

Broadening perspectives: To what extent do the experiences of British soldiers during the Anglo-Zulu War prove that British historiography on military morale should be expanded chronologically and to include a broader scale of warfare?

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Abstract

This dissertation examines the experiences of British soldiers during the Anglo-Zulu War to prove that factors which affected the morale of soldiers who fought in major conflicts, such as the American Civil War, and the First World War, also had an impact on soldiers fighting a minor colonial conflict during the Victorian era. Historians of major conflicts have identified combat, health and leadership as important external influences on military morale. Evidence from the Anglo-Zulu War contained in letters and reports indicates that these external factors also had a positive and negative impact on the morale of British soldiers fighting in this colonial conflict. Combat experiences, in particular the battle of Isandlwana, caused the men to display emotions and behaviour illustrative of low morale; fear, grief and trauma were expressed in letters home, and acts of ill-discipline and nervous breakdowns were attributed to combat failure. Similarly health issues, most importantly the spread of infectious disease, caused low morale in the form of depression. Issues of leadership affected both regular troops and officers; failures in two important aspects of leadership, those of combat ability and paternal care, caused low morale amongst the men, whilst successes buoyed morale. The strain of leadership also caused low morale amongst certain officers who suffered nervous breakdowns as a result. These findings proved that the scope of historiography on morale is too narrow, and can be expanded to include minor conflicts fought during the Victorian era. In addition this study provides evidence against the notion that Victorian soldiers, due to their constitutions, did not suffer from the same emotional disorders as their twentieth century counterparts.

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Introduction

The range of British historiography on military morale is narrow. British historians of military morale begin with the First World War and, on the whole, rarely move away from examining major conflicts. John Baynes', *Morale: A study of Men and Courage: The Second Scottish Rifles at the battle of Neuve Chapelle 1915*, and G.D Sheffield's, *Leadership and the trenches, Officer Man Relations, Morale and Discipline in The British Army in the era of the First World War*, examine the emergence of the link between morale and the military during the First World War.¹ Professor Edgar Jones in '*Morale, psychological wellbeing of UK armed forces and entertainment*' examines the morale of soldiers who

¹ John Baynes, *Morale: A study of Men and Courage: The Second Scottish Rifles at the battle of Neuve Chapelle 1915*, (New York: Avery 1988); G. D Sheffield, *Leadership and the trenches: Officer Man Relations, Morale and Discipline in The British Army in the era of the First World War* (Palgrave Macmillan, 2000)

fought in the First World War, Second World War, the first Gulf War and the conflict in Afghanistan.²

That the range of historiography lacks significant breadth has not been overlooked in historiographical discourse; Mathew Thompson has noted that ‘under modernity the concepts of war and mental disorder have been intimately bound up... the First World War is given a seminal position in the development of this relationship.’³ The limited scope of historiography is not limited to British Studies; American historians view the American Civil War as their starting point and, like their British counterparts, also focus on major conflicts. Examples include Pete Maslowski’s quantitative examination of factors affecting troop morale in *A study of morale in Civil War Soldiers*, and Arnold Rose’s study of the basis of American military morale in World War Two.⁴

An explanation for the starting points of British and American historiography in this area can be found in nineteenth and early twentieth century understandings of mental health. The nineteenth century saw the growth of mental health studies as a field of medical science in the western world. Ground-breaking publications such as Charcot’s *Lectures on the diseases of the nervous system at La Salpêtrière* (1877), Sigmund Freud’s *Studies on Hysteria* (1893) and John Mitchell Clarke’s *Hysteria and Neurasthenia* (1905) were all published during this period.⁵

However, in Britain, until the First World War little work had been done to explore the link between war and the emotional health of soldiers; moreover, the term “morale” was not in contemporary use until midway through the First World War.⁶ Emotional mental health issues were rarely applied to British soldiers because these issues were understood through the terms “neurasthenia” and “hysteria” which were commonly associated with the female or the feminine male. To express emotion did not fit in with contemporary ideals of masculinity; Paul Fussell wrote in his glossary of the feudal vocabulary of the pre-war English literature of combat, ‘not to complain is to be manly.’⁷ Nor did emotion tie in with the contemporary view of the Victorian soldier; according to Steve Altridge and Michael Lieven, British soldiers were ‘a symbol of race and nation who embodied the virtues of bravery, courtesy, generosity, modesty, purity and compassion.’⁸ John Baynes has used these contemporary ideas of masculinity to construct a theory as to why studies of morale should not be carried out on conflicts prior to the First World War; he wrote, ‘when comparing 1915 with fifty years ago one cannot help thinking that soldiers of earlier days needed less sympathy, comfort and interest than their modern counter-parts,’⁹ in other words he is arguing that because of their stronger constitution, studies into the emotional mental health of Victorian soldiers are unnecessary.

The First World War and American Civil War appear initially to be appropriate starting points for this research as it was with regard to these conflicts that contemporaries first recognised emotional health issues in soldiers. In 1871, American, Jacob De Costa attempted to link the condition irritable heart syndrome to low morale brought on by hard field service, wounds, injuries and duties of soldierly life.¹⁰ Likewise in Britain, shell shock in the First World War sparked what Elaine Showalter

² Edgar Jones, ‘Morale, Psychological Wellbeing of UK Armed Forces and Entertainment: A Report for the British Forces Foundation’, (Kings College London 2012), available at, http://bff.org.uk/wp-content/uploads/2012/02/Morale_Report_BFF_screen.pdf, (last accessed on 19/4/12)

³ Mathew Thompson, ‘Status, Manpower and Mental Fitness: Mental Deficiency in the First World War’, in Roger Cooter, Mark Harrison and Steve Sturdy (eds.), *War, Medicine and Modernity*, (Stroud: Sutton 1998), p. 8.

⁴ Pete Maslowski, ‘A study of Morale in Civil War Soldiers’, in Michael Barton and Larry M. Logue (eds.), *The Civil War Soldier: A Historical reader*, (New York University Press 2002); Arnold Rose, ‘Bases of American Military Morale in World War II’, *The Public Opinion Quarterly*, Vol. 9, No. 4 (Winter, 1945-1946), 411-417.

⁵ J.M Charcot, *Lectures on the diseases of the nervous system, delivered at La Salpêtrière*, (1877); Sigmund Freud, *Studies on Hysteria*, (1893); John Mitchell Clarke, *Hysteria and Neurasthenia*, (1905)

⁶ Robert Sullivan, *A Dictionary of the English Language*, (1869); H. W. Fowler, F.G Fowler, and Sir James Augustus Henry Murray, *The Concise Oxford English Dictionary*, (Oxford, The Clarendon Press, 1919)

⁷ Paul Fussell, *The Great War and Modern Memory*, (Oxford University Press, 1975), p.22ff

⁸ Michael Lieven, ‘Heroism, Heroics and the Making of Heroes: The Anglo-Zulu War of 1879’, *Albion: A Quarterly Journal Concerned with British Studies*, Vol. 30, No. 3 (Autumn, 1998), pp. 419-438, 419

⁹ Baynes, *Morale: A study of Men and Courage*, p.107

¹⁰ J.M. Da Costa, ‘On irritable heart: a clinical study of a form of functional cardiac disorder and its consequences’, *Am. J. Med. Sci.* 121, (1871), 17–52. For further information see, Charles F. Wooley, *The irritable*

calls ‘reconsideration of all the basic concepts of English psychiatric practices.’¹¹ Early in the war, psychiatrists maintained that the emotional condition was either a cause of physical injury, or a hereditary characteristic. However, they subsequently agreed that ‘the real cause of shell shock was the emotional disturbance itself, by chronic conditions of fear, tension, horror and grief.’¹² Though shell shock and low morale are two different conditions, the key point is that psychiatrists in this period began to make a link between military life and emotional disturbances. In addition, the term “morale” appears in *The Concise Oxford English dictionary* in 1919 and was linked to warfare by the 1922 shell shock committee in their summary of findings: ‘A battalion whose morale is of a high standard will have little shell shock.’¹³

Though there is justification for using the First World War as a starting point for British studies of morale it would not be anachronistic to apply the term to earlier conflicts. The mental health conditions of the late nineteenth century, hysteria and neurasthenia, as outlined by James Mitchell Clarke in *Neurasthenia and Hysteria* (1905) are, like morale, emotional qualities which can be influenced by a number of external factors and expressed through behavioural characteristics.¹⁴ Clarke writes, ‘neurasthenia may be defined as a nervous disorder without any known alterations in organic structure.... The hysterical subject is one of variable moods of an emotional and excitable temperament.’¹⁵ The same external factors of fright, terror, grief, disappointment, overwork and anxiety were listed amongst Clarke’s causes of hysteria and neurasthenia, and have been agreed upon as causes of low morale by John Baynes, Colonel Bernd Horn and G.D Sheffield.¹⁶ In addition, similar symptoms such as mental depression, sickness, fear and anger are associated with the nineteenth century and modern emotional conditions. Moreover, based on Clarke’s definitions, the symptoms of high morale ‘confidence and enthusiasm’ as listed by the *Oxford English Dictionary* would have been associated with good emotional health.¹⁷ As a result of the link that can be made between modern notions of morale and the late nineteenth century conditions neurasthenia and hysteria, symptoms of high or low morale demonstrated by the British soldiers during the Anglo-Zulu War in the primary sources examined will be understood through Clarke’s definitions.

Further justification for the application of the term “morale” to the late nineteenth century originates in the modern link made between morale and the effectiveness of a person to carry out their duty; Colonel Bernard Horn wrote in 2008 that ‘morale is critical to achieving superior performance and meeting organizational objectives.’¹⁸ The efficiency of the British Army was extremely important in the late nineteenth century, as illustrated by the reform of the British Army in the period of 1856-1900.¹⁹ The reforms were inspired by what Brian Bond calls the ‘chaotic’ state of military administration during the Crimean war and the Indian Mutiny (1857-58).²⁰ Directed by Edward Cardwell, the reforms aimed to improve the efficiency of the British Army by abolishing the purchase system, bringing in short service for the service of the reserves, linking battalions, localizing regiments, enforcing stricter recruitment processes and reorganizing the army’s medical services.²¹ Despite not having made the link between the emotional health and the military, the contemporary interest in efficiency to fight means that morale was in reality, extremely important during this period.

heart of soldiers and the origin of Anglo-American Cardiology: The US Civil War (1861) to World War I (1918), (Ashgate Publishing; Aldershot, UK: 2002.)

¹¹ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980*, (New York 1985), p. 167.

¹² Thomas W. Salmon, *The Care and Treatment of Mental Diseases and War Neuroses (“Shell Shock”) in the British Army*, (New York: War Work Committee of the National Committee for Mental Hygiene, 1917), p.88

¹³ Fowler, Fowler and Murray, *The Concise Oxford English Dictionary*, p. 527 ; Lord Southborough, *Report of the War Office Committee of enquiry into “shell-shock”*, (London: HMSO 1922), p 93

¹⁴ Clarke, *Neurasthenia and Hysteria*.

¹⁵ Clarke, *Neurasthenia and Hysteria*, pp. 187, 10.

¹⁶ Clarke, *Neurasthenia and Hysteria*; Colonel Bernd Horn and Dr Robert W. Walker (eds.), *The Military Leadership Handbook*, (Canada: Ontario 2008); Sheffield, *Leadership and the Trenches*, pp. 135-165.

¹⁷ <http://oxforddictionaries.com/> (last accessed 22/4/12.)

¹⁸ Horn and Walker (eds.), *The Military Leadership Handbook*, p.402.

¹⁹ Brian Bond, ‘The Late Victorian Army’, *History Today*, 11:9 (1961:Sept.), 616-624.

²⁰ Bond, ‘The Late Victorian Army’, 617.

²¹ *Ibid*, 620.

This study will fill in a gap in the historiography on military morale. An investigation into the experiences of British soldiers during the Anglo-Zulu War will prove that research into military morale can, and should, be extended chronologically and to include smaller, colonial conflicts. In doing so this investigation will challenge John Bayne's theory that the constitution of Victorian soldiers meant that they did not suffer the same emotional distress as their First World War successors.²² The Anglo-Zulu War is an ideal example of how the range of historiography can be extended beyond the limits that modern historians have set themselves. The war was conducted between the dates of the 11th of January and the 28th August 1879, much earlier than British studies of military morale, and the scale of the war, a colonial conflict against a tribal nation, was smaller than had previously been investigated.²³ Moreover, the unexpected complexity of the campaign created an ideal environment for fluctuations in troop morale.

This war was one of many colonial conflicts fought by the British during this period as they sought to extend and consolidate an empire which encapsulated much of Africa and Asia. As a result of the success of British colonial expansion during the nineteenth century, the contemporary expectation was that the Zulu nation would be swiftly defeated by the invasion force commanded by Lord Chelmsford. This was illustrated by a lack of media interest in the war; only Norris-Newman accompanied the invasion force into Zululand.²⁴ This confidence was misplaced, and failures during the war were numerous; on the 22nd January the central column was decimated at the battle of Isandlwana. Approximately nine hundred European soldiers lost their lives along with five hundred and fifty Natal Kaffirs, making Isandlwana the biggest defeat inflicted upon the British army by a tribal force in history.²⁵ The successful defence of the mission station at Rorke's Drift on the 22nd – 23rd January by one company of the 2/24th against the attack of four thousand Zulus allowed the British army to save face in the wake of Isandlwana but did not mark a turnaround in British fortunes.²⁶

Defeats also hindered the progress of the other two British columns invading Zululand; on the 29th of January the right flanking column commanded by Colonel Charles Pearson was besieged at Eshowe with their supply line severed and on the 28th March the left flanking column, under Colonel Evelyn Wood, was forced into a dangerous retreat following the failure of an assault on Hlobane mountain.²⁷ The British army suffered further humiliation on the 12th March, when a detachment of the 80th regiment, who had been deserted by their commanding officer Lieutenant Henry Harward, was massacred at the Intombi River.²⁸ Despite numerous setbacks there were positives which could be taken from the war; Wood's column claimed an overwhelming victory at Kambula on the 29th March, and the war was effectively won by Chelmsford's defeat of the main Zulu impi at Ulundi on the 4th July. The capture of the Zulu King Cetshwayo followed on the 28th August 1879.²⁹

As a result of these setbacks, the British soldiers experienced combat situations, health conditions and issues of leadership akin to their First World War counterparts. The impact of these three factors on the morale of the British soldiers in the Anglo-Zulu War will be the focus of this investigation because they were factors identified by contemporaries and historians of major conflicts such as the American Civil War and the First World War.

Despite no link having been made between these factors and emotional disorders during the nineteenth century, the behaviour of British soldiers in combat, as well as the performance of their leaders and their healthcare, was extremely important in contemporary discourse. Following the defeat at Isandlwana the British government acted swiftly to create heroes out of Lieutenants Melville and Coghill, despite criticism from military officers, in order to maintain the image of the Victorian

²² Baynes, *Morale: A Study of Men and Courage*, p.107

²³ Donald Morris, *The Washing of the Spears: A History of the Rise of the Zulu Nation under Shaka and Its Fall in the Zulu War of 1879*, (London 1966), pp. 319-576

²⁴ Morris, *The Washing of the Spears*, p.443.

²⁵ *Ibid*, p. 387.

²⁶ Alan Lloyd, *The Zulu War*, (London 1973), pp. 84-101.

²⁷ Frank Emery, *The Red Soldier: Letters from the Anglo-Zulu War*, (London 1977), pp. 149-183

²⁸ Andres Traverser, 'Officer Desertions from the field of battle during the Anglo-Zulu War were too numerous for comfort', *Anglo-Zulu War Historical Society*, 26, (December 2009), available at <http://www.anglozuluwar.com/>, (last accessed 20/4/12)

²⁹ David Rattray, *The Writings, Photographs and Sketches of Henry Charles Harford 1850-1937*, (Wales 2008), p.163

soldier in combat. Michael Lieven wrote that behaviour in combat was so important to the Victorian Army that British newspapers knew what had to be said following the defeat at Isandlwana; 'the script for last stands was already written before this particular one occurred.'³⁰ In addition, following the failure of the initial invasion, Lord Chelmsford's position as commander-in-chief came under scrutiny in parliament and the media leading to his eventual replacement.

In terms of healthcare, the British had been leaders in the field of colonial medicine to preserve the health of their soldiers; the army sought to improve the army medical corps during the Cardwell reforms but once again received criticism for the health conditions and living environment of soldiers in the Anglo-Zulu War. The importance of combat, leadership and health in contemporary debate and the fact that the term morale, though not used or applied to soldiers during the late nineteenth century can be understood through the terms hysteria and neurasthenia, means that this study is relevant to this period. Therefore, if the three factors are proven to be as influential on morale in the Anglo-Zulu War as historians have found them to be in major conflicts there will be proof that the breadth of historiography on this topic can be broadened.

Studies of morale have adopted various methodologies; Pete Maslowski and Samuel A. Stouffer conducted quantitative studies of soldiers in the American Civil War and World War Two respectively.³¹ In the case of Stouffer, this study was based on first hand interviews; due to chronological limitations, Maslowski based his study on letters and diaries. In comparison, this study will conduct a qualitative investigation because the volume of primary sources is not large enough to conduct a valuable quantitative investigation.

Comparably to Maslowski's, this study will mainly be based on evidence from letters and diaries. Personal correspondence such as these allow for the expression of a range of emotions that official documents do not; consequently a study of this genre of sources will reveal emotions which signify high or low morale, in addition to an explanation for the current state of emotional health. It is important that the letters and diaries are taken from a broad range of authors to ensure that any conclusions represent a range of ranks and regiments. In addition, the personal correspondence of medical personnel such as Surgeon Blair Brown's, '*Surgical Experiences in the Zulu & Transvaal Wars*' and *Sister Janet's scrapbook* reveal the success or failures of battlefield surgery, as well as reliable accounts of patient care and the problems of disease and environment.³²

Despite the focus on personal correspondence, official documents will also be examined. These documents reveal statistical information about troop behaviour, such as ill-discipline, as well as casualty lists and treatment statistics. In addition, parliamentary papers from the year 1879 reveal which issues, such as leadership, were regarded by contemporaries outside the war as failures or successes of the war. This can help direct our perceptions of what factors may have had an impact on troop morale.

This study will begin by assessing the impact of combat on the morale of Anglo-Zulu War soldiers, with a focus on the defeat at Isandlwana. The investigation will progress to examine issues of health and the environment, looking at which aspects of health had more of an impact on morale and whether this in turn highlights differences between major and minor conflicts. Finally, this investigation will examine the impact of leadership on troop morale; in doing so this study will test the theory that leadership not only has an impact on the morale of those being commanded but also those in command.

Combat

The prevalence of shell shock amongst British soldiers meant that the first links between combat stress and emotional mental health were made towards the end of the First World War. Military psychologists and medical personnel began to agree that war neurosis was 'an escape from an

³⁰ Lieven, 'Heroism, Heroics and the Making of Heroes', 423.

³¹ Maslowski, 'A study of Morale in Civil War Soldiers'; Samuel A. Stouffer, *The American Soldier, Studies in social psychology in World War II*, (4. Vols; Princeton University Press 1949)

³² Surgeon Dugald Blair Brown, *Surgical Experiences in the Zulu & Transvaal Wars, 1879 & 1881*, (1883); Brian Best and Katie Stossel, *Sister Janet*, (Barnsley 2006.)

intolerable situation, a compromise negotiated by the psyche between the instinct of self-preservation and the prohibitions against deception or flight which were rendered impossible by the ideals of patriotism and honour.³³ Soldiers also recognised the impact of combat on *esprit de corps*, a major aspect of modern conceptions of morale; Captain E.V Tempest of the 1/6 W.Yorks wrote that fighting in 1916 ‘smashed up a good deal of the territorial influence or esprit de corps... what was narrow and local in the battalion died out in the blood bath on the Somme.’³⁴ The idea of a link between emotional disorders or more specifically morale was continued during the Second World War; Field Marshal Bernard Law Montgomery argued that ‘high morale is a pearl of a very great price and the surest way to obtain it is by success in battle.’³⁵

Using evidence such as this, modern historiographical studies of morale in major conflicts identified combat experiences as one of the most important factors affecting military morale. Hew Strachan’s study of morale in the First World War revealed that ‘after the profound shocks of battles of the frontiers 20-22 August 1914 the French Army underwent a crisis of morale,’ whilst combat success had a positive impact on British morale in August 1918.³⁶ Similarly, Edgar Jones in ‘*Morale, Psychological wellbeing of UK Armed Forces and Entertainment*’ argued that ‘success and failure in the conduct of a campaign have an important impact on morale.’³⁷ He used the example of ‘the series of defeats in the Western Desert in the summer 1942 followed by the loss of Singapore and the sinking of HMS *Repulse* and HMS *Prince of Wales* which saw morale in UK armed forces and civilians fall to a significant low.’³⁸ This research and numerous other studies like it make an extremely convincing argument for the relationship between combat and morale, but they are limited by their scope of research. By applying similar ideas to the Anglo-Zulu War this research can be expanded and improved.

In contrast to the First World War and later larger conflicts, the methods of warfare used by the Zulus against the British in the Anglo-Zulu War were primitive. Their traditional weapon was the short spear, or assegai, though they also used muskets recovered from their conflicts with the Boers.³⁹ Yet, despite the contrasting methods of warfare, the morale of British Soldiers engaged in the Anglo-Zulu War was affected by the same aspects of combat: failure, loss of comrades, and combat trauma. The defeat at Isandlwana illustrated most effectively the similarities which we can draw between later, larger wars and the Anglo-Zulu War. The impact of the battle extended beyond its effects on those who were directly involved and was regarded by contemporaries as the cause of inefficiency and disciplinary issues. Following this battle, many British soldiers expressed their emotions in letters written to friends and family. The emotions they exhibited, fear, grief and trauma, can be understood as symptoms of low morale in the late nineteenth century because they were viewed as symptoms of neurasthenia and hysteria which, like morale, were emotional conditions affected by external factors.

Lieutenant Henry Curling was one of the few British survivors of Isandlwana who wrote of his wartime experience. Through the use of descriptive and emotional language, Curling's letters conveyed the impact of the battle on his morale; Curling clearly suffered trauma from what he had witnessed, and grief following the loss of his comrades. Writing to his mother, Curling recounted the horrors of the battle; he described the flight to the river as ‘almost too terrible to describe, men running on until exhausted and then falling down and being stabbed by the Zulus.’⁴⁰ He subsequently illustrated his grief by criticizing people for carrying on as normal as if the ‘sad affair’ had had little impact on them.⁴¹ A comparison between these sombre reports and Curling's description of the optimistic mood in the camp prior to the battle reveals the detrimental effect of the defeat on his

³³ Salmon, *The Care and Treatment of Mental Diseases and War Neuroses*, p.88

³⁴ Captain E.V Tempest, *History of the 6th Battalion West Yorkshire regiment*, (The county press, Bradford, 1921), pp.280-1

³⁵ J.H.A Sparrow, *Second World War 1939-1945, Army, Morale*, (London: The War Office, 1949), p. 2.

³⁶ Hew Strachan, ‘Training, Morale and Modern War’, *Journal of Contemporary History*, Vol. 41, No. 2 (April, 2006), 211.

³⁷ Jones, ‘Morale, Psychological Wellbeing of UK Armed Forces and Entertainment’, 14.

³⁸ Jones, ‘Morale, Psychological Wellbeing of UK Armed Forces and Entertainment’, 14

³⁹ Blair Brown, *Surgical Experiences in the Zulu & Transvaal Wars*, p. 77

⁴⁰ Lieutenant Henry Curling Letters, reproduced in, Dr Adrian Greaves and Brian Best (eds.), *The Curling Letters of the Zulu War*, (Yorkshire 2001), p.100.

⁴¹ *Ibid*, p. 115.

morale: 'not one of us dreamt that there was the least danger, and all we hoped for was the fight might come off before the general returned... we felt it was impossible for them to force a way through.'⁴² This optimism was typical of the mood of the entire invasion force, especially after the straightforward victory over Sihayo's clan of Zulus.⁴³ This added an element of shock to the defeat which augmented the impact it had on morale.

The personal correspondences of the 2/24th reveal that the impact of combat on morale was not limited to those directly involved. The morale of the soldiers of the 2/24th was damaged by the grief they felt for their comrades lost at Isandlwana and the traumatic scenes which they had witnessed; the 2/24th were the first regiment to return to the devastated camp. Private Patrick Farrell's dramatic letter written shortly after the battle illustrated the impact that the death and mutilation of their comrades had on the returning 2/24th; he described the battlefield as the 'most horrid sight ever seen by a soldier... it was enough to make your blood run cold to see white men cut open.'⁴⁴ Private William Meredith's letter to his siblings revealed the personal relationship the men of the 2/24th shared with those massacred at Isandlwana. Many of the men whom he lists by name were from his home town of 'Pontypool,' and finding them, as he says, 'lying on the field cut up to pieces and stripped naked... and the band boys hung up on the hooks and opened like sheep, was a pitiful sight.'⁴⁵ Symptoms of grief were not limited to the rank and file; Major Francis Grenfell wrote to his father, 'All my dear friends of the last four years are dead and gone, and we have not even been able to bury them.'⁴⁶ Fear was another symptom of low morale exhibited by the 2/24th; their letters revealed that this was a result of the overwhelming and unexpected defeat, and the brutal mutilations of their comrades. A dejected private Henry Moses described how they were living 'in fear every night,' he predicted that he would not survive the war and regretted enlisting: 'dear father and sisters and brother, goodbye, we may never meet again. I repent the day that I took the shilling.'⁴⁷

As well as through personal correspondence, these soldiers displayed symptoms of low morale, like their more modern counterparts, through nervous breakdowns, which sometimes resulted in desertion and acts of ill-discipline. Once again, these symptoms of low morale can be understood through contemporary understandings of neurasthenia and hysteria; Clarke wrote that hysteria can manifest itself in 'hysterical fits, the simplest form of attack is that in which there is a paroxysmal display of emotion,' while neurasthenia could bring on sudden bouts of 'mental depression.'⁴⁸ If the report of Lieutenant Colonel Harness, Curling's C.O, is to be believed, Curling himself suffered a nervous breakdown following the battle. Harness wrote: 'Curling, who escaped from Isandlwana has gone away ill and the doctor where he has gone says there is nothing the matter with him...I am afraid his nerves were a good deal shaken on the 22nd January.'⁴⁹ Dr Adrian Greaves challenged the reliability of Harness's views and argued that it may have been shaped by Curling's refusal to omit the sense of chaos from his Isandlwana report, and the bout of fever which Curling contracted during late February and early March.⁵⁰ Arguably, the grief and fear expressed in Curling's letters challenges Greaves' argument and supports the idea that Curling was suffering from a nervous breakdown. Moreover, both sickness and nervous breakdowns were associated with neurasthenia during the late nineteenth century, as well as low morale during the First World War.⁵¹

Desertions from the Isandlwana battlefield illustrate that nervous breakdowns were not uncommon in British soldiers facing defeat in the Anglo-Zulu War. Accusations of desertion from Isandlwana were sparked by statistics that the large proportion of survivors from Isandlwana were British officers

⁴² Ibid, p. 89.

⁴³ Greaves and Best (eds.), *The Curling Letters of the Zulu War*, p. 88.

⁴⁴ Private Patrick Farrell, 2/24th Regt.; *The South Wales Daily Telegram*, (27th March), for further examples see Emery, *The Red Soldier: Letters from the Anglo-Zulu War*.

⁴⁵ Private William Meredith, 2/24th Regt.; *The South Wales Daily Telegram*, (24th March.)

⁴⁶ Major Francis Grenfell, 60th Rifles; *The Cambrian*, (7th March)

⁴⁷ Private Henry Moses, 2/24th Regt; *The South Wales Daily Telegram*, (27th March)

⁴⁸ Clarke, *Neurasthenia and Hysteria*, p.13

⁴⁹ Lieutenant Henry Curling Letters, p.114.

⁵⁰ Ibid, p.115.

⁵¹ Clarke, *Neurasthenia and Hysteria*, p. 197 ; Baynes, *Morale: A study of Men and Courage*, p. 96

who escaped the battle on horseback, sixteen in total, while their men were left to die.⁵² To use the flights of Lieutenants Teignmouth Melville and Neville Coghill as examples of desertion is controversial as both men were posthumously awarded the Victoria Cross for their efforts to save the Queens Colours, and their heroic flights have been written about by historians such as Donald Morris.⁵³ However, senior British officers such as Sir Garnet Wolseley were more sceptical about their heroism, and accused them of desertion; Wolseley wrote: 'heroes have been made out of men like Melville and Coghill, who, taking advantage of having horses, bolted from the scene of the action to save their lives, it is monstrous making heroes of those who saved, or attempted to save their lives by bolting.'⁵⁴

British desertions from the battlefield were not limited to Isandlwana; on 12th of March Lieutenant Henry Harward abandoned his men during a Zulu attack on a company of the 80th regiment at the Intombi River.⁵⁵ Lieutenant Harward was arrested, and charged with 'having misbehaved before the enemy in shamefully abandoning a party under his command when attacked by the enemy, and riding off at speed from his men.'⁵⁶ Harward was acquitted, but his actions, along with those of Melville and Coghill, support Michael Levine's argument that the heroic soldier was the product of government and media fiction, and that in actuality, despite being heroic, they suffered from emotional combat disorders synonymous with later wars of a greater scale.⁵⁷

The impact of the defeat at Isandlwana on morale was enduring and widespread throughout the entire invasion force. The result of this was ill-discipline in the forms of brutality against the Zulus and instances of friendly fire; acts of brutality were reported in the newspapers and discussed at length in parliament. On 12th June 1879, Mr O'Donnell brought the parliament's attention to 'an extract from the letter of a soldier engaged in the fight at Kambula, published in the *Tiverton Gazette* of May the 27th, in which it is avowed that— On March 30th, the day after the battle, about eight miles from camp, we found about five hundred wounded, most of them mortally, and begging us for mercy's sake not to kill them; but they got no chance after what they had done to our comrades at Isandlwana.'⁵⁸ This was not an isolated incident; similar issues were raised about the British conduct at Eshowe and the battle of Ulundi.⁵⁹ Speaking in parliament on the 12th June, Mr Parnell attributed the alleged British brutality to the defeat at Isandlwana: 'I ventured to anticipate that a policy of extermination would be adopted in South Africa. I said I presumed that, as the Zulus had given no quarter at Isandlwana so no quarter would be given by the British troops to the Zulus in South Africa.'⁶⁰ This evidence suggests that, while contemporaries were willing to attribute ill-discipline to combat experience, they had not yet made the emotional link between the two events, possibly as a result of gender stereotypes.

To a certain extent, Captain Edward Hutton attributed instances of friendly fire to emotional disturbances. After relieving the siege at Eshowe, the 91st Highlanders, a new regiment on their first campaign, thought they saw Zulus in the bush and fired a volley. The alarm was sounded in the British camp, and when the Highlanders rushed back to the British lines they were met by fire from a trench-party of the 3/60th Rifles who thought they were Zulus.⁶¹ Similarly, on 6th June, a false alarm caused the young battalion of the second division who were manning the British defences to open fire on its own outposts, and then on a company of sappers caught in the open.⁶² Hutton, of the 3/60th

⁵² Traverse, 'Officer Desertions from the field of battle during the Anglo-Zulu War.'

⁵³ Morris, *The Washing of Spears*, pp. 385-6.

⁵⁴ Adrian Preston (eds.), *Sir Garnet Wolseley's South African Journal*, (Capetown, 1973), pp. 256-57.

⁵⁵ Traverse, 'Officer Desertions from the field of battle during the Anglo-Zulu War.'

⁵⁶ Morris, *The Washing of Spears*, p. 474.

⁵⁷ Lieven, 'Heroism, Heroics and the Making of Heroes', 423

⁵⁸ 'South Africa—The Zulu War—Alleged cruelty of the British troops.—Questions', **House of Commons Debates**, (12 June 1879), vol 246, cc1708-181708.

⁵⁹ 'Questions', HC Deb, (14 August 1879), vol 249, c985985.

⁶⁰ 'South Africa—The Zulu War—Alleged cruelty of the British troops.—Questions', HC Deb, (12 June 1879), vol 246, cc1708-181708.

⁶¹ John Buchan, *History of the Royal Scots Fusiliers, 1678-1918*, (London 1925), cited in, Emery, *The Red Soldier: Letters from the Anglo-Zulu War*, p. 193.

⁶² *Ibid*, pp. 194-5

rifles, wrote in reaction to these incidents: 'our men, especially the young soldiers, were not slow to share the general feeling of uneasiness which the disaster at Isandlwana and elsewhere had caused.'⁶³ This 'uneasiness' he described was not only a symptom of low morale, but arguably, also marked the starting point of a contemporary acknowledgment of the link between emotional disorders and combat.

Despite numerous setbacks, the Anglo Zulu War eventually turned in favour of the British; the most notable victories were at Kambula and Ulundi. Like the subjects of Hew Strachan's and John Bayne's studies, these victories began, to a certain extent, to offset the damage done to troop morale by the defeats.⁶⁴ A non-commissioned officer of the 17th Lancers described the battle of Ulundi: 'After all the humbugging, marching, reconnoitering, short grub, and very bad what there was, rain, frost, heat and the thousand annoyances of a campaign, especially such as this, we had a day that made up for the lot.'⁶⁵ Likewise, Captain Cecil D'Arcy of the Frontier Light Horse demonstrated his high morale after the battle at Kambula through a letter full of uplifting sentiments: 'we are all in high feather at having had such a good fight with the Zulus.'⁶⁶ However, failures in combat had a deeper and longer lasting impact on morale than did the victories in the Anglo-Zulu War. Cases of British brutality and nervousness towards the end of the war illustrated that morale never fully recovered from Isandlwana. Moreover, in the case of Cecil D'Arcy who initially had high spirits following success in combat, the impact of combat stress never subsided; he suffered from post-traumatic stress disorder and eventually took his own life.⁶⁷

Thus we have seen, through the emotions conveyed by the British soldiers of the Anglo-Zulu War in both written language and physical behaviour, that combat was an extremely influential factor on troop morale. Arguably, the negative aspects of combat rather than the positives had a greater and long lasting impact on morale. This aligns with, and proves that, the impact of combat on morale was not exclusive to major conflicts such as the First World War and the American Civil War. However, this was only one factor of military life, and in order to prove that historiography on military morale is too limited, more factors must be investigated. The following chapter investigates the impact of health and environment on morale which, like combat, historians of larger wars have identified as factors which shape troop morale.

Health and Environment

It is evident from the previous chapter that the impact of combat on morale during minor pre-twentieth century conflicts is comparable to that identified in research on the larger, more commonly studied wars. Likewise, health and living environment were recognised by modern historians as well as contemporaries of the First World War and Second World War as important external influences on morale during large conflicts. Lt Colonel J.S.Y. Rogers, medical officer to 4th Black Watch during the First World War, argued that 'attention to the welfare of soldiers could do much to both raise and maintain morale: if the medical officer takes an interest in the men, if he sees that the men are comfortable, well housed, kept clean with plenty of baths.'⁶⁸ Surgeons of the First World War were elated that their craft had improved, not only because they were desperate to reduce the excessively high death rates, but also because of the positive impact that better healthcare would have on morale; Anthony Bowlby wrote, 'it is not so much to claim that each year of the war has seen better surgical measures devised and consequently better results of obtained ... the suffering of the wounded have been lessened, the dangers they run have been diminished, and the lives and useful limbs have been

⁶³ Captain Edward Hutton, 3/60th Rifles; *The Army Quarterly*, (16th April 1928), pp. 65-80.

⁶⁴ Baynes, *Morale: A Study of Men and Courage*, p.100; Strachan, 'Training, Morale and Modern War', 211.

⁶⁵ Anon, NCO of the 17th Lancers; *The North Devon Herald*, (18th September.)

⁶⁶ Captain Cecil D'Arcy, Victoria Cross, Frontier Light Horse; D. C. F. Moodie, *The History of the Battles and Adventures of the British, the Boers, and the Zulus, in Southern Africa, from 1495 to 1879*, (Adelaide, 1879) p. 277.

⁶⁷ Ian Knight, 'Not a Hope!' - The incidence of suicide in the Anglo-Zulu War', *Anglo-Zulu War Historical Society*, 23 (June 2008), available at <http://www.anglozuluwar.com/>, (last accessed 20/4/1.2)

⁶⁸ Southborough, *Report of the War Office Committee of enquiry into "shell-shock"*, p.64.

saved in constantly greater numbers.⁶⁹ Likewise, Field Marshal Montgomery identified health and care for the soldiers amongst a number of factors that supported morale.⁷⁰

Despite the fact that contemporaries of major conflicts during the early twentieth century began to link poor health to low morale, there has been a historiographical discourse about the impact of healthcare on British soldiers of the First World War. Corelli Barnett argued that ‘the hardships of poverty endured the working classes in their everyday lives and prepared them for the trenches; soldiers were better off in the trenches than at home.’⁷¹ In contrast, both John Baynes and Alexander Watson identified ill health in the forms of ‘poor hygiene’ and ‘physical exhaustion’ as causes of low morale during the First World War.⁷² This study of the Anglo-Zulu War engages with this debate, particularly as many of the regular troops were from lower class backgrounds and had expected to experience better living conditions in the army. Not only does the examined evidence support Baynes’ and Watson’s argument that health had a major impact on morale, it can also be compared to statements of First and Second World War contemporaries to prove that health and environment had a similar impact in all three wars. However, this relationship is not as straightforward as the link between morale and combat; depending on chronology, geographical location, and scale of the war, different types of health issues affected morale. This proves that the comparison of morale in different conflicts is not always clear-cut.

Following the defeat at Isandlwana health conditions and living environment deteriorated to the extent that they were having a detrimental impact on troop morale. The weakened central column retreated and made camp at Helpmakaar and Rorke’s Drift.⁷³ As a result of the harsh environment and mismanagement, reinforcements and fresh supplies to replace those lost at Isandlwana were slow to reach Zululand. Consequently, conditions at the makeshift camps at Helpmakaar and Rorke’s Drift swiftly deteriorated; disease swept through the central column, there were shortages of medical supplies, and men were unable to change their clothes for several months at a time. The columns under Pearson and Wood were experiencing similar hardships; the failure of the central column forced them to halt their advance and create defensive positions. On the 28th January Pearson’s column was besieged at Eshowe where the Zulus cut their supply lines. The defensive position of the invasion force meant that there was no mobile force large enough to come to the relief of Pearson’s column; they remained under siege for sixty-six days.⁷⁴ The protracted siege resulted in outbreaks of disease similar to those at Helpmakaar, but with the added concern of food shortages. In addition, the pop-up nature of Zulu warfare meant that the British were forced to live in a constant state of high alert, as the threat of a second Isandlwana hung over them. Letters from soldiers illustrated their low morale through the use of emotional language synonymous with depression; in contemporary times this depression would have been associated with neurasthenia. The similarities between the impact of health and the environment on morale during the Anglo-Zulu War and larger wars furthers the case for the expansion of this discipline of military medical history.

The spread of infectious diseases throughout the British camps had the most detrimental impact of all health conditions. Figures from the Army Medical Department showed that fevers, dysentery and rheumatism spread throughout the invasion force, accounting for a huge proportion of the invalidations and death.⁷⁵ Fever alone killed one hundred and seventy-six men and invalided two hundred and ninety-nine.⁷⁶ Letters sent home by soldiers suffering in these unhealthy and disease ridden conditions revealed that poor health was causing depression, a symptom of nineteenth century

⁶⁹ Anthony Bowlby, ‘The Hunter Oration on British Military Surgery in the time of Hunter and in the Great War: Delivered before the Royal College of Surgeons of England, February 14th’, *British Medical Journal*, vol.1. No 3034, (Feb 22 1919), 212.

⁷⁰ See example in Jones, ‘Morale, Psychological Wellbeing of UK Armed Forces and Entertainment’, 14.

⁷¹ C. Barnett, ‘A Military Historian’s View of the Great War’, *Essays by Divers Hands, Being the Transactions of the Royal Society of Literature*, XXXVI, (1970), 1-18

⁷² Baynes, *Morale: A Study of Men and Courage*, p.95; Alexander Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914–1918*. (Cambridge University Press 2008), p.235

⁷³ Emery, *The Red Soldier*, p.189

⁷⁴ Emery, *The Red Soldier*, pp. 183-214.

⁷⁵ Surgeon General J.A. Woolfryes, ‘The Medical History of the War in Zululand in 1879’, *The Army Medical Services Magazine*, (n.d.) p. 310. Army medical museum, Aldershot.

⁷⁶ *Ibid*, pp.308.

neurasthenia, and what John Baynes identified as a symptom of low morale in his study of British troops in the First World War.⁷⁷ Captain Walter Parke Jones expressed his feelings about the camp at Helpmekaar in a letter dated 25th February 1879: 'We are still waiting in this beastly unhealthy place until reinforcements come from England...one of my men died from diarrhoea yesterday, that and fever have knocked nearly all my men over. Quite half the company is in hospital really ill, it is most depressing.'⁷⁸ The conditions did not improve, and consequently, neither did morale; on the 16th March Parke Jones again wrote, 'I think and hope we shall have no more deaths, five good men have died of sickness, the rest in hospital and off duty (about half the company) are getting stronger, though some are shadows of their former selves.'⁷⁹

Corporal F. W. Licence's account of his experiences at Eshowe described similar conditions to those at Helpmekaar and a similar impact on morale: 'We had a fearful time of it at Eshowe... there are about sixteen men in hospital and one attending. The column left in a churchyard that we made there twenty-five men and four officers, and a fearful lot are walking about like skeletons.'⁸⁰ Civilian observer, Frances, wife of the Bishop Colenso at Pietermaritzburg, confirmed that the emotional health of British soldiers was at a low point as a result of poor health and disease: 'Everything here is in a deplorable case. Fever is decimating the troops, at the hospitals belonging to the coast column there are over 400 sick and the deaths are at a rate of two a day!..... I fear that the spirits and courage of our army are flagging, they seem to be fearing the Zulu.'⁸¹ Depression and fear, symptoms of low morale, as a result of poor health caused by infectious diseases, occurred in combat environments prior to the First World War, and in smaller wars than previously examined.

As previously discussed, modern definitions of morale include the ability to work effectively. Though the term morale was not used, contemporaries recognised the impact of poor healthcare on military efficiency; a contemporary debate was sparked by the failure of the British to establish proficient lines of supply and communication to maintain the army's health. Major General R.E. Barnsley of the army medical department wrote, 'our great commanders had never learnt that disease has always been more destructive than the most devastating engines of war which the mind of man conceived. None realized that the preservation of the troops was the final responsibility not of medical officers but of commanding officer.'⁸² Stafford House Ladies Committee passed a resolution that deplored the lack of care provided for the wounded in Zululand: 'As from the commencement of the outbreak of the war in Zululand no effort had been made on the part of any existing Society, or by any association of private individuals, to afford aid from England to our sick and wounded soldiers, sufferers in the above war.'⁸³ Such a reaction against the failures of the army's medical services could be explained by the previous success of British colonial medicine; at the mid-century, the likes of Graham Balfour and Alexander Tulloch were helping Britain to lead the way in tropical medicine.⁸⁴ Moreover, the recent Cardwell reforms had aimed to reform not only the army's medical services, but also the system of supply, which had failed to deliver.⁸⁵ This outcry by military and medical personnel illustrates that poor healthcare was causing problems of efficiency and problems of success, and consequently problems of morale.

Unlike disease, limitations of surgical care for battlefield wounds were not mentioned by soldiers as a cause of depression. This is rather surprising, as the Anglo-Zulu War occurred in the period of time between two conflicts famous for failures in battlefield surgery. During the Crimean War (1854-1855), surgical casualties were unacceptably high; this caused a public outcry in Britain, and to a certain extent inspired the work of Florence Nightingale and the formation of the Red Cross

⁷⁷ Clarke, *Neurasthenia and Hysteria*, p 182; Baynes, *Morale: A Study of Men and Courage*, p. 95.

⁷⁸ Captain Walter Parke Jones, Royal Engineers; *manuscripts in the possession of Noel Brack, Esq.*

⁷⁹ *Ibid.*

⁸⁰ Corporal F.W. Licence, Royal Engineers; *The Dover Express*, (9th May.)

⁸¹ Mrs. Frances Colenso, *Colenso Letters from Natal*, ed. Wyn Rees, (Pietermaritzburg, 1958), p. 344.

⁸² Best and Stossel, *Sister Janet*, p. 74.

⁸³ *Ibid.*, p.77.

⁸⁴ Philip D. Curtin, *Death By Migration: Europe's Encounter with the Tropical World in the Nineteenth Century*, (Cambridge University Press, 1989), p. 44.

⁸⁵ Edward M. Spiers, *The Late Victorian Army 1868-1902*, (Manchester University Press, 1992), pp. 1-29.

Association.⁸⁶ At the beginning of the First World War, statistics and reports illustrated to contemporaries the dire state of battlefield surgery; ‘a compound fracture of the femur carried with it an eight per-cent mortality rate’, gas gangrene and septicaemia caused unexpected issues for military surgeons; in 1914-15 one in one hundred wounded men lost a limb.⁸⁷ According to Anthony Bowlby, writing in the *British Medical Journal* in 1919, ‘wounded men were frequently several days in reaching their destination and great numbers of them were suffering from extensive gas gangrene on arrival or had succumbed to it *en route*.’⁸⁸

To a certain extent, that failures in standards of surgery, in comparison to spread of disease, had a limited impact on morale during the Anglo-Zulu War, can be explained by the examination of figures from the Army medical department, and Surgeon Blair Brown’s ‘Surgical Experiences in the Zulu War.’⁸⁹ Having served in the camp at Helpmakaar, accompanied the advance on Ulundi, and remained in Zululand after the war to attend to the wounded, Surgeon Blair Brown accumulated a wealth of information about the successes and failures of surgery in the war.⁹⁰ He outlined the two types of battlefield injuries sustained by British soldiers: the *assegai* wound, inflicted by the short stabbing spear, and gunshot wound. He wrote that the most common was the *assegai* wound, and that in nearly every instance, the result of this was death;⁹¹ however, when the *assegai* did not hit ‘anything of importance’ the ‘wound required nothing but a bandage to effect a cure.’⁹² The Zulus used old muskets which fired round balls, and as a result, unless the bullet hit the head, vital organs or joints, (which it frequently did as a result of the style of combat), they left a ‘harmless little wound which heals by first intention.’⁹³ Blair Brown also had success removing bullets from shoulder and hip joints; in the case of Private J. Water of the 1/24th regiment, who had been struck in the shoulder during the defence of Rorke’s Drift, Blair Brown removed the bullet and the wound healed quickly.⁹⁴ Figures from the Army medical department support surgeon Blair Brown’s reports about the success of surgery; during the first period of the war, from the battle at Isandlwana to the relief of Ekowe, only one officer and eight regulars died of their wounds.⁹⁵ In the second period, from the relief of Eshowe up until the 3rd October, the figures had only increased to four officers and fifteen men.⁹⁶ The differing impacts of these two aspects of healthcare, surgery and disease prevention, on morale can therefore be explained by differing success rates between the two aspects of healthcare and realistic expectations of surgery affecting a cure.

The differences between the success of surgery during the Anglo-Zulu War and the First World War can be explained by the different soil types and technologies of warfare. The First World War was fought over the fertile, virgin soil of France, which meant that surgeons were fighting a constant battle against infection. Moreover, surgeons were seeing new wounds caused by high explosives, high velocity missiles, machine gun bullets, shell fragments and shrapnel, all fired at close range.⁹⁷ In comparison, the infertile soils of Zululand did not support infection, nor did the *assegai* or powder shot wounds create new problems for the experienced British surgeons. This illustrates that, although we can identify similarities between the impact of health on morale in major and minor conflicts, there are differences in which aspects of health had an impact. Therefore, when conducting comparative histories of warfare we must take into account differences based on chronology, geography and scale which can affect the conclusion we draw from our investigations.

It was not only medical supplies which were lost in the defeat at Isandlwana; troops were forced to live for extended periods without a change of clothes, and in certain cases slept in the open exposed to

⁸⁶ Harold Ellis, *The Cambridge Illustrated History of Surgery*, (Cambridge University Press, 2009), pp.133-4.

⁸⁷ *Ibid*, p.137.

⁸⁸ Bowlby, ‘The Hunter Oration’, 209.

⁸⁹ Blair Brown, ‘*Surgical Experiences in the Zulu & Transvaal Wars*’

⁹⁰ *Ibid*, 76.

⁹¹ Blair Brown, ‘*Surgical Experiences in the Zulu & Transvaal Wars*’, 77.

⁹² *Ibid*, 77.

⁹³ *Ibid*, 79.

⁹⁴ *Ibid*, 82.

⁹⁵ Woolfryes, ‘The Medical History of the War in Zululand in 1879’, 308.

⁹⁶ *Ibid*, 308.

⁹⁷ Ellis, *The Cambridge Illustrated History Of Surgery*, p. 137.

the elements. Like poor health, harsh living conditions were frequently included amongst the complaints made by soldiers in letters to loved ones; such protesting was identified by Pete Maslowski as a sign of low morale in his analysis of the letters of American Civil War soldiers.⁹⁸ In addition, this protesting was a sign of depression, which was recognised by contemporaries as a symptom of neurasthenia. William Weallens, an officer in the 2/24th, wrote from Helpmekaar, ‘all our kit has been lost and we are now actually without an article of clothing except what we had on in the day in question.’⁹⁹ Soldiers at Eshowe were in a similar state of misery; Lance-Corporal Lewis Probert of G-Company 2/24th wrote to his family in early February, ‘we have been since the 22 January without pulling off our clothes, and we have no tents, and only one blanket and sleep in the open with our belts on.’¹⁰⁰ In addition, Pearson’s column of thirteen hundred men were suffering from malnutrition, as rations had been halved; Corporal F.W Licence of the royal engineers wrote: ‘the only thing we could eat was soup and biscuits.’¹⁰¹ The living environment was harsh and the soldiers’ low morale reflected this.

As well as being inadequately supplied and plagued by disease, the fear of a surprise Zulu attack forced the British soldiers to live in a constant state of high alert. Inevitably, this caused a great deal of stress for the soldiers; stress, exhibited in letters and nervous actions, is yet another sign of low morale. Private Alfred Davis, of the 90th Light Infantry in Evelyn Wood’s column, described the situation on the 28th January: ‘We are not allowed to take our clothes off, only to unlace our boots. We lie down with a hundred rounds of ammunition round our waists and our rifle by our sides, as we should be ready at a moment’s notice.’¹⁰² The soldiers at Eshowe were experiencing similar stresses; Colour-Sergeant J.W Burnett, 99th Regiment wrote on 24th January: ‘we thus have to sleep with arms and accoutrements on, and are under arms every morning at three. We have not had our clothes off, except to bathe, for three weeks.’¹⁰³ Arguably, acts of nervousness and ill-discipline, previously attributed to low morale caused by the defeat at Isandlwana could also be the result of heightened levels of stress from living on high alert.

Like combat, health and living environment have shown themselves to be heavily influential factors on morale, just as they were in major conflicts of the twentieth century. This adds further weight to the overarching argument of this investigation: that historiographies of morale can be extended chronologically and to include a smaller scale of war. Moreover, this evidence challenges the argument of Corelli Barnett that men from working class backgrounds did not suffer from the poor conditions of warfare because conditions were preferable to those at home.¹⁰⁴ However, an examination of aspects of healthcare, and their effects on morale during the First World War and the Anglo-Zulu War, has revealed that surgery did not have the same impact in both conflicts. This highlights that care must be taken when comparing wars because they differ in chronology, geography and scale. The final factor which will be examined in this study to further illustrate the similarities between major and minor conflicts is leadership.

Chapter Three: Leadership

Combat, health, and living environment have all been demonstrated to have an important effect on troop morale in warfare, during both minor and major conflicts, pre and post the turn of the twentieth century. Likewise, leadership is an important factor of warfare that can have a positive or negative impact on morale. Leadership is a somewhat unique factor, because its impact on morale is augmented by the previous factors examined in this study. When there are failures in combat or poor health conditions the role of the leader is increasingly important to boost or maintain morale.

⁹⁸ Maslowski, ‘A study of Morale in Civil War Soldiers’, p. 318

⁹⁹ Lieutenant William Weallens, 2/24th Regt, *The Uppingham School Magazine*, (June 1879)

¹⁰⁰ Lance-Corporal Lewis Probert, 2/24th Regt, *The Brecon County Times*, (29th March)

¹⁰¹ Licence, *The Dover Express*.

¹⁰² Private Alfred Davies, 90th L.I., *The Brecon County Times*, (29th March)

¹⁰³ Colour-Sergeant J.W Burnett, 99th Regt, *The Dover Express*, (14th March)

¹⁰⁴ Barnett, ‘A Military Historian’s View of the Great War’, pp. 1-18.

Studies of major conflicts have revealed that, like combat and health, soldiers were quick to associate the performance of their leaders with their own emotional health or “spirit”; in later major conflicts, the term “morale” was used to describe this relationship. American Civil War soldiers commented on the performance of their leaders and made associations between their officers commanding and their own emotional state. Luther Rice Mills wrote: ‘we would be very uneasy about our situation if General Lee was not in command’,¹⁰⁵ whilst James K. Newton gave an example of a negative association: ‘we are out of Bank’s department. I hope we may never go near it again.’¹⁰⁶ Soldiers of the First World War also made this connection; speaking about his officers, R.C Sheriff of the 9 East Surreys 1916-1918 stated: ‘it was they who played the vital part in keeping the men good-humoured and obedient in the face of their interminable ill treatment and well-nigh insufferable ordeals.’¹⁰⁷ Similarly, Private Frank Dunham of the 1/7 Londons wrote that ‘one thing only helped to keep our spirits up (whilst serving at Ypres in September 1917) a daily visit from Capt K.O Peppialt, he set us an example in cheerfulness and good humour.’¹⁰⁸

Based on accounts such as these, from soldiers who fought in the First World War, military manuals began to teach officers the importance of their behaviour in sustaining troop morale. One example of this is an American military manual of 1918, written by Brigadier General Lincoln C. Andrews of the USA Army, entitled ‘Leadership and Military Training.’¹⁰⁹ Andrews observed that officers did not realise the impact they have on their men’s morale, ‘they are constantly being weighed by their men, every word and every act having its weight in determining their fitness for command... you are daily either building or destroying your men’s confidence in you to command and in themselves.’¹¹⁰ He advised that the ‘first consideration in everything you (officers) do should be how to get the right psychological effect upon the discipline and morale of your men.’¹¹¹ General Andrews also recognised that the influence of leadership on morale was augmented when on the battlefield, he argued that high morale can inhibit fear and desertion: ‘In a command of soldiers on the battlefield you have a crowd subjected to the strongest emotions.... Here is a time for cool leadership.. they will be the author of the impulses that sway the men and thus bring them through the crisis.’¹¹²

This evidence has resulted in an abundance of literature that notes the importance of leadership on troop morale, but which is limited to historiographies of large wars. Pete Maslowski argued that in the American Civil War, whether a soldier had high or low morale was, in part, dictated by the leader’s ability to command successfully in combat, whether they served by example, and whether an officer took a personal interest in the soldiers.¹¹³ He noted that an indication of levels of morale, as a consequence of leadership, was the confidence of a soldier to follow their leader.¹¹⁴ Akin to Maslowski, G.D Sheffield argued that officers in the First World War had a twofold role in maintaining morale: ‘spotting men approaching breakdown and removing them and minimising physical and mental factors that contributed to stress by exercising a paternal concern for the welfare of their men,’ and their ability to command in combat.¹¹⁵ He argued, ‘the battlefield role of the regimental officer can be divided into command and leadership functions... command involves tactical decision making and allocations of resources, leadership goals of group congruent with that of the Army... A regimental officer had to strike a balance between leading from the front and being

¹⁰⁵ George D Harmon (ed.), ‘Letters of Luther Rice Mills- A Confederate Soldier’, *The North Carolina Historical Review*, (July, 1927) IV, 305.

¹⁰⁶ Stephen E. Ambrose (ed.), *A Wisconsin Boy in Dixie: Selected Letters of James K. Newton*, (The University of Wisconsin Press, 1961), p. 107.

¹⁰⁷ R.C. Sheriff, ‘English Public schools’, in *Panachias, promise* pp.134, 152

¹⁰⁸ Private Frank Dunham, *The long carry: the journal of stretcher bearer Frank Dunham, 1916-1918*, R. H. Haigh and Philip Wilson Turner (ed), (Pergamon press, 1970), pp. 68,82.

¹⁰⁹ Brig. Gen. Lincoln C. Andrews, ‘Leadership and military training’ (Washington square press 1918.)

¹¹⁰ *Ibid*, p. 64.

¹¹¹ *Ibid*, p. 64.

¹¹² *Ibid*, pp. 68-69.

¹¹³ Maslowski, ‘A study of Morale in Civil War Soldiers’, p. 320.

¹¹⁴ *Ibid*, p. 319

¹¹⁵ G.D. Sheffield, *Leadership and the trenches*, pp. 146-149

regarded by his men as a thruster, all too ready to sacrifice his men's lives.'¹¹⁶ Interestingly, historiographies of major conflicts also noted that leadership was not only a factor in the morale of the soldiers in their command but also a key factor in the regulation of morale amongst the leaders themselves. John Baynes wrote: 'it is easy to forget that the leader must have his own morale nurtured if he is to meet the demands of his subordinates.' Captain Hanbury-Sparrow of the 2/R Berks during the First World War was an officer whose morale collapsed under the strain of command. He wrote; 'For very shames sake, pull yourself together man. Set an example. With a dozen pairs of eyes watching you, you unstrap your field glasses and, kneeling, look over the parapet.'¹¹⁷ As well as demonstrating that the burden of leadership had an impact on the morale of officers, this statement also illustrates that officers knew the impact of their actions on the morale of their soldiers.

Evidence from the Anglo-Zulu War fills a gap in this leadership historiography, as it, too, demonstrates a relationship between leadership and morale. Many similarities can be drawn between this relationship as observed during major conflicts and this colonial conflict; soldiers judged the success of their leaders through their ability to command in combat, the example they set on the battlefield, and their paternal instincts and care. The soldiers wrote of their leader's attributes and drawbacks, linking their emotional state to the performance of their officer. Like the soldiers fighting in the American Civil War; in the Anglo-Zulu War soldiers demonstrated their low or high morale through assertions of confidence in their officers, as well as displaying symptoms of depression.¹¹⁸ The Anglo-Zulu War is ideal for the study of leadership trends because the impact of leadership on morale was augmented by failures in combat and healthcare. Moreover, there was a leadership crisis during the war which sparked contemporary debate and historiographical discourse. Following the defeat at Isandlwana and the failure of the initial invasion of Zululand to achieve victory, Lord Chelmsford's position as Commander-in-Chief of the invasion force was called into question in parliament. On 14th May 1879, Mr E Jenkins 'asked the Chancellor of the Exchequer, whether the government propose to place the supreme command of the forces in South Africa in other hands.'¹¹⁹ Having been answered 'no' Mr Jenkins continued: 'When any General suffers such a defeat as was suffered by General Lord Chelmsford at Isandlwana there is a prima facie case of incompetency against him... it is almost universal opinion that the conduct of Lord Chelmsford shows great military incapability.'¹²⁰

On 26th May 1879, the Chancellor of the Exchequer announced that the government had 'decided on appointing Sir Garnet Wolseley to the supreme civil and military command in Natal, the Transvaal and the native territories to the North, East and now the seat of war.'¹²¹ This decision was recognised by contemporaries as a monumental decision by the government, who were admitting that they had failed to place the right man in charge. *The Daily Gazette* wrote on 28th May 1879, 'By sending out to the cape Sir Garnet Wolseley the government admit that Lord Chelmsford is an incompetent commanding officer.'¹²² It was not a decision which would have been taken lightly by the government, who faced the possibility of major criticism from the opposition party; this illustrates the extent of the leadership crisis faced by the troops of the Anglo-Zulu War.

The replacement of Lord Chelmsford indicates that contemporaries recognised the importance of leadership to success, even if they had not yet linked it to the emotional health of the soldiers; it is therefore an especially appropriate factor to examine. As well as adding evidence to the discussion about the breadth of historiography on military morale, this examination of the impact of leadership on morale will engage in the historiographical debate over the success of leaders commanding during the Anglo-Zulu War. While Brian Best argued that Lord Chelmsford belonged to the category of 'unsuccessful leaders,' Donald Morris defended Chelmsford, writing that, though he was 'not an inspiring leader... he had a considerable reserve of moral strength that manifested itself into a methodical tenacity... he continued to function and he conducted himself intelligently and with some

¹¹⁶ G.D. Sheffield, *Leadership and the trenches*, p.146

¹¹⁷ Arthur Alan Hanbury-Sparrow, *Land-Locked Lake*, (1932) p. 19

¹¹⁸ Maslowski, 'A study of Morale in Civil War Soldiers', p. 319

¹¹⁹ 'Questions', HC Deb, (14 March 1879), vol 244, cc907-24907.

¹²⁰ Ibid.

¹²¹ 'South Africa – The civil and military commands.- Statement', HC Deb,(26 May 1879),vol 246, c12271227.

¹²² *The Daily Gazette*, (Middlesbrough, England: May 28, 1879), Issue 3725, pp. 2.

dignity.¹²³ Morris's depiction of the desertion of Lieutenant Harward as an example of heroism further illustrates his pro-leadership stance on the Anglo-Zulu War.¹²⁴ Positively impacting on the morale of their men is one of a leader's most important roles; the letters written by British soldiers indicate that leaders, in particular Lord Chelmsford, had both a positive and negative impact on morale. Therefore this examination places itself on the middle ground between the arguments of Morris and Best.

Letters from the soldiers, which commented on the performance of their officers, expressed emotions concurrent with modern symptoms of low or high morale and, in the case of low morale, similar to the symptoms outlined by Clarke for neurasthenia.¹²⁵ The negative letters display dissatisfaction about the performance of their officers and a reluctance to follow, while the positive examples portray positivity and a willingness to serve. Private William Weallens of the 2/24th regiment wrote about the battle of Isandlwana: 'everyone here attributes our disaster to mismanagement of those holding command.'¹²⁶ On 2nd February he then wrote: 'it seems we have used totally wrong tactics out here, in fact it has at best been found that European tactics are little or no good against savages.'¹²⁷ Weallens displayed a complete lack of satisfaction and confidence in his superior commanders indicating that his morale was low. This dissatisfaction with the performance of officers following the defeat at Isandlwana, and the stalemate, was common throughout the invasion force; Captain Walter Parke Jones wrote on 25th February 1879 at Helpmakaar, 'this is decidedly the wrong column to be with now. Colonel Glyn (our chief) does nothing and is effete; both Colonels Wood and Pearson are getting their names up with the other two columns.'¹²⁸ Open criticism of Chelmsford's leadership was expressed on 6th June 1879 by a gunner of N battery, 6th Brigade, Royal Artillery, who had visited the site of Isandlwana; 'Lord Chelmsford is most unpopular amongst the men, who look on him as a very inferior general – and so he is, for now he is over-cautious as he was before over-rash, and the delays in advancing are most vexatious.'¹²⁹ These statements not only support Best's notion that leadership in the Anglo-Zulu War was a failure, but also shows how, even in a small Victorian conflict, failures in leadership were having a negative impact on morale.

As in major conflicts, successful leaders of the Anglo-Zulu War had a positive impact on morale; once again this was expressed through letters which illustrated positivity and a willingness to follow, both of which are symptoms of high morale. Bandsman Joseph Banks of Colonel Evelyn Wood's column, wrote: 'I must say a few words before concluding this letter concerning Colonel Wood. I do not think there are many more like him in the army. He is cool and collected in action as if he were in a drawing-room. Walking down from the fort to the laager under heavy fire, swinging a stick and whistling, then going past the wagons he has a pleasant look and a smile of encouragement for everyone he meets, let him be private or officer, it matters not. The men here I am sure would follow him anywhere, they are so fond of him.'¹³⁰ This positivity was not limited to those under Colonel Wood's command; similarly positive was Sergeant Evan Jones of the 2/24th, who had gone ahead with Lord Chelmsford on 22nd January. His letter expressed his satisfaction, loyalty and favour towards Lord Chelmsford: 'You cannot imagine with what pleasure I discovered that you too favour our fated Commander-in-Chief, Lord Chelmsford. I am perfectly aware that nearly the whole of the Conservative as well as Liberal journals condemn his mode of campaign, but what did they know of his tactics from the receipt of the brief news, that they should condemn him without even a trial and hear what he had to say?...There is not a man in the 24th that would not fight and most willingly die for him.... Every man would willingly have gone through fire and water for him. Who should know better than us, who are the subjects of his loving care and attention?'¹³¹ Many of the roles of a leader

¹²³ Brian Best, 'Lord Chelmsford', *Anglo-Zulu War Historical Society*, 2, (1997), available at <http://www.anglozuluwar.com/>, (last accessed 20/4/1.2); Morris, *The Washing of Spears*, p.437.

¹²⁴ Morris, *The Washing of Spears*, pp. 474

¹²⁵ Clarke, *Hysteria and Neurasthenia*.

¹²⁶ Weallens, *The Uppingham School Magazine*.

¹²⁷ Ibid.

¹²⁸ Parke Jones, *manuscripts in the possession of Noel Brack*.

¹²⁹ Anon, gunner, Royal Artillery; *The Aberystwyth Observer*, (26th July.)

¹³⁰ Bandsman Joseph Banks, 90th L.I.; *The Dover Express*, (6th June.)

¹³¹ Sergeant Evan Jones, 2/24th Regt; *The Aberdare Times*, (13th September.)

identified by historians of major conflicts as important to troop morale, such as paternalism and strategic ability, are highlighted by Evans Jones in this letter as positive attributes of Lord Chelmsford. In addition, this letter provides evidence to support the argument of Donald Morris that Lord Chelmsford was a successful military leader. The replacement of Lord Chelmsford indicates that contemporaries regarded his role in the war as a failure; however, in terms of inspiring high or low morale there is evidence both supporting and refuting this notion.

Historians of major conflicts also identified leadership as having a negative impact on the morale of the leaders themselves; Elaine Showalter reported that four times more officers than regular troops suffered from hysteria during the First World War.¹³² The burden of leadership also weighed heavily on officers of the Anglo-Zulu War. In 1879, the British media interpreted a letter sent by Lord Chelmsford to the Secretary of State for War as a request for relief; *The Standard* wrote 'No such appeal to the authorities in England for dismissal from a position to which Lord Chelmsford felt himself unequal had ever been addressed to them by a General in the field commanding her majesty's troops.'¹³³ Despite his defence of Lord Chelmsford's ability, Donald Morris also recognised that leadership had had a negative impact on Chelmsford's morale; whilst Morris argued that the media assertion was wrong, he also wrote that 'Chelmsford was depressed and discouraged following the defeat at Isandlwana.'¹³⁴

The hardships of command affected numerous other officers; as previously discussed, the men accused of desertion from the Isandlwana battlefield, Melville and Coghill, were both junior officers. Likewise Lieutenant Harwood deserted his troops under the strain of command, as well as the threat of death. Other officers froze under the strain of command, or had nervous breakdowns following their failures to lead successfully in combat; Colonel Glyn, after being investigated by the Isandlwana inquiry, 'became withdrawn and depressed.' After seeing the slaughter at Isandlwana, Lt Colonel John Russell, commander of No1 squadron, froze in command at the battle of Hlobane; he was accused of cowardice and subsequently removed from command.¹³⁵ This evidence illustrates that, like combat and health, the impact of leadership on morale was not limited to the regular soldiers as one might suspect, but could have an impact on anyone regardless of rank.

The impact of leadership on morale, either in a positive or negative manner, is identifiable in major and minor conflicts either side of 1900. The symptoms of low or high morale caused by issues of leadership during the Anglo-Zulu War manifested themselves in a similar way to those identified by historians of larger conflicts; in a willingness to follow, and positive or negative emotions towards the leader. The examination of leadership in this study not only provides further supporting evidence to the overall argument of this investigation, but also indicates that there was a relationship between the different factors that influenced morale.

Conclusion

Combat experiences, health and leadership were all recognised by contemporaries and historians of major conflicts, such as the American Civil War, the First World War and the Second World War, as external factors which influence troop morale. This investigation of the Anglo-Zulu War has proven that these factors had a similar impact on morale in a colonial conflict of the Victorian era. The defeat at Isandlwana prompted soldiers to write letters home expressing their fear, grief and trauma. This defeat, amongst others, also resulted in soldiers deserting their posts, having nervous breakdowns and was attributed by contemporaries as the cause of ill-discipline. In a similar vein, victories won during this minor conflict had an equivalent effect to that of victories won during major wars: boosting morale. However, this did not offset the original damage caused by defeat, loss and trauma.

Similarly, health and living environment played key roles in the regulation of morale; in the Anglo-Zulu War the spread of infectious disease was extremely detrimental to morale, as were shortages of food and clean clothes, and living in a constant state of alert. Soldiers demonstrated low morale as a result of poor healthcare and harsh living conditions, by expressing their depression and

¹³² Showalter, *The Female Malady*, p.174.

¹³³ See example in: Morris, *The Washing of Spears*, p.447

¹³⁴ Morris, *The Washing of Spears*, p.447

¹³⁵ Best, 'Lord Chelmsford'.

discontent in letters home. However, in contrast to the First World War, failures in surgery did not have the same detrimental impact on morale, which demonstrates that it is difficult to compare wars fought in different periods and geographical locations.

The impact of leadership on morale has been identified in major conflicts; it was also a key factor in the Anglo-Zulu War, and the impact was augmented by dangerous combat situations and the harsh environment. Soldiers of the Anglo-Zulu War expressed the same symptoms of high and low morale that historians of major conflicts have associated with the impact of leadership: confidence in the ability of the officer, and willingness to follow. Historians of major conflicts also argued that leadership had an impact on the officers in command and found that numerous officers were reported to have experienced nervous breakdowns or committed acts of desertion, a trend that was also clear in the Anglo-Zulu War.

The emotions expressed and behavioural actions carried out by the Anglo-Zulu War soldiers have been understood as symptoms of high or low morale for several reasons. Firstly, this study has aimed to compare the Anglo-Zulu War with major conflicts; therefore the symptoms identified in this study align with those identified by contemporaries and historians as symptoms associated with major conflicts. Secondly, the symptoms identified in this study can be understood through the nineteenth century emotional conditions, neurasthenia and hysteria. By aligning the symptoms of low morale to these terms we are justified in applying the term morale to this late nineteenth century conflict. Based on this understanding, and the evidence investigated, this study has proven that, though a historian should exercise caution when comparing conflicts, the range of historiography on military morale can be extended to incorporate minor conflicts which took place during the Victorian period.

In developing this theory, this investigation has engaged with several historiographical arguments. Arguably the most important is that of John Baynes, who claimed that Victorian soldiers did not suffer the same emotional disorders as soldiers of the twentieth century, because of their tougher constitution.¹³⁶ This study has provided evidence to challenge Baynes' argument and show it to be extremely short-sighted, and based on the late nineteenth century media image of the Victorian soldier, as opposed to the reality. In addition, Correlli Barnett's classist argument that lower classes did not suffer from conditions of warfare has been refuted, as many of the soldiers examined in this investigation came from the lower classes and suffered equally to, if not more than their upper-class counterparts.¹³⁷

This investigation has conducted a comparative study of conflicts; therefore it is important to recognise both the benefits and drawbacks of such a study. This study has been selective about the conflicts and influential factors which it has examined. Arguably, this selectivity could lead to this study being accused of making generalizations based on limited evidence; however, the factors and conflicts examined have provided sufficient evidence to prove that theories of morale can be extended to a broader range of conflict. In addition, there is room for further research to discover if there are any chronological limits to the application of the term morale to conflicts prior to the Victorian period.

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¹³⁶ Baynes, *Morale: A Study of Men and Courage*, p. 107

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