civil, mental and physical balance’ and become useful members of society. By contrast there was what the Department labelled ‘chronic types’. Here war neurosis was linked to the question of character rather than the ordeal of battle and seen as ‘largely the fault of the man himself’.

The Repat’s ‘chronic types’ were men of ‘poor education and intelligence’; they would be ‘either always unemployed or at best casually unemployed’. Content to be ‘carried by the community’, these individuals were ‘not likely to be cured’ and would remain reliant on any pension they were granted. This was, as Richard Lindstrom has observed, ‘the starkest of moral dichotomies: the separation of psychological casualties into simple good and bad with no middle ground’.⁴¹ And it is telling the Department used the term ‘malingering’. These ‘undeserving’ cases chose to ‘magnify their ailments’. ‘In fact’, a departmental report sarcastically concluded, ‘the worst cases of “shell shock” have been found in men who have never heard a shot fired’.⁴²

That is not to say there were not gradations of judgement. Neurosis might be ‘aggravated’ by war service rather than caused by it and partial pensions awarded accordingly. A soldier’s war service, evidence of industry, even the age a man enlisted could all influence the opinion of a Medical Board. Far from scientific and clinical these subjective judgements of character were arbitrary, even ‘capricious’. Every set of medical notes, as Peter Lesse observed in the British context, ‘seemed to imply something different about the nature of medical practice, the medical gaze and the role of patient records within the hospital [and wider repatriation] regime’.⁴³

⁴⁰ Lesse, *Shell Shock*, 145-6; B. Shepherd, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Harvard: Harvard University Press, 2003); See diagnosis of Fromelles veteran Stephen White, Summary of Clinical Notes, 29 July 1934. WHITE, Stephen George, SG White, NAA: B73, H85661, M85661.

⁴¹ Lindstrom, “Psychological Casualties”, 182.

⁴² Repatriation Commission, *Parliamentary Report*, 1922, Appendix 1, 38.

⁴³ Lesse, *Shell Shock*, 7.

Two examples will suffice. Calvin Briant's fighting ended when he was taken prisoner at Fromelles. He had suffered from 'faint nerves ever since' but towards the end of his life, Briant's 'mental state' deteriorated rapidly. By the 1960s, Briant was given to bouts of anxiety and 'giddy attacks'; he would break out in sweat and tremble uncontrollably for lengthy periods. Medical officers recorded his symptoms with clinical detachment.⁴⁴ But the repatriation files also include the impassioned testimony of the wife charged with his care. Ivy Briant explained her husband had 'always has attacks of shaking' - for as long as she could remember. In recent years he had been 'very nervy ... screaming through the night [often I] had to wake him'. Her husband had 'lost his colour' his 'eyes protruded' and had told her 'a shell had exploded nearby'. He had also lost his appetite, refusing all 'the lovely meals' she 'put in front of him'. By her own account a 'proper cook,' Mrs Briant took that personally. She was also prepared to venture a diagnosis.

I realise his treatment as a prisoner of war, and in a stone quarry prison, dark cell etc must have left its mark on him, yet those things never fade, and his memory is not very good at all ... I only wish something could be done for him... I watch him all I can.⁴⁵

One can read this file in any number of ways. On the one hand, it alerts us to the lingering trauma of a battle and its aftermath-those memories could resurface, sharp and unresolved, even late in life, disturbing domestic harmony and posing burdens, large and small, on these men's dependents. A cynical interpretation might suspect the Briants of rorting the system. There were cases where claims were fabricated -one uncharitable observer claimed many returned soldier (including Fromelles men) were 'on the game' and 'having a real easy time at the expense of the taxpayer'.⁴⁶ But Ivy Briant's brave resolve to continue to care her husband - to 'watch him all I can'- makes that claim unlikely. Repatriation doctors were in the unenviable position of weighing the justice of these appeals and (with scant psychiatric knowledge) determining the cause of complex mental conditions. In Briant's case they found no documented evidence of 'constitutional nervousness' on discharge from military service. He was 73 years of age, suffered from senile dementia and Parkinson's disease and that alone (they decided) accounted for his condition.

Similar cases sometimes ended in a very different verdict.⁴⁷ And, from the outset, some were surer of the Examining Board's sympathy than others. Ernst Noll 'impressed' the repatriation doctors as 'wholly genuine'. Certainly no one questioned his patriotism. Noll went to war in 1915, was captured at Fromelles

⁴⁴ Treatment and Report Form, 11 February 1960, 10 June 1960. BRIANT, Calvin Ellis, NAA: B73, M56586, H56586 Part 1 and 2.

⁴⁵ Ivy Briant to Dr Hamilton Smith, undated [March 1960], *ibid*.

⁴⁶ Letter dated 18 February 1924. RUSSELL, Horace Thurlow, NAA: B73, M56815, H56815.

⁴⁷ See for example the case of Robert Shiels. SHIELS, Robert Barrett, NAA: B73, R62028, H62028, M62028.

and repatriated to England on the signing of the Armistice. Returning to Australia he arranged to have a rising sun tattooed on his forearm. At the outbreak of the Second World War, Noll enlisted again, claiming to be in perfect health despite a string of repatriation claims. He was sent to fight in Crete, and captured a second time by the Germans. In all around 70% of Noll's war service was spent in captivity. In 1948, he complained of 'churning in the stomach', headaches, and what the doctors called 'emotional tension'. 'He has frequent POW dreams', an examining medical officer noted, and 'seldom sleeps for more than a two-hour stretch'. Noll had no financial problems, owned his own home, and his marriage was successful (although his wife- the doctor noted- 'seemed a bit Scotch and flarey'). With 'negligible evidence of neurotic trends prior to enlistment', Noll's anxious state was wholly attributable to his war service. He received a pension of 25% incapacity, and the obvious sympathy of the Department. Not that that helped Noll overly much. Six years later clinical notes described him as 'an unhappy little man', 'agitated', 'worried' and still suffering from insomnia. Noll, the doctor added, was 'still fighting the Germans'.⁴⁸ In a sense his battle never ended.

All these men were held to account by a formidable medical and military bureaucracy. But no reading of the repatriation file should deny these veterans agency. Appeals against the determination of medical boards were commonplace, veterans mobilised Return Service's Associations, former comrades and their families in the task of advocacy. And they often exerted a fierce sense of moral economy.⁴⁹ David Storey was struck by a piece of shell as he advanced towards the German lines at Fromelles. 'I will carry the shrapnel until my dying day', he told the authorities, adding with some bitterness, that that 'may not be far off'. Despite the continuous pain in his back, being unable to stand for any length of time, or walk any distance, his pension was successively reduced. Storey was outraged.

I hereby repealed against the decision ... I am suffering from GSW in back and foreign matter is still present ... I had to relinquish my previous position on this account and any extra exertion knocks me out. I consider that the reduction of my pension is most unfair considering the present high cost of living which has caused members of Parliament to increase their salaries. These men did not go through 100 [sic] part of what I did, yet for doing my duty it appears that I'm to be penalised ... Further consideration [must] be given to my claim.⁵⁰

⁴⁸ Medical Report, 26 October 1948; District Medical Officer Report, 1 November 1954. NOLL, Ernest Hansen, NAA: B73, H64171, M64171.

⁴⁹ For a detailed interrogation of this concept see Bruce Scates and Melanie Oppenheimer, 'I Intend to get Justice: The Moral Economy of Soldier Settlement' *Labour History* 106 (June 2014): 229-253; see also Nathan Wise, *Anzac Labour: Work and Workplace Cultures in the Australian Imperial Force during the First World War*, (London: Palgrave Macmillan, 2014)

⁵⁰ Evidence of Appeal, Statements Dated, 26 June 1919, 5 June 1920; Medical Evidence, 24 July 1919. STOREY, David Burn, NAA: B73, M38062, H38062.

Story's case was fourfold. He had served his country when others had not, suffered grievously in the line of duty, and relinquished his former position as a result of his injury. But most important of all was the sense he deserved better, that Australia had promised 'a land fit for heroes'. Arguably, it was that same sense of 'deserving better' that would motivate the recovery and reburial of the war dead. Fromelles was contested ground in 1916. It remains contested still.

Bruce Scates

AUSTRALIAN NATIONAL UNIVERSITY

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